

Rejection

A problem you can have after your transplant is rejection of the organ. This is also referred to as a complication of organ transplant surgery. It is natural to be anxious about organ rejection. You and your family will be constantly on guard for the signs of rejection.

Rejection is not a disease. It is a normal reaction of the body to a foreign object. The part of the body that causes rejection is the immune system. The immune system is always trying to protect you from any foreign invaders. It quickly tries to destroy anything it doesn't recognize as part of you. When a new kidney is placed in your body, the immune system sees the transplanted organ as a threat and tries to attack it.

Acute and Chronic Rejection

Acute Rejection

Acute rejection happens in the first weeks to months after transplant. Acute rejection can develop at any time and can be treated in several ways:

- IV (intravenous) medicines
- Plasmapheresis. This is a method of removing blood plasma from the body by withdrawing blood, separating it into plasma and cells, and transfusing the cells back into the bloodstream
- Anti-rejection medicines

Chronic Rejection

Chronic rejection happens later, after the transplant. It is common, develops more gradually, and can continue for months or years. Preventing and treating acute rejection may reduce the possibility of chronic rejection.

Rejection is treatable with anti-rejection medicines. The best way to prevent rejection is to take medicines as ordered by your doctor.

Recognize Rejection as Soon as Possible

Episodes of rejection can happen at random times following surgery and are most frequent within the first few weeks or months after surgery. A kidney biopsy is the only reliable method to find out if rejection is developing or decreasing.

Do not miss lab appointments or checkups. We want to make sure you are on the right dose of your medicines. Medicine levels will be checked by blood sample. This is key to prevent organ rejection.

Rejection, continued

Know and Report Symptoms of Rejection

The following are the most common symptoms of rejection. Remember, each person may have different symptoms. It is important to recognize symptoms and report them immediately.

Symptoms may include any or all of the following:

- Temperature of 100.5°F or higher
- Elevated BUN and creatinine (lab test results of your kidney function)
- Swelling, tenderness at transplant site
- Blood in urine
- Decreased urine output
- Increased weight or swelling
- Flu-like symptoms: chills, aches, headache, dizziness, nausea or vomiting
- No symptoms at all

You may notice that many of these symptoms are the same as those you had before your kidney transplant. It does not mean your new kidney will fail. It just means you need medical attention immediately.

Also remember that other minor illnesses may lead to rejection, so don't ignore these. It is always best to call the transplant office and get advice from the transplant coordinator if you have any change in your health.

Treatment Works Best When You Start Early

The best way to prevent rejection is to take all medicines as ordered. Each rejection episode can hurt your transplanted kidney. You may have less chance of damage to your kidney, the sooner the treatment is started. You may need to stay in the hospital to treat the rejection. Treating the rejection may include:

- Steroids
- More powerful anti-rejection drugs
- Plasmapheresis
- A follow-up biopsy of the organ is sometimes done to make sure treatment is working

You should think of rejection as treatable. Catching rejection early, and good medical care, will likely bring rejection under control. Put all this information to use and you will be ready to handle this complication.

Summary

- Rejection is common and is usually treatable
- The best way to prevent rejection is to take medicines as prescribed. If medicine is regularly missed, rejection is sure to happen — it is just a matter of when
- You play the most important part in your health care. Stay calm, stay healthy and stay in close touch with your transplant team