

# Kidney Transplant... What to Expect

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erlanger

Kidney Transplant Center

## Kidney Transplant Overview

### 1. Removing the donor kidney

Most people have two kidneys. Since a person can live with just one kidney, for people who have received a kidney transplant one of these organs may have been donated by a living donor. Both the kidney and its attached vessels are removed from the donor for the transplant.

### 2. Beginning the transplant procedure

Kidney transplant surgery usually takes place while the recipient is asleep under general anesthesia. The surgeon makes an incision in the lower abdomen on one side and places the donor kidney into the abdomen through this incision.

### 3. Placing the kidney into the recipient

In most cases, the donor kidney is placed into the abdomen below the original kidney, which may be left in place.

### 4. Completing the transplant

The surgeon connects the blood flow to and from the transplanted kidney. He or she will also connect the ureter of the transplanted kidney to the bladder. This connection allows urine to flow into the bladder and pass out of the body.

Transplanted Kidney

Old Kidney

Ureter

Duct that carries urine from the kidney to the bladder.

Bladder

Hollow muscular organ that stores urine.



## WHAT TO EXPECT When you are called in for a “potential kidney transplant”

If you are reading this information, you have probably just received a call from one of the transplant coordinators asking you if you are “interested in accepting a kidney offer.”

After saying yes, you gathered your things together and came to the hospital. Even though you are well on your way to getting a kidney transplant, there are a number of things which must be evaluated prior to the transplant surgery.

### Are you currently healthy enough to get a transplant?

The transplant coordinator will ask you some questions during the time she is making the kidney offer to you. “Have you had any infections lately? Are you on or have you recently been on antibiotics? Have you had surgery recently? Have you had any recent blood transfusions?” It is important to answer all these questions as accurately as possible. You will also be examined by a number of people prior to surgery and have several tests performed to make sure you are healthy enough to tolerate the transplant process. If it is determined that performing the transplant on you is too risky, the offer will be turned down, and you will resume your “waitlist” status as before.

## Is the kidney acceptable for transplant?

This may have been evaluated before you received the kidney offer. If you received the offer very early in the process, the potential organ may not have been recovered yet. In this case, once it is recovered it must be examined and deemed an acceptable organ for transplant. If the kidney is removed from the donor, and it is felt not to be acceptable, the offer will be turned down, and you will resume your “waitlist” status as before.

## Is the kidney a good match?

Before the kidney offer is made to you, the UNOS computer evaluates the donor’s specific blood type and antigens to determine who on the waitlist might best match the donor. That, in consideration with the amount of time you have been on dialysis or the waitlist, determines who would be offered the kidney. Once the offer has been made and you have accepted it, a “final crossmatch” is performed between your blood and the donor’s blood to make sure the two of you are compatible. This process may be performed on the blood sample we have stored for you at the lab, or if there is time, a fresh sample will be sent to the transplant lab. Once the test is completed, and there is no reaction between your blood and the donor’s blood (Negative Crossmatch) we can proceed with the transplant. If there is a reaction between your blood and the donor’s blood (Positive Crossmatch) the offer will be turned down, and you will resume your “waitlist” status as before.

If you are healthy enough, the kidney is acceptable, and the crossmatch is negative, at that point we will then proceed with the transplant.

## VISITATION DURING YOUR HOSPITALIZATION

We welcome family to be with you during this time. Your family is welcome to stay at the hospital while you are in surgery. Your family will be called and given updates as to how surgery is progressing. After surgery, you will be going to the Surgical Intensive Care Unit (SICU). Your family will be allowed to visit during visiting hours. There is an ICU waiting area, but no overnight stays are allowed. The ICU visiting policy allows for two visitors per time block and no trading out visitors during that block of time. Visiting hours are from 9:00 AM – 12:00 PM and 4:00 PM – 8:00 PM. No children under the age of 14 are allowed, and anyone under the age of 18 must have a parent or guardian with them.

You are allowed to keep items like phone, charger, glasses, books, or any necessities. You can not keep medications in your room, and we strongly encourage no valuables or clothing. You will be placed in a hospital gown for the duration of your stay. You can place belongings in security, or we recommend sending them home with family. You will be in SICU on average of 3 days then you will transfer to a regular floor room.

## Regular floor RULES FOR YOUR FAMILY AND VISITORS

- When you are transferred from SICU to a floor bed, your family can visit throughout the day from 9:00 AM – 9:00 PM. Visitors of Erlanger Baroness Hospital and Children’s Hospital at Erlanger must check in at the information desk and receive a photo visitor badge.
  - Persons aged 18 and above must show a valid form of photo identification.
  - Badge must be worn and visible at all times during your visit and cannot be shared.
  - A new badge is required for each day of your visit. Visitor badges have a color identifier that changes daily.
  - Approved overnight visitors will receive an overnight badge with room number. Overnight visitors require house supervisor approval.
  - Visitor badges are not required for Erlanger Medical Mall doctor visits or procedures.
- Everyone must wash their hands upon entering the room.
- No one who is sick (fever, cough, sniffles, sneezes, etc) can enter the room.
- No small children can stay in the room.
- No fresh flowers or potted plants.

Guest trays are available and are delivered to the room. All trays must be paid for at delivery.

## WHAT TO EXPECT AFTER SURGERY

You and your family can expect to be gone from your room at least 5 to 6 hours. You will spend about 1 hour in pre-op holding, 3 hours in surgery, and 2 hours in the recovery room.

Once you go to the SICU, it will be very busy.



**The following is a list of things to expect once you get to your room:**

- You must be weighed immediately after surgery. This will involve you rolling from side to side a few times. Just take some slow, deep breaths and it will be over quickly.
- There will be a continuous blood pressure, heart rhythm, and oxygen saturation monitor connected to you.
- It is common for patients to feel nauseated after anesthesia. Medications are available to help alleviate the nausea.
- You will have pain after the surgery and it will be treated with medicine either by mouth or intravenous depending on the severity of your pain. Erlanger uses a pain scale approach for pain management. The patient self-reports their pain on a scale of 0-10. Zero means no pain and ten is the worst possible pain. Your nurse will then administer pain medication based upon your pain level and set dosing parameters.
- You will receive 1 on 1 nursing care immediately after surgery. During this time, your incision, vital signs and urine output will be monitored frequently.
- You will have a catheter placed in your bladder during surgery. This is done to assist with monitoring your urine output, and to prevent excess pressure on the incision connecting the ureter to the bladder. For the first 24-72 hours you may see that your urine is pink or even blood colored. This is common and expected

after surgery. Occasionally the catheters become clogged and may have to be flushed so that your urine flows without difficulty. You can expect to have the catheter for about 5 days. After the catheter is removed, you will need to attempt to urinate every hour. You must use a urinal or commode catch so that we may continue to monitor your urine output.

- We monitor how well the kidney is functioning by lab test (creatinine level), your weight, and your urine output. You will have blood work drawn everyday, you will be weighed every morning, and your urine output will be measured through out the day.
- You will have an Incentive Spirometer when you return from surgery. This device is used to help open up your lungs completely. Pneumonia is a possible complication after any surgery, but you are at an increased risk because of the immunosuppressant medications you are now on to prevent rejection. The Incentive Spirometer is to be used every hour while you are awake and until you are up and moving about for the majority of the day. If you have any questions on how to use the Incentive Spirometer, please ask.
- When you return from surgery, you will not be able to eat or drink anything. There are oral swabs available to wet your mouth, so ask your nurse if you need one. Slowly your surgeon will advance your diet, starting with a clear liquid diet. If you have no nausea or vomiting and you have bowel sounds you will be able to eat more each day.



- On your first post operative day, you will need to start getting out of bed. On day number one, you need to be up sitting in a chair at least twice. On day two, you need to walk in your room at least three times. On day three, you need to walk in the halls at least three times. Each day after surgery you should increase your activity level. Walking is very beneficial to you after surgery. It will help prevent pneumonia, decrease pain, prevent blood clots, and help get your bowel function back to normal.
- You will have an ultrasound of your transplanted kidney after surgery. This will measure the blood flow to and from the kidney and can also show signs of early rejection or Acute Kidney Injury (the kidney is asleep). If the kidney is not functioning well after a few days further ultrasounds maybe done.
- It is not unusual for deceased donor transplant patients to require dialysis after surgery. One reason for this is the fact that the kidney was sent here on ice and can take days to weeks to “wake up” and start working. This is call Delayed Graft Function or Acute Kidney Injury.
- The average length of the hospital stay following transplant is 5 days. However, this length of time is different for everyone and it depends on how well you are doing, how well your bowels and kidney is working, and how well you’re learning your medications.

## Erlanger Kidney Transplant Center Patient & Graft Survival Outcomes

1-Year Kidney Transplants Patient Survival			
Kidney Transplants by Type	Erlanger	Expected	National
Living Donor	94.74%	99.15%	98.90%
Deceased Donor	95.45%	96.31%	96.79%
All Donor Types	95.32%	96.90%	97.30%

Source: [www.srtr.org](http://www.srtr.org). For patients receiving their first transplant of this type between January 1, 2022 - June 30, 2024.

1-Year Kidney Transplants Graft Survival			
Kidney Transplants by Type	Erlanger	Expected	National
Living Donor	94.74%	98.17%	97.97%
Deceased Donor	91.40%	94.29%	94.09%
All Donor Types	92.01%	94.98%	95.01%

Source: [www.srtr.org](http://www.srtr.org). For patients receiving their first transplant of this type between January 1, 2022 - June 30, 2024.

90-Day Survival With a Functioning Graft			
Kidney Transplants by Type	Erlanger	Expected	National
Living Donor	94.74%	99.06%	98.95%
Deceased Donor	94.25%	96.89%	96.75%
All Donor Types	94.34%	97.27%	97.28%

Source: [www.srtr.org](http://www.srtr.org). For all patients receiving a transplant of this type between January 1, 2022 - June 30, 2024.

1-Year Conditional Survival With a Functioning Graft			
Kidney Transplants by Type	Erlanger	Expected	National
Living Donor	100%	99.10%	99.01%
Deceased Donor	96.97%	97.32%	97.25%
All Donor Types	97.53%	97.65%	97.67%

Source: [www.srtr.org](http://www.srtr.org). For all patients receiving a transplant of this type between January 1, 2022 - June 30, 2024.

If you have any questions, please contact your transplant coordinator at 423-778-8067 or visit the SRTR website at [www.srtr.org/](http://www.srtr.org/) or OPTN website [www.optn.transplant.hrsa.gov/](http://www.optn.transplant.hrsa.gov/) for more information.



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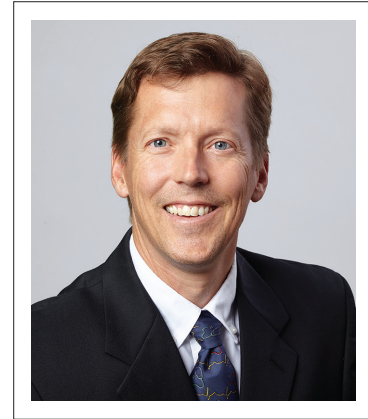
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<sup>1</sup> Information compiled from UNOS and The National Kidney Foundation. Please see [www.unos.org](http://www.unos.org) and [www.kidney.org](http://www.kidney.org) for more information and resources.



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