

Management of altered graft function

An increase in creatinine may be caused by a number of processes, but common causes are:

- Acute rejection
- Infection, e.g. urine
- Tacrolimus toxicity
- Altered fluid balance

Less common causes are:

- Vascular catastrophe
- Mechanical problem - urinary obstruction (less likely if ureteric stent present), lymphocoele, urine leak.

A patient whose creatinine has increased requires careful assessment, as usually the 'classical' signs of rejection (pyrexia, tender graft) are not present with current immunosuppressive agents.

- Review patient's fluid status and fluid balance charts;
- Check FBC
- Note particular decrease in urine volumes, tender graft
- Check for pyrexia
- Culture urine, PD fluid
- Consider CMV PCR
- Get Tacro / CyA level
- Consider:
 - USS to exclude mechanical/vascular problem
 - Duplex
 - Renal biopsy