

# Chapter 5: Transplant Surgery

## Living Donor

Once you and your donor have completed the evaluation and it has been determined that transplant is a safe option for both, surgery is scheduled for a time that works best for you and your donor.

About 1 week before surgery, you and your donor will be scheduled for a pre-surgery visit at Abbott Northwestern Hospital. At this visit, you will:

- have blood drawn
- have a chest X-ray
- have an EKG
- see the surgeon
- have a history and physical exam
- receive directions to prepare for surgery (including arrival time to hospital, what medications to take before surgery, and when to stop eating and drinking before surgery).

## Deceased Donor

You will need to have all of the tests listed above but you will not be able to plan a pre-surgery visit because it is not known ahead of time when a donor will become available.

When a kidney is available from the waiting list, a transplant coordinator will call you with instructions. This call could come at any time of the day or night.

If the transplant coordinator cannot reach you within 1 hour, the kidney offer may have to be declined for you. These rules are set by United Network for Organ Sharing (UNOS) in order to make the best use of available kidneys. Abbott Northwestern Hospital staff cannot adjust these rules.

To make sure the transplant coordinator can reach you at any time:

- Give your coordinator your current phone numbers.  
(This includes the people you have on your contacts list.)
- Have your phone with you at all times.
- Make sure your cell phone is charged.
- Don't put your cell phone on silent or vibrate modes at night.

- Make sure to tell family and friends if you have listed them as alternative contacts. They need to know to answer their phone day or night.
- If you do not recognize a number on caller ID, please answer the phone; it may be a coordinator calling.
- If a coordinator leaves you a message, follow instructions to promptly return call.

## Transplant Surgery

### Before surgery

- When you come in for surgery, you will be brought to the Pre-operative Care Center to prepare.
- If you are receiving a deceased donor kidney, you may be admitted to a room while final preparations are being made. Since each case is different, a coordinator will give you instructions for your situation.
- You will meet the members of your surgery team, meet with the surgeon and meet with the coordinator. You will have a chance to ask them questions before surgery.
- When you are ready for surgery, you will be given general anesthesia to put you to sleep.
- You will have a breathing tube inserted through your mouth to help you breathe while under anesthesia.
- You will have a Foley catheter in your bladder to collect urine. The catheter will stay in place for 3 to 4 days after surgery.
- The surgery team will clean and prep your lower abdomen for surgery in preparation for the transplant.

### During surgery

- An incision will be made into your lower abdomen. The incision will be about 6 to 8 inches long.
- The kidney will be placed in your lower abdomen on either the right or left side.
- The surgeon will use blood vessels in your legs to supply blood flow to the transplanted kidney.
- The ureter will be connected to the bladder.
- A stent (small flexible tube) will be inserted into the ureter to help allow for healing in this area. The stent will be taken out about 3 to 6 weeks after surgery.

- Once the new kidney is in place, the surgeon will close the incision.
- You will go to the recovery room where you will wake up from the anesthesia.
- In the recovery room, you will have an ultrasound of the transplanted kidney to check blood flow.
- Your surgeon will give your family or friends an update.
- After your time in the recovery room, you will go to a floor where nurses are trained to take care of people who had transplant surgery.
- Once you are settled into your room, your family and friends can visit you.

You may need a short stay in the Intensive Care Unit before going to your room. This is rare and is usually for a short time.

### **After surgery (in the hospital)**

- You may feel tired. This is your body's response to the anesthesia.
- You will have some pain at the incision site. You will have pain medication to help decrease pain.
- Your nurse will help you sit up in a chair and walk. You will be encouraged to walk soon after surgery and often to help with recovery.
- Your nurse will show you how to cough and deep breathe.
- You will wear special compression stockings on your legs to help prevent blood clots.
- You will have 1 or 2 intravenous (IV) lines in your hand or arm to receive medications and fluids.
- Your health care team will check your bladder catheter to see how much urine you are making. This helps the doctors and nurses know how well your kidney is working.
- You will be connected to a heart monitor to watch for any changes in your heart rate or rhythm.
- A transplant coordinator will see you every day to provide education.
  - They will teach you about your medications, possible problems, how to take care of yourself at home, planning for discharge from the hospital, and clinic follow-up.

## **After surgery (at home)**

At discharge, you will receive specific self-care directions. In general:

- Do not drive until you are done taking prescription pain medication and your incision has healed.
- Do not lift more than 10 pounds for about 6 weeks after surgery. Lifting restrictions will be talked about in the post-transplant clinic.
- Travel is not recommended in the first several months.
- Keep all clinic and lab appointments.
- Take your medications as directed.
- Follow directions for watching for signs and symptoms of problems and for home monitoring.
- Stop doing any activity that causes pain.

Know whom to call and when to call for any questions or concerns.