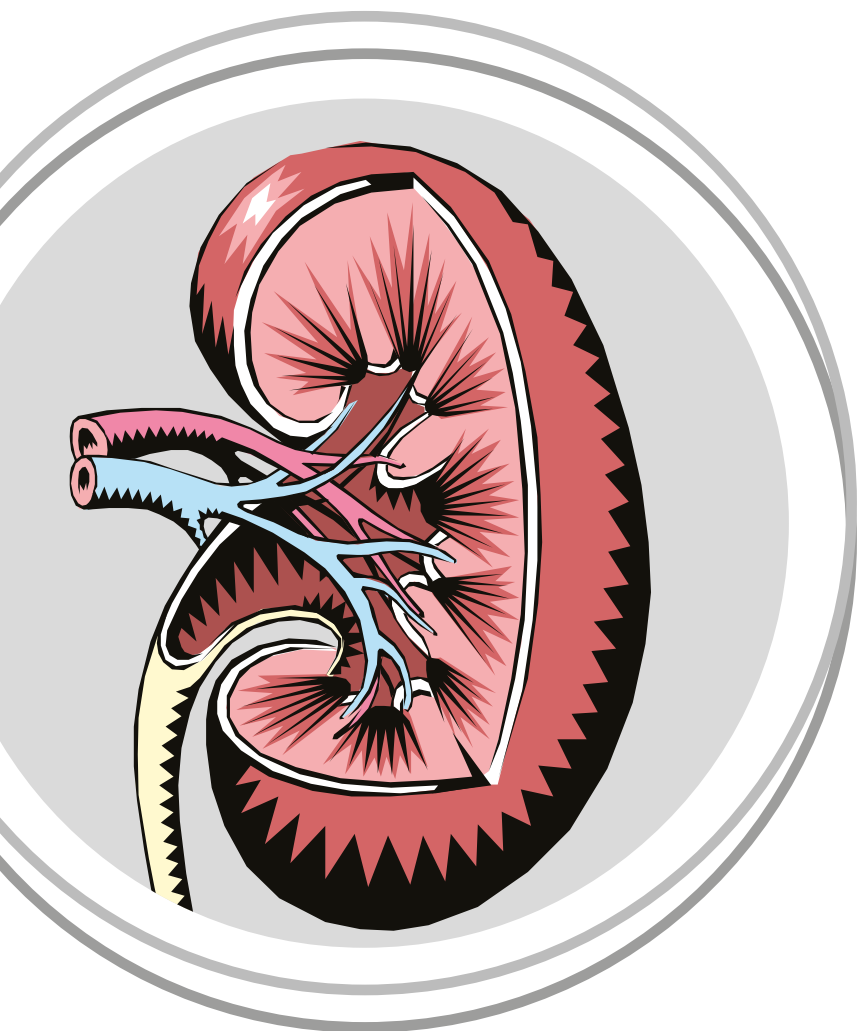


Your Kidney Transplant

Information for patients



The Oxford Transplant Centre

Contents

	Page
Introduction	3
Important points to remember	4
Types of transplant	6
Clinical trials	8
What does the kidney do?	8
Why have a transplant?	9
Who can have a transplant?	9
Will my kidneys be removed?	10
How long will I wait for a transplant?	10
Relevant investigations	10
What happens when I am called in?	16
The transplant operation and hospital stay	16
What does the operation involve?	17
What happens after the transplant operation?	19
How long will I stay in hospital?	20
Delayed graft function	20
What drugs do I need to take?	21
What are the risks of transplant surgery?	24
Other risks	26
What happens when I am discharged from the hospital?	27
What happens if I feel unwell at home?	28
Who can I call for help?	28
Useful contact numbers and addresses	29
Useful websites to explore	30

Introduction

This booklet has been written to give you information about the risks and benefits of a kidney transplant. It will cover the information you will have discussed with your renal doctor, transplant surgeon and Transplant Recipient Coordinator. It is important that you understand this information, so please read this booklet thoroughly. If you have any questions, please speak to the nurse at your assessment appointment before you sign the consent form.

Kidney transplant

Kidney transplantation is the ideal treatment for people who have kidney failure. A successful transplant can produce normal kidney function and frees people from needing dialysis. A kidney transplant increases life expectancy considerably, compared with dialysis.

Kidney transplants have been available through the NHS since the mid 1960s. Improved techniques have led to higher success rates over the years. These days, kidney transplant recipients can look forward to many years with an improved quality of life.

Oxford Transplant Centre

The Oxford Transplant Centre is one of twenty-four transplant centres within the UK. It serves a large geographical area including Oxfordshire, Buckinghamshire, Berkshire and parts of Wiltshire, Gloucestershire and Northamptonshire.

The Oxford Transplant Centre is in a partnership with the University Hospital in Coventry. If Oxford are unable to perform your transplant we may ask the team in Coventry to do your transplant.

Important points to remember

Change of circumstances

When you are listed on the transplant waiting list, please inform the Transplant Recipient Coordinator immediately of any change in your circumstances, such as holidays, a change of address or telephone number, or if you are admitted to any hospital.

Tel: **01865 228660/228661/227370**
(Monday to Friday, 8.00am to 4.00pm)

Dialysis

If you are not on dialysis when we see you in the assessment clinic, but you later start haemodialysis or peritoneal dialysis, please tell us. Some organ allocation criteria take account of dialysis status, which means that you may be more likely to be considered for a transplant if you are already established on dialysis.

If you are on haemodialysis you need to let your dialysis centre know if you have a myocardial perfusion scintigraphy scan (MPS). This is because your dialysis centre needs to take special care with your blood for 24 hours after the test, as it involves you having a small amount of a radioactive tracer put into your bloodstream. Please also avoid routine blood tests for 24 hours after you have a myocardial perfusion scintigraphy scan.

Blood transfusions

Once you are on the transplant list you must tell us immediately about any blood transfusions that you receive.

Monthly blood samples

Once you are on the transplant list it is essential that you have monthly blood samples. It is important that our Transplant Immunology (tissue typing) Laboratory have a monthly blood sample from you, so that they can monitor the levels of antibodies in your blood. You will be sent a letter once you are put on the transplant waiting list, which will tell you what you need to do to make sure we receive these bloods.

If you are already on haemodialysis, these monthly bloods will automatically be sent by the dialysis staff.

If you are not on dialysis or are waiting to start and have questions about blood samples, you can contact the laboratory staff. The telephone number will be on the letter you receive confirming that you are active on the transplant list. The laboratory will send you a pack with blood bottles for you to take to your GP or usual clinic to have your blood taken. Please return by first class post in the envelope provided. Please post samples back on a Monday, Tuesday or Wednesday. If you aren't able to send them on one of these days, please store the samples at room temperature until you are able to post them.

It is very important that we always have a current blood sample for you, as we may not be able to proceed with a transplant without this. Without a current blood sample, your transplant may be delayed, which will increase the time the kidney will be 'on ice'. The longer the kidney is 'on ice', the higher the chance of it taking longer to start working once implanted.

24 hour availability

Please make sure that your mobile phone is always switched on. Please make sure that you have given us up to date phone numbers. Please do not have your answer-machine on, especially at night, as we may be trying to call you for a transplant and we will not leave a message. We will try all contact numbers that you have given us.

The Transplant Recipient Coordinator has a limited amount of time in which to call you in for the transplant when a donor organ becomes available. If we cannot get hold of you, the kidney will be offered to the next suitable person on the National Waiting List.

If you change your mind

If you decide a transplant is not for you, please let us know immediately, so we can take you off the waiting list.

Types of transplant

Cadaveric kidney transplants

The term 'deceased donor (or cadaveric) transplant' is used to describe a transplant kidney that has been removed from someone who has died or who has irreversible brain damage and is being kept alive by life support equipment. More than 60% of transplant kidneys in the UK come from this source. Consent is always sought from the donor's relatives before the kidney is used, even if the donor's wishes were already known. There are two types of cadaveric donors:

- **Heart beating donors (Standard Criteria Donor – SCD)**

'Heart beating' donors are patients who have suffered permanent and irreversible brain injury. Once tests have confirmed that their brain cannot recover from the injury, their relatives will be asked for permission for donation. When this is given, the donor will be taken to the operating theatre, where their kidneys and other organs for donation can be removed whilst their heart is still beating.

- **Non-heart beating donors (Donation after Cardiac Death – DCD)**

'Non-heart beating' donors are patients whose organs are removed soon after cardiac arrest, when their heart has stopped beating and death has been certified. These patients would have had an extremely poor prognosis and it would have been agreed to withdraw any treatment that could help keep them alive. Consent is given by the family to remove the organs for organ donation soon after cardiac arrest, before irreversible damage has occurred.

The most recent survey of UK data by NHSBT (National Health Service Blood and Transplant) indicates that success rates for non-heart beating donor transplants at 1 year are very similar to those achieved for heart beating donor transplants. However, delayed graft function (see page 20) is more common with non-heart beating transplants.

You have the right to refuse a kidney that has been offered to you for transplant. This will not have any affect on your care or your position on the transplant waiting list.

Expanded criteria deceased donor kidney (ECD)

These are kidneys from heart beating donors either:

1. aged over 60 years
2. aged over 50 years with a history of high blood pressure, stroke as cause of death or with a known kidney impairment.

Approximately 25% of donors in the UK come from this category. By accepting one of these kidneys, you may receive a transplant sooner. These kidneys work well but may not work as well as kidneys from other categories.

High risk donors

Occasionally organs are used from donors with a history of intravenous drug abuse (injecting drugs), high risk activity for sexual disease, or certain cancers. You will have the chance to discuss any risks with the surgeon before the operation.

There are guidelines from the Advisory Committee on the Safety of Blood, Tissues and Organs (SABTO) for the use of organs from such donors. These organs are usually from young donors and work very well.

Dual adult donor kidneys

If the kidney function of a donor is less than 80% of normal, or a biopsy of the donor kidney shows evidence of kidney disease, good results may be achieved by using both kidneys from the donor.

Paediatric donor kidneys

These kidneys are from a heart beating donor under 6 years old. There is a small risk of surgical complications due to the size of the kidney, blood vessels and urine drainage tube. These kidneys usually grow to adult size in 3 months. Both kidneys may be transplanted if the donor is under 2 years old.

The transplant surgeon will discuss these with you at the time of transplant.

Living kidney donation

Living donors are people who are otherwise well and would like to donate one of their healthy kidneys to you. They are often a close relative, such as a parent, brother or sister, son or daughter. They can also be people who are not related to you, but with whom you have an established emotional relationship, such as a partner or close friend.

Whether a person is suitable for giving you one of their kidneys will depend on their overall health, whether they have any other significant medical problems and whether both of their kidneys function normally. Please ask for further information about eligibility for donation and what happens when someone wants to donate you their kidney.

Clinical trials

Oxford is a Transplant Unit with a strong interest in research. You may be asked to join in a study or clinical trial when you are called for a transplant. You may also be sent information about research or clinical trials while you are on the waiting list.

You do not have to participate in any of these research trials and can withdraw from them at any time. Not taking part in these studies will not affect your care or your position on the waiting list.

What does a kidney do?

Most people have two kidneys, each about the size of a fist, located on either side of the spine at the bottom of the rib cage.

The kidneys are responsible for a number of functions. The most important function is removing waste products and balancing fluid levels in the body. Other functions include regulating your blood pressure, production of the hormone 'erythropoetin' which controls the production of red blood cells, and converting vitamin D from sunlight, which helps to make strong and healthy bones.

Why have a transplant?

The main purpose of having a kidney transplant is to improve not only the quality of your life but also the length of your life. Transplantation offers freedom from dialysis, as well as relief from many of the other symptoms of chronic kidney disease. If your diet or fluid intake has previously been restricted, having a kidney transplant should help you to be able to eat and drink more normally. Sexual function often returns to normal and women wanting to expand their family may be able to become pregnant, although this is not recommended within the first year.

Long term dialysis can cause cardiovascular complications (problems with your heart and blood circulation). These complications may be reduced or halted altogether as a result of having a kidney transplant. A successful kidney transplant has been shown to improve life expectancy substantially.

Who can have a transplant?

There is no upper age limit for having a kidney transplant, although it is important that whenever a kidney transplant is considered, the potential benefits outweigh any disadvantages. The transplant operation and treatment afterwards are both relatively demanding and therefore you will need to be fit enough to withstand the entire process. If you are very frail, or have multiple medical problems, the risks of undergoing a transplant may be too great and it may be decided that transplantation is not the best option.

The decision about whether transplantation is the best option will have been made by you, after discussing all the risks and benefits with your surgeon and nephrologist (kidney doctor).

Weight is an important factor for any surgery. Having a higher percentage of body fat increases the complexity and risks of surgery. It also increases the chance of complications afterwards. We will calculate your Body Mass Index (BMI) in order to assess the risks associated with surgery.

Will my kidneys be removed?

It is not usually necessary to remove your own kidneys before a transplant. If your kidneys are very large or cause lots of infections, the transplant surgeon will discuss this with you in more detail at your assessment.

How long will I wait for a transplant?

This question is always difficult to answer, as waiting time can depend on several factors, including your blood group, age, and ethnicity. On average, people who are listed for a deceased (cadaveric) donor transplant on the Oxford Transplant List wait just over 1 year, but this time frame can vary a great deal.

More information about allocation and centre specific outcomes can be found at:

www.kidney.org.uk/organ-donation

Relevant investigations

At your initial consultation, your transplant surgeon will go through a thorough medical assessment. You will also have a detailed discussion with the Transplant Recipient Coordinator. During the visit you will have a number of blood tests, as well as an ECG (electrocardiogram) and chest X-ray if you have not had these done in the past 6 months.

You will also be asked to arrange a dental review, if you have not visited the dentist recently. If you are not currently registered with an NHS dentist, you can call NHS 111 for advice on finding an NHS dentist. To access NHS 111, just dial 111 from your telephone. It is a freephone number from both landlines and mobiles.

If you are a woman, we will need you to be up to date with relevant general health screening. This includes mammography (breast screening) every 3 years for women over 50 years of age and cervical smear tests every 3 to 5 years between the age of 25 and 64. These should be arranged through your GP.

Included in your review will be an assessment of any other medical conditions you may have. If required, you may then be referred for some additional tests. Not everyone will need these tests. The Transplant Recipient Coordinator will let you know at your assessment if you need any of these additional tests and why we are asking for them.

What happens when I am called in?

When the Transplant Recipient Coordinator calls you it could be at any time, day or night. The Transplant Recipient Coordinator has a limited time in which to contact you, therefore it is very important that we can contact you at all times. Please make sure we always have your correct contact details.

The Transplant Recipient Coordinator will ask you about your general health and, if you are on dialysis, what type of dialysis you are on and when you last had dialysis. The Transplant Recipient Coordinator will ask you to come to the Transplant Centre as soon as possible. You will need to make sure that you have transport available to bring you to hospital at any time of the day or night.

Occasionally, we may call you to tell you about the possibility of a transplant, but will ask you to remain at home. In this circumstance the Transplant Recipient Coordinator will keep in regular contact with you at home. They will let you know if we would like you to come in to the ward or whether the kidney is no longer available.

The transplant operation and hospital stay

What happens on the ward?

When you arrive on the ward the nurse will show you to your bed. They will ask you some questions about your general health and dialysis. Occasionally there may not be a bed immediately available, however staff will do their best to make you comfortable on the transplant ward and you will be moved to the transplant ward as soon as possible.

The doctor and anaesthetist will come and examine you and ask more questions to make sure you are in good health for the operation. You will have further blood samples taken, so that tests can be performed to confirm the kidney is a good match for you. This is called the 'crossmatch'.

When the crossmatch result is available, you will be told that it is either 'negative' or 'positive'. If the result is negative, this means there was no reaction to the donor's tissue type (blood) and the transplant is a good match and can go ahead.

If the cross match result is 'positive' this means there was a reaction between the donor blood and your blood and it would be unsuitable to go ahead with the transplant. This does not mean you will never be able to have a transplant, it means you will need to wait for another occasion.

While you are waiting for the crossmatch you will have an ECG (a tracing of the electrical activity of your heart) and a chest X-ray. If you are on dialysis, you may also need to have dialysis before the operation. The ward nurses will arrange this for you.

There may also be other times when we call you in for your transplant and we are then unable to go ahead with your operation. This could be because we have received new information about your donor or we may find that the organ is damaged and therefore not suitable for transplant.

What does the operation involve?

A kidney transplant operation takes two to three hours. You will be given a general anaesthetic to make you go to sleep.

The surgeon will place the donated kidney in one side of your lower abdomen. The operation involves connecting the blood supply (artery and vein) of the new kidney to your own blood vessels. The new kidney's vein is joined to your own iliac vein (which takes blood from your leg back to your heart), and the kidney's artery is joined onto the iliac artery (which supplies your leg with blood).

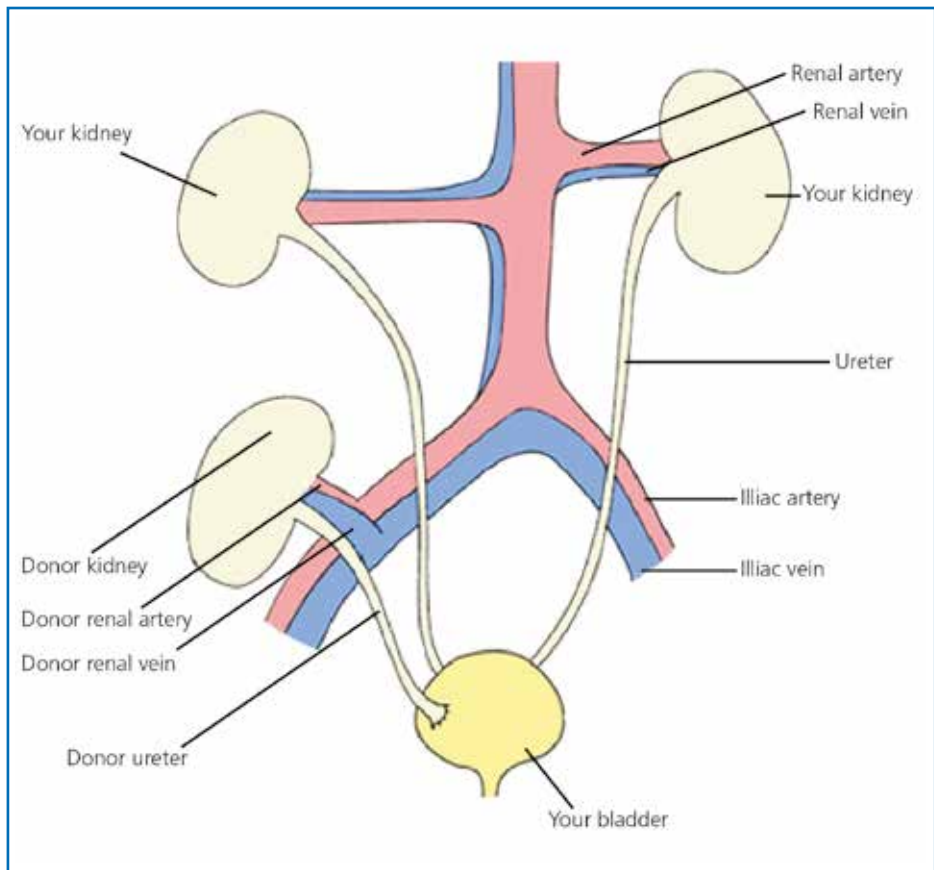
The kidney outflow tube (ureter) is then joined to your bladder. This step of the operation will also involve the placement of a stent. The stent is a thin hollow tube which is placed inside the ureter to keep it open and allow the connection to your bladder to heal. All this is performed through one incision (cut) on your abdomen.

The following picture shows you where the donated kidney is placed in your abdomen during a transplant.

It is joined up to both a big vein and a large artery that run down into your leg. The ureter (urine delivery pipe) on the donated kidney is joined onto your bladder so the urine can pass out naturally.

Your own kidneys are left alone; they do not need to be removed for a transplant. If your kidneys do need removing at any time, your doctors will discuss this with you.

Placement of kidney transplant in the abdomen



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What happens after the transplant operation?

After the transplant operation you will spend some time in recovery while you come round from the anaesthetic. You will then be able to return to the transplant ward.

Pain

You may experience some pain and discomfort after the operation. You will have a pain relief drip called a PCA (Patient Controlled Analgesia). This means you can press a button when you experience pain, and the pump delivers a programmed dose of painkiller. The pump is specially programmed, so you cannot give yourself too much of the drug.

Additional tubes/drips

You will have intravenous lines in your arm (IV) and neck (central line), which are used to give you fluids and medication for the first few days after your surgery. You will also have a catheter placed into your bladder, so that the amount of urine you pass can be measured accurately. You may have a drain (tube) coming out through the skin near your new kidney. This is to drain off any excess fluid from your abdomen. This will be removed within a few days.

You may also have an oxygen mask over your mouth and nose following your surgery. This will help to get rid of the remaining anaesthetic in your body.

The next few days

Over the following days you will be monitored very closely by the nurses and doctors.

You will be attached to a machine that will monitor your blood pressure, pulse and oxygen level.

The central line can be removed when you are able to take painkillers by mouth. You will also continue to have your catheter in place for four days after the operation.

You may have an ultrasound scan of the transplanted kidney within the first few days. This is to look at the blood flow in the new kidney.

How long will I stay in hospital?

How long you stay in hospital will depend on how well you recover after the transplant. The usual length of stay is four to seven days. During this time, the function of your new kidney will be monitored very closely. Nursing staff will regularly monitor how much urine you are passing. They will also check your blood pressure, pulse and temperature several times a day. You will have daily blood samples taken for analysis in the laboratory, to accurately check the function of your new kidney.

Day by day as you feel stronger and become more comfortable moving around, you will be encouraged to start taking care of yourself little by little. As you start to feel better you will be given time to learn about your new medications and how to take care of yourself and your new kidney when you are discharged home.

Delayed graft function

Sometimes the transplanted kidney does not work immediately. This is called **delayed graft function**. During this period we will monitor you. If you were previously on haemodialysis, you will need to continue with this until the new kidney starts to work properly; this may take a few days. If you were on peritoneal dialysis you may need to start low volume PD or you may need haemodialysis. During this time tests will be done to try and find out the cause of the delayed function.

What medicines do I need to take?

In order to protect your transplanted kidney from rejection by your immune system you will need to take powerful medicines called immunosuppressants or anti-rejection medicines. Although these medicines protect your new organs from rejection, they also reduce your ability to fight infections. This means that you will need to take other medicines (transplant co-medications) which will protect you from the infections to which you are vulnerable.

The dosage of the immunosuppressant medicines will be reduced with time following your transplant, but you will still need to take these medicines for the life of the transplant. If you were to stop taking the immunosuppressant medicines the new kidney could stop working and may be rejected by your body.

The common immunosuppressant/anti-rejection medicines used following kidney transplantation are tacrolimus (Adoport), prednisolone and azathioprine or mycophenolate. These medicines are used in a combination specific to your needs. Prednisolone tablets will be reduced and in some cases can be stopped after about three months.

At the time of the transplant we also use medicines referred to as **Induction Agents**. The two agents used in Oxford are basiliximab (Simulect) and alemtuzumab (Campath). These medicines help prevent your body from rejecting the donated kidney.

As with all medicines, these immunosuppressant medicines may have some side effects. However, it is important to remember that you may not experience all or any of these. Please speak to a member of the transplant team if you are having problems with side effects, as there may be an easy solution. Common side effects for immunosuppressant medicines are listed on the next page.

Tacrolimus (Adoport/Advagraf)

- hair loss
- headaches
- increase in blood pressure
- increased blood sugar levels (diabetes).
This will be closely monitored by blood and urine testing.
- mood changes
- shakiness of hands
- sleep disturbances
- upset stomach for a brief period.

Prednisolone

- facial puffiness – this usually become less of a problem when the dose is reduced
- increased appetite, weight gain
- increased blood sugar levels (diabetes). This will be closely monitored by blood and urine testing.
- increased hair growth
- rashes, bruising
- stomach irritation, indigestion.

Azathioprine and mycophenolate

- the most common side effect is a drop in white blood cell count.
This puts you at risk of infection, as white blood cells normally help your body's immune system to fight bacteria/viruses.
Your blood count will be monitored and medication adjusted accordingly.
- hair loss (azathioprine)
- rash
- upset stomach, including diarrhoea, nausea and vomiting.

Self-medication training

Once you are comfortable after the operation you will begin to learn about your new medicines. These will be listed on a medication record card and the pharmacist will see you to go through and explain what they do and how to take them. You will then start to take your medicines yourself, closely supervised by the nursing staff.

Once you are confident with taking your new medicines, and the nursing staff are happy that you are taking them correctly, you will be able to take your medicines unsupervised, as you would do at home. This training aims to help you become familiar and confident with taking all your new medicines before you go home.

Long-term immunosuppressant medicines

These medicines put you at a higher risk of developing some forms of cancer, such as lymphoma (cancer of the lymph nodes/glands) and skin cancer. We will monitor you closely for any signs of these cancers after your transplant, as they can usually be effectively treated if found early. We will also give you advice about skin care protection, including sun protection.

Research into new anti-rejection medicines continues, with the aim of reducing the side effects and prolonging the life of the transplanted kidney.

Fertility and pregnancy

Fertility often returns after transplantation, so it is important that you use reliable contraception e.g. oral, implant or depot contraception after your transplant.

We recommend to wait one to two years before trying for a baby and that you discuss this with the transplant team first, as your anti-rejection medicines may need to be changed. Mycophenolate especially must **not** be taken during pregnancy.

Infections

As the anti-rejection medicines suppress your immune system, you will be at greater risk of infections. These infections can be more serious, as your body is not able to provide its usual response to infection while your immune system is lowered. You are most vulnerable for the first three to six months after your transplant.

Chicken pox may cause a serious illness while you are taking immunosuppressant medications. We will check your immunity to the chicken pox virus prior to transplant. If you are not immune, we will organise for your GP to vaccinate you.

Prescription charges and transplant patients

Currently in England, a transplant does not automatically exempt you from prescription charges.

You will only be exempt if you have another qualifying/ medical reason that continues beyond the transplant.

We highly recommend getting a Prescription Prepayment Certificate or PPC, which will cover all your prescription charges for twelve months. This may well also be the cheapest option.

For more information on eligibility for free prescriptions and prepayment certificates visit

<https://www.nhsbsa.nhs.uk/help-nhs-prescription-costs>

What are the risks of transplant surgery?

With all transplant operations there are associated risks and potential for problems to occur, both during the operation and afterwards. Some of these risks are highlighted below.

- As with all operations, there is a risk of excessive bleeding – this occurs in approximately 1% of people (1 in 100).
- There is a risk of a blood clot forming in the blood vessels to the transplanted kidney. This is called a thrombosis and occurs in 5% of cases (5 in 100). It can lead to the failure of the transplanted kidney. This can happen during the first week after the transplant and often results in the kidney being removed.
- In the early days following a transplant, the surgery and the immunosuppressant medicines may make your body more vulnerable to chest, urinary or other infections. You will be given antibiotics and anti-viral medicines to help prevent and treat any active infection.
- Your body's natural immune response is to try and get rid of the new organ, by using white blood cells to attack it. Immunosuppressant medicines help to control this response. However, rejection will still occur in 7-10% (7 to 10 in 100) of all transplants within the first year. If your body does start to reject the transplant we can usually treat this successfully with additional immunosuppressant medicines.
- Other less common risks include pneumonia, reduced blood circulation to the leg, leaking of urine and narrowing of the ureter, deep vein thrombosis (DVT), transmission of a disease from the donor, return of the original kidney disease to the transplanted kidney, failure of the transplant to work, cancer and heart attack.

Blood transfusion

You may need a blood transfusion either during or after the transplant. Risks of receiving a blood transfusion include infection and allergic reactions. Blood transfusions can also lead to an increase in antibodies, which may make finding a suitable donor kidney more difficult if another is needed in the future. You will only be given a blood transfusion if it is essential.

Wound healing

After the transplant you may have a small amount of fluid leaking from the wound. This is usually managed with dressings. Approximately 5% of people (5 in 100) may have bleeding, infection, urine leakage or a hernia that may require an additional operation.

Pain

You are likely to have some pain at the operation site after your transplant. This usually gets better within a few weeks. Occasionally the pain may take longer to go. To help with this we will give you some painkillers. It is important you do not take anti-inflammatory painkillers e.g. ibuprofen, as these can affect kidney function. You may find you also have a small area of numbness around the scar, but this should get better.

Other risks

There have been very rare reports of an infection or cancer being present in a donor kidney which was not being diagnosed before transplant. All donor organs, including those from living donors can transmit infections, including human immunodeficiency virus (HIV), hepatitis B, hepatitis C, hepatitis E or malaria.

All donors are screened for these diseases and their history is reviewed to reduce the risk of diseases being passed over. If we consider a donor to be a higher risk than normal (for example a known history of infection or cancer) we will discuss this with you before your transplant to help you decide if you wish to proceed with the transplant.

In extremely rare circumstances, we may have to stop the transplant operation once it has started. This would only be if there was a problem with the kidney that had not been identified before

Oxford Transplant Centre statistics¹ show that the survival rate (at one year after the operation) of a person undergoing a kidney transplant from a deceased donor is 98% (98 in 100). The survival rate of a transplanted kidney after one year is 97% and after five years is 88%.

Oxford Transplant Centre statistics¹ show that the survival rate after one year of a person undergoing a kidney transplant from a living donor is 99% (99 out of 100). The survival rate of the transplanted kidney after one year is 99% and after five years is 92%.

What happens when I am discharged from hospital?

When you have been discharged from hospital you will be monitored very closely, as changes in your condition can develop very quickly in the first few months after your transplant.

Below is the likely schedule of follow up visits after your transplant, although these may be changed according to your condition.

Guide to follow up visits

Time after transplant	Frequency of visit
Day 0-7	Inpatient
Week 2-4	Once a week
Week 4-16	Fortnightly
Month 5-12	Once a month
After year 1	2-3 monthly

You will be followed up by the Oxford Transplant team for six to twelve months after your transplant. After this time, you will be transferred back under the care of your referring kidney doctor (nephrologist).

You will need to buy a blood pressure monitor and thermometer before you are called in for transplant, as you will need these after you are discharged home. Unfortunately they are not supplied on the NHS.

What happens if I feel unwell at home?

The Oxford Transplant Centre is open 24 hours a day.

- The **post transplant nurse practitioners** can be contacted Monday to Friday during the hours of 8.00am to 4.00pm.

Tel: **01865 228 662**

- If you have a problem **outside these hours** (from 4.00pm to 8.00am) you can speak to a qualified nurse on the ward, who will seek advice for you.

Telephone the **Transplant Ward**:

Tel: **01865 235 010** or **01865 235 011**

Other available support

Transplant is likely to improve your quality of life, and overall sense of wellbeing. This is not the same for everyone and can take time. There are likely to be many ups and downs, both physically and emotionally, which are a normal part of the recovery process.

Transplant can also put a strain on your relationships. It is normal to experience strong emotions, such as anxiety, low mood, guilt and grief.

We can offer psychological and psychiatric support. Please speak to a member of staff if you feel you would like a referral to them. Alternatively, they may suggest it to you if they feel it might be helpful.

The Kidney Patient Advisor can offer you support and advice for housing, financial and social support.

Useful contact telephone numbers and addresses

Oxford Transplant Centre, Outpatients

Churchill Hospital
Old Road, Headington
Oxford OX3 7LE

Tel: **01865 225 355/56**

Churchill Hospital Switchboard

Tel: **0300 304 7777**

Transplant Recipient Coordinators

Tel: **01865 228 660**

01865 228 661

01865 227 370

Living Donor Team

Tel: **01865 228 675**

Transplant Ward

Tel: **01865 235 010 /1**

Post Transplant Nurse Practitioners

Tel: **01865 228 662**

Secretary to the Consultant Transplant Surgeons

Tel: **01865 228 675**

Useful links

www.ouh.nhs.uk

Oxford University Hospitals Trust website.

www.kidney.org.uk

The website of the National Kidney Federation in the United Kingdom.

www.nhsbt.nhs.uk/organ-transplantation

A National patient information website providing a useful resource to patients both pre and post Transplantation for all organ groups

www.kidneycareuk.org

Patient support charity providing advice and support for patients and their families.

www.nhsbt.nhs.uk

Facts and figures on transplantation in the UK.

K is for Kidney Transplant

Book for children to explain kidney transplant.

References

¹ 1 year data: Includes transplants performed between 1 April 2015
- 31 March 2019

5 year data: Includes transplants performed between 1 April 2011
- 31 March 2015

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Clare Snelgrove, Transplant Recipient Co-ordinators
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University of Oxford. Director of Oxford Transplant Centre.

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Oxford University Hospitals NHS Foundation Trust

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