

other units. Efforts are being made (1999-2000) to measure the differences between kidney units, and to set criteria so that the system becomes equal for everyone.

### Testing for viruses

Before anyone can be put forward for a transplant, they will have to be tested for various viruses. These include HIV (the virus that causes AIDS), hepatitis B, hepatitis C and cytomegalovirus (known as CMV). It is important to test for these viruses because they may be dormant (sleeping, causing no symptoms) in a patient's body. After the transplant, they may be 'woken up' and cause illness.

If someone is positive for the HIV test, they will not be put on the transplant list. This is because research has shown that people with HIV get AIDS and die soon after a transplant. Someone who refuses the HIV test will not be put on the transplant list. The new anti-HIV drugs are good at controlling the virus and preventing AIDS, but at the time of writing (1999) there are no reports of people on these new drugs having a kidney transplant, although one person has apparently had a successful liver transplant.

If the hepatitis (liver infection) virus tests are positive, it may be possible to have a transplant, but further tests will be needed on the liver to make sure a transplant would be safe.

### Other tests for transplant suitability

Other tests are also necessary before someone can have a transplant. These include an electrocardiogram (ECG, an electric recording of the heart beat), and sometimes an echocardiogram (ECHO, a sound-wave picture of the heart) and a chest X-ray. Some renal units also insist that kidney patients who are diabetic also have a treadmill test (measurement of the ECG while walking fast) or a cardiac catheter test (a special X-ray picture of the heart).

## Leaflets currently available in the Transplantation Kidney Matters Series:

- Top Tips
- What are the complications of transplantation
- What is transplant rejection
- Sexual problems following a transplant
- Cancer after kidney transplant
- Skin care in renal transplant patients
- Blood pressure, cholesterol, heart disease and circulation problems
- What drugs are needed
- Diabetes after a transplant
- How are kidneys allocated from cadaveric (dead) donors
- Infection after kidney transplantation
- Holiday Guidelines
- Holiday/travel vaccinations
- Is the kidney transplantation psychologically stressful
- Are work and normal life possible after a transplant
- What is kidney transplant and will it cure kidney failure
- Can a transplant come from a relative, partner or friend
- How long is the wait for a kidney
- How long does the transplant operation take

## Above leaflets also available in large print (on request)

*The National Kidney Federation cannot accept any responsibility for information provided. The above is for guidance only.*

*Enquirers are advised to seek further information from their own doctor.*

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**KIDNEY Matters**  
from the **National**  
Kidney Federation

representing patients

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# Transplantation

## Kidney Matters Series

answers to your frequently  
asked questions

• What is a kidney  
transplant, and will it  
cure kidney failure?

• Where is a  
kidney transplant  
placed?

• Can everyone on  
dialysis have a kidney  
transplant?



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## What is a kidney transplant, and will it cure kidney failure?

- A kidney transplant is the *best treatment* for kidney failure
- Kidney transplants have been performed for over *50 years*
- Kidney transplants are *not perfect*, they may fail and there are side effects
- Not everyone with kidney failure is *suitable* for a transplant

### Introduction

A successful kidney transplant is a more effective treatment for kidney failure than either peritoneal dialysis or haemodialysis. However, not everyone is suitable for transplantation, and not everyone who is suitable is suitable all the time. Also, before a transplant can take place, it is necessary to find an appropriate donor kidney, which may not be easy.

The first kidney transplant operations were performed in the 1950s. The operation itself is straightforward, with a good success rate. After a transplant, patients will need to take drugs daily for the rest of their lives. If a transplant fails, patients can go back to dialysis or possibly have another transplant.

### The benefits

A kidney transplant can deliver the best quality of life to people with end-stage renal failure (ESRF). There is no doubt that for the right person at the right time, a transplant is the best treatment option. A 'good' transplant provides about 50% of the function of two normal kidneys (compared with only about 5% from either type of dialysis).

The most obvious advantage of a transplant to people with kidney failure is freedom from dialysis. If a transplant works well, dialysis becomes a thing of the past. There are also no particular fluid or dietary restrictions after a transplant. Most people who have had a transplant feel better and have more energy than they did on dialysis. They are more able to cope with a job and many find that their sex lives improve.

*Adapted from 'Kidney Failure Explained' by Janet Wild and Andrew Stein, published by Class Publishing.*

## Where is a kidney transplant placed?

- A kidney transplant is *not put in the same place* as a normal kidney
- The old kidneys can normally be *left in place*
- In some cases the old kidneys have to be *removed* before a transplant can take place

The normal position for a transplant is low down in the abdomen, well away from the position of normal kidneys. The transplant sits under the skin, and can be felt under the skin if you press hard, just above the pelvic brim - the pelvic brim is the bone you can feel just above the pocket on a pair of trousers.

It is not necessary, therefore, to remove someone's own, failed kidneys in order to do a transplant. Exceptions are when these kidneys are often infected, and might cause problems after a transplant. Also, some people with polycystic kidneys have such large kidneys that there is no room in the side to put transplant, so that one of the polycystic kidneys must be removed. To remove someone's old kidneys at the same time as a transplant would increase the risks of transplant failure, so that such operations are done before someone goes on the transplant list.

## Can everyone on dialysis have a kidney transplant?

- Do expect to have a lot of tests to make sure you are suitable for a transplant
- Do expect to have an AIDS test before going on the transplant list
- Do not expect a transplant to solve problems such as heart disease
- Do not expect to go onto the transplant list automatically - you may not be suitable

### Who can have a transplant

About 50% (one in two) of people with kidney failure are suitable for a transplant, provided a suitable donor kidney can be found. People who will probably not be considered

suitable include those with serious heart disease or who have recently had cancer.

Most renal units do not have an age limit for kidney transplantation. People are considered on merit (ie their suitability for a transplant), rather than age. However, having said that, most units would think very seriously before transplanting someone over 65 years old. The main reason is that older people often do not tolerate the transplant operation very well. Also, the drugs that are needed after a transplant are often too strong for older people.

Doctors do not feel that transplants can be given to anyone who wants one, whatever the risks. This is because there is a shortage of kidneys for transplants, and so transplants should not be wasted. Also, a kidney given by a donor family should be used as carefully as possible, respecting their gift. Therefore, if someone with kidney failure wanted a transplant, even knowing there would be a high chance of dying after a risky operation, doctors may feel this is not ethical and can refuse to put someone on the transplant list.

### Is it necessary to be on dialysis before a transplant?

Some renal units will not put people onto the national waiting list for a transplant kidney until they are stable on dialysis. However, many units will offer the chance to go onto the list before this point. Also, if someone has a transplant that is failing, they may be put onto the list and given a new kidney before they have to go back on dialysis.

The national waiting list is for what is known as a cadaveric transplant. This type of transplant uses a kidney that has been removed from someone who has died. Most of the transplant kidneys in the UK come from this source. The remainder are what are known as 'living related transplants' or LRTs, or 'living unrelated transplants'. For some patients, the possibility of obtaining a transplant kidney from a living donor will be the best chance of having a transplant operation before dialysis is needed.

Some renal units are undoubtedly better organised in terms of transplantation than others. So, some units do carry out transplants before dialysis. Some units also make more effort to obtain kidneys than others, and some units are keener on LRTs than others. For all these reasons, people in some units may wait less time for a transplant, and are more likely to have a transplant before they need dialysis, than is usual in