



Transplantation Fact Sheet

Transplantation Fact Sheet

**American
Nephrology
Nurses'
Association**

*Developed by:
ANNA Transplantation
Specialty Practice Network*

ANNA's Mission Statement

*ANNA promotes excellence in and
appreciation of nephrology nursing so
we can make a positive difference for
people with kidney disease.*

Additional Information:

American Nephrology Nurses' Association
East Holly Avenue/Box 56
Pitman, NJ 08071-0056
(856) 256-2320
1-888-600-2662

Copyright® 2013
American Nephrology Nurses' Association
Pitman, NJ

This fact sheet may be photocopied for patient
education purposes.

www.annanurse.org

KIDNEY TRANSPLANTATION: FACTS FOR PATIENTS WITH KIDNEY DISEASE

Dialysis and general nephrology nurses are in the unique position of having frequent contact with patients who may have an interest in renal transplantation. While transplant nurses provide much of the education related to transplantation, patients benefit greatly from regular discussions that may answer questions or clarify certain points. The following ideas are basic points about transplant evaluation and post-transplant responsibilities that patients should consider carefully before embarking on a transplant evaluation. Patients should understand not only the benefits and risks of transplantation, but also the responsibilities that follow transplantation related to clinical monitoring, medications, and financial issues. Understanding the reality of the situation before transplantation will help patients develop realistic expectations.

Kidney transplantation is a treatment for kidney disease, but it is not a cure. For many patients, kidney transplantation provides more independence and allows them to return to normal life activities.

PATIENTS AT RISK

Many patients benefit from a kidney transplant, but some patients do not have a better quality of life after transplantation. Nephrologists, transplant nurses, social workers, and surgeons at the transplant center will help patients understand the risks and benefits.

Transplant centers have individual differences, but most centers do not offer kidney transplantation to patients with the following health problems: active cancer, active infection, untreatable heart or blood vessel disease, severe blood-clotting disorders, current alcohol or drug abuse, or severe lung disease. These conditions put patients at risk for severe complications during or following transplantation.

Other conditions that place patients at high-risk for problems after transplant include obesity, not taking medications as prescribed, smoking, major depressive or other psychiatric disorders, and poor family or other social support.

Kidney transplantation is an elective procedure, not an emergency or life-saving procedure. Therefore, patients should be in the best possible condition prior to transplantation. Patients who are on the waiting list should consistently follow their prescribed treatment regimen, and report major illnesses or hospitalizations as well as any address and/or phone number changes to the transplant center.

POSTTRANSPLANTATION

Transplant patients have to take anti-rejection medications every day for the life of the kidney. These medications have side effects that may affect one's quality of life, but they are essential to maintain the transplanted organ. Patients should talk with the transplant team and have a good understanding of these medications before being listed for a transplant.

Anti-rejection medications are very expensive. Medicare will pay a part of the cost, but not the whole cost, and under certain circumstances, only for three years. Private insurance will cover these medications, but many will often require a copay by the patient. Medicaid is also a means of obtaining medication coverage, but patients must qualify for Medicaid, and Medicaid does not provide free care. Patients should have a clear understanding of how they will pay for their medications. Obtaining insurance and medications is the responsibility of the patient, not the health care team. Transplant patients must have very frequent labwork in the first year after transplant, and then in some cases, monthly for the life of the kidney.

Transplant patients are followed closely by the transplant team. Patients must have reliable transportation to the transplant center and to their local physician on a regular basis, adequate social support, and a telephone or other means of communication.

Classifications and Side Effects of Immunosuppressive Agents

CLASSIFICATION	AGENT	COMMON SIDE EFFECTS
Anti-Inflammatory	Prednisone, Methylprednisolone (Medrol®)	Altered fat deposition, cataracts, glaucoma, diabetes, hypertension, fluid retention, bone and muscle wasting, joint disease
Anti-Proliferative	Azathioprine (Imuran®), Mycophenolate Mofetil (Cellcept®), Mycophenolic Acid (Myfortic®)	Neutropenia, thrombocytopenia Mycophenolate: diarrhea, GI intolerance, teratogenic
Early Activation Inhibitors Calcineurin Inhibitors	Cyclosporine Modified (Neoral®), Tacrolimus (Prograf®), Generic Cyclosporines	Nephrotoxicity, diabetes, hypertension, hyperkalemia, tremors, neuropathies Cyclosporine Modified: Hirsutism, gingival hyperplasia
Anti-Antigen Recognition Agents	Polyclonal Antibody Therapy: Thymoglobulin® Monoclonal Antibodies: Basiliximab (Simulect®) (Chimeric), Alemtuzumab (Campath)	Polyclonal Antibodies: Neutropenia, thrombocytopenia, bone marrow suppression Humanized and Chimeric Monoclonals: Well-tolerated
TOR Inhibitor	Rapamune®	Hyperlipidemia, diarrhea, thrombocytopenia, delayed wound healing, mouth ulcers

TRANSPLANTATION: A GREAT OPTION!

Transplantation is a great option for patients who want to be independent and participate in their care. Patients have the responsibility to monitor themselves for complications, call the transplant team for help, go to all clinic appointments, have labwork drawn as prescribed, never run out of medications, and take medications correctly and consistently.

Information regarding specific transplant centers may be obtained through dialysis units, the United Network for Organ Sharing, or the regional ESRD network offices. Insurance companies may initiate and refer patients to specific transplant centers. It should be noted, however, that patients should always provide correct insurance company information to their transplant center(s).

KIDNEY DONORS

Transplanted kidneys come from either live donors or the deceased donor waiting list. Live donors may be related or unrelated, and each transplant center has a process for live donor selection and evaluation in accordance with national regulations. Patients should speak to their transplant center about live kidney donation. All transplant centers are under the same regulations for how deceased donor kidneys are offered to potential kidney recipients on the waiting list. This process can also be explained in more detail to the patient by their transplant team.

Advanced Practice Nursing Care (Gomez, 2011) (in addition to the above items):

1. Assess for potential donor's and patient's understanding of commitment to transplant and need for diagnostic work-up for a safe and successful transplant including a comprehensive history and physical, diagnostic studies, and laboratory work. Specific diagnostic studies and laboratory work typically is suggested by the transplant center during the work-up process.
2. Interpret diagnostic studies and laboratory results.
3. Explain results to patient and donor (if you are the ordering provider for donor).
4. Refer to other providers if warranted based on results of diagnostic studies and laboratory work.
5. Collaborate with other providers and transplant team pre and post transplant for further diagnostic studies, laboratory, and medication changes.

RESOURCES

Gomez, N.J. (Ed.). (2011). *Nephrology nursing scope and standards of practice*, 7th Edition. Pitman, NJ: American Nephrology Nurses' Association.



Other Questions:

For questions and/or concerns please contact us at _____.

For more information about nephrology nursing, dialysis, transplantation or other renal disorders check out the American Nephrology Nurses' Association (ANNA) Web site at annanurse.org.