



Kidney Transplantation BEFORE Starting Dialysis

Frequently Asked Questions

Is it possible to get a transplant without ever having to go on dialysis?

Yes it is. You can get a transplant without ever having been on dialysis (hemodialysis or peritoneal dialysis). To do this, you will need to undergo transplant evaluation at a transplant center. If these tests and interviews show that you are a good transplant candidate, you can be added to the transplant list and your possible live donors can be tested. At Beth Israel Deaconess Medical Center we encourage any possible live donors to come to the Transplant Center with you for your initial visit with a transplant nephrologist (kidney physician), transplant nurse coordinator and transplant social worker.

Does a transplant before dialysis have to be from a live donor?

No, but almost all transplants before dialysis are from live donors. This is because kidneys from deceased donors (people who have died and their family donates their organs) get handed out in this region (UNOS Region 1, which includes Massachusetts, Maine, New Hampshire, and parts of Connecticut and Vermont) by a number of considerations, but wait time on the transplant list is one of the most important. You cannot start gaining time on the transplant list in Region 1 until you actually start on dialysis. Prior to starting dialysis, you can get a transplant if you are active on the transplant list and someone becomes a donor who just happens to match you on all the proteins important for rejection (perfect match donor). While this is possible, it is not something you can count on happening. So having a live donor is the most common and best way to get transplanted before starting dialysis.

What are the benefits of starting dialysis before transplantation?

Patients who get a kidney transplant before dialysis usually do better overall than patients who are on dialysis who get a transplant. They live longer and the transplant itself lasts longer. In addition, most measures of quality of life (such as not feeling fatigued, returning to work) are better with a transplant compared to being on dialysis.

Patients who opt for preemptive transplantation do not have to go through the risks associated with starting dialysis (placement of access fistula, graft or catheter). When a patient has to start dialysis, it is for his or her health. But dialysis can, over months and years, be hard on the body, and people get worse bone disease and cardiovascular disease the longer they are on dialysis. It is not clear why patients do better with a transplant before dialysis, but all the evidence suggests that a transplant before dialysis is associated with better outcomes for both you and your transplant function in the long run.

What are the downsides of starting dialysis before transplantation?

If your kidneys are working very poorly, waste products build up in your blood. At some point, it is too dangerous to undergo an elective surgery without getting dialysis first. Otherwise, even getting anesthesia would be dangerous to your health. When patients who have a possible live donor are suffering from very low kidney function, we sometimes ask that they undergo a week or so of dialysis to “clean up” their blood and make surgery safer.

When is starting dialysis before getting a transplant better for me?

If you are having severe symptoms of kidney failure or have an excess of blood abnormalities (like very high potassium), then your transplant team in coordination with your regular kidney doctor might require you to have dialysis for a period of time first (see above).

When do I need a transplant if I haven't started dialysis yet?

There are several ways of judging how well your kidneys are working. One is looking at a blood test called serum creatinine. A better estimate of your kidney function is called an estimated Glomerular filtration rate (eGFR). This takes into account serum creatinine, age, race and weight. The National Kidney Foundation has an excellent description of eGFR and the various stages of chronic kidney disease (www.kidney.org). If your eGFR is less than 20 and you have passed all the tests required by your transplant team, then you can be placed on the kidney transplant list and be available for offers of a perfect match kidney.

When your eGFR is 20 or below, the decision as to when to proceed with transplant depends on how your body is coping with the strain of failing kidneys and how rapidly they are failing. In general, a transplant should be considered in the near future when your eGFR is 15 ml/min or less, even if you are not experiencing any obvious symptoms of kidney failure. Like so many of the issues affecting dialysis and transplantation, the best decisions for your health will be made by you in coordination with your regular kidney doctor and the transplant team. We encourage you to ask questions, write down questions that occur to you at home to bring to your doctors' appointments, and bring a friend or family member with you to these appointments.

Do I need to have a dialysis fistula placed even if I have a live donor?

This is a difficult question to answer. Each case is different. If you still have kidneys that are working fairly well (estimated Glomerular filtration rate of over 15 ml/min) and have a live donor who has been approved for donation (after undergoing a series of tests and exams at the Transplant Center), then it is possible for you to avoid getting an access placed. However, some people come to the Transplant Center with very poor kidney function, possible live donors who have not fully committed to donation or are unable to complete their exams and interviews in a timely manner, or some other delay. In this case, getting a transplant access placed may be the safest thing to do, in order to avoid getting dangerously ill from kidney failure and having to start dialysis on an emergency basis. This decision needs to be coordinated with you, your regular kidney doctor and the transplant team. As with everything in transplantation, the more informed you are and the more involved you are with the decisions made on your behalf, the better you will do and the happier you will feel with your healthcare decisions.