



AFTER ENLISTING

WHAT NEXT????





- Your health problem
- Treatment options
- Risks & benefits of each treatment suggested
- Treatment Plan best suited for you and reasons for it
- Intended Procedure,
- Pre Op evaluation & fitness to proceed
- Possibility of non eligibility
- Surgical procedure plan-duration , risks & complications
- Post Op Care & possible outcomes including rejection
- Need for Life long medication - immunosuppressants
- Side effects & compliance to treatment
- Nutrition and diet control
- Exercise
- Resuming back work/college/school
- Travel
- Socializing
- Pregnancy/sexual activity
- Restrictions
- Follow up – frequency
- Red Flag Signs – where to report

**ALWAYS
DISCUSS &
UNDERSTAND
YOUR CONCERNS &
QUERIES**

“CONSIDER SPEAKING TO A TRANSPLANT RECIPIENT & THE FAMILY WHOSE EXPERIENCES ARE ENRICHING LESSONS TO HELP YOU”



KEEP YOUR PHONE TURNED ON ALWAYS

The call can come at any time, so it is vital that you are contactable day and night.

THE TRANSPLANT PHONE CALL ...NO ONE CAN SAY WHEN THE CALL WILL COME

ENSURE THAT YOU ARE CONTACTABLE AT ALL TIMES

- DO NOT panic
- Focus on arriving at the hospital safely
- Carry an overnight bag with essentials.
- Bring all the current medications.
- Bring your medical file & reports



DO NOT PANIC.....STAY FOCUSSED ON ARRIVING SAFELY TO HOSPITAL

HOW DOES THE KIDNEY ALLOCATION (DISTRIBUTION) HAPPEN ?

DO THEY PICK & CHOOSE?

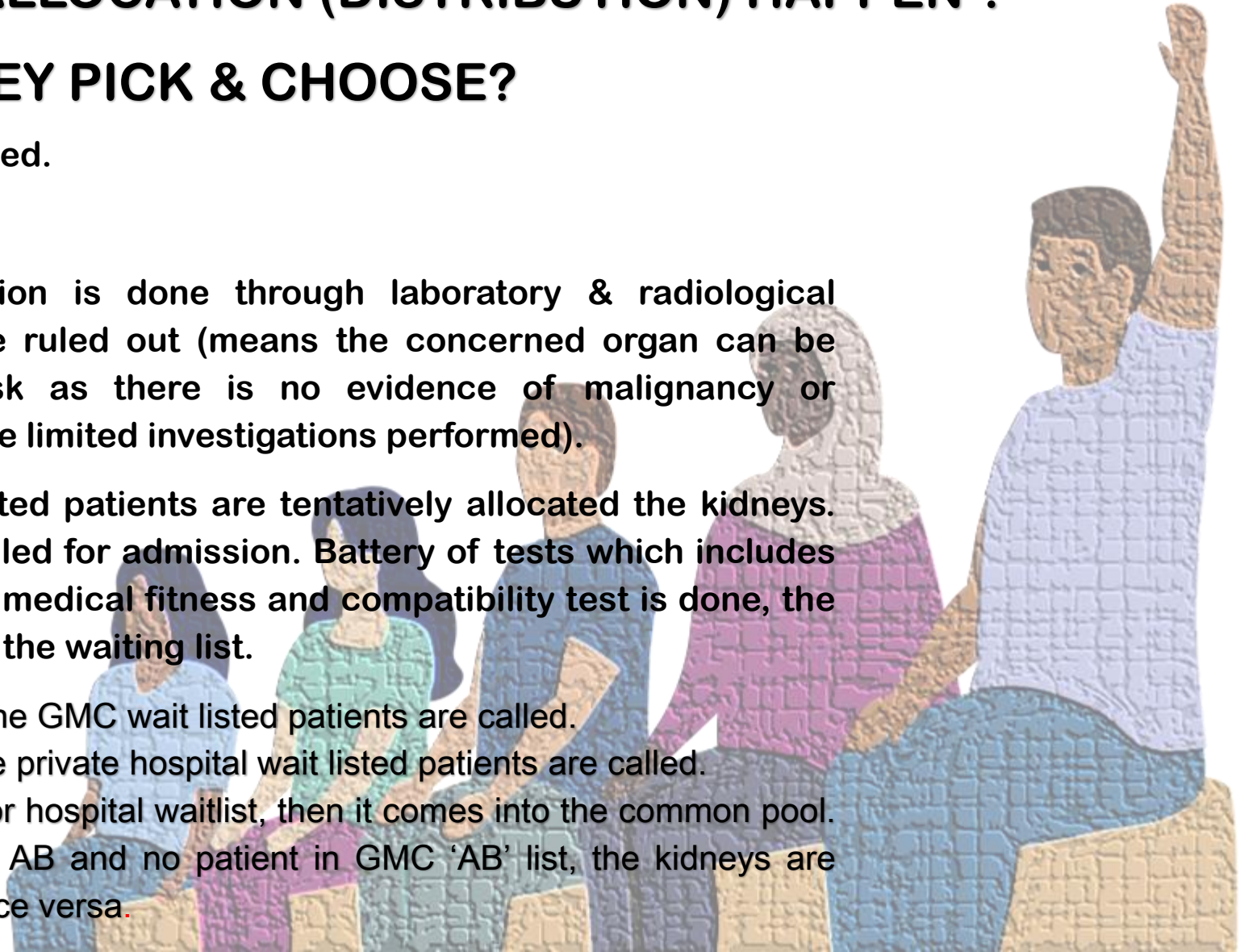
Donor is identified and brain death certified.

Donor family consents for donation.

Donor suitability and medical evaluation is done through laboratory & radiological investigations and contraindications are ruled out (means the concerned organ can be used for transplant with standard risk as there is no evidence of malignancy or uncontrolled unknown infection as per the limited investigations performed).

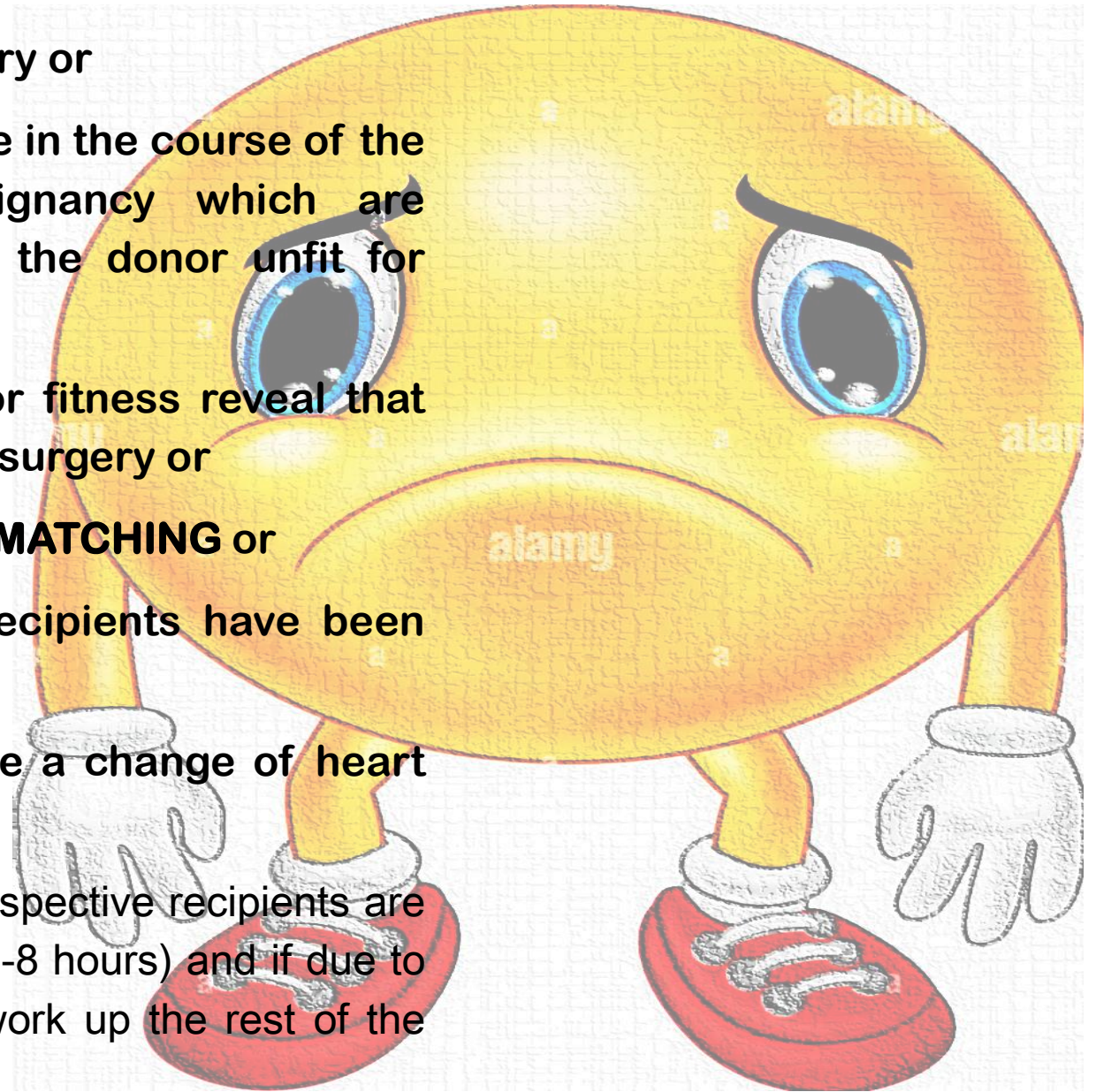
As per the donor blood group, the enlisted patients are tentatively allocated the kidneys. The first 5 prospective recipients are called for admission. Battery of tests which includes **'kidney matching test'** is done. Once the medical fitness and compatibility test is done, the allocation is confirmed to the first two on the waiting list.

- If donor is in government hospital, then the GMC wait listed patients are called.
- If the donor is in private hospital, then the private hospital wait listed patients are called.
- If there is no active recipient on the donor hospital waitlist, then it comes into the common pool. e.g., if donor at GMC with blood group AB and no patient in GMC 'AB' list, the kidneys are allocated to the private waiting list and vice versa.



- Donor has a cardiac arrest before retrieval surgery or
- Some blood tests/radiological investigations done in the course of the day reveal some serious infection or malignancy which are transmissible to the recipient, hence deeming the donor unfit for donation or
- Recipient work up evaluation and references for fitness reveal that recipient is medically unfit to undergo transplant surgery or
- Recipient blood test show that the kidney is **NOT MATCHING** or
- You may be 3rd on the list and the first two recipients have been cleared for transplant.
- Though very unlikely, the Donor family may have a change of heart and withdraw consent

N.B. Though there are only 2 kidneys available, five prospective recipients are called because the fitness and matching takes time (~ 6-8 hours) and if due to some reason the first 2 are unfit, there is no time to work up the rest of the enlisted recipients resulting in wastage of the kidney.



What are the reasons for recipients who are called for admission not getting a transplant?

- Continue dialysis as recommended by your nephrologist. Do not take your own decision about dialysis sessions especially the recommended hours and/or frequency. Most are advised 12 - 15 hours of maintenance dialysis per week. Usually thrice a week with each session of 4-5 hours.
- Regular follow up with nephrologist. Inform about new symptoms if any.
- Take medications as advised and consult other specialists as recommended especially cardiologist and endocrinologist.
- Do not self-medicate.
- Proper nutrition.
- Special care to control hypertension, control diabetes, treat anaemia, vaccine updated, check viral markers 3 monthly, cardiac evaluation at least once a year.



What should the patient do while awaiting a kidney transplant?

- When the call comes, it can be at any time - night or day.
- It generally means that you are considered to be eligible from the waiting list for that particular kidney at that time.
- The call is made by your transplant coordinator.
- You will be asked if there are any new major medical issues that your local centre might not know about.
- You will be asked whether you are willing to accept the offer.
- You will be asked to come to the transplant unit as soon as you're able.
- Occasionally the phone call might be a conversation about your willingness to accept a certain transplant, for example, if the kidney is deemed not to be ideal, this will be a conversation with the transplant professional who will give you all the information you need. Certain characteristics about the donor can be shared with you, including the age range (decade), male or female, type of death and whether the donor had any illnesses or diseases that might affect the long-term outcome of the transplant. Usually, this conversation about the **expanded criteria donor** happens in person and your doctor will counsel you and help you take a decision.



What does the phone call intimation mean?

What happens after arrival in the hospital?

- Once you arrive,
- Admission formalities are done.
- You will be given instructions about timing of the scheduled surgery and from what time you need to be Nil by mouth NBM (stop oral intake of solids & liquids)
- Medical examination and height weight measurements are done.
- There will be lots of blood tests and radiological evaluation that is done (X-ray, CT Thorax, CT Abdomen Pelvis, Abd. USG with Doppler of iliac vessel)
- One important blood test is a 'cross match' between yours and the donor's blood - if there is no cross-reactivity, it is deemed negative. We typically expect it to be negative, but occasionally if there are immunological issues, it might be positive (although this does not happen often).

If 'cross match' **negative**-it means that the chances of rejection is less and transplant outcome is better.

If 'cross match' **positive**-it means that the chances of rejection is more and transplant outcome is extremely poor.

Contd...

- References are given to various specialities (Cardiology, Urology, Surgery, Pulmonology, ENT, OBG in female recipients, Dental, Psychiatry) to rule out presence of active infection or malignancy and give the clearance for transplant surgery.
- Anaesthetist will also see you.
- After reviewing all the reports and references, a video graphed consent is obtained by transplant physician & surgeon after explaining the procedural risks, complications thereof intra op, immediate post operative and long term and benefits of transplant, continuation of immuno suppressive drugs and their long-term side effects etc.
- A central line is placed in the neck.
- Haemodialysis is started for 4 hours.
- You will be administered oral and intravenous drugs as per institutional protocol.
- Feel free to discuss your concerns and queries with your transplant team.



***TAKE CARE
&
THANK YOU***