투석전문의 연수강좌

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Care of Kidney Transplant Candidates in Dialysis Center: What We Need to Know

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Kidney transplantation (KT) is the treatment of choice for suitable patients with end-stage renal disease (ESRD). A successful KT improves quality of life and reduces the mortality risk for the majority of patients when compared with maintenance dialysis. Each year, the Korean Network for Organ Sharing (KONOS) provides updated demographic information about KT recipients and KT candidates. According to the 2014 report, 1,808 patients were receiving KT (1,000 living KT, 808 deceased KT) and 14,477 dialysis patients are waiting deceased kidney. The mean waiting time to receive deceased KT is 1,822 days after registration for deceased KT. Referral to a transplant program should be performed early to assess candidacy for a pre-emptive transplantation. It is the preferred therapeutic modality for ESRD in terms of morbidity, mortality, and long-term graft survival, but small portion of ESRD patients receives pre-emptive transplantation. Patients with ESRD often have significant comorbidities. It is important that potential kidney transplant candidates are carefully evaluated in order to detect and treat coexisting illnesses, which may affect perioperative risk and survival after transplantation, as well as transplant candidacy. Evaluation of kidney transplant candidates includes an initial assessment for transplantation suitability. This includes medical, surgical, immunologic, and psychosocial evaluations. In this presentation, I will provide general and special issues regarding care of kidney transplant candidates in dialysis center.

1. Referring physicians need to know the indication and contraindication for KT and basic pre-KT immunologic evaluation.
2. Because living donor KT is common practice, physicians need to know the general guidelines for evaluating a potential living donor candidate.
3. Assessment for cardiovascular disease should be performed in all transplant candidates.
4. Because morbid obesity is associated with increased risk of graft loss, delayed graft function, wound complications, prolonged hospitalization, and new-onset diabetes after transplantation, weight loss often is recommended before transplantation.
5. Most patients who had cancer history, but not all, will benefit from waiting 2 to 5 years before transplantation; the exception may include cancer in situ, localized non-melanoma skin cancer, and limited incidental renal cell cancer. The required cancer-free interval prior to KT is dependent upon patient and cancer characteristics.
6. With the introduction of effective antiviral therapy, hepatitis B and C infection is no longer considered an absolute

contraindication for KT.

7. Proper vaccination, cancer screening, and other health maintenance should be continued.
8. Due to the prolonged wait time for a deceased donor transplant and the high incidence of morbidity in dialysis patients, transplant candidacy needs to be reassessed periodically.