Immunosuppressant Use Following Kidney Transplant

Immunosuppressant is a term used to describe medications that lower the body's ability to *reject* (try to get rid of) a transplanted organ. Another term for these drugs is anti-rejection drugs.

When you get a kidney transplant, your body knows that the new kidney is new and unknown to your body. Your body will attack the new kidney and try to destroy it. This reaction is similar to other allergic reactions. The immunosuppressant drugs decrease the body's ability to do this. The goal is to adjust these drugs to prevent rejection but minimize side effects.

Most people with a transplant must take these drugs every day. However, if your new kidney came from an identical twin, you may not have to take them. Even missing a single dose may make it more likely for you to have a rejection. The only time you should skip a dose is if your caregiver tells you. Call your caregiver if you have questions.

Because of the large number of pills that may be needed, forgetting a dose is easy to do. Two things can be done to prevent this.

- You must know the name of each drug you take and what it does. If you have a good understanding of your drugs, you will be less likely to forget one.
- A pill organizer is something that can be used to make missing a medication less likely. This is a device that allows you to set up an entire week of pills at once. Once the week is set up, all you have to do is take the pills on the right day and time.
- If you forget a dose of medication, take it as soon as you remember and call your caregiver. If it is time for the next dose, do not take a double dose.

SIGNS OR SYMPTOMS OF TRANSPLANT REJECTION

Even though you are taking your medicines every day, you may still develop rejection of the kidney transplant. You need to know your body very well. Call your transplant center right away if you have any of the following:

- Decreased urine output.
- A temperature above 100º F (37.8º C).
- Tenderness in the area of your new kidney.
- Bloody or foul smelling urine.
- Flu-like feelings.
- Weight gain (more than 3 pounds in two days). Weigh your self daily and record your weights.
- Blood tests and perhaps other tests may need to be done. The long-term success of your kidney transplant depends largely on good follow-up with your transplant team.

One of the side effects of immunosuppressants is an increased risk of infection. This is more of a problem in the early period after a transplant or following treatment of a rejection because the dosage of these drugs is higher at these times. You should call the transplant center if you have:

- A fever above 100º F (37.8º C).
- Drainage or bad odor of drainage from your surgical scar.
- Burning when you pass your urine.
- A cold or cough that will not go away.
- Flu-like feelings.

WHAT ARE THE DIFFERENT DRUGS AND HOW SHOULD I TAKE THEM?

Prednisone should be taken with meals or food because it can be irritating to the stomach. **Azathioprine** should be taken once a day. **Cyclosporine** comes in liquid and capsule form. It is usually taken twice a day, but the

dose is often adjusted based on the amount in your blood. Your transplant team or caregiver will provide you with instructions.

POSSIBLE SIDE EFFECTS OF THESE DRUGS

- **Prednisone:** Weight gain due to increased appetite, *acne* (pimples), *buffalo hump* (fat in the upper back and low back), muscle weakness, trouble sleeping, stomach ulcers, diabetes (either new or worsening), and *cataracts* (eye problems).
- **Azathioprine:** Low white blood cell count, liver problems, anemia, and nightmares.
- **Cyclosporine:** *Nephrotoxicity* (kidney damage), overgrowth of gums, hair growth, hair darkening, high blood pressure, tremors of the hands, and liver problems.

Most patients will have one or more of these side effects. Usually, adjusting drug dosages or treating the side effects can manage these problems. If you are having problems or have unanswered questions, talk to your caregiver.

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