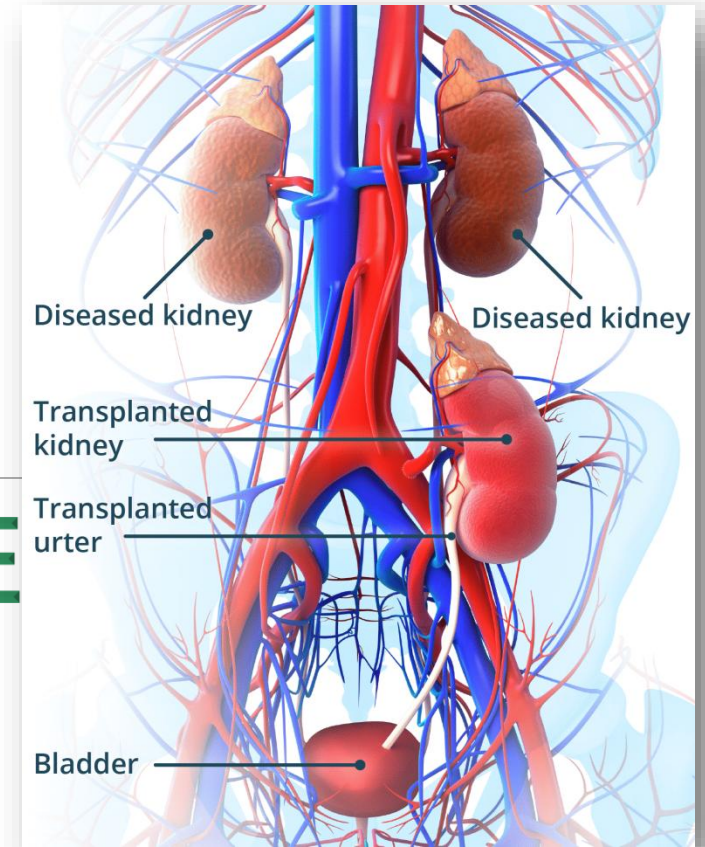


PROCEDURE OF KIDNEY TRANSPLANT

HOW DOES IT REALLY HAPPEN





- At some point in the hours leading up to the procedure, your transplant surgeon will ask you to sign a consent form.
- This is an important document that in essence validates to the transplant surgeon that we have your permission and that you are willing to undergo the operation.
- In the form, the surgeon documents the risks and complications that are associated with a kidney transplant and talks to you about them. This can be quite scary but of course, these are potential eventualities.
- It is our duty to give you all the facts and to make sure you know about and understand them.
- It may be video graphed as per hospital policy

INFORMED CONSENT – IF NO CONSENT, NO SURGERY, NO TRANSPLANT



- Before being wheeled down to theatre, the nurses on the ward will give you pre-medications (pre-meds).
- These include drugs such as steroids and immunosuppressants to reduce the risk of rejection. Each transplant centre will have a slightly different protocol for which drugs they give you.
- You will also have antibiotics to reduce the risk of infection after the surgery.

PRE-MEDICATION



- When you get to theatre, you will first be wheeled into the anaesthetic room.
- The anaesthetist will explain what they are doing and will very gently put you to sleep, this is normally a straightforward process.
- Once you are asleep, they will place 'lines' into a vein and artery to enable monitoring and to give you fluid and medication during the procedure.
- The time spent in the anaesthetic room is about half an hour.

ANAESTHESIA

Surgical Safety Checklist



Before induction of anaesthesia	Before skin incision	Before patient leaves operating room
(with at least nurse and anaesthetist)	(with nurse, anaesthetist and surgeon)	(with nurse, anaesthetist and surgeon)
<p>Has the patient confirmed his/her identity, site, procedure, and consent?</p> <input type="checkbox"/> Yes	<p><input type="checkbox"/> Confirm all team members have introduced themselves by name and role.</p> <p><input type="checkbox"/> Confirm the patient's name, procedure, and where the incision will be made.</p> <p>Has antibiotic prophylaxis been given within the last 60 minutes?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<p>Nurse Verbally Confirms:</p> <input type="checkbox"/> The name of the procedure <input type="checkbox"/> Completion of instrument, sponge and needle counts <input type="checkbox"/> Specimen labelling (read specimen labels aloud, including patient name) <input type="checkbox"/> Whether there are any equipment problems to be addressed
<p>Is the site marked?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<p>Anticipated Critical Events</p> <p>To Surgeon:</p> <input type="checkbox"/> What are the critical or non-routine steps? <input type="checkbox"/> How long will the case take? <input type="checkbox"/> What is the anticipated blood loss? <p>To Anaesthetist:</p> <input type="checkbox"/> Are there any patient-specific concerns? <p>To Nursing Team:</p> <input type="checkbox"/> Has sterility (including indicator results) been confirmed? <input type="checkbox"/> Are there equipment issues or any concerns? <p>Is essential imaging displayed?</p> <input type="checkbox"/> Yes <input type="checkbox"/> Not applicable	<p>To Surgeon, Anaesthetist and Nurse:</p> <input type="checkbox"/> What are the key concerns for recovery and management of this patient?
<p>Is the anaesthesia machine and medication check complete?</p> <input type="checkbox"/> Yes		
<p>Is the pulse oximeter on the patient and functioning?</p> <input type="checkbox"/> Yes		
<p>Does the patient have a:</p> <p>Known allergy?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes		
<p>Difficult airway or aspiration risk?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, and equipment/assistance available		
<p>Risk of >500ml blood loss (7ml/kg in children)?</p> <input type="checkbox"/> No <input type="checkbox"/> Yes, and two 16/central access and fluids planned		

This checklist is not intended to be comprehensive. Additions and modifications to fit local practice are encouraged.

Revised 1 / 2009

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- You'll then be wheeled into the operating theatre
- All members of the team including anaesthetists, surgeons and theatre scrub staff will collectively introduce themselves
- Go through a checklist to make sure that everyone knows exactly the operation we are doing and any potential problems to look out for.

SURGICAL SAFETY CHECKLIST

- ✓ CORRECT PATIENT
- ✓ CORRECT SURGERY
- ✓ CORRECT SIDE
- ✓ CORRECT CONSENT

So now the operation can start!

A kidney transplant takes between two and three hours with a minimum of two operating surgeons.

An incision is made just above the groin on the right.

We push the bowels aside to create access to the large blood vessels that sit right at the back of your abdomen and pelvis and supply blood to your lower limbs. This will be the kidney's new home.

ORIGINAL KIDNEYS ARE NOT TAKEN OUT.

We then connect (by sewing with fine sutures) the renal vein to the iliac vein, and the renal artery to the iliac artery. This is highly intricate, high-end surgery and every stitch is crucial.

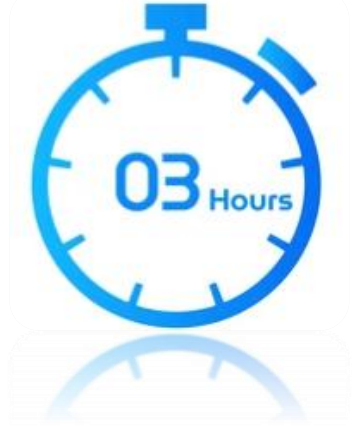
After the blood vessel connections have all been done, we open the clamps and blood flows through the kidney.

We then attach the ureter, which takes urine from your new kidney to the bladder, to allow for the excretion of urine as normal. We place a tube called a 'ureteric stent' into the ureter and bladder to ensure a good flow of urine in the first few weeks.

We then sew the different layers of your abdominal wall back up and in the skin, you would normally have a neat suture that lies just under the skin

KIDNEY TRANSPLANT SURGERY

KIDNEY TRANSPLANT OPERATION



Nonworking
kidney

Transplanted
kidney

Ureter

Recipient iliac artery

Donor renal artery

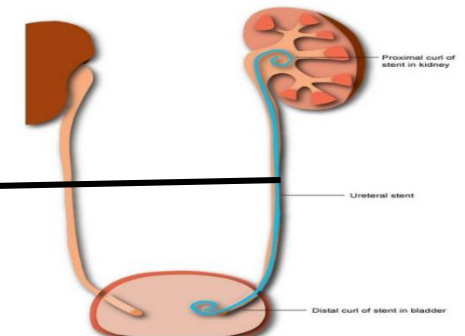
Recipient iliac vein

Donor renal vein

Bladder

Donor ureter

DJ Stent
in ureter





- You will wake up in the recovery room. Although there might be some pain you would have been given lots of painkillers.
- You will have a catheter going up into the bladder, a drain tube coming out of the incision and IV lines coming out of your neck and hand.
- In some departments you might have an ultrasound scan of your new kidney in the recovery room.
- After the operation many patients feel a little bit groggy - this is quite normal and passes after a few hours. Once you're back on the ward after two to three hours, usually you can eat and drink unless instructed otherwise.

IN RECOVERY ROOM

- Sometimes the kidney starts to work straight away, and this is brilliant. However, in many cases and for lots of different reasons the kidney doesn't work straight off, and this is known as 'delayed graft function'. We don't worry so much about this; as long as there is a good blood supply to the kidney, we wait patiently and invariably urine will start to come, it might be hours or days later, but you'll have extremely close contact with your transplant surgeon and physician who will explain everything on a day-to day basis.
- Nevertheless, there might be reasons for this delayed function which can be treated and so occasionally a kidney biopsy is performed. This is a procedure under local anaesthetic and a small piece of your new kidney is extracted and examined under the microscope. It is a good way of ruling out rejection, viral illnesses and other issues that might affect the function of the kidney.
- Your kidney function will be measured daily. Every so often if we are worried about the kidney or for example there is some bleeding, we might take you back to Theatre to sort these issues out.
- After the transplant you might find that there is lots of swelling (oedema) around the legs and groin area. This normally settles as the kidney starts passing good amounts of urine.
- For a straightforward transplant a hospital stay might be seven to ten days but if there are complications or if the transplant team prefer to keep an eye on you, as described above, the hospital stay might be up to a few weeks. This doesn't mean however that you won't leave hospital with a good functioning kidney.

NEXT FEW DAYS

- When we join the ureter of the kidney to the bladder during the transplant, to enable the urine to drain out normally from the new kidney, we place a ureteric stent. This is a plastic tube placed in the transplant ureter to maintain good drainage of urine. This will need to be removed a few weeks after the transplant via a small operation using a cystoscope. Most centres perform this three to six weeks after the transplant as a day care procedure under local anaesthetic.
- If all goes according to plan and of course this depends on the age of the recipient and other factors, you might only have to stay in hospital for five to seven days. If there are complications or a need for more monitoring, then this might be longer.
- Overall, a kidney transplant in India is a very successful procedure and hopefully brings about a new lease of life for the recipient.
- Once the kidney function is stable, overall, you will feel better in yourself with more energy and hopefully gradually getting back to all the activities you would like to do that possibly dialysis stopped you doing. For those that have been on dialysis for long period of time, having a kidney transplant can be a transformational and a transitional experience. Often great friends are made on the dialysis unit, and it has become a framework of life and in fact, some might miss their dialysis unit despite that seeming counter-intuitive. Having a transplant is moving into a different phase of lifestyle and each transition is different and sometimes takes a while to adjust to. Feelings of being a little unsettled after a transplant can be normal and settles down.

PLAN FOR DISCHARGE

- When you leave hospital, you will attend clinic appointments very often in the first few weeks, sometimes twice a week which will taper off as time goes by and your new kidney settles in. Your kidney function will be monitored very closely at these appointments. After a few weeks, you will only need to attend every few weeks and then every few months if all is going well.
- After a transplant, to ensure that your body accepts the new kidney and doesn't reject it, you will start on long-term immunosuppressant medication. These medications dampen down the immune system. The ward pharmacist and nurses will explain to you how to take these medications and when to take them, so you feel ready when you leave the hospital.
- The immunosuppression medication puts you at a slightly higher risk of certain cancers. Report any new skin changes that you might see, discuss with your doctor. **It's important to emphasise that the risk of getting cancer is still small but is slightly higher than the general population.**
- You might also start new medications such as antibiotics and anti-viral medicines. There is also an increased chance of catching certain infections when taking immunosuppression medication. Most commonly these are chest and urine infections. Serious infections are rare but most of these infections can be treated fully with antibiotics.
- Overall, it is important to look after yourself, take the medication as advised, eat and sleep well and if you are a smoker, **QUIT SMOKING!** Hopefully the transplant will allow you a decent quality of life that you can enjoy and benefit from in the fullest way possible.

DISCHARGE TO HOME

TRANSPLANT RECIPIENT RESPONSIBILITY

- Taking care of the new organ is entirely your responsibility.
- Adhere to doctors' advice and the medications prescribed.
- Always remember that you have received a chance which many on the wait list may not get...its your prime responsibility to look after the transplanted organ.
- Your carelessness and callousness will result in the transplant failure and you will be back in the hospital /dialysis unit.
- Reach out to your doctors if there is any issue in accessing immunosuppressive drugs or difficulty in following dietary advice, travel restrictions, care of diabetes, blood pressure and drug level monitoring.



gratitude

“ORGAN DONATION SAVES LIVES”

