

Shared Decision Making – transplant for established kidney failure

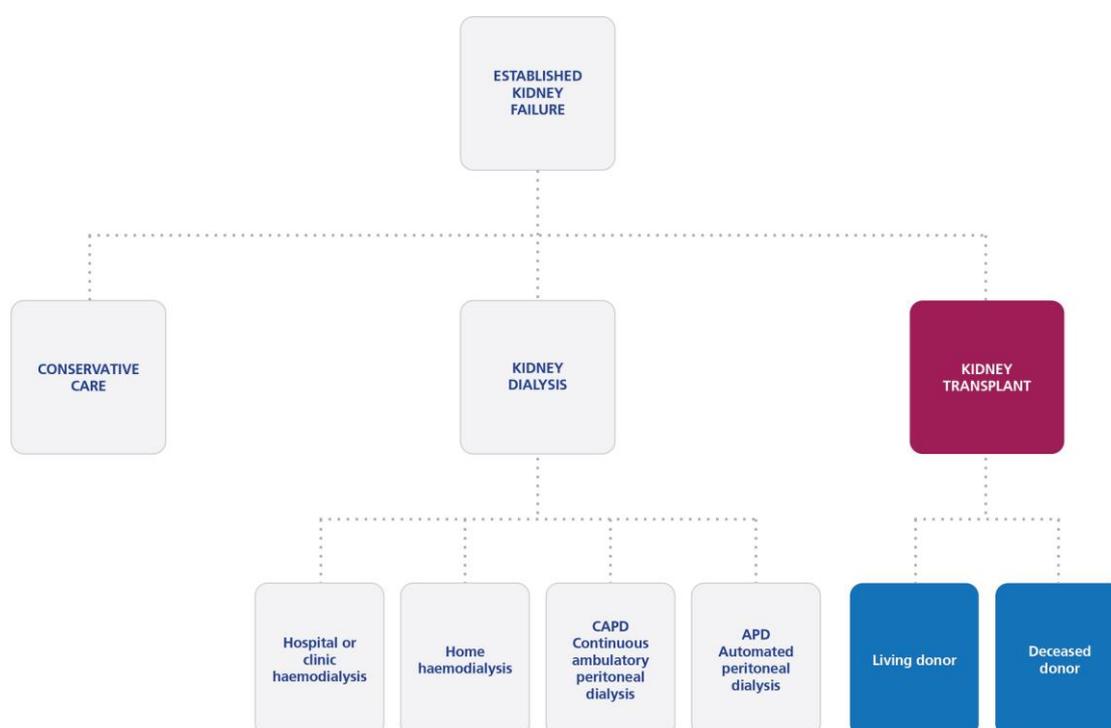
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Deciding what type of transplant to choose for established kidney failure

This short decision aid is to help you decide what type of kidney transplant is best for you, for the treatment of established kidney failure. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

There are two main options for kidney transplant. The choice is:

- Kidney transplant from a living donor, where you receive a new kidney from someone who is living, often a family member or friend
- Kidney transplant from a deceased donor, where you receive a transplant from someone who has just died



What are my options?

	Living Donor	Deceased Donor
What is the treatment?	<p>A living donor is someone who gives one of their two kidneys to a person whose kidneys aren't working.</p> <p>Usually, the living donor is a family member or friend of the person who receives the kidney. However, sometimes a donor will offer a kidney to someone they don't know.</p>	<p>Most deceased donors are people who have had a sudden and irreversible brain injury, usually due to a blood vessel bursting in their brain, a stroke, or an accident.</p> <p>There are two types of deceased donors. Donors after brain death are donors whose heart is still pumping blood. These donors are often called donation after brain stem death (DBD) donors. Donors after circulatory death are donors whose heart has stopped beating and can't be restarted. These donors are often called donation after circulatory death (DCD) donors.</p>

	Living Donor	Deceased Donor
What is the effect on the length of life?	Having a kidney transplant can help you live longer than not having a transplant. Five years after receiving a kidney from a living donor, 96 in 100 people are alive.[7]	Having a kidney transplant can help you live longer than not having a transplant. Five years after receiving a kidney from a deceased donor, about 89 in 100 people are alive.[7]

	Living Donor	Deceased Donor
What is the effect of the treatment on the symptoms?	Your symptoms should get much better or go away completely after receiving a kidney from a living donor.[8]	Your symptoms should get much better or go away completely after receiving a kidney from a deceased donor.[8]

	Living Donor	Deceased Donor
What is the effect on what I can do?	You should be able to return to your normal activities.	You should be able to return to your normal activities.

	Living Donor	Deceased Donor
What are the unwanted side effects of the treatment?	All operations have the risk of complications such as bleeding or infection. But after a transplant, the main side effects are from immunosuppressant drugs. You're more vulnerable to infections and to certain cancers, because the drugs stop your immune system from working as well.	All operations have the risk of complications such as bleeding or infection. But after a transplant, the main side effects are from immunosuppressant drugs. You're more vulnerable to infections and to certain cancers, because the drugs stop your immune system from working as well.

	Living Donor	Deceased Donor
How much time do you spend in hospital or on treatment?	You will probably stay in hospital one to two weeks after your transplant. Then you'll have frequent appointments for several months, which could be several times a week. Eventually you should only need check-ups every three to six months. But you'll need to continue taking immunosuppressant drugs for as long as you have your kidney - usually for the rest of your life.	You will probably stay in hospital one to two weeks after your transplant. Then you'll have frequent appointments for several months, which could be several times a week. Eventually you should only need check-ups every three to six months. But you'll need to continue taking immunosuppressant drugs for as long as you have your kidney - usually for the rest of your life.

	Living Donor	Deceased Donor
What effect does the treatment have on your diet?	Usually there are no diet and fluid restrictions after a kidney transplant. However, some people do need to modify what they eat, because of other health problems (such as high blood pressure and high cholesterol) or their immunosuppressive drugs.	Usually there are no diet and fluid restrictions after a kidney transplant. However, some people do need to modify what they eat, because of other health problems (such as high blood pressure and high cholesterol) or their immunosuppressive drugs.

	Living Donor	Deceased Donor
How long do the kidneys last?	Around 79 in 100 kidneys from living donors are still working 10 or more years after the transplant. For many older people, their new kidney will last for the rest of their life.	Around 79 in 100 kidneys from living donors are still working 10 or more years after the transplant. For many older people, their new kidney will last for the rest of their life.

What are the pros and cons of each option?

People who have a transplant for established kidney failure have different experiences and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about a kidney transplant for established kidney failure:

- Do they want a kidney that will help them live as long as possible?
- Do they want a kidney that will last as long as possible?
- Do they want to have a kidney transplant quickly?
- Are they comfortable with the idea of having a kidney from somebody who is living?
- Are they comfortable with the idea of having a kidney from somebody who has died?
- Would they find it difficult to cope with the uncertainty of being on a waiting list for a kidney?

How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

References

7. Statistics and Clinical Audit, NHS Blood and Transplant. Transplant activity in the UK. Activity Report 2010/11. Available at http://www.organdonation.nhs.uk/ukt/statistics/transplant_activity_report/current_activity_reports/ukt/activity_report_2010_11.pdf (accessed on 6 June 2012).
8. Kidney Research UK. Kidney transplantation. <http://www.kidneyresearchuk.org/health/factsheets/ckd-and-issues/kidney-transplantation.php> (accessed 13 April 2012).