

# Transplantation

## What Is a Kidney Transplant?

Kidney transplantation is placing a kidney from one person (donor) into a patient with kidney failure (recipient). This is done by surgery where the donated kidney is placed in the lower abdomen near your hipbone. Sometimes the original kidneys are taken out for medical reasons before the transplant, but not always.

After a successful transplant, the new kidney can do everything that your failed kidneys couldn't. A transplanted kidney works better than dialysis. You may feel better and have more energy. Some patients whose sexual activity lessened during dialysis, find their sexual interest returns. Some dietary restrictions are lifted after kidney transplantation, but you should make healthy choices!

## Where Do Kidneys Come From?

The transplanted kidney, often called a graft, comes from a donor who may be a living family member (living related donor – LRD) or from a living person who is not a family member (living unrelated donor – LURD). Another source, however, comes from a person who recently died (deceased donor).

If you and your doctor decide that you are interested in a transplant, you will be referred to a transplant center. The transplant center will conduct more tests to be sure that a transplant is a good choice for you. It is necessary to study special body traits called antigens or markers to determine the type of kidney that is most likely to be accepted by your body. This is called “matching.” It is important that the donor kidney closely match your blood and tissue type. This “match” helps prevent your body’s immune system from “rejecting” the transplanted kidney.

### Mid-Atlantic Renal Coalition

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*A Guide to Better Living*

Matching is done through blood tests. First, blood is tested to determine which red blood cell types are compatible between you and the potential donated kidney. This is called an “ABO” match or blood type. Blood is classified as either type A, B, AB, or O. Your blood type is important in finding a suitable kidney match just as it is in blood transfusions. Blood is also drawn to test white blood cells. This is called tissue typing or HLA (human leukocyte antigen) matching and is done to determine which tissue types are compatible between the patient and the donated kidney. When there are compatible tissue types between the donor and the recipient, it is often referred to as “a good match.”

You may wish to have a transplant but find it hard to ask another person to donate an important organ. Transplant center staff provide counseling for patients and potential donors. Transplant staff also perform “matching” on possible donors and provide information about the surgery and any possible risks.

## **What if I have a donor but they are not a match for me?**

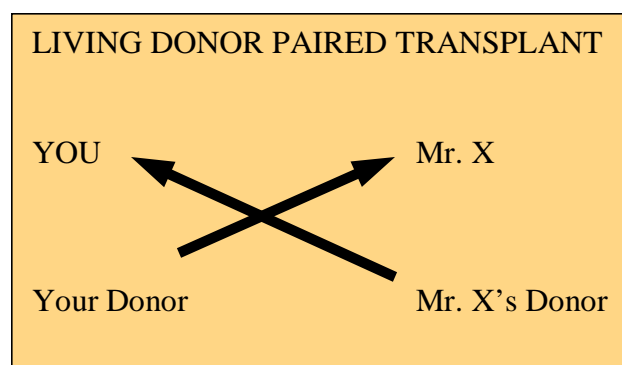
Many transplant programs have programs that will pair you and your donor with other people in the same situation. This is called a paired transplant. There are other ways that transplant centers are able to give you a transplant if you have someone who is willing to donate but are not a good match for you. Ask your transplant team about the options they can offer.

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## Can I get on more than one transplant list?

Yes. However, the transplant centers in your area may all get the kidneys from the same Organ Procurement Organization (OPO). The only benefit to getting on more than one list is if the centers have different OPOs. Also, insurances may not be willing to pay for all the lab work that each of the transplant centers will require, so there may be an added cost to you.

## Can I get a second opinion if I am told I am not a candidate for transplant?

Not all transplant centers are the same. They each develop their own criteria for patient selection. For example, some are more willing to transplant in an older patient who is active and takes care of herself. Some centers are also more willing to transplant in people who are higher risk because of other illnesses. If you are turned down by one center, you may find that another one is willing to accept you.

## What is the wait list?

Patients waiting for a deceased donor kidney transplant are placed on waiting lists. There are not enough deceased donor kidneys for everyone on the list. They may have a longer wait time than people who have a living related or living unrelated donor. The United Network of Organ Sharing (UNOS) keeps lists of patients who need transplants. As the deceased donor kidneys become available, patients who “match” the donor are called for transplantation.

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## What about the surgery?

A kidney transplant requires major surgery. The success rate is good. It can take anywhere from three (3) to six (6) hours. If there is a living donor involved both the recipient and the donor are hospitalized. The donor is usually discharged within the first week after the surgery. Once the transplanted patient is released from the hospital they will visit the Transplant Clinic and nephrologist for scheduled follow up visits.

## What is rejection?

When you get a kidney transplant, your body does not view that kidney as part of your body and wants to fight it off. This is called rejection. Rejection is a common problem after the surgery. Medicines that help prevent rejection (called immunosuppressive or anti-rejection agents) will be prescribed for you. You must take these drugs as long as your new kidney is working. If the recipient's body rejects the kidney and does not respond to the anti-rejection agents the transplanted kidney may need to be taken out. If the kidney is rejected you will need to return to dialysis.

## What other problems can happen with a transplant?

Transplantation is a major surgery. Any kind of surgery comes with risks and transplantation is no exception. It is important to share all your medical information, including prescribed and over-the-counter medications and allergies with your doctors. You will be given many medical exams and tests for several months to ensure your success. It is also important that you work with your healthcare team and follow their instructions.

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You will be on a number of medicines after transplant. These medicines have side effects, but not all patients have these problems.

- You may be more likely to get certain unusual infections
- You may respond differently to common infections
- You may be more likely to get certain cancers
- Your body may hold more salt and fluid
- Bone or liver damage is possible
- You may experience changes such as weight gain, a fuller face, acne, more hair on the face, stretch marks on the skin, darker skin or cataracts.

## Questions to ask yourself and your healthcare team:

Is transplantation the best choice for me?

What are my chances of having a successful transplantation?

How do I locate a donor?

What are the risks to donors?

How long is the waiting period if I don't have a donor?

What are the symptoms of rejection?

Who is the health care team that will take care of my transplant and me?

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*Flesch-Kincaid Grade Level: 7.7*

*Created: February 2008*

*MRB Approved: June 2008*

This document was created under CMS Contract #HHSM –500-2006-NW005C.  
The contents of this document do not necessarily reflect CMS policy.