

- You are expected to be able to ambulate within the first week after the surgery. You should return to baseline function at 4-6 weeks after the surgery.
- There are no dietary restrictions after the surgery.

#### E. Commonly asked questions

##### How long should I fast for?

Kindly refer to anesthesia leaflet on fasting instructions.

##### What is a ureteric stent?

A ureteric stent is a thin plastic tube that is placed in your ureter. One end of the stent will be in your kidney and another in your bladder. This is to help with the healing of the ureter after the surgery.

##### When will the ureteric stent be removed?

The ureteric stent is usually removed 6 weeks after the surgery. A date for the removal should be given to you before you are discharged from the hospital.

##### What are the risks associated with a ureteric stent?

It may cause bladder irritation (making you feel the need of passing urine frequently), blood in your urine and back pain on passing urine. Do inform your surgeon you experience any of these symptoms.

Occasionally, a stent may harbor bacteria – and cause urinary tract infection. Hence, it should be removed on time as advised by your surgeon.

##### When will I go home?

Depending on the time your donor kidney takes to recover its normal function, you will be hospitalized and monitored accordingly. This usually takes 1 to 2 weeks.

##### What are transplant medications and how long do I have to be on them?

These medications are used to blunt your immune response to prevent rejection of the donor kidney. This treatment is usually life-long and your nephrologist will advise you on which type and how much you will need from time to time.

#### F. Useful contact numbers

- UMMC general line: 03-7949 4422
- Surgical Clinic UMMC: 03-7949 2736 (Office hours only)
- Urology ward (9TD): 03-7949 4328 / 6712
- Nephrology ward (8TD): 03-7949 2282



# KIDNEY TRANSPLANT

#### A. Information on the surgery

##### Introduction

A kidney transplant is a surgery done to implant a kidney from a donor into your body. It is done in patients who fulfil all the criteria of a kidney transplant recipient. The kidney is either obtained from a live or deceased (cadaveric) donor.

The kidney will be put into your left or right groin and your native kidneys are usually left alone and not removed.

The blood vessels of the donor kidney will be connected to your own blood vessels and the ureter (urine tube) of the donor kidney will be connected to your bladder.

##### Indication for the surgery

End-stage renal failure (patients on dialysis).

### **Advantages of the surgery**

You will not have to depend on dialysis after the surgery and are expected to have a better quality of life. Studies have shown that you are likely to live longer with a transplant compared to being on dialysis.

### **Risks of the surgery**

- General complications of any surgery such as infection and bleeding may occur. Depending on the time the kidney was without any blood supply (out of the donor's body), the kidney may take a different time to recover its function.
- For various reasons, the blood flow to the kidney may be compromised after the surgery and this usually warrants an urgent repeated surgery.
- Rejection of the donor kidney due to the reaction of your own immune system against the donor kidney is the most important risk and may occur any time between a few hours to years after the surgery is carried out.

### **Other options if surgery is declined**

Other than dialysis, there is currently no other form of renal replacement aside from a kidney transplant.

### **B. Before the surgery**

- At the clinic, the doctor will go through the details on your health and your medications. This is to assess your fitness for the surgery.
- Your nephrologist will run you through a series of blood tests and diagnostic imaging to assess if you are suitable for a kidney

transplant or if the donor kidney suits you.

- There may also be a need to stop certain medications you regularly consume before the operation (i.e. blood-thinners), this should be discussed with your doctor in detail.
- Prior to admission, you should bring all relevant health documents (previous scans or reports) and your medications to the hospital.
- Depending on the situation, you will be admitted to the hospital a few days prior to the surgery (under the care of the nephrologist) for the necessary preparations and conditioning to be carried out.
- Your doctor will advise on fasting times one day before the surgery.
- There are no dietary restrictions before the surgery.
- If you smoke, it is advised that you stop smoking, as it increases your risk of deep vein thrombosis (DVT) and chest infection.

### **C. Operation**

- You will need to remove dentures, jewelry or clothing with metallic components before going to the operation theater.
- Inform the staff if you had any implants (e.g. heart pacer / metallic implants) inserted before.
- You will be required to change into a hospital gown, put on a disposable cap and a pair of anti-embolism stockings (to prevent blood clots in your legs during the surgery).

### **Anesthesia**

The surgery is done under general anesthesia (Refer to anesthesia leaflet).

### **Surgery**

- A urine catheter will be inserted into your bladder at the beginning of the procedure.
- Antibiotics and transplant medications will be given in the operation theater (advise your doctor on your allergies).
- The surgery generally takes 3-6 hours to complete. A ureteric stent (a thin plastic tube) will be inserted into the ureter (urine tube) and remain in your body at the end of the procedure, this stent is NOT a permanent implant and is required to be removed at a later point.
- You will notice you have a scar on either your left or right groin after the surgery.

### **D. After the operation**

- A transplanted kidney does not resume normal function immediately after the surgery, hence you will be nursed in the ICU (intensive care unit) after the surgery for close monitoring and support.
- When you are stable enough, you will be transferred back to the normal ward.
- In addition to helping you recover from the major surgery we will perform a few scans to assess the function of your transplanted kidney within the first week of the surgery.
- Generally, passing some blood in the urine is normal after the surgery.
- You may experience pain at the operation site after the procedure – appropriate pain-killers will be given.
- Your doctor will advise on resuming your old medications. Transplant medications will be continued after the surgery.