

# Your Renal Transplant

## The First 3 Months South West Transplant Centre

University Hospitals Plymouth NHS Trust  
Derriford Road  
Plymouth  
PL6 8DH  
Tel: 01752 202082  
[www.plymouthhospitals.nhs.uk](http://www.plymouthhospitals.nhs.uk)



## Leaving hospital



By the time you leave Mayflower Ward you should be confident in managing your medications and will have had a session with our pharmacist about taking them. You will also have an opportunity to discuss food safety and healthy eating with one of our dieticians and spend time with one of our team of transplant nurses.

You will be told when to attend for your first follow up appointment (which may be at Exeter or Plymouth depending on where you live) and you may be given the dates for the first few weeks of your appointments.

## Renal outpatients



Transplant clinic in Derriford Hospital is held every Monday or Thursday morning in Main Outpatients Department (the same area used for our usual renal clinics) on level 6.

Exeter patients are discharged straight to the Exeter transplant clinic which is held three times a week in Main Outpatients Department on the ground floor. Initially you may also be seen in Outpatients once a week.

If you are normally looked after by the Cornwall team you will be seen at Derriford Hospital by the transplant team for around 8 weeks before being transferred back to the transplant team in Cornwall.

You will see either a doctor or one of the transplant nurse practitioners, but there will always be consultants available if required.



When you come to clinic we ask you to bring a urine specimen with you to every clinic appointment and be prepared to have blood tests. We will check your weight and your blood pressure as well.

If you are taking tacrolimus we ask you bring your medicine with you, but do not take it until after you have had your blood test. It is very important that we have a pre-dose level as people respond to tacrolimus differently and we need to change the dose to suit your body.

When you are first discharged from hospital you will have to come to outpatient appointments twice a week so we can keep a close eye on your new kidney.

This is because the first few months have a much higher risk of problems such as rejection. As time passes the risk reduces and we will see you less often unless there are problems.

We will continue to see you in transplant clinic for as long as your transplant kidney is working.

## Getting to and from appointments



Transport for follow up appointments:

Unfortunately transport for routine appointments is not free for the majority of transplant patients.

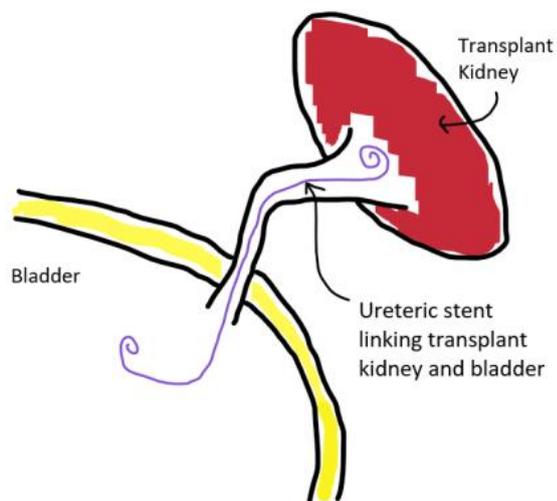
However it is free if you hold the

following benefits:

- ESA
- Job seekers allowance
- NHS Tax exception card
- Guaranteed pension credit

You can either pay the driver and claim the money back from the Cashiers Office on level 7 or give your driver your benefit documentation and he can claim it back directly from the Cashiers Office.

It is important to consider your finances after having a transplant because certain benefits can change or stop after 3 months.



### Ureteric stent

During your transplant operation the surgeons leave a thin, flexible plastic tube connecting your transplant kidney to your bladder. This helps the drainage system for the new kidney to heal properly

but can't stay in for a long period.

You will be given an appointment for this to be removed (either at Exeter or Plymouth depending on your base hospital) that is usually around 14 days after your transplant.

This is removed under local anaesthetic by a flexible camera that is guided into your bladder. The doctor will then use flexible forceps to grasp and pull the stent to remove it. You will also be given a dose of IV antibiotics to prevent any infections. This can be uncomfortable but should not be painful.

## **Recognising when you are unwell**

When you are reviewed in the transplant clinic, the focus will be on your kidney function and any kidney-related problems.

Even though you have had a transplant you can still visit your GP for non-kidney-related problems.

In the early weeks following your transplant it's important that potential problems are picked up early and treated promptly. Diagnosing problems early often means they are less serious and easier to treat.



It can be tempting to just “drop in” but unfortunately there is not always appropriate staff available to review you.

You **MUST** ring the transplant nurses (if it is between 9am-5pm) or Mayflower Ward (if out of hours and urgent) and they will help direct you to the most appropriate service or arrange to see you urgently if required.

If you start to pass less urine or stop passing urine at all you should contact the hospital immediately. You will probably need to come to the hospital for blood tests and an assessment to see if you need some treatment.

If passing urine is uncomfortable (burning/stinging) or if you are passing small amounts of urine very frequently



you might have a water infection (urinary tract infection or UTI).

This might also be accompanied by having a temperature or feeling shivery or achy. You will

be asked to bring a urine sample with you and you may need treating with antibiotics.

Other infections can also leave you feverish and feeling shivery but this could also be a sign of acute rejection, so you need to let the transplant team know as soon as possible to allow you to be assessed.

You should contact the transplant team if you experience any pain over the site of your new kidney. In the first few months after your transplant a lot can be happening and we do encourage you to contact the team if you experience any unusual symptoms. It is better to be safe than sorry!

We also encourage you to ask questions and clarify any aspects of your care that you are not clear about. The contact numbers for the transplant team and Mayflower Ward are at the end of this booklet so you know where to direct any questions.

If you do have a problem you may be asked to attend hospital, wait until we have the results of some blood tests or even be admitted for further investigation.

Sometimes you might need to have a biopsy of your transplanted kidney to help us make the right diagnosis.

A transplant biopsy involves some local anaesthetic being injected over your kidney and then a special needle is inserted to remove a small amount of tissue.

This should not be painful and does not necessarily mean you will need to stay in hospital overnight. We do ask you to stay for six hours bed rest and to take it easy for a few days afterwards as this minimises the risk of bleeding.

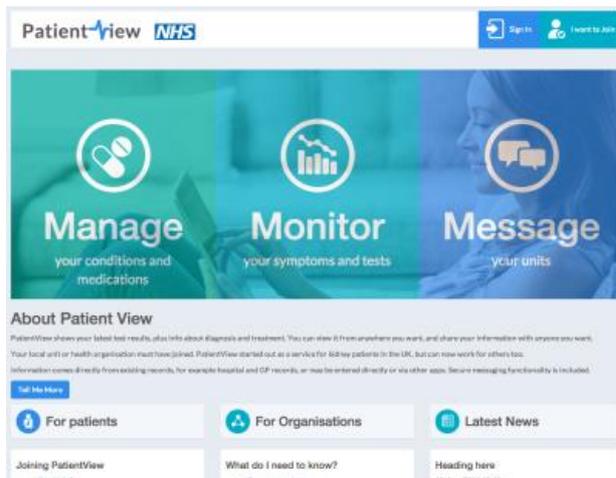
## **Getting to know your blood results**

Every time you come to transplant clinic you will have a blood test and this often guides how your treatment will change over time.

Many patients are very curious about their blood results and find being able to check their results very reassuring.

Patient view is a website that allows you to look up your latest blood results as well as containing copies of your

clinic letters allowing you to have a record of your previous treatment.  
[www.patientview.org](http://www.patientview.org)



You may already have registered for Patient View prior to your transplant. If you want to access your results online then just speak to one of the transplant

team and we can set up a login. We can also re-set previously forgotten passwords.

If you do not feel confident with technology or do not have access to the internet then we can make sure you are sent a copy of your clinic letters and the transplant team can always reassure you if you contact them due to concerns about your blood results.



## **Writing to the donor family**

Some patients who receive a transplant want to write to the donor family to acknowledge the donation and say thank you. This is a very personal decision and entirely up to you, there is no expectation that people will write and please do not feel under any pressure.

It can be difficult to know what to say and all communication needs to be anonymous. The transplant team have a leaflet that can give you advice about what you might want to say and how to say it. All communication remains anonymous and is sent via an organisation called NHSBT which is the part of the NHS that organises transplants.

### **Three month review**

At three months you will have an appointment with the transplant nurses which will review how your overall health has been affected by the transplant.

If you are not diabetic then we will test for potential post-transplant diabetes as well as making sure you understand how to look after your transplant and some of the things you need to be careful about in the future.

## Useful contact details

- South West Transplant Centre Website:  
<https://www.plymouthhospitals.nhs.uk/south-west-transplant-centre>
- Mayflower Ward (Plymouth Renal Ward): 01752 431 485
- Creedy Ward (Royal Devon & Exeter Renal Ward): 01392 402 590
- Grenville Ward (Royal Cornwall Hospital Renal Ward) : 01872 252 010
- Plymouth Transplant Team: Linda, Martine, Phil, Jeanette, Leanne & Abi | 01752 437 145
- Transplant Nurse Team (Exeter): Karen Steer 01392 405 897
- Transplant Nurse Team (Cornwall): 01872 252 292
  - Natalie Wilkes: [natalie.wilkes@nhs.net](mailto:natalie.wilkes@nhs.net)
  - Emma Johns: [Emmajohns@nhs.net](mailto:Emmajohns@nhs.net)
- Live Donor Co-Ordinator (Plymouth): Sarah Stacey 01752 439 955
- Live Donor Co-Ordinator (Exeter): Heather Atkins 01392 405 897
- Renal Dietitians (Plymouth 01752 439961)
- Renal Dietitians (Exeter 01392 402524)
- Renal Dietitians Cornwall (01872 252409)

Your notes:



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

**Contact: Administrator**

**Tel: 01752 439957**

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