

Your kidney transplant: Post-transplant care

This guide is for patients who have received a transplant and are now transferring their post-transplant care to the Transplant Team at the Berkshire Kidney Unit.

It gives information to support your transfer of care. If you have any further questions, please ask your consultant or a transplant nurse.

Returning to the care of Royal Berkshire Hospital Team:

It is now time for our team to take over your post-transplant care. You will be followed up either; face-to-face in one of our transplant clinics, by telephone, or your blood tests will be remotely reviewed.

The Berkshire Kidney Unit Transplant Team are based on Albert Ward at The Royal Berkshire Hospital (RBH) and will be your point of contact. They will oversee all aspects of your transplant care, including; medication supply, blood results monitoring, help and advice, and can answer questions you may have.

As most of the patient we care for receive their transplants in Oxford, we follow the same post-transplant guidance as Oxford, so please continue to refer to the leaflets given to you following your transplant.

1. Caring for your transplant: information for patients.
2. Food safety after your transplant.

If you did not have your transplant in Oxford, then please inform us so we can share this information with you.

Contact information

**The Berkshire Kidney Unit Transplant Team are available
Monday – Friday 8.30am-5pm**

Office phone/answerphone: **0118 322 8332 or 0118 322 8193**

Urgent weekday calls: **07917 815190 or 07774 335988**

Email: **rbft.renaltransplant@nhs.net**

Out of hours contact details: (after 5pm, weekends and bank holidays) Victoria Ward
0118 322 7462 / 0118 322 7476

Transplant clinic visits

We run a mix of face-to-face, telephone and remote blood test monitoring clinics.

- **Face-to-Face:** You will be expected to attend for review in person to be seen by a doctor.
- **Telephone:** A doctor will call you at the scheduled date and time to review you by phone.

- **Remote blood monitoring:** A doctor or transplant nurse specialist will review your blood test results and pre-clinic information. We will then post out a letter to update you on the outcome of this review.

In order to keep you well after your transplant it is important that the following are monitored in preparation for clinics:

- **Weight**
- **Blood pressure**
- **Urine dip test:** done at face to face appointments or via individual request depending on your clinical needs
- **Blood test results:** bloods test to be done 1-2 weeks before clinic visit/review
- **Medication stock counts:** please tell us how many tablets you have left at home

Before each Telephone/Remote monitoring clinic we ask that you send us the results of your pre clinic information as listed above to: rbft.renaltransplant@nhs.net.

For face-to-face clinics these results will be reviewed in the clinic.

We welcome and encourage you to share in the responsibility of your care, we would encourage you to join Patient knows best to enable you to see your blood results online and are happy to discuss any results with you. Visit www.patientsknowsbest.com

Blood tests:

As you know, it is important that we monitor your bloods regularly to ensure your transplanted kidney is working well for you and so that the doctors can make any necessary changes to your medications or treatment.

To help our service run as effectively as possible, we ask that you please have your bloods done 1-2 weeks prior to your clinic appointment. These can be done in the blood test department at your local hospital or at your GP surgery.

All hospital blood tests are now appointment only. Appointments can be booked online, using the following links:

- Wexham Park, St Marks, King Edward and Heatherwood Hospitals;
<https://www.fhft.nhs.uk/bloodtestbooking>
- Bracknell Heath Space & Royal Berkshire Hospital;
https://www.swiftqueue.co.uk/royal_berkshire.php
- West Berkshire Community Hospital you can register to book on line using this link
<https://wbch.sangix.co.uk/sangix/public/login> or call them on 01635 273 343.

Blood test timings: for twice daily medications, it is important that blood tests are done in the morning, before you take the morning dose of immunosuppression medications and as close as possible to 12 hours after the previous evenings dose of medication.

For once daily medications the blood test should be taken 24 hours after the last dose and before you take the next dose.

We also do regular audits looking at different levels in your blood, and we may call you to make adjustments from time to time to keep you as well as possible.

Transplant medications

Transplant (immunosuppressant) medications will be provided by the Transplant Team following clinic review. All other non-transplant medications (e.g. blood pressure medications) will now need to be supplied by your GP. In most cases, transplant medication will be delivered to your home.

Transplant medicines should be taken at about the same time each day.

If you think a medicine is making you unwell, speak to your Transplant Team. **Do not stop taking any medication without first speaking to the Transplant Team.**

We encourage all patients to have a one-month buffer stock of transplant medications at home, to ensure you always have a supply and never run out. To help achieve this the renal pharmacist asks that you give an accurate count of your medications with your pre clinic information or at clinic if you attend face-to-face.

If you notice you are running lower than one month's worth of medication, please contact the Transplant Team immediately so a top-up supply of medications can be arranged.

- **New medicines:** Always check with your Transplant Team if another healthcare professional prescribes a new medicine, as some medicines may interact with your transplant (immunosuppressant) medicines and could cause a problem with your transplant.
- **Herbal and homeopathic remedies:** Be careful and always check with your Transplant Team before taking herbal remedies or non-prescription medications, as some of these could damage your transplant.
- **Painkillers: Do not take** any anti-inflammatory painkillers, e.g. Ibuprofen (Nurofen, Feminax), Diclofenac (Voltarol), Naproxen (Feminax Ultra) and high-dose Aspirin (e.g. 300mg or 600 mg tablets of over-the-counter Aspirin). This is because they could damage your transplanted kidney.

You can take low dose Aspirin (75mg-150mg) to thin the blood.

You can take Paracetamol-based painkillers e.g. Paracetamol, Co-codamol and Co-dydramol.

If stronger pain relief is required, Tramadol or Codeine phosphate suitable for transplant patients.

- **Muscle rubs: Do not use** any anti-inflammatory creams, gels or rubs e.g. Deep Heat, Ralgex or Ibugel as they contain salicylate-like drugs. There is a very small risk to kidney function.

You can use Deep Freeze Cold Gel, Deep Freeze Pain Relief Spray, Tiger balm and Elluman's Universal Muscle Rub.

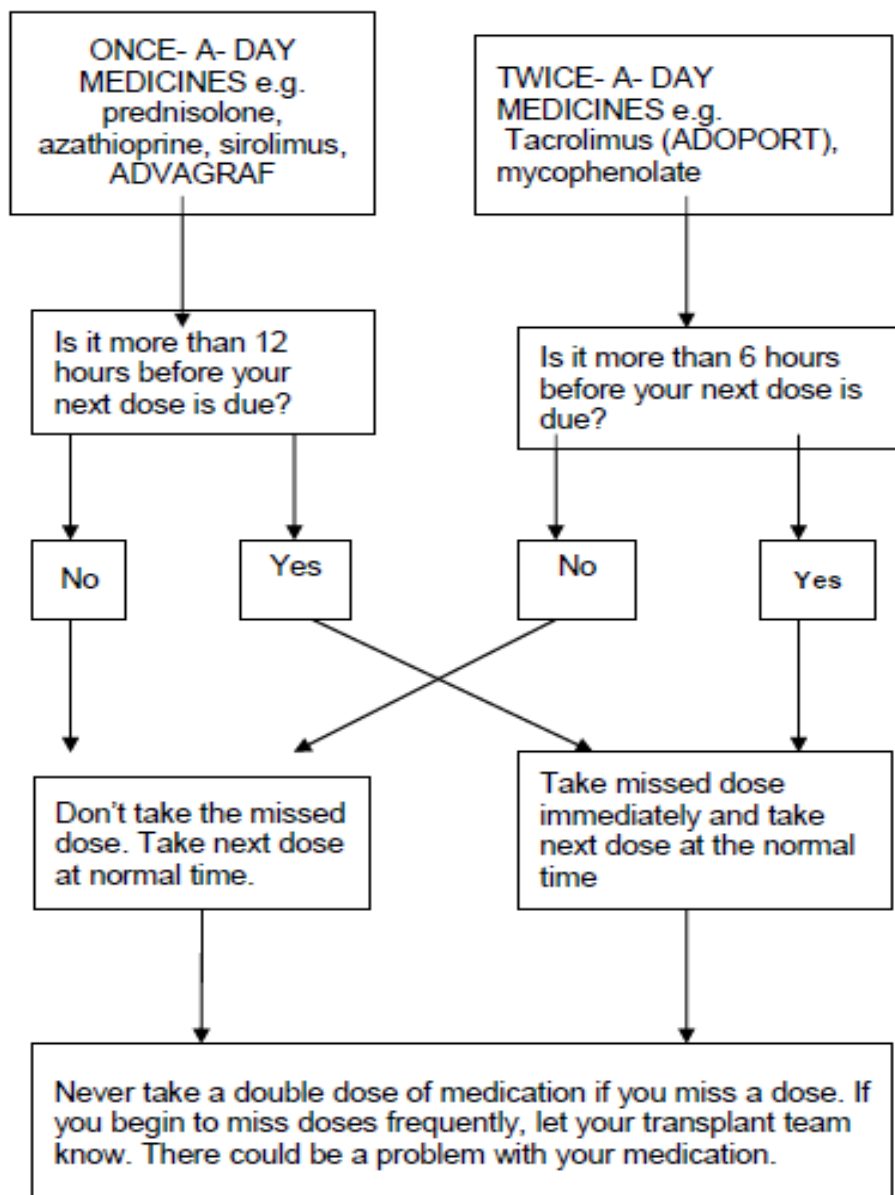
- **Antibiotics and antifungals: Always inform your Transplant Team if you start on a course of antibiotics.**

Do not take: Erythromycin, Clarithromycin, Ketoconazole or Fluconazole as these can increase the levels of Tacrolimus /Cyclosporin/ Sirolimus in the blood.

Trimethoprim and Nitrofurantoin are commonly used to treat urine infections but are not effective in renal patients with eGFR's <60 and **so should be avoided in transplant patients.**

- **Foods that can interact with medications:** Grapefruit, pomelo, star fruit and pomegranate. Please refer to the leaflet “Food safety after your transplant” from the Oxford dietitians or contact the Transplant Team.

Missed dose flowchart



COVID-19: If you do have a positive result it is essential you inform the Transplant Team even if you are well or an inpatient in hospital. It is likely your immunosuppression may need to be stopped, you may also be suitable for antiviral treatment.

Vaccines

Transplant patients should never have a live vaccine.

We advise that all transplant patients receive the annual Flu vaccine. It is preferable for patients to receive this vaccine as early in the campaign as possible.

We advise transplant patients receive the Pneumococcal vaccine (Pneumovax) every five years. This is to prevent chest infections, which can cause serious illness in transplant (immunosuppressed) patients.

We advise that transplant patients receive the COVID (Coronavirus) vaccine.

You should **not have** the varicella (shingles) vaccine, as this is **a live vaccine**, and **not suitable** for transplant patients. However, there is now one **alternative safe** vaccine for shingles **called Shingrix**, and this is a **non-live vaccine**.

Travel vaccines

If you are planning to travel, please contact a travel clinic or the practice nurse at your GP surgery to find out what vaccines are recommended for the country you are travelling to. Please then check these recommended vaccines with the Transplant Team before you receive them.

In addition to vaccines, you may also need malaria prophylaxis (preventative). You will need to find out from the travel clinic or GP practice nurse which anti-malarial medication is recommended for you and then check this with the Transplant Team before you start taking.

Travel

Always check with your Transplant Team before booking overseas travel. They can provide you with a travel letter explaining why you need your medications in case there are any queries at Customs

Ensure you have adequate travel insurance and that the insurance company is aware of your transplant and any other pre-existing medical conditions, and that these are covered by the policy.

Ensure you keep well hydrated in hot climates and always drink bottled water and follow food safety advice.

Take enough medications to last your whole trip, plus one week extra. Carry medication in your hand luggage so you have access to them at all times.

Hot weather and sun protection

Try to prevent becoming dehydrated and be aware you will need to drink more in the hot weather. Please get advice from the transplant nurses if you are unsure how much you should be drinking.

If you still have an AV fistula or graft, please check this at least twice daily. If you suspect there are problems, contact the transplant nurses immediately or out of office hours, please contact Victoria Ward.

Always apply at least a factor 50-sun screen with 5 star UVA protection if you are out and about. Remember to wear a hat.

Do not sit in the sun, sit in the shade and where possible avoid the hottest part of the day from 11.00am to 3.00pm.

Family planning

With a functioning kidney transplant, the chance of a successful pregnancy is high, **so you should use reliable contraception.**

It is important that if you wish to start a family this is discussed with the Transplant Team in advance, as your transplant medications may need to be adjusted. Each situation needs to be considered on an individual basis, looking at the risks and benefits of continuing or switching medications. Birth defects have occurred with some transplant medication, i.e. Mycophenolate. It is recommended you wait at least one year after transplant before trying for a family so that you are on the lowest doses of transplant medication possible and the transplant is well established. Once pregnant you will be referred to an obstetrician experienced in dealing with transplant patients. We refer to the Silver Star Unit in Oxford.

Cancer screening

We recommend that all patients follow national cancer screening guidelines (done through your GP surgery). Women and men should perform regular self-examinations in line with national guidelines.

GP Services

We work alongside your GP so please continue to use their services.

Further information

www.ouh.nhs.uk

www.kidney.org.uk

www.nhsbt.nhs.uk

www.kidneycare.uk

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

Department of Renal Medicine, January 2023.

Next review due: January 2025