

Sirolimus use in paediatric renal transplant patients

Information for patients, parents
and carers



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This leaflet is for children who have been commenced on sirolimus as part of their medication regimen in renal transplant.

What is Sirolimus?

Sirolimus (Sir-oll-ee-mus) is an immunosuppressant medication used in kidney transplant patients. It is also known by the brand name Rapamycin/Rapamune. It is often used to replace tacrolimus in children who have had kidney transplants some time ago (meaning that sirolimus is not one of the first immunosuppressant medications used straight after transplant).

Sirolimus is a once daily medication that is available as a tablet or a liquid. It requires blood tests to monitor its levels like tacrolimus.

Why are my kidney team recommending Sirolimus?

Sirolimus is often used when people have problems with tacrolimus. These problems may be side effects of the medication or evidence of tacrolimus toxicity (damage) on kidney biopsy.

To try and reverse this damage seen and keep the kidney function stable, it is important to consider whether a different medicine (sirolimus) would help this.

What are the side effects of Sirolimus?

The common side effects of sirolimus include:

- Increased risk of infection
- Mouth ulcers
- Blood clots
- Poor wound healing (please let us know ASAP of any planned surgical procedures)
- Protein leak from the kidney
- Tummy pain, diarrhoea or constipation
- Headache
- High blood sugars (e.g. diabetes)

Contraception must be used alongside sirolimus in older children. Sirolimus has also been shown to effect sperm quality and may lead to reduced fertility in male patients.

Sirolimus also interacts with grapefruit juice, therefore this should be avoided.

If you were to notice any of these side effects, it would be important to let the medical team know.

What happens when Sirolimus is started?

The kidney team will inform you of any of other medication changes which are needed alongside the change to sirolimus.

Tacrolimus will be stopped and sirolimus will be taken once a day in the morning.

A higher dose of sirolimus will be given for one day, followed by a lower once daily dose. Levels (as were needed with tacrolimus) will be taken 5-7 days after starting sirolimus. These must be taken 24 hours after the previous sirolimus dose. No fasting is needed prior to sirolimus levels.

There are multiple strengths of sirolimus tablets: 2mg, 1mg and 500 microgram(mcg).

The 500 microgram tablet is not the same 'strength' as the other tablets. Meaning that two 500 microgram tablets is not the same strength as one 1mg tablet. Multiples of 500 microgram tablets should not be used as a substitute for other tablet strengths. This does not apply for the 1mg and 2mg tablets.

If you have any other questions regarding this medication change, please let the transplant team know.



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