

# key points

SELECTED BY

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**Kidney transplantation is the optimum form of renal replacement therapy** for suitable patients with end-stage renal disease. A successful transplant represents a much closer approximation to true renal replacement with excretion of waste products, regulation of electrolytes and other substances, than dialysis. The longer a recipient has been dialysis dependent before transplantation the poorer the outcome. Length of time on dialysis is the strongest independent modifiable risk factor for renal transplant outcome.

**Post-transplant antirejection drugs reduce the body's** normal immunosurveillance function thereby increasing the risk of de novo and recurrent malignancy. Also, patients with current or recurrent infections must have careful consideration of the risk-benefit ratio associated with transplantation. Live vaccines should not be administered. Infections must be treated swiftly and for longer as these patients can develop sepsis and become critically unwell quickly.

**The demography of donors has changed substantially** from the early years of transplantation, when the typical deceased donor was young and male. Today, many have preexisting comorbidities. Living donor transplantation on the other hand is associated with better graft and patient survival than transplantation from a deceased donor. A genetic relationship with the recipient is not a prerequisite to becoming a living donor.

**Having a living donor offers the opportunity of pre-emptive** transplant (i.e. avoidance of dialysis altogether). In the UK, 40% of living donor transplants in 2017-18 were pre-emptive, compared with 16% of transplants from deceased donors. Almost all centres now offer minimally invasive laparoscopic surgery for donors.

**The risk of a major complication for donors is 1-2%, and** risk of death is around 1 in 3,000. Following nephrectomy, few living donors have persistent problems. In the longer term, hypertension, renal failure, and premature death are potential risks. All donors should be followed up with BP, urine protein, and serum creatinine/eGFR testing. Every living donor will have a lower eGFR after donation which is completely different from the same eGFR in someone with two kidneys. For the vast majority of living donors the experience is a positive one, often associated with improved physical and psychological wellbeing.