Rejection of the Kidney

What is rejection of the kidney?
When your body’s defense or immune system notices something foreign, like fungus, bacteria, viruses or a new organ, your immune system responds by attacking. This is a normal and expected response. Rejection means your immune system is attacking your transplanted kidney. Rejection occurs in all patients and can range from mild to severe (acute) to long-term (chronic). Rejection most often occurs seven to ten days after transplant, but can happen anytime.

What happens to my new kidney if I have rejection?
Rejection DOES NOT mean that you will lose your new kidney.

There are medicines to prevent and treat rejection.

IF NOT TREATED, YOUR KIDNEY WILL NOT SURVIVE.

You must learn the signs of rejection and notify the transplant coordinator and doctor immediately of any signs you have.

What are the signs of rejection?
The signs of rejection are:
- increase in BUN and/or creatinine
- fever over 100°F
- tenderness or pain over transplanted kidney
- decrease in urine output
- increase in blood pressure
- sudden weight gain: two lbs. or more in 24 hours
- swelling in legs and feet
- sudden loss of appetite
- fatigue, flu-like symptoms, aches in muscles & joints
- pain or burning during urination; discolored, bloody or bad-smelling urine

What are the tests that the doctor may order?
The doctor may order:
- blood work
- kidney biopsy
- renal scan
- ultrasound

What are the medicines used to treat and/or prevent rejection?
The medicines used to treat and/or prevent rejection are:
- a large dose of steroids given intravenously
- an increase in your daily immunosuppressant medicines