Box 1

Assessing a patient's suitability for transplantation

Assessment for transplantation requires consideration of the patient's suitability for the following:

General anaesthetic and surgery

Hypertension and cardiovascular disease frequently co-exist with ESRD and approximately 25% of the maintenance dialysis population in the UK has diabetes mellitus[6,7]

Transplant surgery

Specific considerations for renal transplantation relate to adequate:

- Blood supply: many patients who have been on maintenance dialysis have extensive vascular calcification that may preclude successful vascular anastomosis
- Space for a kidney: this is relevant to patients with large native polycystic kidneys (who may require a nephrectomy), who have had two or more previous transplants, and in tiny children
- Urinary drainage: where the cause of renal failure is related to a high pressure or obstructed bladder, a suitable means for safe drainage is essential before transplantation

Long-term immunosuppression

Lifelong anti-rejection medication is essential, and for most the associated risks are outweighed by the improved life expectancy with a functioning transplant. However, those with recent or active malignancy, and individuals with persistent infection e.g. leg ulcers or osteomyelitis, will not be suitable for immunosuppression. The other group of concern in this category are those with acute mental illness, or a pattern of non-adherence with medication, when transplantation may not be appropriate.