



Discharge Advice Following Kidney Transplant; Information for Parents & Carers



St Michaels C Ward

01 878 4756

01 878 4431

Main Hospital Number

01 878 4200

Medications



After a kidney transplant, medications play an essential role in keeping your child's new kidney functioning properly and maintaining their general good health. Your child will have to take some medications for the rest of their life.

Other medications may only be necessary for a short period of time. The dosage of medications may vary from time to time. Your child will be on transplant medications to prevent rejection, medicines to prevent infection, medicines to protect their digestive system and steroids.

See individual medication information booklets for more detail about medications.

Infection

All transplant patients are on immunosuppressants. Because of this, they are at a greater risk of picking up infections, both bacterial and viral.

Immunosuppressants weaken the immune system and the ability to fight infection. Some of the symptoms of an infection include;

- High Temperatures
- Diarrhoea, nausea and vomiting
- Loss of appetite
- Fatigue
- Tenderness or pain
- Shortness of breath

The most common viral infections are **CMV** (Cytomegalovirus), **EBV** (Epstein Barr Virus) and **BK** virus. These viruses can cause your child to be unwell for a short period of time. In rare and severe cases, it may lead to cancer. For this reason your child will be closely monitored. People can recover from these viruses without medications. However, children on immunosuppressant medications may take longer to develop immunity to these viruses and may require treatment with antiviral medication.

When your child attends the renal clinic for blood tests and a check – up, they will have blood tests to monitor the activity of these viruses in their body.

Urinary tract infections (UTI) are one of the most common infections seen in children after their kidney transplant. If not treated promptly, an infection can spread and damage their new kidney. The symptoms of an UTI are;

- Cloudy Urine
- Blood in the urine
- Frequent passing of urine
- Smelly urine
- Difficulty in passing urine
- Burning sensation when passing urine
- High temperatures

We advise you to buy a digital thermometer before going home, after your child’s transplant, to monitor their temperature **and alert you to signs of infection.**

Kidney Rejection

After a transplant, the immune system can attack the new kidney thinking that it is a ‘foreign bacteria’ infecting the body. This is why your child will be on ‘anti – rejection’ medications after their transplant. To reduce the risk of rejection it is very important that your child;

- Takes their immunosuppression medication as directed
- Attends all scheduled clinic and doctor appointments
- Is aware of all the warning signs of rejection

The main warning signs of rejection include;

- Flu – like symptoms , such as chills, headaches, fatigue, dizziness or vomiting
- High Temperatures over 38 degrees Celsius
- Any signs of fluid retention , such as rapid weight gain or swelling of the ankles or facial swelling
- Pain or redness over the transplant site
- Reduced urinary output

If your child has any of these symptoms contact the Renal Clinic or St. Michael’s C ward immediately. Sometimes, a child may not display any of the above symptoms, but may however

be in rejection. Therefore, it is extremely important that all hospital appointments are kept. Please contact St. Michael's C ward or the renal clinic if your child is unable to attend their appointment and it can be re arranged.

Blood tests are the best way to monitor your child's kidney function and catch early warning signs of rejection. A rise in creatinine may often be the first indicator of rejection. Creatinine is a chemical waste product in the blood that passes through the kidneys to be filtered and excreted in the urine.

Mild - Moderate Rejection - this is treated with a 3 -5 day course of methylprednisolone (Steroid)

Severe Rejection – this can be treated with a very strong form of immunosuppression such as Anti-thymocyte globulin (ATG). The earlier rejection is detected, the better the chances of reversing it.

Exercise

Regular exercise is very important as it has a positive effect on blood pressure and general well – being. Contact sports however should be avoided at all times to prevent physical damage to your child's new kidney.

Dental Care

Good oral hygiene is essential to prevent infections after a transplant. It is best to wait 3 months after your child's transplant before going for a routine dental checkup. After this, your child should see their dentist every 6 months.

Make their dentist aware that your child has had a renal transplant and is taking immunosuppressant medications. You should ensure that your child brushes their teeth twice a day.

If your child is having any dental work (including cleaning), ensure their dentist is aware your child is taking anti-rejection medications before the appointment. This ensures antibiotics can be prescribed and taken before undergoing any treatment.





Travel and Vaccinations

You should inform your child's doctor if you intend to bring your child on a holiday abroad. Always ensure to pack enough medications for the entire holiday, and extra in case of flight delays or misplaced medications. If you are flying, ensure to keep medications in your hand luggage, as checked in baggage often goes missing. You should bring a current prescription of your child's medications for airport security.

In warm weather, ensure that your child is well hydrated and reaching their fluid target. You should keep a diary of the amount of fluid your child is drinking.

Your child should wear sun cream with a SPF 50 all year round (even in Irish weather) and you should ensure that the sun cream used protects against UVB and UVA rays.

Avoid **ALL** live vaccinations after having a kidney transplant. Consult your doctor or nurse before your child receives any vaccines if you are unsure.

Dehydration

One of the best ways to keep your child's kidney healthy is to drink plenty of fluids. Your child's doctor will allocate a fluid target that your child should reach every day. It is extremely important that you encourage your child to reach this fluid target on a daily basis and make it part of their daily routine.

The fluid target may change if your child's most recent blood results have disimproved or if you are going on a foreign holiday to a warm climate.

If your child is vomiting, has diarrhoea at home or is unable to reach their fluid target, contact the Renal Clinic or St. Michael's C ward for advice.



Nutrition

Healthy eating is essential in the initial post – op period to promote wound healing. When your child goes home it is important that they maintain a healthy well – balanced diet in order to protect their new kidney.

The Renal Dietitian will meet with you and your child before they are discharged home. The dietician will also link with you and your child on a regular basis when you return for clinic visits.

Chicken Pox & Measles

If your child develops chicken pox or measles, or is exposed to them you must contact St. Michaels’s C ward **IMMEDIATELY**. Your child may require hospital admission and a course of anti-viral medications. This is potentially a serious condition that requires close monitoring.

Kidney Transplant Clinic Follow up Protocol

When your child visits the renal clinic after their transplant they will have blood tests taken on each visit. They will also have to give a urine sample for testing. Their weight, height and blood pressure will also be recorded.

- **For the 1st month** following discharge home, your child will have to visit the renal clinic 2-3 times per week.
- **For the 2nd month** they will have to visit 1-2 times per week.
- **For the 3rd – 6th month** they will have to visit fortnightly.
- **For the 7th – 12th month** they will visit monthly.

If your child remains stable during this time, they will visit the clinic on a 2 monthly basis or as directed by the consultant.

Author: Ciara Fingleton (2013)

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The information contained in this leaflet is correct at the time of print.

