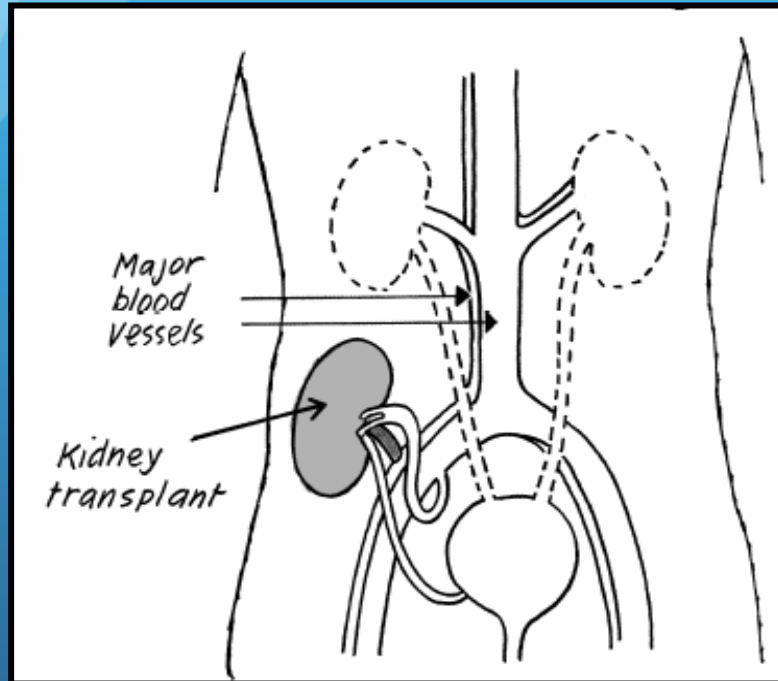


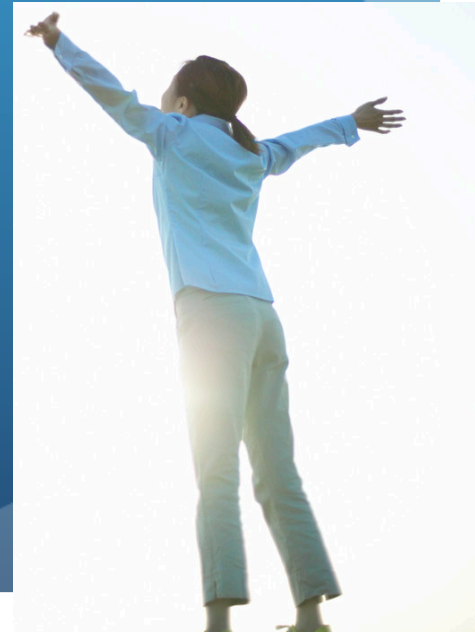
Kidney Transplant Assessment



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: [REDACTED]

Investigations

Condition	Date	Results	Comments	Repeat?
CXR	08/12/14	PPM insitu. Bibasal pleural effusions, early changes 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 posteropr MV annular calcification.		Annually
Stress Test & Type	12/09/14	MBI: significant induced myocardial ischaemia in the basal anterior wall and prior inferolateral wall infarct, EF post stress 50%		Annually (> 50 yrs)
Cardiac 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		
Urinalysis & 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		
Urine Cytology X 3	06/05/15	no malignant cells x 3		
Cystoscopy & RGP				5 yearly if anuric
Endoscopy				
PSA	06/05/15	0.8		Annually (> 50 yrs)
Pap Smear				2nd yearly
Mammography				2nd yearly (> 50 yrs)
DEXA Scan	03/10/14	osteopaenia		2nd yearly if at risk
Oral Glucose Tolerance Test				If not diabetic
Dental Review	29/05/15	dentally fit		Annually
Mantoux				
Toxoplasmosis IgG	06/05/15	negative		Annually if negative
CMV IgG	06/05/15	positive		Annually if negative
EBV IgG	06/05/15	positive		Annually if negative
Herpes IgG	06/05/15	1- negative 2- positive		Annually if negative
Varicella IgG	06/05/15	positive		Annually if negative
Hepatitis B sAb & sAg	02/04/15	negative (sAb <10)		As specified by renal unit
Hepatitis C	02/04/15	negative		As specified by renal unit
HIV	02/04/15	negative		As specified by renal unit
Fasting Lipids (LDL, HDL)	12/05/15	chol: 4.6 trig: 1.9 HDL: 1.1 LDL: 2.5		Annually
PTH	12/05/15	53		As specified by renal unit
HbA1C				If known diabetic
Other 1				
Other 2				

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



Activate



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



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 adherence

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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