Kidney Transplant Assessment



Allyson Newman Deceased Donor Transplant Coordinator

Why have a kidney transplant?

- To live a more "normal" life without the restrictions of dialysis - time, diet, work and mobility
- Greater sense of well-being to enjoy a more independent lifestyle
- Overall improvement in health
 SURVIVAL



Is transplant right for everyone?

Not always best treatment option

• Discuss with your kidney doctor



Assessment Tests

- Pre-kidney transplant assessment is mandatory as per NSW Health
 - patients to be reviewed by the kidney transplant team prior to entering the transplant waiting list

• Annual transplant assessment:

- ensures your health remains optimal to accept a transplant
- assesses and deals with any transplant issues that may affect your suitability
- updates you with transplant information

STATEWIDE RENAL TRANSPLANT RECIPIENT WORKUP

Name:			
0		Investigations	5
Condition CXR	Date 08/12/14	Results Comments PPM insitu. Bibasal pleural effusions, early changes	Repeat?
	00/12/14	suggestive of CHF	
ECG	11/06/15	RBBB and LAFB	Annually
ECHO	11/06/15	infero basal wall hypokinetic but EF 60%, severe LA enlargement, mild AV regurg. Mod posteriopr MV annular calcification.	Annually
tress Test & Type	12/09/14	MIBI: significant induced myocardial ischaemia in the basal anterior wall and prior inferolateral wall infarct, EF post stress 50%	Annually (> 50 yrs)
ardiac Angiography			
Carotid Dopplers	08/04/15	bilateral bulb plaque, no stenosis.	
Peripheral Dopplers	08/04/15	mild stenosis noted at R) internal iliac artery, otherwise normal study	
Irinalysis & M/C/S	06/05/15	protein+++, glucose+++, leucocytes 10-100, positive for klebsiella	Annually unless anuric
Renal / Abdominal Imaging	07/04/15	US: paranchymal kidney changes, fatty liver, pancreas normal	
Jrine Cytology X 3	06/05/15	no malignant cells x 3	
cystoscopy & RGP			5 yearly if anuric
ndoscopy			
SA	06/05/15	0.8	Annually (> 50 yrs)
Pap Smear			2nd yearly
lammography			2nd yearly (> 50 yrs)
EXA Scan	03/10/14	osteopaenia	2nd yearly if at risk
oral Glucose Tolerance Test	t		If not diabetic
ental Review	29/05/15	dentally fit	Annually
lantoux			
oxoplasmosis IgG	06/05/15	negative	Annually if negative
MV IgG	06/05/15	positive	Annually if negative
BV lgG	06/05/15	positive	Annually if negative
erpes IgG	06/05/15	1- negative 2- positive	Annually if negative
aricella IgG	06/05/15	positive	Annually if negative
lepatitis B sAb & sAg	02/04/15	negative (sAb <10)	As specified by renal unit
	02/04/15	negative	As specified by renal unit
	02/04/15	negative	As specified by renal unit
		•	Annually
	12/05/15	chol: 4.6 trig: 1.9 HDL: 1.1 LDL: 2.5	
PTH	12/05/15	53	As specified by renal unit
IbA1C			If known diabetic
Other 1			

STATEWIDE RENAL TRANSPLANT RECIPIENT WORKUP

Hepatitis B Core Ab			As specified by renal unit
Quantiferon Gold Assay	06/05/15	negative	Mantoux if indicated
HTLV	06/05/15	negative	
Strongyloides	06/05/15	negative	
Dermatology Review	21/05/15	NAD	

Contraindications to transplant

- Severe heart disease
- Unacceptable anaesthetic risk
- Severe peripheral vascular disease
- Cancer (other than skin) <5 years ago
- Uncontrolled infection
- Chronic infection
- Morbid obesity
- Smoker
- Age ?

Pre Transplant Clinic

- Review by transplant physician and surgeon
- Transplant assessment tests are reviewed
- Suitability and fitness for transplantation assessed
- Areas of concern identified
- Letter sent to kidney doctor
- Yearly review in transplant clinic





Tissue Typing

- Monthly blood is used to match with donors of a compatible blood group: A, B, AB & O
- Computer matching is done by the Australian Red Cross Blood Service
- Human Leukocyte Antigen (HLA) matching
- Time on dialysis is a factor
- Sensitising events: blood transfusions, infections, pregnancy, transplant nephrectomy



National Organ Matching System

Kidney (ALL Organ Statuses) Patient List

State Hosp		ab Ref UF	Sex R# ABO	Match Dialysis	Entry Last Tf	Birthdate Transplants	Phone Virology			MPI	Physician	Status	Registers HCV TRI
NRPA	AUEOVAI, Luci 270012438 1 ⁻ DIAGNOSIS: U		F 19686 O+ GNOSIS	<u>6/06/199</u>	<u>8</u> 07/05/2008 18/04/2008	02/03/1977 1	НерВ:	CMV:	HepC:		Gillin, Adrian	Active	
HLA Typing: Serology/Equivalent : HLA A23,24; B7,62; Cw4,7; DR15,-; DR51,-; DQ6,- Molecular : HLA A*23,*24; B*07,*15:06; C*04,*07; DRB1*15,*-; DRB5*01:01:01,*-; DQB1*06:01/105,*06:02/116; DPB1*04:01:01G,*05:01:01G TRANSPLANTS: Kidney Tx 15/04/2008 Serology/Equivalent: HLA A23,32; B35,49; Cw4,7; DR11,13; DQ7,- Molecular: : HLA A*23,*32; B*35,*49; C*04,*07; DRB1*11,*13; DQB1*03:01/19/29,*-;													
Curr Class I Antibodies: 10% 09/01/2015 Auth Class I Antibodies: 76%													
A25, A31, B51, A74, A30, B57, B58, B49, A32 Auth Class II Antibodies: DQ7, DQ9, DQ8, DQ4													
Notes:	03/09/2013	03/09/2013 FABOUDAHEF This patient has not been excluded with this donor as exclusion is based on DSA presence with current sera only, as requested by RPA. This needs to be highlighted to RPA at the time of any kidney offers for this patient. DSA may be present in peak sera.											
	03/09/2013	FABOUDAHEF	Patient to be ex	cluded with detected in s	donor HLA-DP samples dated	typings to EDP 11/10/2010 and	*12 and EDP* 1 26/08/2008.	02. Please note Antibodies to Dl	antibodies MFI> PB1*04:02 (EDP*		02 (EDP*12), DPB1*02:01 e detected in sample dated		
	03/09/2013	FABOUDAHEF	Please note this	s patient has	strong antibod	ies >8000 MFI	to DPB1*04:0	2 (EDP*12) and	has been typed a	as HLA DPB1*04:0	1 (EDP*04).		
	23/06/2015	CKENNEDY	Please note: du donor.	e to sensitis	ing history, it is	recommended	that a B cell (crossmatch be p	erformed where	possible for this pa	tient with a deceased		
	06/08/2013	PGUTHRIE	15/5/2013: Luck Please do not e						are those which a	are in the authorise	d antibody row only.		
	************* Patient has been on dialysis for more than 5 years ****************												

HOW LONG DO I HAVE TO WAIT?!?!

Considerations while waiting...

- Has anyone offered to give me a kidney?
- Figure out how you will get to hospital when called for transplant
- Where will you stay in Sydney?
- Who will look after your children, pets, property etc
- How will I pay for it all?
- Do I need to ask for help?
- Try and stay motivated and fit and active!

When You Are Called in For Transplant

- Let us know immediately if you have recently been unwell in any way
- Present to RPA Hospital Emergency Department ASAP
- 15% chance you will be called in for transplant and it will not proceed
- Dialysis pre-op
- Operation 4-5 hours

Recovery

- Ward 9East post op
- 30% chance Delayed Graft Function
- NBM 12-24 hours
- Central line, IV Fluids, Urinary catheter, wound drain, Pressure area care, DVT prophylaxis, pain control
- Early mobilisation
- Immunosuppression medication

Discharge Planning

- Education:
 - Pharmacist
 - Dietician
 - Transplant Nurse
- CAFAT:
 - Housing
 - Transport
 - Support

Post Transplant

- Remain under care of RPA for 3 months
- Daily clinic visits to check BP, wound, medications, side effects etc
- Ureteric Stent removal 6 weeks
- Biopsy and screening for CMV/BK virus at 3 months
- Pregnancy/Contraception

Complications Post Transplant

- Short Term:
 - Rejection
 - Infection
 - Wound breakdown
 - Worsening of diabetes / NODAT
 - Acopia/frailty
- Long Term:
 - Malignancy (especially skin in Australia)
 - Cardiovascular disease
 - Chronic rejection / Graft loss
 - Non adherance

RPA Transplant Nurse Team

• Pre Transplant

- Jane Mawson- Live donor
- Mike Utsiwegota- Live donor/ABOi/PKE
- Allyson Newman- Deceased donor
- Post Transplant
 - Lorraine Garry
 - Michelle Santos
 - Weekend Clinic Nurse
- Trials



9 East Transplant team

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