Is a Kidney Transplant Right for Me?

Network 8
Introduction

What do singer Natalie Cole, actor Ken Howard, funny men Tracy Morgan and George Lopez and fashion reporter Steven Cojocaru have in common? They all have some form of kidney disease and they have all had a kidney transplant. When you find out that your kidneys are failing, one of the first things you might ask yourself is whether you qualify for a kidney transplant and whether a transplant is the right option for you. Everyone is different and what is right for one person is not always right for another. It is best to learn all of the facts about transplantation and how it might affect you before making your choice. And remember, a transplant is NOT a cure. It is a treatment just like hemodialysis or peritoneal dialysis and it does not make all of your problems go away. In fact, you will have to take medicines every day for the rest of your life, and these medicines can bring a whole new set of problems. But, a kidney transplant gives some people more freedom and a less restrictive life.

Is a transplant a better option than hemodialysis or peritoneal dialysis?

Healthy kidneys clean your blood by taking out excess fluid, minerals and wastes. They also make hormones that keep your bones strong and your blood healthy. When your kidneys fail, harmful wastes build up in your body, your blood pressure may rise and your body may retain extra fluid and not make enough red blood cells. When this happens, you need treatment to replace the work of your
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How does a kidney transplant work?

A kidney transplant is a surgery done in some patients with kidney disease. During the surgery, a healthy donor organ is transplanted into the patient with kidney disease. Only one kidney is transplanted. A person can live a healthy life with only one working kidney. Doctors examine a person to determine if they will be a good candidate for a kidney transplant. A patient must be healthy enough to have the surgery and then take immunosuppressive drugs. Immunosuppressive drugs help. They must be taken for the remainder of the patient’s life (or the life of the organ).
There are two types of donors: a living donor and a deceased (non-living) donor. A living donor is usually a family member or a close friend. A kidney from a deceased donor comes from a person who has passed away but has a healthy kidney. There is a waiting list for kidneys from deceased donors because there are more people in need of kidneys than there are kidneys available for donation. Whether a donor kidney comes from a living or deceased donor, it still must meet certain criteria. The donor kidney must match the blood and tissue types of the person who is to receive the kidney (the recipient). Medical tests are done on patients and potential donors to determine if the kidney would be compatible. When patients are placed on a waiting list, their blood and tissue types are listed in their file.

**What is The Waiting List?**

If you are going to receive a kidney from a living donor, the surgery can happen once the preparation for surgery is complete. If you need a deceased donor kidney, you will be put on a waiting list until a suitable organ is available. The average waiting time for a donor kidney is 3 to 5 years or longer and can depend on several factors, including blood and tissue type, medical urgency, time on the waiting list and the area of the country in which you live. When a donor organ becomes available, the person who is the best match with the organ is chosen to receive the transplant. Transplants must happen very soon after the kidney becomes available. Medical staff calls the person to let them know that a kidney is available. The person, who is given a beeper when placed on the waiting list, must immediately go to the hospital once they are notified. A person can be on more than one waiting list.
Each region has a separate list so a person who has the ability to travel longer distances can be listed on several wait lists at the same time.

**What is the Surgery Like?**

Once a donor kidney is available, doctors run more tests to confirm the organ is compatible (will be accepted) with the recipient. Once compatibility is verified, the patient is taken to surgery. The surgery takes approximately 2 to 4 hours and is done under general anesthesia. The donor kidney is attached to blood vessels and drains into the bladder. It is placed in the lower abdomen. Usually, the old kidneys are left in place. They are only removed if the old kidneys are infected or too large to allow the placement of the new kidney. You will feel sore and groggy when you wake up after a transplant. The thing that you will probably remember the most is that you really need to urinate, especially if you have stopped making urine while you are on dialysis. In most cases, the kidney starts producing urine as soon as it is hooked up. This is always very exciting for the recipient.

**What Happens After the Surgery?**

After the surgery, the patient is put on drugs to prevent rejection of the donor organ. Medical staff will keep an eye on the patient to make sure that the new kidney is working correctly. Sometimes a patient will need to be put on dialysis for a few days while the new kidney starts to function properly.
After the kidney begins to work and the patient is healthy, they can go home. Some patients go home in as little as 5 days after surgery. A recipient of a donor kidney will have to take immunosuppressive drugs for the remainder of their life (or for the life of the transplanted organ). It is very important that the patient regularly goes back to the doctor for checkups in order to catch any problems early. Rejection of the kidney is always possible, although the risks decrease after a few months from surgery.

The earlier the rejection or other health problems are discovered, the better the chance that they can be treated. Immunosuppressive medications do weaken your immune system, as we stated earlier, and this can lead to infections. Some drugs can also change your appearance. Your face may get rounder. You may gain weight or develop acne or facial hair. Not all patients have these problems though, and diet and exercise can help. The medications can also cause you to develop cataracts, diabetes, extra stomach acid, high blood pressure and/or bone disease. One possible major complication of immunosuppressive medication is the risk, over time, of developing cancer. People who are on immunosuppressants should never sunbathe or go to tanning beds because of the risks for skin cancer.

Your post-transplant diet is much less strict than a dialysis diet. You can drink more fluids and eat many of the fruits and vegetables you were previously told to avoid. You will probably gain some weight, but be careful not to gain weight too quickly and avoid salty foods that can lead to high blood pressure. Other than follow-up care, the patient can generally live a pretty normal life.
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How Much Does a Kidney Transplant Cost?

Having a kidney transplant is expensive, but both Medicare and private insurances will normally cover that cost. If your Medicare is primary, it will pay 80% and your private insurance will pay 20% of the cost and vice-versa. Medicare will cover 100% of the living donor’s hospital costs along with any pre-transplant work-ups.

Another consideration that some patients overlook is the cost of the immunosuppressive medications each month. Again, if you have Medicare and a private insurance, your out-of-pocket expenses should be small. However, if you have Medicare coverage only because of kidney failure and are not disabled for any other reason, then Medicare will stop 3 years after your transplantation. At that time, you will need to have another insurance in place. Many of the pharmaceutical companies that manufacture the immunosuppressive medications will work with your doctor and your pharmacist to help you pay for your medications. There are also many generic medications that might work for you. But, this is something you will need to discuss with your physician. Some transplant centers make sure that kidney recipients not only have a plan in place for paying for medications, but an actual reserve account so that they can make sure the first months of medications are paid for. One of the biggest problems causing rejection of a transplanted kidney happens when the patient cannot pay for medications, stops taking them and eventually has to resume dialysis.
Who Are The Members of the Transplant Team and What Do They Do?

Many people will be working to make your transplant as successful as possible. This is your transplant team. It is important that you know the people on your team and what they will be doing to help you through your transplant. You need to feel comfortable talking with them and asking them questions. Each team member is an expert in a different area of transplantation.

As the patient, YOU are the most important member of the team because you know your body best. Before the transplant takes place, you will be called a “transplant candidate”. After the transplant operation, you will be called a “transplant recipient”. Along with you, your transplant team will include all or some of the following health professionals.

**Transplant Coordinator** – There are two types of transplant coordinators (1) Procurement Coordinators are responsible for managing and evaluating a deceased donor’s organs as well as recovery and distribution of these organs. (2) Clinical Coordinators are responsible for the recipients’ evaluation, treatment and follow-up care.

**Transplant Surgeon** – Transplant surgeons are the doctors who perform transplant surgeries. They have received special training to perform transplants.

**Transplant physician** (or Transplant Nephrologist) – These are the doctors at the transplant center who manage your medical care, tests and medications. They do not perform surgery. Transplant physicians work
closely with the clinical coordinators to manage your care before and after the surgery.

**Transplant Unit Staff Nurses**
The staff nurses work closely with you while you are in the hospital. They take care of you and explain your tests, medications, and follow-up care. Some units will assign you a primary care nurse who will coordinate your care while you are on the unit.

**Financial Coordinator** – This is a professional who helps you with financial matters and hospital billing related to your transplant. The financial coordinator works with other members of the transplant team, insurers and administrative personnel to coordinate the financial aspects of your care before, during and after your transplant. They will help you determine how you can best pay for your transplant.

**Social Worker** – A social worker is a professional who can help you and your family understand and cope with a variety of problems associated with your illness. The social worker may also handle some of the duties of the financial coordinator.

**Family Doctor, Specialist or Primary Care Physician** – Any of these physicians can coordinate medical care with your transplant team, especially if you have to travel a long distance to have your transplant.

**Pharmacist** – Many transplant programs now include the transplant pharmacist as a member of the team. The pharmacist will go over your medications with you, make sure you know what you are taking and make sure that you have all of your prescriptions.
Hopefully, we have covered many of the questions that you have regarding transplantation, but we are sure you have many more. Some more specific questions that you may need to ask your transplant team can include:

- What does the evaluation process include at this center?
- How will the evaluation affect whether or not I am put on the waiting list?
- How will I know I am definitely on the waiting list?
- How long do most patients with my blood type and organ type (kidney) wait for a transplant at this hospital?
- How long has this hospital been doing kidney transplants?
- How many kidney transplants do this hospital and/or surgeon perform each year?
- What are the organ and patient survival rates for kidney transplants at this hospital and how does it compare to other hospitals?
- How does this medical team decide whether or not to accept a kidney for a patient – do they accept “marginal” (not perfect) donor organs?
- How many surgeons at this hospital perform kidney transplants and will there be someone available to perform the surgery if an organ is offered to me?
- Does this hospital perform living donor transplants?
- For the living kidney donor, does the surgeon use the laparoscopic surgery and who can explain this procedure to me? What are the pros and cons?
• How many laparoscopic surgeries has this physician performed?
• Can I tour the transplant center?
• Can I meet other transplant recipients?
• How long do kidney recipients normally stay at this hospital after the transplant?
• Will I be asked to take part in any research studies?
• I am a diabetic – does this hospital perform pancreas/kidney transplants and what would be the advantage for me to consider this?

As you can see, some questions are facility specific, some questions are patient specific, and some questions have more than one answer. Do not be afraid to ask ALL questions! And please feel free to call Network 8 at 877-936-9260 with any other questions that you might have. **Good luck on your transplant journey!**

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