

## **Prophylaxis (antibiotics, thrombosis, ulcer, fungal, PCJ, CMV) and pain relief in kidney transplantation in adults**

### **1. Antibiotic prophylaxis**

- a. INF. Cloxacillin 1 g x 3 IV (first dose preoperatively)
- b. If hypersensitivity individual antibiotic choice (e.g. Dalacin, Klindamycin)

### **2. Thrombosis prophylaxis**

- a. Day of operation
  1. IJ. Fragmin 2500 E x 2 SC (first dose preoperatively and second dose approximately 12h later if no contraindications — this is determined by standby)
- b. Day + 1 to discharge
  - i. IJ. Fragmin 2500 E x 1 SC (in the evening 20.00)
  - ii. If increased risk of thrombosis consider Fragmin 5000 E x 1 SC (alternatively as recommended by coagulation consultant)
- c. After discharge until day + 90
  - i. T. Trombyl 75 mg x 1 PO (if no contraindications)
  - ii. If increased thrombosis risk consider prolonged prophylaxis with Fragmin, consult with coagulation consultant
- d. After day + 90 => individual assessment

### **3. Ulcer prophylaxis (day + 1 to day + 30)**

- a. T. Omeprazole 20 mg x1 PO

### **4. Mushroom prophylaxis (day + 1 to day + 30)**

- a. M. Mycostatin 2 ml x 4 PO

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**5. Pain relief** (day + 1 to discharge)

- a. T. Paracetamol 500 mg 2 x 4 PO
- b. T. Oxycontin 10 mg x 2 PO
- c. T. Oxynorm 5 mg PO v.b.
- d. II. Morphine 1 mg/ml 2-5 mg IV v.b. (alternatively inj Ketogan)

**6. Observation** prophylaxis (day + 1 to discharge, longer time v.b.)

- a. DRP. Laxoberal 12 x 1
- b. Movicol v.b.

**7. Pneumocystis** prophylaxis (until day + 180)

- a. T. Bactrim 1x1 PO
  - i. Normally inserted at stable P-Creatinine &200 (or before discharge)
  - ii. Dosage by renal function
- b. In case of hypersensitivity inhalation Pentacarinat every 4 weeks (via infection reception)

**8. CMV prophylaxis** (until day + 90)

- a. T. Valcyte according to separate PM
- b. To D+/R—
  - i. Normally inserted at stable P-Creatinine &200 (or before discharge)
  - ii. Dosage by renal function (normally 900 mg x 1)
- c. In rejection therapy (ex SM, ATG) regardless of CMV status, CMV prophylaxis may be considered
- d. For all HIV+ patients regardless of CMV status



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## 9. **Hepatitis B**

Patients with a history of hepatitis B should in many cases be initiated on prophylaxis with lamivudine (Zeffix). This should be documented in the patient's medical records, often there is an infection doctor assessment and treatment recommendation. In the absence of such an infection consultant should be contacted for discussion. The prophylaxis should be initiated as soon as possible after transplantation and normally before the discharge and the dose should be adjusted according to renal function. Also check that there is a plan for the continued follow-up of the patient's hepatitis B (e.g. revisit to the infection clinic, liver samples, serology, PCR)

## 10. **CKD-MBD after kidney transplantation**

- a. Kalcipos — D forte 1 x 1 through day + 90 to anyone with steroid treatment (hypercalcaemia is contraindicated)
- b. If 25-OH-vitamin D & 23 nM is given Divisun in addition to Kalcipos D forte
  - i. Divisun 800 E 1 x 1
  - ii. Hypercalcaemia is contraindication
- c. Substitution with phosphate (oral solution Phosphate APL ex tempore 300 mg x 2). About phosphate & 0.4 mmol/L or in case of symptoms (muscle weakness, paresthesia, seizures, haemolysis).
- d. Discontinuation of Mimpara in connection with kidney transplantation. Note that these patients are at increased risk of hypercalcaemia post-tx, and Mimpara may need to be reinstated.
- e. All patients who are parathyroidectomised prior to kidney transplantation should remain on their calcium and vitamin D treatment even after the kidney transplant. Control of calcium and phosphate twice a week is necessary.
- f. Patients with high fracture risk — individual assessment and treatment.

## 11. **Blood fat treatment**

- a. T. Simvastatin 20 mg by night in all renal transplant patients > 18 years of age. Check liver status before deposit and 6 weeks after deposit.

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## **12. Treatment of blood pressure and proteinuria for increased long-term graft management**

- a. T. Losartan 12.5 mg 1 x 1 is added to all patients > 18 years of age in connection with kidney transplantation (contraindications: hypotension, hypersensitivity to ACE inhibitors/ARB, clinically significant renal artery stenosis, severe hyperkalaemia and potassium > 6.0 mmol/l).

### **Version history**

Each document should contain a history that tells you, for each version, what changed, who made the change and when the change was made.

<b>Version</b>	<b>Date</b>	<b>Change and comment</b>	<b>Responsible</b>
6	2018-09-24	Updated version, new paragraph 9.	Lars Wennberg
5	2018-01-25	New template, new organisation	Lars Wennberg
4	2017-01-17	New points 9-11. Helen Erlandsson	Lars Wennberg
3	2014-09-18	New paragraph 6b and a small change under point 8c.	Lars Wennberg/Tarja Tervonen
2	2014-07-22	Change under item 8b to D+/R-.	Lars Wennberg/Tarja Tervonen
1	2013-11-27	New PM	Lars Wennberg/Tarja Tervonen

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