

## Patient information

### Medicines after your Kidney Transplant in Liverpool

Pharmacy, Renal Transplant and Nephrology Specialties

#### General

Getting a new kidney will generally change your life for the better. However, after your kidney transplant, you will need to take regular life-long tablets or capsules of immunosuppressant (anti-rejection) and other medicines. This leaflet gives you information to help but can only be very basic. If you want to know more, please feel free to ask **any** of the renal pharmacists, nurses or doctors.

#### Getting your medicines

Your family doctor (GP) will continue to supply most of your medication, but the hospital is responsible for new patients' immunosuppressants and antivirals. Prescriptions from clinic should be taken to the RLUH in-house branch of Lloyds. Always maintain good supplies - you should aim to have at least a month of medication in reserve.

#### Staying in control

At first, there may be frequent changes to your medication. You should **always** carry a list of what you are on (including doses) and change it or get it changed **immediately** whenever a doctor, pharmacist or nurse prescriber changes something. Make sure your GP's records are kept up to date after changes as even if they are not prescribing the immunosuppressants, they need to know what you are taking to detect possible interactions and side-effects.

#### Taking your medicines

It is important to take your medicines regularly, at the times specified. **If you miss a dose, unless you remember quickly, do not double up but take the next dose at the time due.**

Do not remove your immunosuppressants from the foil until needed and do not allow them to be put in blister packs.

Boxes of medicines now contain leaflets that give you useful extra information but can appear frightening when they list side-effects. They should not discourage you from taking your medicines.

**If you think they are not working or causing a side-effect, then do not stop taking them but tell your doctor or nurse.**

## Telling others about your medicines

On discharge you will be given an immunosuppression alert card, it is important to **always keep this alert card on your person**. Please **show the alert card to any medical professional** you come across to **highlight you are on immunosuppressant medications**. This information will be sent to your GP and updated on your medical record. However, if you see any doctor including your GP, dentist, or buy any medicines (including herbal medicines) in a community pharmacy you **must advise/remind them** you are on immunosuppression and show them the alert card, to ensure appropriate treatment and **ask them to check there are no interactions**.

Some common antibiotics can be a particular problem, and the unit is also keen you avoid anti-inflammatories such as ibuprofen wherever possible; paracetamol and codeine are safer painkillers.

## Risks of danger in pregnancy/fatherhood

Immunosuppression may carry risks to the unborn child if you are trying (or may) become pregnant or father a child, but some drugs are worse than others. **If pregnancy is suspected, or if you want to try for a pregnancy, medical advice must be sought immediately.**

The UK government warns that if you are a woman of childbearing age taking **mycophenolate** you must use reliable contraception whilst taking mycophenolate and for six weeks after stopping (two methods better). Male patients on mycophenolate must ensure either they or any female partners of childbearing age use effective contraception during treatment and for 90 days afterwards.

Similar (but slightly different advice) also applies to patients taking **valganciclovir**.

## A healthy life

You will be given the same advice as other patients to eat healthily (reduce fat and salt and increase fruit and vegetables), maintain exercise and a healthy weight, and avoid smoking.

Your being on immunosuppression means that your resistance to infection is reduced. Good hygiene should be maintained. You should try to avoid contact with people with infections such as flu, diarrhoea and vomiting, chicken pox, measles and so forth. Take care to avoid food poisoning, avoiding foods such as raw pre-packed salads, undercooked meat, or unpasteurised cheese. If you become unwell seek medical help quickly as infections can worsen more quickly.

Your resistance to cancer is also reduced. Try to minimise sunburn, smoking, alcohol intake, and attend screenings where appropriate, and report unusual symptoms to your doctor.

You, and those living in the same house, should carry on having annual flu vaccines. You should also have the pneumococcal vaccination every five years, although vaccines may be less effective. If you travel abroad consult a travel clinic in good time and take all advice and inactive vaccines offered. **All live vaccines (such as measles, mumps, rubella and chicken pox) must be avoided.**

## Medicines started after transplant

Most new transplant patients will be prescribed an antibiotic called **co-trimoxazole** for six months. About half of patients will need the antiviral **valganciclovir** for three months. These prevent two particular infections that are a problem after transplant but have no effect on your general infection risk.

In addition, most patients are prescribed aspirin 75mg daily to prevent blood clots with an antacid such as **omeprazole**.

## Immunosuppressant medication

Most patients in Liverpool are initially treated with two anti-rejection medications. The first is called **Adoport**, a brand of tacrolimus which is taken twice daily along with **mycophenolate mofetil (MMF)**. If these do not suit you, there are other forms and medicines we can use.

The dose of immunosuppression is more important than the dose of many other medicines. We want to give you the lowest possible dose to avoid side-effects. However, if you are not taking enough, then there may be a higher risk of rejection. Over time, if you have no problems with rejection, your consultant may begin to reduce the doses slightly or change your medication.

## Adoport and other brands of tacrolimus

The dose of these drugs is so critical that we ask all prescribers to keep you on the same brand if possible. Changes in brand must only be made deliberately and with a monitoring strategy in place. Blood levels are taken frequently at first (eventually quarterly) to check the dose is still correct for you. Tacrolimus has many interactions, and no medication (including herbals) should be started or bought without you getting the doctor, dentist, nurse prescriber or pharmacist to check there are no interactions.

Levels of tacrolimus are measured before you have taken the morning dose, even if this means delaying the dose until after blood samples are collected in clinic.

## Mycophenolate mofetil (MMF)

Brand is not important with this second drug. It is a more general immunosuppressant that enables you to manage on lower doses of tacrolimus and will be prescribed at an appropriate dose for you.

## Specific side-effects of immunosuppressants

In addition to the reduction of resistance to cancers and infections, immunosuppression can cause changes in blood tests and some patients experience particular side-effects. These often respond to checking blood levels and making dose alterations. A full list of all side-effects ever reported is in the pack leaflets. **If you think you have a side-effect, continue taking the medication and consult specialist advice.**

Tacrolimus (**Adoport**) seems to be associated occasionally with a tremor, hair loss, or the worsening or development of high blood pressure, cholesterol, or diabetes.

Mycophenolate can cause nausea and diarrhoea; and there are a variety of strategies to help with this.

### **Reduced urine output and tenderness over the kidney site**

These could mean that your new kidney is slowing down again. This will show as an increasing amount of the waste product creatinine in your blood. This is most commonly due to dehydration, infection, toxicity from too high a level of tacrolimus (**Adoport**), or a rejection episode.

**In any event it is important to seek medical help immediately so that the reduction in function can be diagnosed and put right.**

If you are still under the nurse-led clinic, ring them, but if not, **present to your nearest Emergency Department (A&E) no matter what time of day it is.**

**You cannot drop onto the transplant ward - it is not a clinic.**

### **Any questions?**

Please ask any doctor, nurse or pharmacist if you have any questions or concerns.

### **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

### **Further information**

**For further information please feel free to contact the renal pharmacists through their contact line**

**Tel: 0151 706 4354**

**Text phone number: 18001 0151 706 4354.**

**The ward and community nurses and doctors can also contact us on your behalf if you wish.**

**You may find the following web pages useful for information about your medicines.**

#### **Kidney Patient Guide**

**<http://www.kidneypatientguide.org.uk/medicationKinds.php>**

#### **Royal Infirmary of Edinburgh**

**<http://www.edren.org/pages/edreninfo.php>**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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