



Exploring Post-Transplant Life in Kidney Transplant Recipients taking Immunosuppressive Medication: A Phenomenological Study

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DESCRIPTION

A kidney transplant is a surgery that replaces a diseased kidney with a healthy kidney from a donor. Kidneys can be obtained from dead or living donors. Family members and compatible people may be able to donate her one of their own kidneys. This type of transplant is called a live transplant. A person who donates a kidney can live a healthy life with a healthy kidney. Transplant recipients usually receive only one kidney. On rare occasions he gets two kidneys from a deceased donor. Usually, the diseased kidney is left alone. The transplanted kidney is placed in the lower abdomen on the front of the body. Before undergoing a kidney transplant, ESRD patients should undergo a thorough medical evaluation to ensure they are healthy enough to undergo the transplant. If they are deemed good candidates, they may be placed on a waiting list to receive a kidney from a deceased donor. In the US, the average wait time is 3-5 years. For transplantation, the new kidney is usually placed in the lower abdomen (belly). A patient's two natural kidneys are not usually removed unless there is a medical reason. ESRD patients who undergo renal transplantation generally live longer and may have a better quality of life than ESRD patients undergoing dialysis. However, kidney transplant recipients must take immunosuppressants (drugs that suppress the immune system) for the rest of their lives to prevent their bodies from rejecting the new kidney. Suppression increases the risk of infections and cancer. Kidney transplant rejection can be classified as cellular or antibody-mediated rejection. Antibody-mediated rejection can be classified as hyper acute, acute, or chronic, depending on the time elapsed after transplantation. If rejection is suspected, a kidney biopsy should be done. Regular monitoring of new kidney function by measuring serum creat-

inine and other laboratory values is important. This should be done at least every three months for the rest of the person's life. There are tests to see if it is suitable for transplantation. Tests may include blood tests and tests to check your heart and other organs to see if you're healthy enough to have surgery. Certain conditions and disorders can make a transplant less likely to be successful, such as: Cancer not in remission or current substance abuse. There are also tests to check your mental and emotional health. The transplant team must ensure that they are ready to care for the transplanted kidney. They must understand and be able to adhere to a schedule for taking the necessary medications after surgery. In a process called cross-matching, the transplant team tests the donor's blood against yours to predict whether your body's immune system will accept or reject the new kidney. Kidney transplantation was the first organ transplantation procedure to be developed as donor kidneys from cadavers recovered over time, the availability of living donors increased, and the critical support of dialysis was introduced. Pioneers still rely on kidney transplants when it comes to testing radically new ideas. Kidney transplantation is where it all began and remains a testing ground for major innovations, including laparoscopic and robotic surgery, and Terasaki's recollections of 35 transplant pioneers do a better job of reflecting the early excitement.

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CONFLICT OF INTEREST

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