

Patient information

Induction Agents before Kidney Transplantation

Pharmacy and Renal Transplant Departments

Background

In addition to regular lifelong medication, transplant patients receive booster “induction” immunosuppressant drugs at the time of their operation. These give the new kidney extra protection from rejection in the first few days and weeks after transplantation.

All patients receive a single injection of intravenous steroid (methylprednisolone) in the operating theatre. There are then two possibilities for the main drug.

Basiliximab (Simulect®)

This is our standard choice for induction. It is given as an intravenous injection or short infusion (drip) over 20 minutes just before surgery. A second dose is needed four days later. Side-effects are rare and usually mild.

Alemtuzumab (Campath®)

This is a much stronger immunosuppressant (anti-rejection) drug. We use this if your kidney is judged to have a higher risk of rejection. We also use it if the new kidney has been kept colder for longer periods, or comes from an older donor. This enables us to give lower doses of the subsequent drugs, some of which make it harder for these kidneys to “kick-in.”

Alemtuzumab is given by subcutaneous injection just before transplant and again the next day (unless you are over 60). It is a much stronger drug and before each dose pre-medication is given. This includes an anti-histamine and steroid injection, and a dose of paracetamol. Reactions are more likely to alemtuzumab but these pre-medications reduce their likelihood of in the patient.

Alemtuzumab UK Licence

Alemtuzumab is licensed as a medication in the UK, but not for kidney transplantation. It is widely used, however, in most NHS transplant centres.

As mentioned above, the Liverpool transplant protocol uses for alemtuzumab for kidneys which are at a higher risk of rejection, or need reduced doses of subsequent oral medication, in what are known as an “off-label” uses.

Current NHS guidance is that patients receiving a medication “off -label” should be aware of this and that prescribers should explain the reasons for the medication and the risks versus benefits. Please ask any of the staff if you want further information.

Side-effects of Induction Medication

Like all immunosuppressants, induction agents weaken the immune system and the incidence of infections and cancers may be increased. Basiliximab is fairly mild in this respect, but alemtuzumab is a stronger drug. All new patients should avoid exposure to infectious family and friends, practice good hygiene, and report any unusual symptoms promptly.

Two particular infections are problematic, *Pneumocystis jiroveci* pneumonia (PCP) and cytomegalovirus (CMV) infection. In Liverpool, all new transplant patients who received either agent have a six months' course of low-dose co-trimoxazole to prevent PCP. Depending on which induction agent was used, and the viral status of both donor and patient, a three to six months' course of antiviral medication may also be needed to prevent CMV.

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>

Author: Pharmacy and Renal Transplant Departments

Review date: January 2027

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