

## **Delayed Graft Function (DGF)**

### **What is delayed graft function (DGF)?**

Your transplanted kidney is called a graft. Delayed graft function (DGF) can occur right after surgery. It means your new kidney is not working as it should and you still need dialysis. You may hear your transplant team say that the kidney is “sleepy”. This means you have delayed graft function. It takes some time for the kidney to heal from the transplant surgery. Some people may require dialysis for a short time after their transplant. Up to 30% of deceased-donor kidneys and 5% of living-related donor kidneys may have some degree of DGF.

### **How do I know I have DGF?**

With DGF, your new kidney may make little or no urine. Kidney labs (creatinine) remain high in your blood tests. During this time, if you were on dialysis before the transplant, you will continue to need dialysis. Usually 3 times per week. If you were not on dialysis before your transplant, your old kidneys will still make urine. The transplanted kidney will not be able to clear the wastes from your blood. You may have to be placed on dialysis for a short time. This is to clear the wastes from the blood until the new kidney starts to work properly.

### **How is DGF treated?**

The function of your new kidney is checked by creatinine levels. Your urine output is also checked. You may need dialysis or diuretics (water pills) and close watch of your kidney function. Your doctor may biopsy the kidney to check for rejection. You will have to follow salt, potassium, phosphorous, and water restrictions.

It is like the plan you were following before the transplant. The transplant team will decide when this diet plan is no longer needed. Your blood pressure, anti-rejection, and other medicines will be changed as needed. Also, changes in your diet, fluid intake, and diuretics may be needed.

### **Will my kidney recover from DGF?**

Yes. Most of the transplanted kidneys with DGF recover. At UW Health, 95% of kidney transplants are working one year after transplant. Only 1 to 2% of all kidney transplants fail to work. After the kidney starts working, it will work like any other transplanted kidneys.

### **How long will DGF last?**

There is no exact timeline for how long DGF will last. It will vary from patient to patient. DGF recovery is most often seen in about 7-10 days but can take up to 3-4 weeks for full DGF recovery.

### **What will happen after I am discharged?**

You will be followed in the DGF Clinic at the UW Transplant Clinic. You will have to limit your fluid intake just like when you were on dialysis before your transplant. You should also limit salt, phosphorous and potassium in your diet. This is called a renal diet. You must check your weight daily and blood pressure twice each day. You will be given a urine collection device. You will measure and record how much urine you are making each day. Bring the record with you to each clinic visit. This is an important sign of your kidney starting to work. If you are being discharged with a new dialysis line, your nurse will tell you how to take care of that line. Most often, it will be cared for by nurses in the Transplant Clinic.

### **What is the Delayed Graft Function (DGF) Clinic?**

The DGF Clinic is set up so that we can follow you closely. You do not have to stay in the hospital until your DGF improves. If you live close to UW Health (less than about 50 miles) you can be discharged from the hospital and go home. If you live far away from UW Health (greater than about 50 miles) you will likely stay in a hotel close to the hospital. You will need to have a support person staying with you (either at home or in the hotel). You will need to have someone transport you to and from the clinic for your visits. If you stay in a hotel the cost will be covered by UW Health.

You will return to the Delayed Graft Function (DGF) Clinic three times a week for labs, dialysis and clinic appointments with transplant nephrology. This is to closely follow your kidney function and fluid status.

Sometimes you may have to return for an extra visit. You will have labs drawn here in the outpatient lab before each clinic visit. After your clinic visit, it will be decided if you need dialysis on that day. If you need dialysis, this can be done in our dialysis unit at the hospital. We will also decide if your anti-rejection, blood pressure, and anemia medicines need to be changed. You will also have a clinic visit with your transplant surgeon about 2 weeks after discharge. When you no longer need dialysis, you will be discharged from the DGF Clinic. You will return to the UW Transplant Clinic for routine follow-up visits.

