

Renal Unit

Information for patients following a renal transplant

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PART 1

Introduction

We are pleased that you had a kidney transplant and are now recovering. It is important that you understand 'A transplant is not a cure, but a treatment'. If you have been on dialysis it means once you are stable you can live a more normal life without diet and fluid restrictions. This booklet gives you advice on living with your transplant, how to avoid problems and how to make the most of your new lease of life. This booklet aims to answer many of the common questions which patients ask. We hope that you find the information and guidelines useful. However, if you have any more questions however small they may seem, please do ask us and we will try to help.

Useful telephone numbers

Main Switchboard– University Hospitals of Coventry and Warwickshire	02476 964000
Transplant Nurses	02476 967746 02476 967745
Ward 50	02476 968258/ 02476 968256
Patient Transport Services	01926 310312
Renal Social Worker (Balvinder Vraitch / Parmjeet Grewal)	02476 968263
Renal Secretary (For appointment bookings and cancellations)	02476 968315/ 02476 968290/ 02476 968287/02476 968289/ 02476 968288/ 02476 968714
Pharmacy home care team	02476 966044 Email: pharmacy.homecare@uhcw.nhs.uk

Quick reference

- Please do not take Tacrolimus (Adoport) / Ciclosporin (Neoral) before your clinic appointment. Bring it to clinic with you and take the medication after your blood test.
- Please bring your completed fluid intake and output charts and the medication list to clinic.
- Please bring water to drink while waiting at the clinic. If you are on transport it is a good idea to bring something to eat as well in case you have a long wait for your transport home.
- If you have symptoms of cold, flu, diarrhoea or feeling sick (Vomiting) and rash please inform a nurse so that you can be isolated. Please do not sit with the other patients.
- If you are not feeling well during weekend/out of hours/bank holidays please ring the main switch board and ask for renal registrar on call or a consultant for advice. Do not wait for your next appointment.

Medication

The Renal Pharmacist will visit you before your discharge in order to tell you about your medication. You will be given a list of the medicines that you will go home with and the times you have to take them. **Please bring this list with you to every clinic appointment.** Medication therapy is essential to prevent your body from rejecting the transplanted kidney. The main drugs which prevent rejection of your transplant are as follows:

- **Tacrolimus (Adoport) or Ciclosporin (Neoral)**
- **Mycophenolate or Azathioprine**
- **Prednisolone**

The above medications are known as immunosuppressant (anti-rejection medications). They act by damping down the body's immune system. You may be on all three or any combination of these drugs.

At times we may change the doses according to your blood results, but we will keep you informed of any changes and they will be changed on your medication list. There is a fine balance between taking too little and risking rejection or taking too much and risking side effects such as infection. Your treatment will be reviewed at each clinic visit. As your

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kidney stabilises and the doses of the drugs are reduced, the risk of infections is lowered and the side effects should become less apparent.

You will be given 4 week's supply of medication on discharge after which you can obtain more supplies from your GP. The renal transplant medications (immunosuppressives) cannot be obtained through your GP. They will be prescribed by the doctors during the appointment for the first 4-5 months. Then you will be referred to pharmacy homecare team. We will inform you once you are referred.

To make sure that you always get your medications on time, please contact the pharmacy homecare team **14 days before** you need your next supply. You could contact them either on telephone 02476966044 (direct line) or email pharmacy.homecare@uhcw.nhs.uk quoting your name, hospital number, contact number and what you require. Try not to let yourself run out of any drugs that you are taking. However, if you need the medications urgently, please feel free to contact us.

Points to remember

1. It is important that you take all the medications regularly as advised by the doctors. Even missing one dose of anti-rejection medications will have a negative impact on your transplant kidney function.

2. Research has shown that non-adherence to the anti-rejection medications is one of the important cause of losing the transplant kidney function. It is also evident that transplant kidney failure is seven times higher in patients not taking medications regularly.

3. Always check with the pharmacists /doctor if another healthcare professional prescribes a new medicine as they may interact with your anti-rejection medicines and increase their levels in your blood. For instance, Erythromycin, clarithromycin and fluconazole interact with tacrolimus. Hence when you are on these medications we will monitor your bloods more frequently than normal and adjust your medications dosage.

4. It is recommended to avoid the consumption of grapefruit /pomegranate/ Pomelo in any form while you are taking tacrolimus or ciclosporin.

5. All the anti-rejection medications should always be kept in the foil packaging and stored at room temperature, not in the fridge. Also keep them out of direct sunlight and out of the reach of children.

6. We recommend not to take anti-inflammatory painkillers e.g. Ibuprofen, Diclofenac, Naproxen. You can take paracetamol based pain-killers e.g. paracetamol, co-codamol.

Diet

The Renal Dietician will give you advice on diet and food safety before your discharge. They will provide you with a booklet on eating well after a transplant. It may be that for a while you have to continue your pre-transplant diet but once your kidney is working well and your blood creatinine and potassium levels fall to an acceptable level, then you will be able to relax restrictions and resume a normal diet.

Fluid Balance

After your transplant, you will be advised on how much fluid you will need to drink in a day. It is usually between 2 -3 litres, depending on how much urine you are passing. It is generally advised to drink at least 500mls more than the previous day output. For the first few weeks you will be asked to keep a record of your fluid intake and output when you leave hospital. You will be given fluid balance charts to take home with you. Pee (Urine) can be measured in any clean container that is marked off in millilitres (ml). Completed charts should be brought into clinic.

PART 2

Transplantation – the early days

It is important to remember that the first 3 to 4 months after having your transplant can be quite an unsettling experience. The clinic visits are frequent, but as time goes on these concerns will decrease and your confidence will grow. You may go home anytime from 5-10 days following your transplant surgery depending on your kidney function and general health.

Outpatient follow-up

In the first few weeks after your transplant, while your body is adjusting to the new transplant, you will need to come for regular appointments. For the first 4 - 6 weeks, visits to the clinic will be three times a week. The frequency of your visits will slowly decrease as your body begins to stabilise. Around 6 months after your transplant, if your condition is stable your care will be handed back to your referring consultant renal physician.

The Clinic runs on Monday, Wednesday, and Friday between 08.30-11.30am at 5th floor, East wing, Renal Dialysis Reception. When you arrive to clinic book in with Reception Staff and weigh yourself and take a seat. The nurse will assess you first and blood tests will be taken. Then you will have to wait to see a doctor. After consulting with the doctor, return back to the reception for the time slots for the future follow up appointment.

- **Please take into consideration that clinics can be very busy and we do try to see everyone on time.**
- **Please remember to bring your morning dose of Tacrolimus (Adoport)/ with you to your appointments to take it after your blood test. You must notify the nurse if you have mistakenly taken your morning dose as this will affect your blood tests.**
- If you are on **Ciclosporin (Neoral)**, we may ask you to take the medicine 2 hours before your blood test because initially post dose

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level is more helpful. We will arrange a suitable time for you to do this.

- If you are unwell, extra tests will be carried out to check for infection. Pee (urine) samples may be checked for infection/abnormalities. If you have a temperature, blood cultures will be carried out to check for infection. If there are concerns about your kidney function, blood may be checked for antibodies.
- You may be asked to go for a scan of your transplanted kidney to look at the circulation of the blood to the kidney and to see if there is any evidence of bruising, infection or fluid collections. You may be asked to wait for the test results, as it is possible that you may need re-admission to hospital for further investigations and/or treatment.
- Once the doctors have reviewed your results later in the day, the nurses will contact you if there is anything they are concerned about or any changes in your medications to be done.

Patient View

Patient View is a platform created by Renal Information eXchange Group (RIXG) to make it easier for the renal patients to get their blood results and other useful information about their diagnosis and treatment. We recommend all the transplant patients to have access to this system as it is very helpful to know latest blood results and keep track of your kidney function. For more information about this speak to the one of the staff members who can give you a form to fill in for registering in the system.

Transport

For patients who have no other means of getting to their transplant clinic appointments and who meet the criteria, ambulance transport may be provided for the first 6 weeks only after transplantation. Please book your own transport through the patient transport system -01926 310312.

Medications

Tacrolimus (Adoport) (Envarsus)

Adoport - taken every 12 hours

Envarsus - taken every 24 hours

It is very important that you make sure you are given the correct medication and dose when getting repeat prescriptions. Although it is the same drug ingredients, the release in the body is different because it is working over 24 hours. On clinic days **do not take** your morning dose of Adoport at home, but wait until your blood test has been taken in clinic. Bring your Adoport to clinic with you so that you can take it as soon as possible after your blood is taken.

Possible side effects:

- Tremors
- Stomach upset initially
- Sleep disturbance
- Increased blood sugar
- Impairment of taste
- Hair loss

Mycophenolate (MMF)

Mycophenolate is an anti-rejection medication. It is available as 250mg, 500mg and when necessary as a liquid (1g/5ml).

DO's

- Take mycophenolate twice a day, ideally every 12hrs.
- **Take mycophenolate with food to minimize stomach upset.**
- If you are planning to start a family it is very important that you discuss this with your transplant team first as we will need to change your medication. This applies to both male and female patient.

DONT's

- Never cut the tablets in half as doing this may create small amounts of dust that could cause side effects to you and those around you.
- Never take indigestion remedies at the same time as mycophenolate as they can reduce the absorption in your blood.

Side effects

- Drop in white cell count
- Upset stomach including diarrhoea and feeling sick (vomiting)

Neoral (Ciclosporin)

It is also effective at suppressing the immune system. The blood test **is taken 12 hours after your last dose of Neoral**. It is important that you take your Neoral regularly at 12 hourly intervals. On clinic day mornings take advice from the clinic nurse who will probably want a **2 hour post dose level** so you will need blood taken at an allotted time.

Possible side effects:

- Tremor (shaking of the hands)
- Increase in hair growth on your face, hands, arms and legs
- Increase in blood pressure which may need to be controlled by medicines
- Nausea
- Swelling and tenderness of the gums, made worse by unhealthy teeth and gums and poor dental hygiene
- Numbness and tingling in the hands, feet and mouth
- Hot flushes

Prednisolone

This drug is a steroid hormone, similar to that which your body produces normally. It is effective in suppressing your immune system and reducing inflammation. The dose will be gradually reduced over a number of weeks to a minimal standard dose.

Possible side effects:

- Increased appetite- Try to adjust your eating habits to maintain a steady weight.
- Stomach upset/ indigestion
- Fluid retention resulting in swelling of the face, hands or ankles.
- Skin changes – acne, thinner skin, stretch marks
- Osteoporosis(weak bones)
- Mood swings
- Fullness of face (moon face)

Long-term use:

- Bone thinning or damage
- An increase in blood sugar
- Diabetic patients will have to monitor their blood sugars closely and may need an adjustment to their treatment
- Eye problems.

Your eyes may become sore and in rare cases cataracts can form. Your eye focus can also change as the dose of Prednisolone is altered. **Do not** change your glasses until you have been on the same dose for at least few months. Regular tests by your optician will help to keep a check on your eyes and any problems can be dealt with at an early stage. When you take Prednisolone for a long time your body will stop producing its own supply of this hormone. **Never suddenly stop taking Prednisolone** as your body will not have enough of its own steroid hormone and very serious side effects may result. You will be given a blue steroid card. It is important that you show this to anyone who is involved in your medical treatment or health care e.g. dentist, pharmacist etc.

Azathioprine

This drug is also an anti-rejection medication. It is available as 25mg and 50mg. You should take this once a day (at the same time each day) with or just after a meal. Do not take allopurinol, a medicine used to prevent gout without discussing your transplant team.

Side effects:

- Stomach upsets- taking it with or after meals will help.
- Can lower the white cell count in the blood and make you more vulnerable to infections. Your blood count will therefore be checked regularly in the clinic and we will advise you if your dose needs to be changed.

Other drugs commonly used after transplant are:

Aspirin (75 mg soluble): To prevent blood clots. It is usually best taken with or just after food.

Co-Trimoxazole: To help prevent certain chest infections. This is given for the first six months after your transplant.

Omeprazole/Ranitidine: To protect the stomach from possible ulceration.

Nystatin Liquid: To prevent a mouth infection commonly known as thrush. This is given for the first three months after your transplant.

Other medications

You will also be commenced on other medications to control your blood pressure and blood sugar if necessary. Based on your previous history you the doctors will prescribe anti-tuberculosis medications.

Additional Procedures

Kidney Biopsy

A biopsy is the removal of a tiny piece of kidney, which is carried out under the guidance of an ultrasound scan. If a rejection episode is suspected, then a biopsy of your transplanted kidney will usually be required in order to confirm the diagnosis. The procedure will be carried out under a local anaesthetic following which your blood pressure, pulse and biopsy site will be checked regularly to observe for signs of bleeding. You will also need to be on bed rest for 4 - 6 hours after the procedure. You may be able to go home the same day if the doctors are happy.

Removal of ureteric stent

During the transplant operation a stent will be inserted into the ureter in order to allow unobstructed drainage of pee (urine). This will need to be

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removed at around 4 weeks following surgery. You will receive an appointment letter asking you to attend for the procedure called a cystoscopy. It is a short procedure, carried out under a local anaesthetic, following which you will be able to go home on the same day.

Removal of CAPD tube / vascular access

If you have a CAPD tube / dialysis line, this will remain in place until your blood results are stable. CAPD tube should be “capped off” to prevent infection, but it will still need daily attention and dressings until it is removed. Dialysis line (tunnelled line) will require flushing every week. Once the kidney is functioning well and your blood results have stabilised, you will be asked to attend day unit for removal for CAPD catheter/dialysis line.

Dexa Scan

At 3-4 months post-transplant you will be sent an appointment for a Dexa Scan. This is a quick non-invasive scan which is carried out at Rugby St Cross Hospital. It checks the density of your bones and if they are found to be thinning (a condition called osteoporosis) the doctor will prescribe bone strengthening medication.

Complications

Rejection

The purpose of the immune system is to identify and deal with invaders to the body. It has the ability to recognise what is part of the body and what is not. A rejection episode means that it has identified the transplanted kidney as an invader and will then attack and damage the new organ trying to **reject it** from the body. Rejection is a normal response of your body. Even when the new kidney is well matched, some degree of rejection is common.

Generally, giving you extra anti-rejection medication successfully treats episodes of rejection. You may also have a biopsy of the transplanted kidney in order to find the type and cause of rejection. Usually rejection causes no symptoms and is detected by routine blood tests. Doctors may suspect rejection if the blood creatinine level is not falling after a transplant or if it has started to fall and then remains stable or increases again.

Viral infection and your Transplant

Polyomavirus (BK), Cytomegalovirus (CMV) and Epstein - Barr virus (EBV) are three main viruses which can affect transplanted kidney. BK is latent or inactive in the kidney and urinary tract of the vast majority of adults. It can activate in kidney transplant patients and interfere with kidney function. CMV and EBV are from the family of Herpes simplex viruses. These viruses do not manifest any specific symptoms apart from depicting flu like symptoms so it is confirmed through blood tests.

CMV can cause severe diarrhoea, visual disturbance, jaundice or breathlessness. Increased EBV levels in your blood can be manifested as lymph node enlargement. If viral levels continue to be high a CT scan is performed to check for any abnormalities in the chest and abdomen because unchecked EBV can lead to a condition called post-transplant lymph proliferative disease or PTLN. The initial management for all these viruses is to lower the level of immunosuppressant. This is usually sufficient to fight to allow the body to fight the virus.

Part 3

Transplantation – The long term

General health and General Practitioner

Your GP will receive details about your medical status and transplant. You should continue to see your GP about any health problems that comes up. Your GP will always phone us for advice if necessary. If you are prescribed any medications by your GP, make sure you or your GP checks with the transplant renal pharmacist as some drugs can interact with your anti-rejection medications.

Urinary tract Infections (UTI)

As you are on medications to suppress your immune system, you will be at greater risk of developing infections. If you are sharing the toilet at home or using the public facility please make sure to clean the toilet before and after using to avoid the transmission of urinary tract infections. The most important sign of infection is raised temperature 37.5 C or above, stinging, burning when you pass pee (urine) or offensive or cloudy urine. Please telephone the Transplant Office/Ward if you have any of these problems so we can treat you as soon as possible.

Chest Infection

You are prone to certain types of chest infection immediately after your surgery; hence you are given certain medications to prevent those infections. If you have sore throat, productive cough it is important that you seek treatment promptly. This can be with your GP.

Diarrhoea and feeling sick (vomiting)

If you come in contact with anyone who has diarrhoea and vomiting make sure you wash your hands thoroughly. Use soap and water rather than alcohol based antibacterial hand gels. The alcohol hand rubs are not always effective in killing the bugs that are present in faeces and stools. Make sure that toilet sinks and door handles are disinfected and you wear gloves while doing this.

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Drink plenty of water if you have diarrhoea/vomiting, but if symptoms persist, particularly if you are unable to keep down your anti-rejection medications you should seek medical attention for intra-venous rehydration. It is also sensible to avoid crowded spaces for the first three months of post-transplant E.g. Cinemas and supermarkets at busy times because you are at greater risk of picking up an infection in the early days.

Chicken pox and shingles

If you have been in contact with either chicken pox or shingles please contact us at the Transplant Office and we can do a blood test to check whether you have immunity to these infections. If however you suspect that you have the disease we will need to see you preferably when there are no other transplant patients around, so please contact us in the Transplant Office to arrange a time.

Personal Care

You must follow good mouth hygiene following your renal transplant and inform your dentist that you had a transplant and you are on anti-rejection medications. Routine visits to the dentist should be avoided during the first three months following transplantation. After three months you should visit them regularly every six months. If you suffer from in growing toe nails, corns etc. it is advisable to see a chiropodist rather than treating yourself.

Hair care

Your hair may appear thicker, but unfortunately, due to the effects of Prednisolone, the condition may not be so good. It will break more easily and therefore you should not use perming lotions, tints, dyes and bleaches until your immunosuppression is lowered. Tell your hairdresser that you are taking steroids and use a good conditioner. Always perform a patch test first to check for any potential reaction. On the other hand Tacrolimus may cause hair loss.

Alcohol

We recommend you to follow national guidelines on alcohol intake, i.e. both men and women are not to drink more than 14 units of alcohol in a week and to spread the drinking over 3 or more days. Fourteen units is

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equivalent to 6 pints of average-strength beer or 10 small glasses of low-strength wine. Be aware that alcohol can cause you to become dehydrated, so allow plenty of soft drinks or water to compensate for this.

Smoking

We **strongly advice against smoking** after the transplant, as it affects the transplant kidney function adversely. Smoking can cause significant lung damage ranging from **mild chest infection to cancer**. Smoking causes narrowing of blood vessels which affect the blood supply to the transplanted kidney and other vital organs.

Diet and Exercise

We recommend you to adhere to healthy eating habits and **maintain a body mass index (BMI) between 20- 25** after transplantation. Studies have shown that the long –term kidney survival in obese (BMI>30) patients post-transplant is lower than those with normal BMI.

Exercise and physical activity are beneficial to your overall health and wellbeing in the immediate post-operative period. The healthy lifestyle will extend the life of your transplant. It is important to be up and about as soon as possible after a transplant, to prevent any complications. Start with some gentle walking and then slowly build this up over time. We advise not to do any heavy lifting or strenuous domestic tasks for the first 6- 8 weeks.

We recommend the transplant patients to avoid any contact sports such as rugby, kick boxing, Karate and football. Please seek medical advice if you would like to play any of these games professionally. You may begin **swimming after three months** as long as all wounds are healed and you don't have any external tubes e.g. CAPD catheter. Choose a form of exercise that you enjoy such as walking or gentle cycling, as this will encourage you to maintain your exercise programme.

Make sure you take advice from the doctors before starting any new sporting activity. You should be able to drive a car again 6 weeks after the operation and to start work again 3 months after. However, it is advisable to discuss this first with your doctor.

Women's Health

All women who have reached 18+ years of age should have:

- Routine PAP smear test (Papanicolaou's test) – to detect any abnormalities of the cervix as per national guidelines.
- Perform regular self breast examination on a monthly basis

Physicians may advise women who have a family history of breast cancer/ who have other risk factors to have mammogram before the age of 40 or more frequently.

Men's Health

Men should carry out regular testicular self-examinations. The anti-rejection medications may increase the risk of cancer. Testicular cancer is almost always curable if detected early, so it is important that men examine themselves monthly. This will allow you to become familiar with the normal feel of your testicles and enable you to detect any changes. You must report any changes to a doctor.

Psychological problems

If you are worried or depressed about aspects of your transplant and would like to see a counsellor, please ask at clinic and we can refer you for an appointment.

Skin care

People who have had a renal transplant are more at risk of developing skin cancer because of the immunosuppressive drugs that are required to prevent their kidney from being rejected. Having a suntan (but especially burnt skin) is a sign that your skin is damaged and is trying to protect itself from the sun's harmful rays. When transplanted, your immune system is depressed and your body finds it more difficult to repair itself from sun damage, which can lead to the development of skin cancer. You are also more prone to common viral warts. However, there are several things you can do to help protect yourself.

Remember: prevention is better than cure

We recommend you should wear a sunscreen with Sun Protection Factor (SPF) 30+ 50+ even on cloudy days. This protects you evenly from UVA and UVB rays. The sunscreen should be applied generously

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every 2-3 hours to all exposed areas – not forgetting ears, hands and lips.

- Sun avoidance is even better. Avoid the sun between 11.00am and 3.00pm.
- Wear a wide brimmed hat and closely woven clothing.
- Use an umbrella or sunshade.
- Never sit in the sun or sunbathe.
- Never use a sun bed.
- Remember to wear sunglasses to protect your eyes.
- Get to know your skin by checking it regularly. This will help you to recognise any early signs of sun damage, which may be pre-cancerous.

Signs and symptoms of skin cancer

Skin cancers are most likely to appear on the face, neck and other sun-exposed areas but could also appear anywhere. Hence skin should be examined regularly for any change in brown patches, moles, warts etc.

Changes in existing moles

- Increase in size
- Change in shape, irregular or ragged edge
- Change in colour, becoming inflamed or darker
- May become itchy, crusty or start to bleed

If you experience any of the above or any other suspicious changes in your skin that last more than 2 or 3 months, then discuss them with your transplant nurse or doctor. If skin cancers are treated early, then they shouldn't cause you any further problems.

Sexual Health

Sexual activity may be resumed once you are feeling up to it. A successful transplant usually means that sexual function improves and it is easier to have children. This is particularly important for women as it is very unusual to have a baby while on dialysis. In men, a previously

depleted sperm count may improve. **Hence we recommend the use of effective contraception and discuss with the transplant doctors if you have any concerns during your appointment. Barrier methods** (such as condoms or the diaphragm) are the safest forms of contraception post-transplant. **The Intra-uterine Device (IUD) is not recommended** due to an increased risk of infection. **Some types of oral contraceptive** pills are not recommended for the post-transplant patient.

Planning a family- Women

We recommend avoiding pregnancy in the first year after the transplant. If you are considering pregnancy please discuss it with the doctors in the clinic and we will arrange for **pre-pregnancy counselling** with the specialist team. You must withhold Mycophenolate at least 6 weeks to 3 months before conceiving the baby. The doctors will change your Mycophenolate to a safer alternative. **Studies have shown that Mycophenolate can cause increased risk of miscarriage and pregnancy loss during the first trimester, structural deformities and birth defects in the baby. Hence we recommend for you to use two effective methods of contraception (for example the contraceptive pill and barrier methods such as condoms) during treatment with Mycophenolate and for 6 weeks after stopping treatment.**

Planning a family –Men

Men wishing to start a family after a transplant should discuss with the transplant team, as their medication may need to be changed. Each situation needs to be considered on an individual basis, looking at potential risks/benefits of continuing or switching medications. As we do not have sufficient data to exclude a risk of harm to the foetus, we recommend you wait at least one year before trying for a family. We also advise male patients and their female partners to use reliable contraception during treatment and for at least 90 days after stopping your last dose of Mycophenolate.

Holidays

If you are thinking of going on overseas holiday, speak to your consultant first, who will advise you whether or not your blood results are stable enough for you to go away for any period of time.

The following are travel tips for all transplant patients:

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- UK travel – 0-6 months post-transplant, European Travel- 6-12months post travel and worldwide travel- after 1 year.
- If you are flying, drink bottled water, take regular walks along the plane and do regular leg exercises.
- Take enough medication to last until you return plus one week. You may not be able to obtain same anti-rejection medications in other countries.
- Carry your medications in hand luggage, to make sure you have access to them at all times.
- It is suitable to take a letter with you explaining why you need your medication along with a summary of your medical condition and history in case there are any queries at customs. Ideally, you should ask your consultant if you are well enough to travel.
- Make sure that you have adequate insurance and the insurance company is aware of any pre-existing conditions.
- Make sure that you keep well hydrated in hot climates. Never drink untreated water. Only drink bottled water.
- Never have salads, ice cream or ice. Special care should be taken when buying food from the street sellers due to risk of food poisoning.
- It is also important to be careful with the hot sun. Please see the section on skin care for safe sun advice
- Please take the telephone number of the transplant team in case you need to ring for advice.

Vaccinations

It is recommended to have the 'flu' jab each year and pneumococcal vaccine every five years unless contraindicated. However, there have been reports of occasional side effects. If you have had the jab previously and felt unwell afterwards you should discuss it with your doctor before having subsequent 'flu' vaccination. It is **not advisable** to have a flu vaccination **within the first 3 months of transplant**. Please make sure you are not taking live version of pneumonia and flu vaccine.

You will also require certain vaccines for travel. We suggest you confirm with your GP practice which vaccinations you require for the country you are travelling to. Please then contact the transplant pharmacist who can check that the vaccinations are suitable for you. You should **NOT have**

live vaccines as they may cause a very severe infection and can potentially be life threatening.

COVID Information

We recommend you to follow the current government guidelines for transplant patients with regard to COVID as new information is emerging every day. You will be considered as clinically extremely vulnerable because of your kidney transplant. The Renal Association recommends that patients within the first three months of a kidney transplant should continue to follow full shielding. Therefore it is important that everyone **(patient and their close contacts)** continues to follow social distancing and hand and surface hygiene advice strictly, to reduce the risk of infection, even after vaccinations, as the immune response after vaccination might not be fully protective after transplantation.

Social services

Having a kidney transplant is a life changing event for you and your family. Hopefully it will lead to you feeling fitter and better; certainly the Social Security Agency will assume so unless you tell them otherwise. So if you claim Disability Living Allowance or Attendance Allowance you will need to let them know, and unless you can demonstrate otherwise, the assumption will be that you no longer meet the criteria for these benefits. It is possible that you can no longer claim incapacity benefits or free prescriptions because you are now fit enough to work. It is advisable if you do have to pay for prescriptions to buy a prepayment prescription card. If you have not been working or have to think about a change of job, the Employment Services have a number of schemes to help you with this. If you want any advice or information on these practical issues please contact the Renal Social Worker.

Useful websites and Contacts:

Coventry and Warwickshire Kidney Patients Association (Kidney Patients support group)

Website: www.cwkpa.org.uk

Contact number: 024 7638 4061 (Secretary- Vivienne Dodds)

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National Kidney Federation (NKF)

Website- www.kidney.org.uk

Free Helpline: 0800 169 0936 (open from Monday –Friday 9am -5pm)

Transplant Games www.transplantsport.org.uk – A charity that organises sports and social events for transplant recipients.

www.transplantliving.org- useful for Transplant information and resources

www.kidneycareuk.org

The Trust has access to interpreting and translation services. If you need this Information in another language or format please contact us and we will do our best to meet your needs.

The Trust operates a smoke free policy

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

Document History

Department:	Renal
Contact:	27746
Updated:	July 2021
Review:	July 2023
Version:	9
Reference:	HIC/LFT/962/10