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Information for patients who have had a kidney transplant

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Information for patients who have had a kidney transplant

A kidney transplant is a major operation so naturally there will be lots of things you have to remember and you may want to ask several questions. This booklet will give you lots of advice and information about your recovery following a kidney transplant, and hopefully will answer any questions you may have. (There are some useful links and numbers at the back of the booklet).

Leaving hospital

When you leave hospital you will be given a 14 day supply of your medicines together with your medicine card. Remember to bring your card with you every time you come to the hospital. (There is a section later in this booklet explaining each medicine.)

You will be able to get regular supplies of your medicines from your GP or if your GP is unable to prescribe them, from the hospital clinic.

If you have any problems getting medicines, let us know straight away. You can always get an emergency supply from either the Renal Out Patient Department or Ward 305 or your regular chemist.

Should I take my medicine before I have my blood checked?

If you are taking tacrolimus (Prograf®) you will need to take your medication 12 hours before your blood test is due. Therefore if your appointment is 10:00, take your medicine at 22:00 the night before. Please do not take your tacrolimus (Prograf®) on the morning of your clinic appointment. You will need to bring the tacrolimus (Prograf®) medication with you,

so once you have had your blood test done you can then take your medication.

If you are taking ciclosporin you will need to take your medication 12 hours before your blood test is due. Therefore if your appointment is 10:00, take your medicine at 22:00 the night before. Please do not take your ciclosporin on the morning of your clinic appointment. You will need to bring the ciclosporin medication with you, so once you have had your blood test done you can then take your medication.

What if I forget to take my medication or I am being sick?

If you have forgotten to take a dose, continue to take your medicine as normal. You do not take twice the usual amount when it is time for your next dose.

If you have been sick or have been having diarrhoea within two hours of taking your medication, they may not be working. Call your hospital nurse and they will advise you further.

Medicine for life

Now you have been given your new kidney you will be taking medicines for life. This will stop your body attacking your new kidney (Anti-rejection medication).

It is very important that you do not forget to take a dose.

If you have forgotten to take a dose, continue to take your medicine as normal. Do not take twice the usual amount when it is time for your next dose. Let your doctor, nurse or pharmacist know if you forget to take a dose.

Sometimes for different reasons you may be changed from one medicine to another – for example, ciclosporin to tacrolimus (Prograf®) or tacrolimus (Prograf®) to ciclosporin. This will normally be done under the supervision of the transplant clinic doctor.

Never ever change or stop your medicine unless you have been told to do so by your doctor or nurse. You may be asked by the hospital to do this, because your blood levels of the medication may be too high or too low. We monitor certain medications that you are taking by a timed blood test. It is important that you follow the instructions you are given so that we can get your dose correct.

The section that follows gives you information about anti-rejection medicines. It is important that you always read the leaflet and instructions given with your medicine.

If you need any more information or advice, ask your transplant doctor, nurse or pharmacist.

Initially you will be on a combination of 3 of the following anti-rejection medicines:

Tacrolimus (Prograf®)

Ciclosporin

Mycophenolate Mofetil

Mycophenolate sodium (Myfortic)

Prednisolone (non enteric coated)

Azathioprine

Tacrolimus (Prograf® or Advagraf®)

Tacrolimus is one of the medicines used to stop the body attacking transplanted kidneys.

It is available as two different formulations, Prograf® or Advagraf®. Prograf® is taken twice daily and is available in 0.5mg (yellow), 1mg (white) or 5mg (red) capsules. Advagraf® is only taken once a day and is available in 0.5mg, 1mg, 3mg or 5mg capsule. There are other brands of tacrolimus available (e.g. Adoport®). It is **VERY IMPORTANT** that you stick to the same brand the hospital recommends. Please ensure any prescriptions written by your GP are written with the brand **Prograf®** or **Advagraf®** and not just as 'tacrolimus'.

How should I take it?

Swallow the capsules whole (without chewing) with a glass of water either consistently on an empty stomach or consistently with food. If you take on an empty stomach, take about an hour before or 2-3 hours after food (this is because fatty foods can slow the absorption of tacrolimus).

Do not take any grapefruit products (including juice).

Tacrolimus is taken twice a day. On clinic days you may be asked not to take your morning dose at home but to bring it with you to the hospital to take after your blood test for tacrolimus levels.

It is important that we obtain a blood level 12 hours after your last dose. You will need to take your medication 12 hours before your blood test is due. Therefore if your appointment is 10:00 take your medicine at 22:00, the night before. You must also bring your medicine to the clinic and take it after your blood has been checked.

It is quite common for your dose to be changed after blood tests. Always make sure you know what dose to take and keep your record card updated.

Can I take other medicines with tacrolimus?

Many other medicines can increase or decrease the amount of tacrolimus in your body. This includes some common medicines (e.g. St Johns Wort, and some antibiotics). This could increase the risk of side-effects or allow your body to attack the kidney. Check with your doctor or pharmacist before taking any new medicines or supplements, including those bought over the counter. Always buy any medicines or remedies from the pharmacy after showing your medication card to the pharmacist.

Are there any side-effects?

Tacrolimus has some side-effects but not everyone will get them. If you have a side-effect then tell the nurse or doctor – there may be a simple answer. Side-effects can include:

- tremor (shaking) in the hands, headaches
- upset stomach
- visual disturbance (blurred vision)
- problems with sleep

Tacrolimus will also lower your natural defenses to infection.

Tacrolimus may also increase your blood sugar and if the dose is too high, it can make your kidney work less efficiently. Blood tests will usually pick this up very quickly and your doctors will adjust the dose to put this right.

Ciclosporin

What is ciclosporin?

Ciclosporin is one of the medicines used to stop the body attacking transplanted kidneys.

It is available in different formulations, Neoral[®], Sandimmun[®] and Deximune[®]. All brands are available as capsules of 25mg, 50mg and 100mg and Neoral[®] is also available as a liquid of 100mg in 1ml (which is measured in an oral syringe).

Once you have started taking one formulation do not swap to the other unless your hospital doctor tells you to. Therefore, please always ensure you have the same brand from the pharmacy and ensure that your GP writes your prescription with the brand (normally Neoral[®]).

How should I take it?

Swallow the capsules whole (without chewing) with a glass of water. Read the leaflet which comes with the liquid carefully before taking. Whether taking capsules or liquid, do not take any grapefruit products (including juices).

Neoral[®] is taken twice a day. It is quite common for your dose to be altered after blood tests. Always make sure you know what dose you should be taking and keep your medication card up to date.

Can I take other medicines with ciclosporin?

Some other medicines can increase or decrease the amount of ciclosporin in your body. This includes some common medicines (e.g. St. Johns Wort, or some antibiotics). This could increase the risk of side-effects or allow your body to attack the kidney. Check with your doctor or pharmacist before taking any new medicines, including those bought over the counter.

Are there any side-effects?

Ciclosporin has some side-effects but not everyone will get them. If you have side-effects then tell your doctor – there may be a simple answer. Side-effects can include:

- tremor (shaking) of the hands
- upset stomach
- increased hair growth on the body, legs and face
- swollen, tender gums
- numb, hot or tingly hands, feet or mouth

Ciclosporin will also lower your natural defenses to infection.

Ciclosporin may also increase your blood pressure and if the dose is too high, it can make your kidney work less efficiently. Blood tests will usually pick this up very quickly and your doctors will adjust the dose to put this right.

Steroids (e.g. Prednisolone)

What is Prednisolone?

Prednisolone is a steroid. It is similar the ones produced by naturally the body and prevents the immune system attacking the kidney.

After one week or so of taking Prednisolone, your body will gradually stop making its own steroid. If you then stop taking prednisolone suddenly, your body will not have enough steroids and this can be very serious. For this reason any dose reductions will be small and gradual. You will be given a blue 'steroid treatment card', with your details on. This will alert anyone who treats you that they need to keep giving you steroids. **Carry this card with you all the time.**

Uncoated Prednisolone is available as 1mg, and 5mg tablets. You must not take the red, coated tablets. Take the tablets with or just after breakfast and tea is recommended as this helps prevent indigestion. It is normally recommended

that you do not take the evening dose any later than 17:00, otherwise you may not be able to sleep properly at night.

Are there any side-effects?

Steroids have a number of possible side-effects. Most happen slowly over a period of time and are worse if the dose is high. For this reason the doctors will always reduce the dose to the smallest amount which prevents your body attacking the kidney.

The following side-effects have been noticed in some patients:

- stomach ulcers and indigestion
- fluid retention usually in the form of swollen ankles
- weight gain due to an increased appetite
- your face may become more rounded
- skin changes – you will be more likely to get acne
- cuts and bruises may happen more easily and be slower to heal
- osteoporosis (weak bones) may happen over a long period of time making fractures more likely – ask about calcium supplements
- mood swings

If these side-effects are a problem tell your doctor. Also tell your doctor if you have any other side-effects.

You may also have increased blood sugar (diabetes) – tell your doctor if you get more thirsty, pass increasing amounts of urine and feel very tired. If you are already diabetic then your blood sugar treatment may require adjusting.

Steroids also increase the risk of certain infections. You may be on other medication (eg Co-trimoxazole & nystatin) to help reduced the risk of these infections.

Mycophenolate

What is Mycophenolate?

This medicine reduces the number of white blood cells which may attack the kidney and is used in combination with other medicines. It comes as a 250mg capsule, and a 500mg tablet. Take with a glass of water. Swallow whole without chewing. It is available in different brands. There is no problem in taking different brands of Mycophenolate and as a result you may find the boxes and the contents look different each time you get your prescription.

Can I take other medicines with Mycophenolate?

Some other drugs can interfere with Mycophenolate. These include medicines you can buy without prescriptions (for example, indigestion remedies). Always check with a pharmacist or doctor before taking any new medicines.

Are there any side-effects?

Mycophenolate has some side-effects but not everyone will get them. If you are troubled by a side-effect then tell the doctor as there may be a simple solution. Side effects include:

- feeling sick
- diarrhoea
- anaemia

You can take this medication with meals if experiencing stomach upsets.

The most common is that the body's natural defences are reduced and you will have a reduced ability to fight infections.

Your doctor will routinely measure your blood counts and will tell you if your dose needs changing.

You should not be taking this drug if you are planning a pregnancy. Please discuss with your transplant nurse or doctor.

Azathioprine

What is azathioprine?

This medicine reduces the number of white blood cells which may attack the kidney.

Azathioprine comes as 25mg and 50mg tablets. It is usual to take this medicine just once daily after a meal (to reduce the chance of stomach upset).

You should always be given 25mg tablets if needed. Do not halve the 50mg tablets.

Can I take other medicines with azathioprine?

You should avoid taking allopurinol, a medicine to prevent gout if you are taking azathioprine. The azathioprine can affect the allopurinol.

Are there any side-effects?

Azathioprine has some side-effects but not everyone will get them. If you have side-effects then tell your doctor. There may be a simple answer. The most common is that the body's natural defenses are reduced and you will have a reduced ability to fight infections. Rashes joint and muscular pain and hair loss can also rarely occur.

Your doctor will routinely measure your blood counts and will tell you if your dose needs changing.

Infections

All anti-rejection medicines will reduce your natural defenses to infection. You should be particularly careful to avoid contact with anyone with chickenpox if you may not have had yourself. Tell your transplant nurse or doctor immediately if you come into contact with anyone with chickenpox.

Look out for:

- temperatures
- rash on back or stomach
- flu like symptoms
- night sweating
- burning when passing urine
- nausea vomiting

If you experience any of the above please contact the acute renal registrar on-call via switchboard: **0121 627 2000**

Other medicines you may be asked to take

You may also be asked to take all or some of the following:

Co-Trimoxazole – an antibiotic taken every other day to prevent bacterial infection. You will be on this tablet for around 12 months.

Nystatin – an anti-fungal liquid, to prevent mouth infections. You will take this liquid for around 3 months.

Ranitidine or Lansoprazole – an anti-indigestion tablet, to prevent an increase in stomach acid. You will take this tablet for around 3 months.

Valganciclovir – an anti-viral medication, (this is only needed in some patients) to prevent you from developing active viral infections. You will take this tablet for 100 days.

Fluvastatin – this should be started 3 months after your transplant to lower cholesterol levels in your body. It is the only cholesterol lowering medicine that has been tested with kidney transplant patients, and we know does not interact with any of your anti-rejection medication.

Calcium and Vitamin D3 – this is a calcium supplement that you may have taken previously as a phosphate binder. However you do not take it with food it should be taken on its own as a supplement to help your bones.

Alfacalcidol or bisphosphonate – to provide additional protection for your bones.

Isoniazid and Pyridoxine – This is usually given for the first 12 months post transplant to prevent TB infections.

You may still need to take some medication to lower your blood pressure, your transplant nurse or doctor will advise you on this. Good blood pressure control is vital to maintain good function of your transplanted kidney.

Do I have to pay for my medicines?

Yes, unless you have a special reason or medical exemption certificate. For more information, speak to your pharmacist or nurse or see leaflet HC11. If you have to pay for your prescriptions and pay for more than 4 or more prescription over 3 months or 14 or more items over 12 months, a pre-payment certificate will be cheaper for you. For more information you can call 08458500030 or go to <http://www.nhsbsa.nhs.uk/1127.aspx>

Working together

It is very important that we keep a check on you once you are home. In the early days you will need to come back to the hospital at least two or three times a week. We will give you a card that tells you what days and at what time you should come to clinic.

You must not miss any appointments.

What happens at the clinic?

In order to monitor your progress we will:

- weigh you
- check a “mid-stream” sample of your urine for infection and protein
- take some blood to check your kidney function, sugar level, liver and bone, red and white blood cells and your tacrolimus or ciclosporin levels
- check your blood pressure

If you have any questions, the nurses are always in the clinic. As time goes by, you will not need to come to the clinic so often, but still will be seen on a regular basis.

If you need to call, the clinic telephone number is 0121 371 4428 internal ext 14428.

If you need to contact someone in the evening or at the weekend, call the main switchboard for the hospital on 0121 627 2000 and ask to speak to the renal recipient coordinators on-call or the renal registrar on-call.

Rejection of the new kidney

Rejection can happen even though you are taking anti rejection medicines to stop your body fighting your new kidney. This is more likely to happen in the first three months. Many people suffer one episode of rejection, and there are a variety of medicines available to treat it.

How will you know if your kidney is being rejected?

We check your blood regularly and do other special tests to monitor how your new kidney is being received. You can help by telling us if any of the following happens:

- you pass smaller amounts of urine
- you put on weight very quickly
- your ankles become swollen

What will happen?

Most times rejection is reversible and your new kidney will function normally.

If we think your kidney is being rejected you will need to come to hospital. Your kidney will be scanned and you may need to have a biopsy. We may give you high doses of steroid or stronger medicines if they do not work.

Very occasionally the body's natural defenses are too strong which may mean that you have to go back to dialysis. However, the final outcome will depend on your individual circumstances.

Lifestyle

A healthy eating plan

You will probably feel hungrier now that you have a new kidney. This may be just because you feel healthier or as a result of the Prednisolone you are taking. Please continue to eat sensibly and maintain a healthy weight.

Here are some tips

Eat more fibre: eat 5 portions of fruit and vegetables each day and eat wholegrain bread and wholegrain cereals.

Eat less fat: foods labelled 'reduced fat' or 'low in calories' can have hidden fats (and sugar), so make sure you read the label first. Choose products that contain less than 3g of fat, of which less than 1g per portion (100g) is saturated fat. Reduce your fat intake by grilling rather than frying and use unsaturated fats, such as sunflower or olive oil rather than saturated fats like butter when cooking. Dairy products can contain a lot of fat, so choose skimmed, or semi-skimmed milk instead of full fat, and opt for the low-fat versions of cheese and yoghurts.

Eat less sugar: use "sweeteners" and sugar-free products. Try to avoid fizzy drinks, cakes and sugary breakfast cereals.

Eat less salt: the government recommends that we should have no more than 6g of salt per day. Swap snacks such as crisps to fruit and add herbs or spices to your food instead of salt for flavour. This will help to lower your salt intake.

Ask your dietician if you want more advice about eating healthily.

Your fitness

When you feel well enough you can start to take more walks and go swimming. It is important to stay fit and healthy. There is no reason why you cannot have an active life, though you should avoid contact sports like rugby or karate.

You could always support or join your transplant team at the Transplant Games which supports organ donation. (www.transplantsport.org.uk)

A healthy drinking plan

While you are in hospital the nurse will check how much fluid you drink and how much urine you pass.

You may need to keep an eye on this when you are at home; you do not need to measure how much you are drinking or how much urine you are passing. We would also like you to weigh yourself each morning.

Let us know straight away if:

- you have rapid weight loss
- you always feel thirsty
- your skin feels dry
- you feel dizzy or light headed on standing
- you stop passing urine

If we know these things, we can tell you what to do to keep your new kidney healthy.

To avoid becoming dehydrated remember to drink plenty of fluids especially during the summer. Remember if you are feeling thirsty you are already becoming dehydrated.

Looking after yourself

Your mouth

Some of your medicines can affect your gums therefore you need to keep your teeth and gums healthy. Tell your dentist about your new kidney and what medicines you are taking and show him your steroid card. You should also tell your dentist if you have any allergies.

You may need to take antibiotics if you are going to be treated. This decision lies with your dentist to make.

Remember it is important to visit your dentist every 12 months.

Your skin

Due to your medication you are more at risk of skin cancer. Make sure you cover up, wear a hat and use a sunscreen that blocks both UVA and UVB rays (factor 30 or more). You should also do this on cloudy days in the summer, as the sun's rays can still damage your skin. You can still enjoy the sunshine but be sensible and avoid the midday sun. Avoid sun beds.

You should examine your skin regularly looking for any changes to existing moles and freckles. If you are concerned that your skin has changed please speak to the transplant nurse or doctor. There is a regular skin clinic held in the transplant clinic, where you can see a skin specialist.

Hair loss or growth – some of the medicines you are taking may cause you to grow more hair on your body and face or may cause hair loss. This is a normal reaction. Speak to the nurses or doctors at the clinic for advice as it may be possible to alter your medication. As we reduce your medicine dose, there should be fewer problems with this.

Scar tissue – some people worry about their scar. Your scar will fade over time as your body heals. Don't forget to put sun cream on your scar if it is exposed to the sun.

Can I drink alcohol while I am taking medicine?

Drinking alcohol in moderation is ok. The Department of Health guidelines recommend that you do not drink more than 21 units per week for men (and no more than four units in any one day) and women should not exceed 14 units per week (and no more than three units in any one day).

One unit of alcohol is equal to:

- ½ Pint of ordinary strength beer or cider (3-4% alcohol by volume)
- A small pub measure (25ml) of spirit (40% alcohol by volume)
- A standard pub measure (50ml) of fortified wine such as sherry or port (20% alcohol by volume)

There are 1½ units of alcohol in:

- A small glass (125ml) of ordinary strength of wine (12% alcohol by volume)
- A standard pub measure (35ml) of spirits (40% alcohol by volume)

More information can be obtained from the Drink Aware website: www.drinkaware.co.uk.

Your feelings

The early months after you get your new kidney can be very emotional and you may find that some days you are not sure if you want to laugh or cry. This can be for many reasons, and is entirely normal.

Sometimes “getting back to normal” is harder than you think. Your new kidney may not have worked straight away or you may be still experiencing some problems with it. You may be missing dialysis or the friends you made there, or you may be having feelings of guilt because you do not feel as happy as

you expected to feel.

Sometimes it can be difficult to explain these feelings to your family. Remember that your doctors, nurses, relatives and friends are all there to talk through this with you. There is also specially trained peer supporters. These are kidney patients like you who have had a transplant and are trained to support others. If you want to talk with a peer supporter, let your nurse or doctor know or e-mail kidneysupport@uhb.nhs.uk.

Driving

We recommend that you do not drive for at least 6 weeks following your transplant. You may want to check with your insurance company about this, as you may not be insured to drive straight after your operation.

Going to work

You will be able to go back to work. Some people go back to work sooner than others. There is no set time that you need to remain off work, this depends on your physical recovery and the sort of job you have. Ask your nurse' or doctor for advice.

Getting out and about

It is important that you return to your normal day to day activities, and enjoy your new transplant.

Remember, due to your medicines you are more likely to get an infection. Be sensible and try to avoid people that you know to have an infectious illness, including anyone with chickenpox.

Going on holiday

We do not recommend that you travel abroad for at least 8-12 months after your operation.

Before booking any overseas holidays, always check that you are fit to travel with the transplant clinic.

For some holiday destinations you may need a vaccination. You should never have a "live vaccine". Some countries also require you to take malaria prevention tablets, check with the transplant team which ones are safe. You should also ask the clinic staff if there are any problems with where you want to go. Remember always check with your hospital, and plan ahead.

The transplant clinic will provide you with a letter for customs to cover your medication. You will need to take your medication in your hand luggage if you are travelling on a plane. Make sure you have enough medication to cover you for the time you are away. Also don't forget to take some extra medication to cover you for any unexpected delays.

If you are finding it difficult to obtain travel insurance, please check with the Kidney Patients Association for recommended companies, or visit www.kidney.org.uk.

Remember if you are travelling within the EU you should travel with a European Health Insurance card. You can apply for this through the Post Office or online.

Sexual Health

What about sex?

The answer is yes! You may have experienced some problems when you were on dialysis e.g. lack of libido or impotence. Hopefully you are now feeling fitter but if your sex drive has not returned please don't be embarrassed to discuss this with your transplant nurse or doctor. Sometimes symptoms such as impotence can continue but don't worry, they can be treated. Patients often worry that they will squash or harm the kidney during sex. Don't worry – having sex will not damage your new kidney. You may be having some concerns about your body or appearance, try talking to your partner about this.

Pregnancy

With a well functioning transplanted kidney the chance of a successful pregnancy is high. However, if you are planning to become pregnant ask to be referred to the special pre-pregnancy counselling clinic. We advise against pregnancy during the first year after your transplant. If you want a baby then wait at least a year. Having a baby may put a strain on your kidney and there may be drugs that could affect the baby. Women can become fertile again before their periods return therefore we would recommend that you use contraception to prevent pregnancy.

It is a good idea to ask your doctor or nurse to make sure there are no problems before trying to start a family. In the pre-pregnancy counselling clinic you can be seen and have advice on all changes that need to be made to medication before you get pregnant.

Contraception

You want your choice of contraception to be safe and secure. Most forms of contraception are safe to use after a transplant.

The combined pill is safe for most women, but it may increase your blood pressure. This should be monitored very carefully and this type of contraception should be avoided if you have a past history of blood clots (thrombosis).

The progesterone only mini pill is safe and effective. Your drug levels must be monitored after starting either types of the pill and you will need to make an appointment for a blood test 2 weeks after starting the pill. Remember to seek advice if you miss any type of pill.

The Mirena intrauterine device (coil) is safe and effective; however you may prefer to have an implant or a contraceptive (Depo-Provera) injection.

Condoms are safe and protect you from sexually transmitted diseases but are not always reliable, so should ideally be used in addition to another method of contraception.

Advice for women

Due to the medication you are taking it is recommended that you have yearly smear tests; this should be done at your GP surgery.

It is important that you carry out regular self breast examination. This should be carried out monthly at a different time to your period. You are checking for swelling, lumps, and discharge from your nipple, and remember to check under your arms as well. If you are sexually active you should also be using condoms to protect yourself against sexually transmitted diseases.

Advice for men

Due to the medication you are taking it is recommended that you that you examine yourselves for any swelling or lumps in your testicles.

If you are sexually active you should also be using condoms to protect yourself against sexually transmitted diseases.

If you discover anything you are worried about please consult your GP, or transplant clinic.

What benefits am I entitled to?

Transport

You will only be provided with hospital transport for your clinic appointments, if you need it on medical grounds. Distance is not a reason for the hospital to provide transport. You may only be provided with transport for two weeks after you are discharged home.

If you receive income support, family credit, disabled workers or job seekers allowance you will be able to claim back public transport fares, for your clinic appointments.

Income support

If you are in receipt of income support you should inform your local benefits office of your transplant, as your benefit may only continue for six weeks before being reduced.

DLA (Disability Living Allowance)

These benefits will cease after four weeks in hospital, again you should advise your local benefits office of your admission.

Prescriptions

If you are on dialysis you will have received free prescriptions, however once transplanted you will have to pay for these. Most patients find it beneficial to purchase a prepaid yearly certificate from their pharmacy, see start of pack.

Other questions/thoughts

Writing to your donor family

Following your transplant you may have lots of thoughts about the person who kindly donated your kidney especially if the donor has died. This is quite common after such an operation.

In the early days after the transplant you will need to recover physically. You may also feel quite emotional during the first few weeks following your operation as you start adjusting to life with a new kidney and new medication.

However, you will know if and when the time is right for you to receive details about your donor. It is a very individual process and the transplant coordinators will help you with any queries or concerns.

We can provide you with some anonymous details about the donor. The details that we are able to give you about your donor are: age, sex, next of kin and an area that they lived i.e. West Midlands. Some patients also ask about why the donor died, we can provide this information if you want to know. We will only give you the information that you ask for.

Some decide that they want to write a few words to the donor's family. If writing to the family is something that you feel you want to do, speak to your transplant coordinator and they will help you. You do not have to write straight away. Please bear in mind, the donor family may want to reply. You may want to take some time to think about how you would feel if this happens.

Can I ever be a donor?

You will not be able to donate your kidneys but other parts of your body like your corneas can be donated providing they are in good condition.

Hereford satellite post transplant clinics

People living in the Hereford and Powys (Mid Wales) area may find it difficult to commute to the Queen Elizabeth Hospital Birmingham for their follow up appointments post transplant. The Queen Elizabeth Hospital run a Hereford Satellite clinic, for further information regarding this please speak to your kidney doctor or the transplant nurse.

Other information

If you have any questions please speak to your doctor or nurse. You may want to write your questions down before you attend an appointment so you don't forget to ask something. Here are some useful web sites you may want to visit:

- National Kidney Federation
www.kidney.org.uk
- Birmingham Kidney Patients Association
www.renalinfo.co.uk
- United Kingdom Transplant website
www.uktransplant.org.uk
- Drink Aware website
www.drinkaware.co.uk.
- Transplant Sport UK website
www.transplantsport.org.uk
- For information on help with health costs please visit:
www.nhsbsa.nhs.uk/HelpWithHealthCosts.aspx



The Trust provides free monthly health talks on a variety of medical conditions and treatments. For more information visit www.uhb.nhs.uk/health-talks.htm

Renal Department
Queen Elizabeth Hospital Birmingham
Mindelsohn Way, Edgbaston, Birmingham, B15 2GW

Renal outpatients: 0121 371 4446
Renal clinic: 0121 371 4428 internal: 14428
Renal transplant coordinator: 0121 371 4433 internal: 14433
