

# Transplant Patients Discharge Training

Information for patients

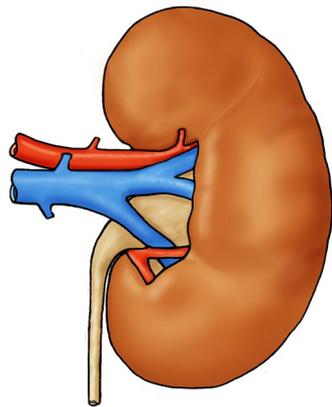


Leeds Kidney  
Unit

This leaflet is designed to help you and your family understand how to look after your new kidney.

***It will cover:***

- Knowing your medications.
- Preventing infection.
- Preventing rejection.
- Healthy diet and foods to avoid.
- Stent removal.
- Wound care.



**Knowing your medications**

Following your transplant, medicines will play an essential role in keeping your new kidney working properly.

The medicines that prevent the kidney rejecting are called immunosuppressants and will need to be taken for the life of the kidney. The dose will **only** be changed under your renal doctor/nurse instruction (not GP).

Education from our staff and information booklets will assist you to manage your medicines.

You will have already met someone from the pharmacy team to discuss medication. Here is a recap:

**Tacrolimus (ADOPORT)**

Prevents rejection by lowering your immune system. Without this your body would reject your new kidney.

- The levels are monitored in your blood (tac level). The dose may be changed often dependent on your blood level.
- Do not take your tacrolimus before you attend clinic. Bring it with you and take immediately after your bloods are taken.
- If you are unable to take them (for example; vomiting) you must ring **your** renal unit immediately. Telephone numbers are given on a separate sheet depending on your parent unit on discharge.
- Always take the same brand for example, ADOPORT.
- Take twice a day, 12 hours apart.

**Mycophenolate Mofetil**

- Prevents rejection by lowering your immune system.
- Should be taken twice a day.
- Contact your renal unit if you can not take this medicine.
- May give you gastric symptoms for example nausea, diarrhoea, stomach cramps - please inform a doctor or nurse if you experience these.

**Co-trimoxazole**

Because you have a lower immune system you have a higher risk of developing infections.



- Co-trimoxazole is an antibiotic given to prevent infection.
- You must take this every day until you are told to stop by your doctor in clinic.

### Valganciclovir

- Is an anti-viral medication.
- It is aimed at preventing CMV (cytomegalovirus).
- The dose for this can change, your transplant team will explain this.

### Fluconazole

- Is an anti-fungal medication.
- It prevents thrush.
- Its taken for seven days.

### Important points

NOT all medicines that you are now taking or have been previously taking are listed in this booklet. If there are any you wish to discuss, please inform the nursing staff or pharmacist.

*Your medicines will be provided when leaving hospital along with a discharge letter to show you how to take them and when:*

- Always take your medication.
- Always keep your medicines safe and have at least one weeks supply at home.
- If you cannot take your tablets ring **your** renal unit for advice.
- If you suffer any side-effects, please discuss them with your nurse or doctor.

- Buying a yearly prescription card is often the best option as you are **not** exempt from prescription charges.

### Clinic visits

On discharge your follow up will be in accordance with your local units policy. This can be 2-3 times a week and will always be a morning appointment.

Leeds patients will have a nurse review clinic at three months, 12 months and then yearly after that. You will see the doctor at all your other appointments.

**Remember,** do not take your tacrolimus tablets the morning you attend clinic but please bring it with you to clinic to take after you have had your blood test.

**Patient Knows Best** is a resource available for patients to view their own results electronically. Ask at outpatient reception for more information.

### Preventing infection

**How to prevent infections:**

- If you cough or sneeze, use tissues, discard them and wash your hands.
- Drink plenty of fluids including water and / or barley cordials.
- Avoid children who have been recently vaccinated.
- Avoid crowds, if possible.
- Avoid cleaning cat litter trays or bird cages.



- Try to avoid people who are ill.
- Wash fruit and vegetables.

## Urinary Tract Infections (UTIs)

*UTIs are the most common infection, the symptoms are:*

- A burning or dragging sensation when passing urine.
- Frequent / urgent urination.
- Strong smell to the urine.
- Temperature above 37.5°C
- Cloudy urine.
- Difficulty urinating, even when you have the urge.
- Discomfort over kidney.

### *Preventing UTIs*

- Drink plenty of fluids, please avoid too much tea / coffee as this can make symptoms worse. Try water or dilute no added sugar cordials; barley cordials are a good preventer.
- Urinate as often as possible - do not hold a full bladder, go when you have the sensation.
- Wear cotton underwear.
- Urinate before and after sex.

## Rejection

### Reducing risk and warning signs

Rejection is a normal process of your body trying to protect itself from anything that is foreign in your body e.g. your transplanted kidney.

Rejection is most common in the first three months after a transplant, and especially in the first six weeks. If detected early most episodes of rejection will respond well to treatment.

### *These are the things you can do to reduce your risk of rejection:*

- Always take your immunosuppressant medication as prescribed.
- Recognise any of the early warning signs and call the hospital if you have any.
- Attend all of your clinic appointments.
- Have a thermometer and blood pressure machine at home so you can check them when you feel unwell.

### *Warning signs of rejection:*

1. Reduced urine output
2. Weight gain (record your weight daily and bring to clinic).
3. Increased blood pressure.
4. Tenderness or pain over the new transplant site.

***Remember, you may just have one sign or all of them.***

***Be aware rejection can occur anytime throughout your transplant life.***

### Your dietary needs after a kidney transplant

After a kidney transplant, you are prescribed one or more immunosuppressant medications. This can increase your chance of getting food poisoning.

### **To reduce the risk:**

- Ensure your hands are clean before preparing and eating food.
- Ensure all kitchen utensils including worktops and chopping boards are kept clean.
- Always store raw meat, fish and poultry at the bottom of the fridge.
- Do not wash raw meat or poultry.
- Always wash fruit, vegetables and salad items.
- Ensure all meat, poultry, fish and eggs are cooked thoroughly.
- Store leftovers in the fridge, in a sealed container and eat within two days.
- Reheat food only once and ensure it is piping hot.
- Always cook food as recommended by the manufacturer's instructions.
- Do not eat food past its use-by date.
- Ensure your fridge and freezer are at the correct temperature. Your fridge should be 5°C or below and the freezer should be -18°C



### **The following foods should be avoided:**

- Raw and undercooked meat, fish and poultry.
- Raw and undercooked eggs (including homemade/fresh mayonnaise).

- Unpasteurised milk and unpasteurised soft and blue-veined cheeses.
- Raw and undercooked shellfish.
- Slush puppies and soft-serve ice-cream (Mr Whippy).
- Pate, cured meats and rotisserie chickens.
- Reheated rice.
- 'Bio' or 'Probiotic' yoghurt.

When shopping please choose pre-packed meat, fish, poultry, cheese and salad products rather than purchasing them over the deli counter.

When eating out, ensure the restaurant/take-away outlet has been awarded a high rating by the Food Standards Agency. This can be checked via [www.ratings.food.gov.uk](http://www.ratings.food.gov.uk)

***After your transplant the team may refer you to the dietician if further advice is needed.***

### **General information**

#### ***In event of gastric symptoms:***

- Do not ignore. You will become dehydrated and this can affect your kidney.
- Contact the hospital if you are unable to drink or take tablets without vomiting, or have been vomiting for more than six hours or have had diarrhoea for more than 24 hours. Vomiting and diarrhoea may result in a short hospital admission for fluid replacement.
- If other symptoms persistent (such as nausea, cramps, constipation) contact your local unit.

## Ureteric stent

This is a small, soft plastic tube placed in the ureter (the tube between your bladder and the new kidney) during your transplant operation. It prevents any urine leak or obstruction.

It is removed at around six weeks. Your transplant nurse will organise this.

## Wound care

Your nurse will check your wound whilst you are in hospital, and before discharge. The transplant nurse will care for your wound when you attend clinic.

If required, you will be given dressings to take home.

## Keep active

- Walking is the best exercise. Gradually build this up in the weeks following discharge.
- Avoid swimming until your wound is fully healed.
- Avoid heavy lifting and strenuous abdominal exercises for at least the first three months.
- You cannot drive for six weeks after abdominal surgery.

## Transplant Games

- Staged annually in cities across the UK and at international level.
- Demonstrates the benefits of transplantation and increases public awareness.
- More information is available online and contact details for the Leeds team are available in Renal Outpatients.

## Skin care

Patients have a 20% increased risk of developing skin cancer due to immunosuppressive medication.

We strongly advise that you protect your skin with factor 50 sun cream with a 5\* UVA/UVB rating. We would also recommend that you wear protective clothing, especially a hat, daily between April and October - apart from when it's raining.

Regularly check your skin for new moles or lesions or changes to existing ones. Not all skin changes are cancer but if you have any concerns please see your GP.

## Fertility

Prior to transplant fertility in females is reduced but can return very quickly. We recommend all women use effective contraception. Please note, barrier methods (condoms) are associated with a high failure rate and an additional method should be used. In women with transplants, we recommend progesterone only contraceptive methods (for example the implant or mirena coil). Please discuss this with us in clinic if you have any questions.

We do not advise pregnancy within the first year after transplant. If you are considering pregnancy and have a transplant, we can discuss this with you in the renal obstetric clinic.

## Psychological support

Some patients may experience feelings of anxiety or low mood after a transplant. This is a normal response to your new situation.

If you experience these feelings and wish to discuss any concerns or worries then please contact your post transplant nurses. They can offer support and signpost you for further follow up.

## Thanks for your time

If you have any questions, please ask.

We are here to support you throughout the life of your kidney.

We wish you well.



## What did you think of your care?

Scan the QR code or visit [bit.ly/nhsleedsfft](https://bit.ly/nhsleedsfft)

*Your views matter*

