

TALKING ABOUT TRANSPLANTATION

Frequently Asked Questions about
**Kidney Transplant
Evaluation and Listing**



UNITED NETWORK FOR ORGAN SHARING

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Frequently Asked Questions about Kidney Transplant Evaluation and Listing

If your kidneys have stopped working properly, or may stop working soon, you have what is called “end-stage kidney failure”. You will need to decide what medical treatment is best for you. Your doctor, patient support groups, and other people who have been treated for kidney disease can give you more information to help you. The more you learn, the better you may feel about your decision.

The two common options for treating end-stage kidney failure are dialysis and kidney transplantation. Either choice is a treatment, not a cure. Either option will involve ongoing medical care to keep you healthy. Some people will do better with one form of treatment than the other.

The following questions and answers can help you learn more about whether transplantation may be a good choice for you.

How does a kidney transplant differ from dialysis?

With dialysis treatment, a machine filters waste and extra fluid out of your blood the way your kidneys normally would. Many people undergo dialysis while awaiting a kidney transplant.

Dialysis only filters the blood during a treatment session, not in the constant way a kidney does. For this reason, dialysis patients usually have diet and fluid restrictions. Dialysis also requires an access site – a vein or an implanted device where the blood can be collected and filtered outside the body.

A kidney transplant is a surgical operation to give a functioning human kidney to someone whose kidneys have stopped working or are close to failing. The functioning kidney is removed either from a living donor or someone who has recently passed away.

A transplanted kidney performs all the functions of a kidney a person has from birth. It constantly filters blood for waste and excess fluid. Most kidney transplant recipients don't have to limit their diet and fluid intake, but they do need to take medicine on a daily basis to help keep their transplant functioning.

What do I need to do to be considered for a transplant?

To be considered for a kidney transplant, a transplant program must evaluate and accept you. You are not automatically listed for a transplant just because you begin dialysis or have some contact with a transplant program.

Each transplant program makes its own decision about whether to accept someone for a transplant. The transplant team at each program has its own standards for accepting candidates. Each team may view the same facts and information different ways and make different decisions about listing a person for a transplant. So if one program is not willing to accept you as a candidate, a different program may accept you.

Here are some common questions about what is involved with evaluation and testing, as well as factors that affect whether someone may be accepted for a transplant listing.

Do I need a doctor's referral, or can I contact the transplant program myself?

You can contact the hospital yourself. You don't need a doctor's referral, but your doctor may have test results and medical history that will make it easier for the transplant team to evaluate you.

Can I be evaluated for a transplant before I need dialysis?

Yes. A standard test to assess your kidney function is your GFR (glomerular filtration rate). An ideal time to start the evaluation is when your GFR is between 25 and 30. Even if you haven't reached end-stage kidney failure, starting the discussion early may give you time to consider your transplant options before you need dialysis.

What kinds of medical tests are done in an evaluation?

The transplant team will do a number of medical tests. These include tests of your kidney function and other vital organs, screening for other diseases and medical conditions, and testing of your blood and genetic immune system markers to match you with compatible kidney offers. If you are on dialysis, the program will also want details about your dialysis treatment. If the program lists you for a transplant, it will also repeat some tests on a regular basis while you are on the waiting list.

How old is too old to be transplanted?

There is no standard age limit to be transplanted. Each transplant program sets its own practice. For example, one program may not accept anyone older than 80 years of age; another may have no age limit. Most transplant candidates nationwide are age 50 or older, and many transplant programs often accept patients age 65 and older.

What medical conditions might rule me out for a transplant listing?

A few medical conditions might rule out a transplant. The transplant team will discuss these with you when you start your evaluation.

In general, health issues that may keep you from having surgery or taking long-term medication may be reasons not to list you. These can include heart or lung conditions, current or recent cancer diagnosis, or morbid obesity. Depending on the medical issues involved, the program may have another specialist examine you and advise whether transplantation would be a safe option.

In some cases, even if a transplant program doesn't accept you immediately for a transplant, it may reconsider you later if your condition improves (for example, you lose weight as directed, or your cancer goes into remission). You might also consider applying to a different transplant center, since each hospital has its own criteria for accepting transplant candidates.

Does a history of drug or alcohol abuse affect a transplant decision?

A past history of drug or alcohol abuse may not rule out a person who has ended use and/or shown progress in treatment. During your evaluation, a social worker will meet with you to help the transplant team assess how your current behavior may affect your ability to do well with a transplant in the long term.

Do I need medical insurance at the time I get evaluated?

It's important for the long-term success of your transplant for you to have insurance or other financial resources to cover needed expenses. Even after the transplant operation, you will take anti-rejection drugs and need followup medical care as long as you have a transplant. Every transplant program has a social worker or financial coordinator who can advise you on insurance or funding options.

Do I need to have a stable housing situation to be evaluated or listed for a transplant?

It is best if you have a stable housing situation, so the transplant team can contact you for appointments and any potential organ offer after you are listed for transplant. A social worker with the transplant program may be able to help you if you don't have a permanent place to stay.

What else will the transplant team want to know about me?

You will talk with a psychologist and/or a social worker, who are members of the transplant team. The team will want to be sure you can understand and follow medical instructions. They will also want to know what social support you have (family, friends and/or caregivers) to help you with tasks such as attending appointments and taking your medications. This is important to help ensure you will do well long after the transplant operation.

If you are accepted for a transplant, the transplant team will need emergency contact information for you and for any backup person you name. This helps them contact you quickly for matching kidney offers. You will also need to set and keep appointments on a regular basis to allow the transplant staff to check your condition while you are waiting for a transplant.

Can I list at more than one transplant program at the same time?

It is possible to list at multiple transplant programs, but each program would decide on its own whether to accept and list you. You would need to meet all the requirements the transplant team sets at any program where you are listed.

Transplant candidates listed at a program close to the organ donor hospital are usually considered for matching offers before those at more distant hospitals. Listing at programs in different areas of the country might help someone find a match more quickly.

How does the transplant process work?

Kidneys can be transplanted from living or deceased donors. Below are common questions relating to living donor transplants.

Who can be a living donor?

A living donor may be a family member, friend, coworker, neighbor, or even a complete stranger, as long as they are a medical match for you. Your transplant team can advise you how to discuss living donation with people who might be interested.

All living donors must make a free and independent choice. They must understand there are medical risks to donating a kidney. Living donors will have a number of medical tests to help ensure they are healthy enough to donate. They will also talk to a psychologist and/or social worker to help the transplant team make sure they have realistic expectations and reasons for donation.

What is kidney paired donation?

If you have a potential donor who is not a biologic match with you (such as having an incompatible blood type), but may match with someone else, kidney paired donation may be an option.

In kidney paired donation, information about potential living donors and recipients is matched in a computer to find successful donor-recipient combinations. So the person who wanted to donate to you can donate to a different patient, and that patient's intended donor can donate a kidney to you. Kidney paired donation may often help transplant candidates who are very hard to match.

How long does it take for a living donor transplant?

That depends on a number of factors, but a wait of several weeks to a few months is common. Living donor transplants are routinely scheduled operations. The donation and transplant procedures are closely timed so that the transplant has the best chance of success.

Here are some common questions about deceased donor transplants.

How would I be matched for a kidney from a deceased donor?

The computer database of the Organ Procurement and Transplantation Network (OPTN) matches medical information on all transplant candidates who are actively

listed on the waitlist nationwide with medical information on deceased donors. The database produces a rank-ordered list for each donor offer that determines who will be offered the kidney.

When a transplant team gets an organ offer for one of its patients, it reviews detailed medical information about the donor. The team will then decide whether to accept the offer for their candidate. If the offer is turned down for one candidate, it goes to the next person on the list.

Kidneys that are likely to function for the longest amount of time are considered first for candidates who are likely to need them the longest. Other factors in matching include how closely the donor's blood and tissue type matches the patient, how long the candidate has needed a kidney transplant, and how close the transplant hospital is to the donor hospital.

How long is the wait for a deceased donor transplant?

Unfortunately, there are not enough organs available for everyone who needs a kidney transplant. Waiting times for a deceased donor kidney transplant can vary greatly in different parts of the country, but waiting times of 4 to 5 years are common. Some people may wait much shorter or longer based on how well they match with most donors. Your transplant program can tell you more about how long you might expect to wait.

What must I do after a transplant?

A transplant is a treatment for kidney failure, not a cure. After a transplant, you will need ongoing treatment to stay healthy and keep your kidney working well.

Your immune system will recognize the transplanted kidney as being "different." It may try to attack (reject) the organ. To lower the chance of organ rejection, you will need to take medicine every day. Your transplant team wants to make sure your kidney is functioning properly and that you're taking the right doses of medicine to prevent or treat organ rejection.

As long as you have a functioning transplant, you will need to have regular medical tests and appointments. These tests and appointments are more frequent just after your transplant. If you do well in the longer term, you do not need to have them as often.

How can I get more information?

A kidney transplant program can give you more detailed information about their evaluation process and their criteria for accepting transplant candidates. To locate a kidney transplant program closest to you visit,
<http://optn.transplant.hrsa.gov/members/>

UNOS' Patient Services phone line (888-894-6361) can provide information about the OPTN and UNOS, allocation policy and other resources available to you. Additional information is available online on the following websites:

<http://www.transplantliving.org>

<http://optn.transplant.hrsa.gov>

<http://www.unos.org>

<http://www.srtr.org>

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