



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Caerdydd a'r Fro  
Cardiff and Vale  
University Health Board



# What to Expect During Your Stay on Cardiff Transplant Unit

## A Guide for Living Kidney Donors

Authors: Chantal Alford, ~~Rhian Cooke~~, Tracey Roberts  
Version 1.0  
May 2021

## Personal information

Name .....

I am having a .....

My consultant surgeon is .....

.....

My consultant nephrologist is .....

.....

My Living Donor Co-ordinator is .....

.....

My admission date is .....

My surgery date is .....

My expected discharge date is .....

How I am getting home .....

.....

My referring 'home' hospital is .....

.....



## My hospital stay

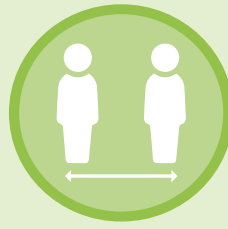
➤ COVID-19	6
➤ Enhanced Recovery Programme	7
➤ Admission day	10
➤ Day of surgery	11
➤ Post surgery care	11
➤ Day 1 post surgery	12
➤ Day 2/day 3 – planning for discharge from hospital	13
➤ When you go home	13
➤ Returning to normal	15
➤ Useful numbers	17

## Welcome to Cardiff Transplant Unit

Undergoing a kidney donation can be an exciting and challenging time for everyone involved.

This booklet is intended to provide you with an overview of what to expect during your stay on Cardiff Transplant Unit. It will also provide you with some information on how to take care of yourself at home once you are discharged from hospital following your surgery.

Cardiff Transplant Unit (CTU) is located on the fifth floor in C Block of University Hospital of Wales. We are a 20 bedded unit, with 8 en-suite cubicles and four 4 bedded rooms, each with a bathroom. We aim to accommodate our live kidney donors in a cubicle, however this is not always possible. If you are donating to a relative or friend you will both be on CTU but you will be accommodated in separate rooms.



## COVID-19 - What are we doing to keep you safe?

The recent pandemic has been a trying time for us all, but rest assured we have procedures in place to keep both our patients and our staff as safe as possible and to minimise the risk of exposure to Covid-19 on CTU.

You should have undertaken a COVID-19 test two weeks before admission to CTU, then again 3 days before admission. As long as both of these tests are negative you will be admitted to the ward. On admission to the ward you will undertake a third COVID swab and a screening questionnaire so that we can safely admit you. We would encourage you to wear a face covering inside of the hospital corridors. Once you are in your room on the ward, you will no longer have to wear a face covering. We actively encourage handwashing, and facilities are provided in your room along with alcohol gel.

There are currently no visitors allowed on the ward so please feel free to bring in your phone or tablet to keep in touch with your loved ones at home. If, at any time you would like the ward staff to contact your family on your behalf, please just ask and we will be happy to do so.

The staff on CTU are committed to keeping your potential exposure to COVID 19 to a minimum during your stay. The staff undergo weekly testing at a drive through centre, and bi-weekly lateral flow testing that they undertake at home. All of our staff are fully vaccinated.

Staff will also be wearing appropriate PPE during your stay. All staff will wear face coverings, an apron and gloves whenever they enter your room. The nurse looking after you will only be allocated to look after patients who have received negative COVID swabs. Any staff looking after patients awaiting a negative COVID result will not be permitted to enter your room.

## Smoking

As a living kidney donor you will have been asked to stop smoking. Stopping smoking before your operation reduces the risk of chest problems. Smoking also delays wound healing because it reduces the amount of oxygen that goes to the tissues.

We have a no-smoking policy in our hospital. For your safety, we cannot allow you to leave the unit to smoke while you are recovering from the anaesthetic.

Should you require any information about smoking cessation post donation please speak to your nurse, GP, or call the hospital smoking cessation service on **029 218 43582**

We have a range of treatments to help patients stop smoking, including nicotine replacement treatment. Alternatively, call or email [helpmequit@wales.nhs.uk](mailto:helpmequit@wales.nhs.uk) on **029 203 48755**

## Enhanced Recovery Programme (ERP)

In order for you to recover from your surgery and regain your independence as quickly as possible, we have developed an Enhanced Recovery Programme (ERP).

There is evidence that eating, drinking, moving around soon after your operation and having good control of your pain, helps with and speeds up your recovery.

The ERP focuses on how you can help with your recovery after your surgery. This booklet contains details of some light exercises you can do post surgery to improve mobility, and some breathing exercises to reduce the risk of complications such as chest infections.

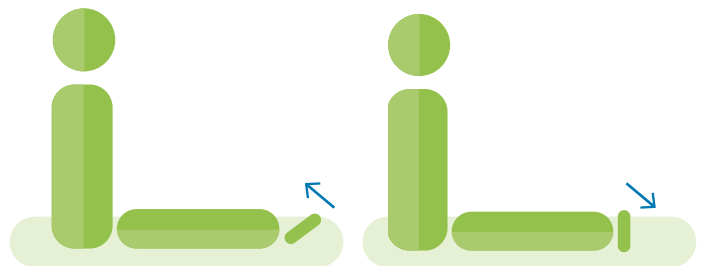
## Exercises

Try to familiarise yourself with these exercises prior to your admission. They will help you to mobilise more quickly and speed up the recovery process. Try to do them everyday.

### In bed

#### Ankle pumps

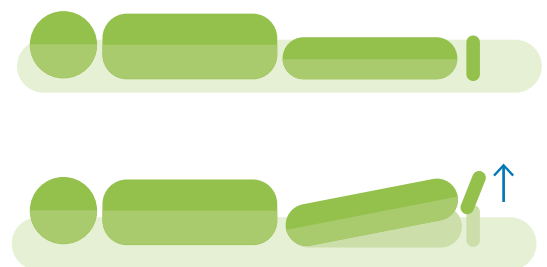
1. Lie or sit on your bed with your legs straight
2. Bend and straighten your ankles briskly
3. Complete this 10 times



### In bed

#### Straight leg raises

1. Lie on the bed with your legs straight
2. Keeping your knee straight, pull your toes up towards the ceiling and lift your leg off the bed about 30cm
3. Hold for 5 seconds and then lower your leg to the bed and relax
4. Complete this 10 times for each leg



### In a Chair

#### Knee extension

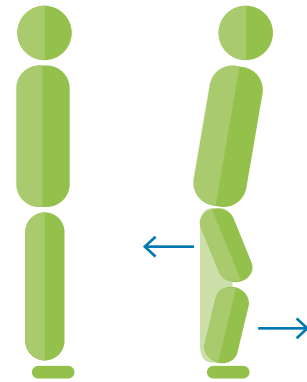
1. Sit in a chair
2. Lift your foot up off the floor, straighten your knee and make sure your toes are pointing towards the ceiling
3. Hold for 5 seconds
4. Slowly lower your foot back to the floor
5. Repeat 10 times for each leg



## Standing

### Mini squats

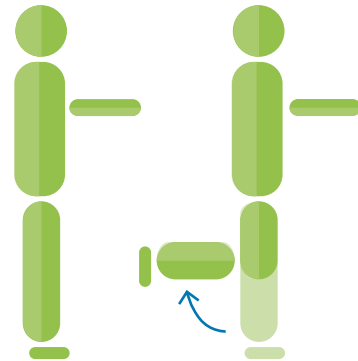
1. Stand with your knees straight (holding onto support if you need to)
2. Slowly bend your knees slightly
3. Slowly straighten your knees again
4. Repeat 10 times



## Standing

### Knee bends

1. Hold on to a stable surface in a standing position
2. Bend one knee bringing your knee towards your bottom
3. Hold for 5 seconds
4. Slowly lower your foot back to the floor
5. Repeat 10 times for each leg

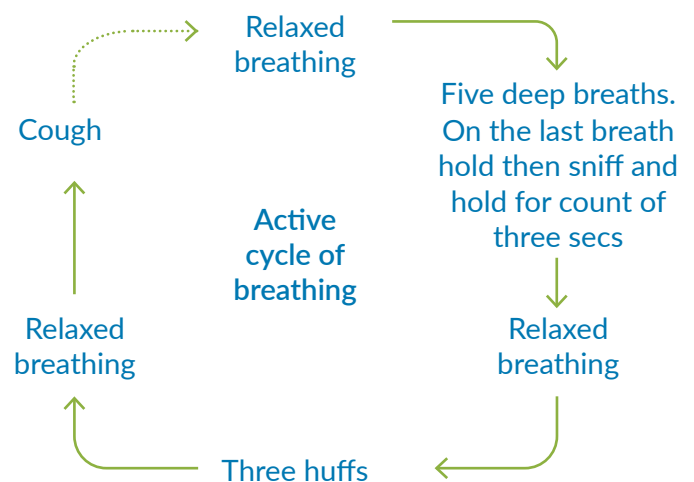


## Standing

### Breathing exercises

Completing the breathing exercises can help prevent complications such as chest infection.

1. Complete this cycle 2-3 times
2. Support your wound with a towel or pillow for comfort
3. Make sure you have enough pain control to be able to do this – speak to your nurse if pain is stopping you from carrying out these exercises



# BALANCE



### Is this group for me?

- Do you want to lose weight?
- Do you want to be more active?
- Do you want a healthier lifestyle?
- Ask your medical team for a referral before or after your operation



# Nutrition

Dietitians are regulated Health Care Professionals whose job is to assess, diagnose and treat nutritional problems. Although you will not automatically see the dietitian, your medical team may refer you if there are concerns about your nutritional intake. You can also ask to see a dietitian for advice, or if you have any concerns. It is important to eat a healthy balanced, varied diet to help your body prepare for surgery. If you require support with losing weight pre or post donation we can refer you to BALANCE. This is a programme delivered by renal dietitians, physiotherapists and psychologists to advise and support you if you wish to lose weight.

There are four main food groups:

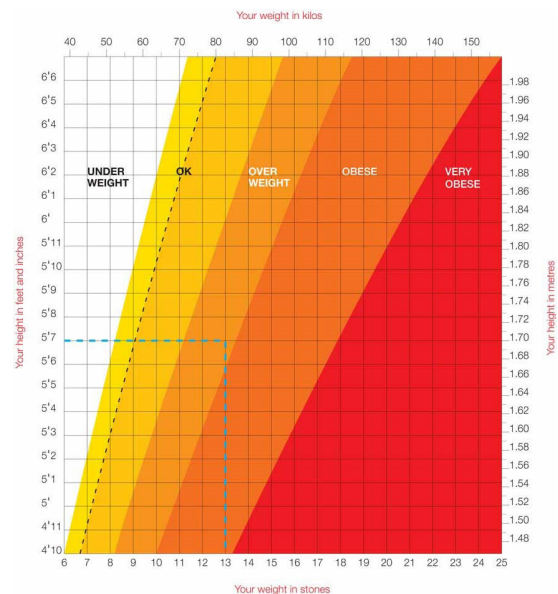
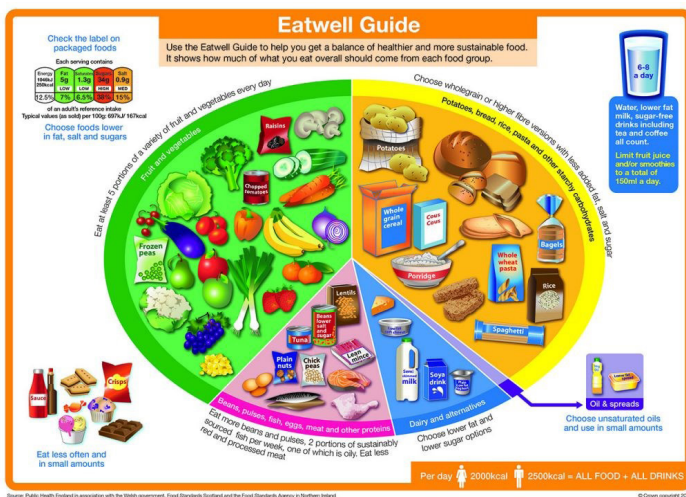
**Carbohydrates** - Carbohydrate is the body’s main energy source. Carbohydrate (starchy) foods include pasta, bread, rice, cereals and potatoes.

**Protein** - Protein is important for wound healing and building and repairing our muscles. Protein foods include meat, Quorn, soya, fish, eggs, beans and pulses.

**Fruits and vegetables** - Include five portions of fruit and vegetables per day to ensure adequate intake of vitamins and minerals.

**Dairy and alternatives** - Dairy products (and calcium-fortified alternatives) are the body’s main source of calcium, which is necessary for the growth and repair of healthy bones and teeth. Dairy foods include milk, cheese and yogurts.

The Eatwell Guide shows how much of what we eat overall should come from each food group to achieve a healthy, balanced diet.



Body Mass Index (BMI) considers your height and weight. For most adults, a BMI of:

- 18.9 and below: underweight
- 18.9 to 24.9: healthy weight
- 25 to 29.9: overweight
- 30 to 39.9: obese
- 40 or above: severely obese

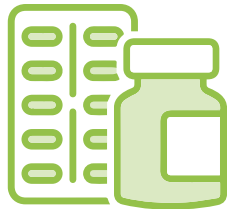
It is important to maintain a healthy diet and lifestyle post donation. This helps to reduce your risk of developing Type II diabetes or hypertension which could be harmful to your remaining kidney. If you have any concerns regarding your weight pre or post-surgery, please contact the dietetic department and ask for a member of the renal team on 029 218 44294

## What should I pack?

Your admission letter and any information we have given you regarding your surgery

- Any medication that you take
- Night clothes and comfortable day clothes
- Glasses, contact lenses and hearing aids (if needed)
- Toiletries (toothbrush and paste, hairbrush, shower gel and shampoo)
- Magazines or books to occupy your time
- Phone and charger (you may bring a tablet if you wish)

Please do not bring any valuables with you or large sums of money. There is nowhere for us to lock away these items and the hospital or ward will not be held liable for any loss or damage to your personal belongings.



## Admission Day

You will be asked to attend Cardiff Transplant Unit the day before your surgery. The ward staff will be aware that you are due to be admitted. Please arrive on the ward by 2pm. You will be greeted by the nurse who has been allocated to look after you. The nurse will show you to your room and explain the facilities and ward layout to you. We are aware that this may be your first time staying in hospital so if there is anything we can do to make you feel more comfortable, just let us know.

The nurse or healthcare assistant will complete a nursing admission. A COVID swab and screening questionnaire will be completed to ensure that you remain negative and are not experiencing any symptoms of COVID-19. We will also take two swabs (one from your nose and one from your groin) to test for MRSA/MSSA. You will also have had these taken at your appointment two weeks prior to admission. We repeat these to ensure that any treatment you may have had for a positive result has worked, and to ensure that you remain negative since your last swab. If you do have a positive result for MRSA/MSSA do not worry - this will not delay your surgery. We will simply provide you with the necessary treatment.

You will have your observations checked including blood pressure, pulse, respiration rate, oxygen saturations and temperature. We will also record your weight. The nurse will fill out all of the relevant paperwork, including emergency contacts and nursing assessments. A doctor or nurse will also need to take your blood and insert a cannula (a small device that allows us to give fluid or medication straight into your vein).

At 6pm the nurse looking after you will give you a small injection into your abdomen. This is called a Clexane injection and it prevents blood clots forming such as deep vein thrombosis (DVT). The nurse will also start some intravenous (IV) fluids through the cannula you had inserted earlier. You will have 2L IV fluid overnight and this is just to keep you hydrated in preparation for your surgery the following day.

If you have not yet been seen by an anaesthetist they may come to see you that evening on the ward. At midnight you will be asked to stop eating and drinking in preparation for surgery. The nurses will offer you tea and a snack before bed, but if you would like another cup of tea before midnight please let one of the nurses know and they will be happy to make you one.

## Day of Surgery

Nursing staff will wake you at 6am to prepare you for theatre. They will check your observations again, measure you for anti-thrombotic stockings (these also help to prevent DVT) and disconnect your IV fluids. The nurse will then ask you to shower (using the antibacterial wash given to you at your clinic appointment two weeks before) and to dress in theatre attire. This consists of a theatre gown, surgical pants and anti-thrombotic stockings. The nurse will then complete a theatre checklist with you to ensure that you are ready for theatre.

If you have not yet seen an anaesthetist, they will visit you on the ward that morning. Between 7am and 8am a theatre porter and nurse will come to collect you to take you down to theatre. You will have the opportunity to see your recipient prior to going to surgery (if appropriate).

## Post Surgery Care

We will welcome you back to CTU post surgery and you will return to the bed that you were in pre-theatre. You can usually expect to be back on the ward between 3pm and 4pm after your operation, although this time can vary. The nurse will attach you to a cardiac monitor to record your observations.

This is routine post surgical care and allows us to make sure you are recovering from the operation and anaesthetic. You may need some oxygen post surgery and this is normally delivered via nasal cannulae (two little tubes inserted into the nostrils). Again, this is quite normal and usually only required for a short time whilst the anaesthetic wears off.

Nursing staff will evaluate your pain at regular intervals post surgery. It is important that you let us know as soon as possible if you are experiencing pain so that we can deliver the correct amount of pain relief to keep you comfortable.

The anaesthetist may have given you some pain relief in the form of an injection into your back (similar to an epidural). If so, the nurse will ask you to perform regular straight leg raises on return to the ward. This is just to assess that there are no complications from the injection and that it is wearing off.

You will return to the ward with a urinary catheter. This will allow us to monitor your urine output. You may have some IV fluid reattached to your cannula to keep you hydrated and to encourage urine output. You will have three wounds: two small wounds either side of your abdomen from the keyhole surgery sites, and one incision at the bottom of your abdomen from where they have removed the kidney.

At 6pm your nurse will administer your Clexane injection. You will be able to eat and drink when you return to the ward if you feel ready to do so.

## Day 1 Post-Op

The day after surgery your nurse will come in at 6am and remove your catheter. It is important that we can still monitor your urine output after this, so you will be provided with bed pans or urine bottles to use when you go to the toilet. This will allow us to accurately measure your fluid output.

Your nurse will also record your observations and remove you from the cardiac monitor. Your observations will be done at regular intervals throughout the day. If you have had oxygen therapy, it is likely that this will now be removed.

To enhance recovery time it is important that you mobilise as soon as possible. The nurse will encourage you to sit out in the chair as much as possible, mobilise around your room and if you feel able to, mobilise for short distances around the ward. You should be able to wash and dress yourself but if you require any assistance a nurse will be happy to help. At 6pm a nurse will administer your Clexane injection.

### We will monitor

- Regular observations
- Straight leg raises (if you had spinal anaesthetic)
- Pain score
- Wound dressing
- Fluid balance
- If you have had your bowels open

### How will I feel?

You may have a bit of pain which is normal following any surgery. We will give you regular pain relief but if you feel it is not working it is important that you tell us so we can get more pain relief prescribed for you.

You may experience wind pain. This can manifest as pain in your shoulder. You will be encouraged to keep taking your Lactulose post operatively, to prevent constipation. We can give peppermint water to help relieve the wind pain. Mobilising can also help with this.

You will more than likely tire more easily after your operation. This is completely normal. You should listen to your body and take rest when needed. Exercise should be gradually increased until you are back to your normal tolerance.

It is common to feel nauseous following any surgical procedure. This is usually due to a combination of the anaesthetic and medication we have given you. Please let us know if you are feeling sick. There are medications we can give you to help the feeling subside.

Some kidney donors feel emotional following the surgery. It is completely normal for patients to go through a whole range of emotions during their stay with us. We are here to help you through this. Please let us know if you are struggling to deal with any of your feelings and we can provide some additional support.

## Day 2/Day 3 – Planning for discharge from hospital

### We will monitor

- Regular observations
- Straight leg raises (if you had spinal anaesthetic)
- Pain score
- Wound dressing
- Fluid balance
- If you have had your bowels open

On day 2 after your operation, your nurse will start to plan for you to leave hospital. The nurse will check your wound and remove the dressing if appropriate to do so. A new dressing will be applied if necessary (you will be provided with spare dressings to take home). If the wound is dry, a spray called Opsite will be applied. This is a clear spray that covers the wound to protect it (we will provide with a spray to take home). If there are any issues with your wound we may arrange for a district nurse to follow you up at home.

A nurse will also show you how to administer your Clexane at home (this needs to be given for a total of 7 days). We will give you the opportunity to practice. If you do not feel comfortable doing this we will be able to show a family member how to do this for you. We will supply you with a sharps box to dispose of the needles safely. You can bring your sharps box to clinic with you at your two week follow up and we will dispose of it for you.

You will be expected to have arranged someone to collect you to take you home following your operation. You will be followed up in the outpatients clinic 2 weeks after going home. At your first appointment you will be seen by a consultant transplant surgeon. Providing all is well, you will then be seen 3 months later by a nurse from the Live Donor Team. You will then have yearly follow ups.

If you do not feel ready to go home on Day 2 after your operation, please tell us. We want you to feel well and ready to go home safely.

### When you go home

A nurse will go through how to take care of yourself at home before you are discharged. This is a just a brief discussion to cover most questions people have about going home after donating a kidney, but if you have any other questions please don't hesitate to ask us.

### Mobilisation

You have probably been mobilising around the ward prior to discharge, but once you are home it is likely that you will feel more tired. Listen to your body, rest if needed but remember it is important to mobilise little and often. As the days progress, you will start to feel less tired and that you are able to do more.

**Remember – No lifting for 6 weeks  
(no matter how light the load)!**  
**This could lead to complications such as a hernia.**



## **Pain**

You will have been given some pain killing medication from the hospital when you are discharged. It is important to take regular pain relief at home to ensure that your pain is well controlled. Over the next week or so you may be able to substitute your strong pain killer for Paracetamol.

## **Eating and Drinking**

You may experience a reduced appetite at first but there is no reason why you cannot eat and drink normally. Take small, frequent meals and be sure to drink some water as well as tea and coffee. You can drink alcohol in small quantities if desired.

## **Wound**

By the time you go home the dressing to your surgical wound may have been removed. Your sutures will be dissolvable and will not need removing. If your wound is clean and dry you can shower and bath as normal. If you are discharged with a wound dressing your nurse will have made arrangements for this to be checked by a district nurse.

It is important for you to monitor your wound for signs of infection. If it becomes sore, red or you notice discharge, then please inform the hospital. You may require some antibiotics to help clear the infection. You may experience some pins and needles or increased sensitivity in the area of your wound. This is normal and can continue for several weeks, but will ultimately settle down.

## **Elimination**

You will pass normal amounts of urine. If you notice that your urine becomes more concentrated (darker in colour), you could increase the amount of water you drink, especially in hot weather. You should not experience any difficulties passing urine, however there are some signs of urine infection that you should be aware of: an increased need to pass urine, a strong odour, pain, or a burning sensation when passing urine can all be signs that you may have a urine infection. This is a rare complication and will likely require treatment with antibiotics. Please phone the hospital if you experience any of these symptoms.

It is common to experience constipation after any operation. You will have been given some Lactulose prior to your operation and it is safe to continue to take this at home until your bowel movements return to normal. You could also increase fruits and vegetables, cereal, brown bread and drink plenty of fluids to encourage healthy bowel movements.

## **Hospital Follow-Up Appointments**

Two weeks after your surgery the consultant surgeon who performed your operation will review you in clinic. You will receive an appointment letter in the post. At this appointment the consultant will examine you and check your wound is healing. You will have blood and urine tests to make sure all is well. If you have any problems before this appointment please contact us and we will arrange to see you sooner.

Three months after your operation, you will be seen in clinic by either your consultant nephrologist or a Live Donor Transplant Co-ordinator to make sure you are returning to normal activities.



You will then have a yearly follow-up. You will be reviewed yearly during the month that you donated your kidney. During this appointment you will be seen by the Live Donor Transplant Co-ordinator. We will take blood and urine samples to check all is well. You will also have your weight, height and blood pressure checked.

If you experience any problems between these appointments or you simply want some advice, you can always call the Live Donor Transplant Co-ordinator.

## Returning to Normal

### Activities

During the first week or two you may not feel like doing much at all. When you do start increasing your activities, you may still find that you tire more easily. Increasing your level of activity should be done gradually. There could be a tendency to do too much, and this could overtire you or even lead to complications such as a hernia.

### Exercise

Maintaining a healthy lifestyle is just as important post donation as it is before. Having increased your level of activity gradually over six weeks, you will probably feel like doing a little more and returning to your normal exercise regime. Walking and swimming are both good forms of exercise but should be started slowly, gradually building up the amount you do. Other, more strenuous activities like cycling, rowing and weight lifting, should only commence when you are back to full fitness. Please speak to your Live Donor Transplant Co-ordinator before returning to more strenuous activities.



### Driving

Your surgeon will let you know when it is safe to start driving again, but this is likely to be 6 weeks after your surgery. You should not start to drive until you can execute an emergency stop without causing any pain or discomfort to your surgical wound. Before you try to drive, sit in your car and see if you can do an emergency stop without any pain. You should also check with your insurance company to see if they have any restrictions about driving after surgery.

### Work

Returning to work depends very much on the individual and the nature of the work that you do. If you have a strenuous job you may need to take up to 12 weeks off work. Whenever you decide to return to work you may feel tired to start with. If you have the opportunity, it may help to go back to work on a part time basis.

If you have suffered a loss of earnings during your time off, we can claim compensation on your behalf. We would need evidence from your employer of your normal income and what you have received during the period you have had off work. This may have already been done prior to the donation.

## Sexual Relationships

You should be able to resume your normal sexual relationships as soon as you feel able to do so.

## Psychological Effects

You have probably gone through a rollercoaster of emotions in the past six months, culminating in the operation itself. Some people feel a sense of anti-climax after the operation. It is not unusual to go through a whole range of emotions from elation to worry and even sadness or depression. We are here to help you with this, so don't hesitate to let us know if you are struggling emotionally.

No two people are the same, and no two people recover from an operation in the same way. The points made in this booklet are meant for guidance. We may not have covered all of your questions, so please contact your transplant teams if we can help you in any way.



**What you have gone through is very special and we all appreciate your bravery and commitment to helping your loved one.**



## Useful Numbers

### Cardiff Transplant Unit

029 207 42125

### University Hospital Of Wales

**Living Donor Secretary:** Danielle Dymond-Evans: 029 218 46432

Department of Nephrology and Transplant  
University Hospital of Wales  
Heath Park  
Cardiff  
CF14 4XW

### Living Donor Co-ordinators

Susie Cambray: [susie.cambray@wales.nhs.uk](mailto:susie.cambray@wales.nhs.uk)

Rhian Cooke: [rhian.cooke@wales.nhs.uk](mailto:rhian.cooke@wales.nhs.uk)

Sara Stacey: [sarah.stacey3@wales.nhs.uk](mailto:sarah.stacey3@wales.nhs.uk)

Generic email: [live.donor.cav@wales.nhs.uk](mailto:live.donor.cav@wales.nhs.uk)

### Morrison Hospital

**Living Donor Secretary:** Rebecca Kelly: 01792 531294

CAB 1A Renal  
Morrison Hospital  
Swansea  
SA6 6NL

### Living Donor Co-ordinator

Suzanne Phillips: [suzanne.phillips2@wales.nhs.uk](mailto:suzanne.phillips2@wales.nhs.uk)

Telephone: 01792 531294

## Daily reminders

### Day 0 (on your return to the ward)

Date .....

Please tell a member of your healthcare team if you feel sick or you are in pain

#### 1. Breathing

Have you completed five deep breathing exercises every hour?

#### 2. Moving

Have you moved your feet and knees every hour?

#### 3. Eating and drinking

Have you had something to eat and drink?

#### 4. Bowels and bladder

Have you passed wind?

#### 5. Pain

Have you told your nurse if you have pain?

Pain score:

### Day 1 (after your surgery)

Date .....

Please tell a member of your healthcare team if you feel sick or you are in pain

#### 1. Breathing

Have you completed five deep breathing exercises every hour?

#### 2. Moving

Have you sat out in a chair with assistance from your nurse for a total of 4 hours?

Have you taken a few steps with assistance, walking 20 metres twice?

#### 3. Eating and drinking

Have you had something to eat and drink?

#### 4. Bowels and bladder

Have you passed wind?

#### 5. Pain

Have you told your nurse if you have pain?

Pain score:

#### 6. Planning for going home

Have you made plans for when you expect to go home and how to get there?

## Daily reminders

### Day 2 (after your surgery)

Date .....

Please tell a member of your healthcare team if you feel sick or you are in pain

#### 1. Breathing

Have you completed five deep breathing exercises every hour?

#### 2. Moving

Have you moved your feet and knees every hour?

Have you sat out in a chair with assistance from your nurse,   
for a total of eight hours throughout the day?

Have you taken a few steps with assistance, 180 metres in total?

#### 3. Eating and drinking

Have you had something to eat and drink?

Have you continued to increase the amount you eat and drink?

#### 4. Bowels and bladder

Have you passed wind?

#### 5. Pain

Have you told your nurse if you have pain?

Pain score:

#### 6. Planning for going home

Have you confirmed when you expect to go home?

Have you received a medicine review reminding you  
about the medicines you need to take when you go home?

### After day 2

Date .....

Continue to develop your goals as you have done the previous days

Comments and questions

.....

.....

.....

.....

