

Renal Transplant Consent to Waitlist - Adult

A. Interpreter / cultural needs

An Interpreter Service is required? ☐ Yes ☐ No
If Yes, is a qualified Interpreter present? ☐ Yes ☐ No
☐ Refused

B. Condition and treatment

The doctor has explained that you have the following condition: *(Doctor to document in patient's own words)*

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In the treatment of this condition, the transplant team has recommended **KIDNEY TRANSPLANTATION**. This is because most (but not all) patients with my condition will have better quality of life and better survival with a kidney transplant than with dialysis therapy. I acknowledge that while every effort is made to obtain a kidney that works well, it is not possible to guarantee the quality of the transplanted kidney.

C. Requirements of the Recipient

I understand that I need to:

- Attend a transplant education seminar and acknowledge that I have received written information about kidney transplantation.
- Attend for assessment by a kidney specialist and transplant surgeon to make sure I am fit and healthy enough to have a kidney transplant. This may involve referral for tests and further medical consultations
- Attend regular reassessments and I may need further tests whilst I am on the waiting list.
- Provide regular blood samples for tissue typing to remain on the transplant waiting list.
- Be contactable at all times as it is not possible to know when a kidney might become available.
- Take anti-rejection medications regularly after transplantation to prevent kidney rejection and failure.
- Attend clinic every day for several weeks after the transplant. Over time, these visits will be less often. The frequency of visits will be determined by my health and the health of the transplant.
- Make arrangements with my family and friends to bring me to the clinic for check-ups as I will be unable to drive for a few weeks after the transplant. I will notify the transplant team if I need help in making these arrangements.

D. Risks of Kidney Transplantation

Kidney transplantation involves general risks related to the anaesthetic and the operation and more specific risks related to the transplanted kidney and the anti-rejection medications. I understand the meaning of the risks in this list which are well recognised and accept that there may be other rare or unexpected risks which are not listed.

(Doctor to cross out and initial, any statements on this consent, not relevant to this patient's procedure)

Risks around the time of the Operation:

- A separate consent and information process with be provided for the risks related to the general anaesthetic and the transplant operation.
- The function of the transplanted kidney may be poor or delayed. If this happens, dialysis and a longer stay in hospital may be needed.
- Some patients will need further operations after the transplant due to problems with the blood flow to the kidney, the drainage of urine into the bladder, collections of blood or fluid around the kidney or another issue.
- Clotting or bleeding involving the transplant kidney blood vessels may occur. This can result in the kidney failing and needing to be removed.
- Connecting the kidney tube (ureter) to the bladder may result in urine leakage, blockage or bleeding.
- During the transplant surgery a tube (stent) may be inserted into the ureter between the transplanted kidney and the bladder. This needs to be removed at a separate procedure in the early weeks after the transplant.
- In some people, wound healing may be slow, become infected or result in a painful scar. Some people develop areas of thigh numbness, nerve pain or weakness after surgery.
- Urine infections may occur after transplantation.
- It is usual practice for surgeons to perform a biopsy of the kidney during the transplant surgery.
- Most patients are discharged from hospital after one week, but some have longer stays because of complications.

Risks due to Immunosuppressant Medications (Anti-Rejection Medicines) :

Anti-Rejection Medications:

- Reduce the protective immune system, increasing the risk of infections with common but also unusual organisms. Infections can be serious, damage the transplant kidney or be life threatening.
- Reduce the protective immune system increasing the risk of cancers. Skin cancers are the most common but other types of cancer are also increased. Treatment of cancer may include stopping the anti-rejection medications with possible loss of the transplant. Cancers in patients taking anti-rejection medications are more difficult to cure.
- Increase the risk of diabetes which may need treatment with insulin injections or tablets.

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- May increase the level of fats in the blood such as cholesterol.
- Can weaken and thin the bones and rarely cause severe damage to some bones, particularly the hips, resulting in pain, arthritis and the need for joint replacement.
- Can cause damage to the transplant kidney and occasionally failure of the kidney. This is due to drug toxicity (too much medication in the bloodstream) which may occur despite careful monitoring.
- Have other possible side effects including effects on nerves, eyes (cataracts) and other organs.
- May be harmful in pregnancy. It is strongly advised that pregnancy be avoided for at least 1 year following transplantation. Patients (**male and female**) planning a pregnancy should discuss this with their kidney doctor as some anti-rejection medications can cause abnormalities in the baby and will usually need to be changed prior to a pregnancy. There is also a risk of damage to the transplanted kidney because of a pregnancy.

Risks Related to the Transplanted Kidney:

- There is a very small risk of diseases such as infections (e.g. hepatitis B and C and HIV (AIDS)) or cancers being spread from the donor to the recipient, even with appropriate donor testing.
- On average, the life of a kidney transplant is reduced in those who have previously had a kidney transplant.
- There is approximately a 2-3% chance of death related to surgical or other complications in the first year of transplantation. This risk will vary depending on underlying medical conditions.
- Rejection of the kidney can occur at any time, despite appropriate treatment.
- Taking anti-rejection medication regularly in the long-term is vital for the continued function of the transplant.
- Kidney transplant biopsies are performed if there is concern about the kidney function. Many units also perform biopsies at certain times after the transplant (such as 3 and 12 months) to check for problems in the kidney even when the function is stable. Separate information and consent will be required for each biopsy.
- Some kidney diseases can return in the transplant. These may damage the transplant and may even cause failure of the transplant.
- The function of most transplants gradually worsens over time and most eventually stop working.
- There is a chance that the transplant will not be successful and starting or returning to dialysis will be needed.

E. Risks Specific to My Individual Circumstances

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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F. Risks of not having this procedure

(Doctor to document in space provided. Continue in Medical Record if necessary.)

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G. Patient consent

- I acknowledge that the doctor has explained kidney transplantation to me as a possible treatment for my current condition
- We have discussed other treatment options and the nature, effects and possible risks and benefits of kidney transplantation. I consent to kidney transplantation and (tick appropriate):
 - ☐ I wish to be placed on the waiting list for a kidney transplant from a deceased donor
 - ☐ I will receive a kidney transplant from a living donor

I have been given the following Patient Information Sheet/s:

☐ Renal Transplant

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On the basis of the above statements,

I request to have the procedure

Name of Patient:

Signature:

Date:

Can your adult patient consent?

Does your patient have capacity to consent?

Yes. Patient to consent

No. Is there a relevant instructional directive?

Yes. Consent as per directive (attach copy of directive)

Consent Given

Consent Refused

No. Consent to be obtained from the Medical Treatment
Decision Maker (MTDM)

Name of MTDM:

Signature:

Relationship
to Patient:

Date: Phone No:

If any concerns or no MTDM, refer to your local Consent
Procedure or contact the Office of the Public Advocate
1300 309 337 for more information

H. Doctors Statement

I have explained to the patient all the above points
under the Patient Consent section (G) and I am of the
opinion that the patient/substitute decision-maker has
understood the information.

Name of
Doctor/delegate:

Designation:

Signature:

Date:

I. Interpreter's statement

I have given an interpretation in

.....
(state the patient's language here) of the consent
form and assisted in the interpretation of any verbal
and written information given to the patient/parent or
guardian/substitute decision-maker by the doctor.

Name of
Interpreter:

Signature:

Receipt No (Telephone or Video interpreting):

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Date: