

SHOULD YOU HAVE A TRANSPLANT?

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Although the degree of rehabilitation of some patients on dialysis is truly remarkable, most persons with a well-functioning transplanted kidney who are on small doses of medication, will generally feel better, look better, and be far healthier than most dialysis patients. After receiving a working kidney, many patients will describe their experience as “being reborn.” In many cases, an almost overnight rejuvenation takes place.

Unfortunately, not all transplants are successful. “Successful” means that good kidney function is maintained for a sufficiently long period of time, usually at least a year. It is nearly meaningless to call a transplant successful after only a few days or weeks. Even though the surgery goes well, the real hurdles come afterward. Aside from the ever present possibility of rejection, there are numerous possible side effects from the toxicity of the drugs given to prevent rejection, as well as from the increased risk of infection. Some patients seem to have very mild side effects, while others are plagued by problems. This points up what is to many the biggest drawback of transplantation—uncertainty.

After an initial period of adjustment (usually a few months), most dialysis patients settle into a relatively stable pattern in which they know how they nearly always feel during and between dialysis treatments, what their physical capacities and limitations are, and what the quality of their lives will be. On the other hand, there is no way to predict with any certainty what the results of a transplant will be. You should discuss success and mortality rates with your physician and with physicians of your hospital’s transplant service.

Some of the factors you should take into consideration and discuss with your physician before deciding upon a transplant are the following:

1. Do you have additional medical problems that make it impossible or unwise for you to have a transplant? For some, this consideration will make further deliberation unnecessary.

2. Do you have a prospective, willing, living related donor? Information concerning success rates for both living donor and cadaveric kidneys should be obtained from the doctors at your center.

3. How are you managing on dialysis? Are you extremely uncomfortable during treatments? Is your state of health (physically and/or mentally) poor? Or are you well-adjusted to dialysis and able to lead a nearly normal life between treatments? If you are doing quite well on dialysis you might want to consider waiting until further advances in transplant immunology or immunosuppressive therapy are developed.

4. What are the immunological factors which might favorably or unfavorably affect your particular case? This is a complicated and ever changing technical subject. It deals with *presensitization* (antibodies you may have against foreign tissue) and the immunologic similarity between you and a potential kidney donor. These are matters for you to discuss with your physician.

5. Which modality of treatment (transplantation or dialysis) will best fit in with your vocational or other goals in life?