

Your Renal Transplant When you are in hospital

South West Transplant Centre

University Hospitals Plymouth NHS Trust
Derriford Road
Plymouth
PL6 8DH
Tel: 01752 202082
www.plymouthhospitals.nhs.uk



Welcome to Mayflower Ward and the South West Transplant Centre, Derriford Hospital

A renal transplant can be a life changing experience, but it can often be a stressful time with a lot of new information provided in a short space of time.

This booklet, and the ones that follows it, have been written with the aim of guiding you through what you can expect throughout your stay on Mayflower Ward and beyond, as well as providing you with written information you can return to in the future.

Everyone's experience of a kidney transplant is different. Some people might go home after five days, but the majority of people stay for a longer period of time, depending on what happens in the hospital. We hope the information given here will provide people with a point of reference and help them understand what they might expect when in hospital.

Who will you meet?



There will be many different health care practitioners involved in your recovery. Please feel free to discuss any concerns you have with any members of the team. These include:

- Consultant doctors (and their junior doctor teams) who specialise in renal medicine
- Ward nurses and healthcare assistants experienced in caring for kidney transplant patients

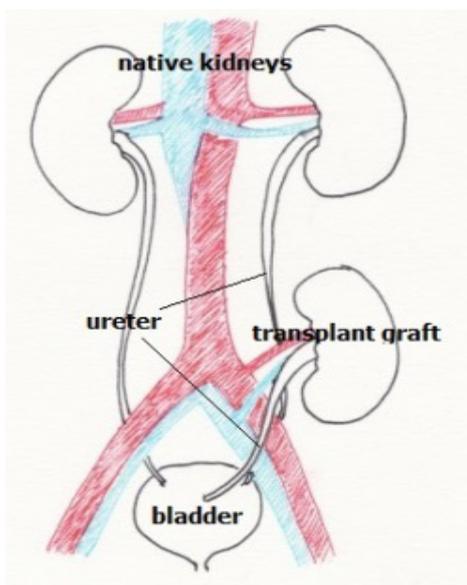
- Transplant nurse practitioners who help co-ordinate many of the transplant services; particularly for outpatients
- The therapy team who may be involved to help you get moving after your operation or provide any necessary equipment
- Dietitians who can provide you with advice about healthy eating and any particular dietary restrictions
- Pharmacists will provide you with information about your medication as well as how and when to take it.



The operation

Your transplant operation is performed under general anaesthetic. Your new kidney is placed in either the right or left side of your abdomen.

The blood vessels coming from your new kidney are attached to blood vessels in the pelvis and the urine



drainage tube (ureter) is attached to the bladder.

After the operation you will be moved to the recovery area for a while before moving to Mayflower Ward.

Drips and drains

During the operation the surgical team insert several tubes. These will help monitor you as you recover from your transplant as well as help with your treatment.

A **central venous catheter (central line)** is a fine tube placed in a vein in your neck. During the first few days this will allow the medical team to monitor the amount of fluid in your body. Staff can also use it to take blood tests as well as giving medication and fluid through it.

You will have an **IV cannula** in your arm or hand. This will be linked to a **patient controlled analgesia (PCA) machine**. You will be given a button to press, which gives a controlled amount of painkillers, as you need them. Most patients find that they do not require this after a few days.

A **urinary catheter** is a tube that drains urine directly from your bladder to ensure that no stress is put onto your newly attached ureter as well as helping monitor the amount of urine you are producing.

It normally stays in for five days, but it can stay in longer depending on circumstances.

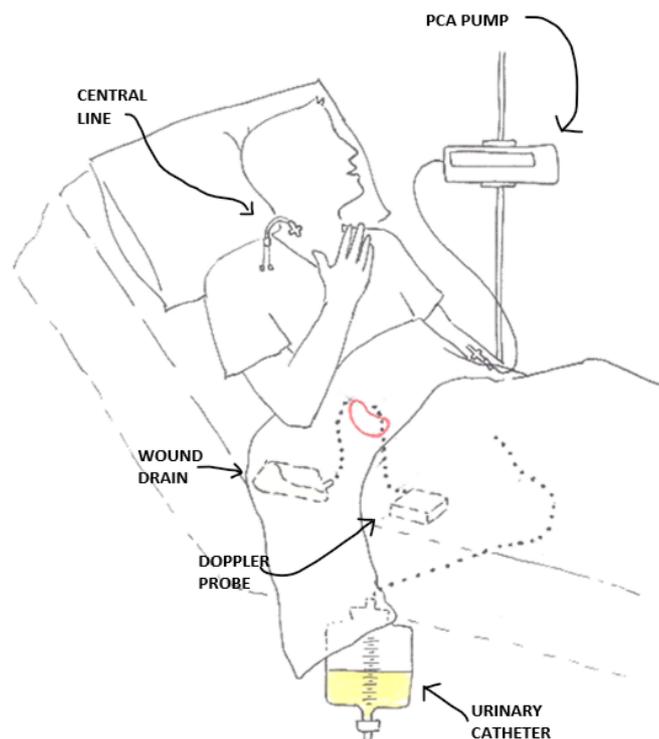
Most patients will have a **ureteric stent** inserted. This is a fine plastic tube that extends from your kidney, through the connecting tube (ureter) and into the bladder. It helps keep urine flowing freely from your new kidney into your bladder.

You will be told if you have one of these, and arrangements will be made after you have been discharged to have it removed, normally after two weeks.

Some patients will have a **doppler probe** inserted. This is a thin wire attached to a sensor which is placed next to the blood vessels of your new kidney. This allows monitoring of the blood flow to the kidney in the first few days.

A **wound drainage tube** is inserted so that any excess fluid can be drained away from the wound. This helps avoid infections or delays in wound healing. The surgical team visit regularly on the ward to decide when it can be removed (usually after a couple of days).

Your wound will have either **sutures** (stitches) or **staples** closing it. Your wound will be checked regularly in hospital to ensure it is healing well.



If you go home before it is time for them to be removed then this can be arranged in one of your follow-up clinic visits. This is usually around ten days after your operation.

On the ward



Once you return to Mayflower Ward you will be monitored very closely and the first 24 hours will be very busy.

The nurse will check your vital signs (blood pressure, pulse, temperature etc.) and how much urine is being produced every hour. You will require an IV fluid drip via your central line, so your fluid input will be monitored carefully.

Initially, you will be cared for in a high observation area. As such, we are sometimes required to mix sexes with both men and women staying in the same bay. We strive to maintain your privacy and dignity at all times, so please talk to the staff caring for you if you have any concerns.

You will have an ultrasound scan of your new kidney after the operation to make sure that it has a good blood supply and check that everything is draining well. This may be in theatre recovery, on Mayflower Ward or in the Radiology Department.

Your blood tests will be checked daily whilst in hospital (see later in the leaflet).

You will be encouraged to eat and drink as soon as you are able. Eating well will help you to heal and recover from your surgery. The day after your transplant you will be encouraged to get out of bed, even if only to sit in your chair for a short period of time.

Increasing your mobility at an early stage can help prevent chest infections, constipation and shorten your recovery time.

As you recover you will start to learn about all aspects of your transplant, including your new transplant medication, any dietary changes and any follow-up.

Before you can be discharged home you will hopefully be able to recognise your new transplant medications, know what each drug is for and how to take them.

We will encourage you to take ownership and start taking your own medication early on so you can have the confidence to manage it yourself when you go home.

There is a separate booklet which will explain about all of your medications, their potential side-effects and how to take them.

Blood tests



During your stay in hospital, and when you come to your clinic appointments, we will check your blood tests. These will give your doctor an indication of how well your new kidney is working and highlight any problems that might need further investigation.

Some of the blood tests you will have heard talked about in your chronic kidney disease clinics, but some will be new to you.

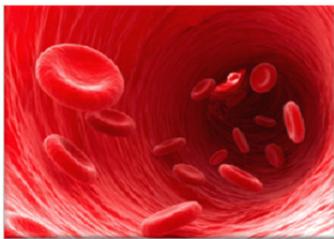
Creatinine is a waste product filtered by the kidney. The normal range varies depending on age and sex, and it increases as the kidney function declines. Following your

transplant, we hope that the creatinine will drop back down to the normal range. The team will monitor this closely as it is a reliable indicator of kidney function.

eGFR (Estimated Glomerular Filtration Rate) is sometimes called “kidney percentage”. This is a number calculated using the creatinine blood test, and provides a more patient friendly measure of how your kidney is working. As your kidney works better, this number will rise.

Potassium is a mineral that can often become abnormal in patients with chronic kidney disease. If your new kidney works straight away, your blood tests will become normal very quickly, but if there is a delay (see later) this can become abnormal. Too high (or low) levels can cause worrying changes to the rhythm of the heart, so we keep a close eye on it. You may be referred to the dietitian for advice.

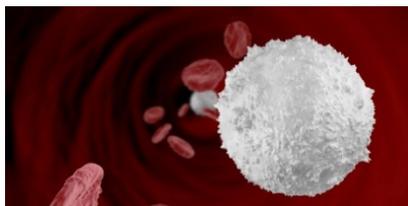
Haemoglobin (Hb) is found in red blood cells and is the



substance that carries oxygen around your body. A well-functioning kidney should stimulate your body to produce enough haemoglobin. If the kidney works less well, you can become

anaemic and might need treatment with iron or injections (that you might have had prior to your transplant).

White blood cells are the cells in your blood that fight



infection and they rise when infection is present. Some of the transplant medication is aimed at dampening down your immune system and can

cause them to become very low.

This can leave you vulnerable to developing infections so we monitor your white cell count regularly.

A **glucose** test looks at the level of sugar in the blood at the time the blood test was taken. If your level is raised, it may be a sign that you are developing diabetes and you may be asked to have a special blood test. This is taken first thing in the morning before you have anything to eat. If you are diagnosed with diabetes you will be referred to the dietitian for advice.

Cholesterol is a fat made in the liver from the food we eat. Having a high cholesterol level increases the risk of heart disease. We check this periodically to decide whether you may need any treatment for this.

Tacrolimus levels measure the amount of immune suppressing drug in your body and we will discuss this elsewhere. It's important we take this blood test prior to you taking your tacrolimus tablet as this allows us to personalise and fine tune your dose.

CMV (Cytomegalovirus) is a virus that is found in the majority of the population. A **CMV level** helps us monitor whether you have any of the virus in your blood, and whether this might be causing you trouble and require treatment. You can access all your blood tests via a website called PatientView, this is explained in a separate leaflet.

Possible problems following your transplant

Sometimes kidney transplants do not function very well at first, or their function can dip after a short while. There are several reasons why this can be the case.

If your kidney is still not working well at one week post-transplant, the medical team will think about doing a biopsy of your transplant to see if anything worrying is going on.

Acute tubular necrosis (ATN) is very common after



transplant and is also called “**sleeping/sleepy kidney**”. During the time the kidney is out of the body, some of the cells can become damaged and the kidney requires time to regenerate itself.

This gets better on its own and does not require any treatment. How long it takes to get better is very variable and can take days or weeks. Some people will require dialysis whilst they are waiting for their new kidney to recover.

Your immune system will recognise that your kidney is something different and may try to ‘reject’ it. In **acute rejection**, your immune system produces cells that invade the kidney and damage it. This can happen in the first few months and is part of the reason why you are monitored so closely at first and must attend every clinic appointment.

Most cases are entirely treatable, although you may need to be re-admitted to hospital. You may feel feverish, have

pain over your new kidney or produce less urine, but often it is picked up on a clinic blood test.

Sometimes the side-effects of the medications can affect your appetite. If you have any difficulties with eating following your transplant, you may be given high energy and protein snacks and supplement drinks.

There are also some surgical problems that can occur following kidney transplantation.

There is a small risk of bleeding where the kidney blood vessels are attached to your blood vessels in your pelvis.

This would be identified very quickly following your transplant and you may need to have a further operation.

There is also a small risk of urine leaking into the pelvis rather than draining into the bladder, the treatment for this will depend on your individual circumstances.

Pastoral care



Having a new kidney can be a very exciting, scary and stressful time. Sometimes we all need a friendly shoulder to lean on. Derriford Hospital has a multi-faith chaplaincy service who are able to offer a caring, confidential, listening ear to patients, their families and their carers during a hospital stay. They are available for everyone, regardless of whether you have a religious faith or not.



**This leaflet is available in large print and other formats and
languages.**

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