Renal (Kidney) Autotransplant

What is a kidney autotransplant?
A kidney autotransplant is a surgery done to help manage severe, long-lasting kidney pain. The transplant surgeon takes out the kidney and ureter that is causing the pain and puts it in a different part of the body.

What are the risks?
No matter how carefully the surgery and work-up is done, there are major risks with this type of transplant. It is vital that if you think you may have a kidney autotransplant, you understand the risks. These include:

- A kidney autotransplant is complex. Patients may die or have major problems even when the very best care is given.
- The surgery is done through a large incision (cut) down your abdomen. This can cause mild, permanent weakness and numbness to that part of your body.
- You will have a scar.
- While rare, there is a chance that the surgeons may not be able to transplant the kidney back in your body once it has been taken out.
- Other risks include but are not limited to:
  - A reaction to the anesthesia you get during surgery,
  - Stroke or heart attack,
  - Blood clots in the legs or lungs,
  - Mild or severe infections (pneumonia, urinary tract or wound),
  - Uncontrolled bleeding that requires a blood transfusion,
  - Repeat surgeries,
  - Injury to other organs such as the pancreas, stomach, or intestine,
  - Pain in the incision that does not resolve,
  - Delayed wound healing,
  - Hernia,
  - Bowel problems such as slow or blocked bowels.

Getting Ready for Surgery
You must have a primary support person that can commit to providing care as you recover. We encourage this person to be at your pre-op visit.

The day before surgery, you will go to the UW Health transplant clinic for a pre-op eval. You will get a reminder in the mail for this visit.
During this visit, you will have an updated physical, blood and urine tests, chest x-ray and EKG. You will learn how to deep breathe and cough. This will help to prevent pneumonia after surgery.

The evening before surgery your meal should be clear liquids only. **Do not eat or drink anything after midnight.** You will also take a medicine to get your bowels ready.

You will get a special soap at your visit. You will use it when you shower the night before and the morning of surgery. The nurses will review instructions at your clinic visit.

**The Day of Surgery**
The day of surgery, you start in the First Day Surgery Center. While there, an intravenous catheter (IV) will be placed in one of your veins. This will be used to give you fluids and medicine.

The Acute Pain Service will meet with you before surgery. They will do an assessment and together you will make a plan on how to best treat your pain after surgery.

During surgery, a small rubber tube (urinary catheter) will be placed in your bladder. This will stay in place for about 2 days. It helps us closely track your urine output.

Surgery will last about 4-5 hours; but, this can vary. An incision (cut) will be made down the middle of your abdomen (from sternum to pubic bone). The kidney will be taken out and put into a different part of your body.

A tube (stent) will be placed in your ureter for a short time. This helps to make sure the ureter stays open while you recover from surgery. This stent needs to be removed about two and a half weeks after surgery; but, this may vary.

You will be in the recovery room for about 1 hour before you are moved to your room on the transplant unit.

**What to Expect While in the Hospital**
You should plan to be in the hospital for 5-7 days.

When you get to your room, you will be quite sleepy. The IV and urinary catheter will still be in. Your nurse will watch you closely. He/she will check your blood pressure, pulse, temperature and measure your urine output often.

You will be asked to cough and deep breathe at least every hour while you are awake. Secretions can stay in your lungs and may lead to pneumonia. When you deep breathe, air can get to where the secretions are collecting. Coughing brings them up. A small plastic device called an incentive spirometer will be used to help you take a deep breath.

You will likely get up to walk about six hours after you get to your room. The staff will help you and check your blood pressure and heart rate the first few times you get up. Walking will help prevent many problems that can happen after surgery, such as pneumonia, blood clots, and constipation. You should walk at least every 1-2 hours for the first few weeks.

**Your doctor will decide when you can start to eat.** Surgery and pain medicine can slow your bowels. As your bowels wake up and you start to pass gas, you can start to drink. Slowly you will be able to eat regular food.
Your doctor will prescribe pain medicine for you. Until you can drink, you will get it through your IV. It will be easier to walk and take deep breaths if your pain is under control. Once you can eat, you will take pain pills by mouth.

**Important Follow-Up Care**
- If you live more than 2 hours from Madison, you must stay near the hospital after discharge until your follow-up visit. Your primary support person must also stay with you for 24 hours a day while in the Madison area.
- You will come to the transplant clinic for a follow-up visit in about 2 weeks. You will have blood drawn and urine tests done; and, be seen by your transplant surgeon, nurse and social worker.
- You will go home with pain pills to help manage your surgical pain. Your doctors will advise you on over-the-counter pain pills that you can use as well.
- If you take pain medicine before surgery, it is important that you follow up with your local doctor to taper off the medicine when appropriate.
- Patients are often prescribed a 3-month course of antibiotics and one baby aspirin (81mg) per day for 3 months after surgery.
- Labs will be watched closely after your surgery. How often they are needed varies for each patient. You will most likely have them done 2 weeks after the stent in your ureter is removed and 3, 6 and 12 months after surgery.
- If you are due for labs but not due for an office visit, you will be given orders to have the labs done locally.

Your doctor can then send the results to UW for review.
- You will come to our transplant clinic again at 3, 6 and 12 months, and then every year. Labs are done with every clinic visit. Please come to the hospital 1.5 hours before your scheduled visit time to have the labs done.
- See your primary care doctor yearly.
- Plan to be off work for 8-12 weeks.
- You will have activity restrictions.
- Do not lift more than 10 pounds for 8 weeks.
- You can’t drive while taking narcotics.
- It may take 3-4 months before you can get back to a normal routine and energy level. It is important to have a good plan in place before surgery, so you know who can help and support you during this time.

**Phone Numbers**

**Transplant Office Number**
608-263-1384

**Fax Number**
608-262-5624

**Main Hospital Number**
1-800-323-8942

**After Hours, Nights, Weekends, and Holidays**
The clinic number is answered by the paging operator. Ask for the Kidney Transplant Fellow on call. Leave your name and phone number with the area code. The doctor will call you back.
Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person’s health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 1/2019. University of Wisconsin Hospitals & Clinics Authority, All Rights Reserved. Produced by the Department of Nursing. HF# 8073