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CARE CARRIED OUT BY PEOPLE WITH RENAL TRANSPLANTS FOR ORGAN MAINTENANCE

CUIDADOS REALIZADOS PELAS PESSOAS COM TRANSPLANTE RENAL PARA A MANUTENÇÃO DO ÓRGÃO

CUIDADOS REALIZADOS POR LAS PERSONAS CON TRANSPLANTE RENAL PARA EL MANTENIMIENTO DEL ÓRGANO

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ABSTRACT

Objective: to identify the care performed by people with renal transplantation for the maintenance of the transplanted organ. **Method:** a descriptive study with a qualitative approach, carried out with 20 people who underwent renal transplantation and answered a semi-structured interview, being transcribed and submitted to the Content Analysis recommended by the CIT, through careful and continuous reading, aiming to identify the care adopted for the maintenance of renal transplantation. **Results:** the main care performed by people with renal transplantation, for the maintenance of the transplanted organ, is related to diet, water intake, hygiene, social and work activities, medication and health. **Conclusion:** renal transplantation can lead to changes in the person's behavior with CKD and, because it is a treatment desired by many who experience the disease, health professionals need to be aware of the care taken. **Descriptors:** Renal Insufficiency, Chronic; Kidney Transplantation; Self Care.

RESUMO

Objetivo: identificar os cuidados realizados pelas pessoas com o transplante renal para a manutenção do órgão transplantado. **Método:** estudo descritivo, de abordagem qualitativa, realizado com 20 pessoas que foram submetidas ao transplante renal e responderam a uma entrevista semiestruturada, sendo transcrita e submetida à Análise de Conteúdo, preconizada pela TIC, por meio de leitura minuciosa e contínua, almejando a identificação dos cuidados adotados à manutenção do transplante renal. **Resultados:** os principais cuidados realizados pelas pessoas com o transplante renal, para a manutenção do órgão transplantado, estão relacionados à alimentação, à ingesta hídrica, à higiene, às atividades sociais e laborais, às medicações e à saúde. **Conclusão:** a realização do transplante renal pode provocar mudanças no comportamento da pessoa com a DRC e, como se trata de um tratamento desejado por muitos que vivenciam a doença, os profissionais de saúde precisam estar atentos aos cuidados adotados. **Descritores:** Insuficiência Renal Crônica; Transplante de Rim; Autocuidado.

RESUMEN

Objetivo: identificar los cuidados realizados por las personas con el trasplante renal para el mantenimiento del órgano trasplantado. **Método:** estudio descriptivo, de abordaje cualitativo, realizado con 20 personas que fueron sometidas el trasplante renal y respondieron a una entrevista semiestructurada, siendo transcrita y sometida al Análisis de Contenido preconizado por la TIC, por medio de lectura minuciosa y continua, buscando la identificación de los cuidados adoptados para el mantenimiento del trasplante renal. **Resultados:** los principales cuidados realizados por las personas con el trasplante renal, para el mantenimiento del órgano trasplantado, están relacionados a la alimentación, a la ingesta hídrica, a la higiene, a las actividades sociales y laborales, a las medicaciones y a la salud. **Conclusión:** la realización del trasplante renal puede provocar cambios en el comportamiento de la persona con la DRC y, como se trata de un tratamiento deseado por muchos que experimentan la enfermedad, los profesionales de salud deben estar atentos a los cuidados adoptados. **Descriptores:** Insuficiencia Renal Crónica; Trasplante de Riñón; Autocuidado.

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INTRODUCTION

Brazil has the largest public transplant system in the world. According to the statistics of the General Coordination of the National Transplantation System, renal transplantation accounts for 25% of all organ transplants performed in the country. In 2015 alone, more than 5,000 renal transplants were performed. Still, about 24 thousand people, are on the waiting list, for a kidney transplant, the largest on the waiting list for a transplant, with an average time of 18 months waiting.¹

For Chronic Kidney Disease (CKD), renal transplantation may be the only treatment capable of fully restoring kidney function, promoting hydroelectrolytic and endocrine excretory stability.² This modality of substitution therapy is indicated for people who are able to undergo transplant surgery and do not have contraindications to the use of immunosuppressive medications. In addition, it promotes a better quality of life.³

When the surgery is successful, the person with CKD experiences a new reality, which will lead to the adoption of different care from those performed during dialysis (hemodialysis or peritoneal dialysis) .⁴ Thus, a series of care which may persist while the kidney is functioning, including eating habits, medication routine, physical activities, clinical reviews, and guidelines provided by health professionals to promote greater adherence to treatment by the recipient.³

Because renal transplantation is considered the best treatment for people with CKD⁵, a routine of continuous health care is necessary. Although the transplantation process frees the person with CKD from the dialysis machine, the procedure does not rule out the chronic nature of the disease because it will maintain dependence on care, medications, professional practices, and health institutions.⁶

The person with the kidney transplant, conscious that it is possible to lose the graft, takes care that he considers important, becoming the protagonist of his health and responsible for the care. In this sense, the use of the Critical Incident Technique (CIT), in this study, aimed at understanding the behavior of people with CKD, in relation to the care taken for renal transplantation, in order to favor the survival of the transplanted organ.

OBJECTIVE

- To identify the care taken by people with kidney transplantation for the maintenance of the transplanted organ.

METHOD

Clipping of the Dissertation << The experiences of people with kidney transplants >>, presented to PPGEnf / UFPel, in 2013. Pelotas / RS, Brazil.

A descriptive, qualitative study that occurred in the period from May to July 2013, and interviewed 20 people who underwent kidney transplantation and which corresponded to the following inclusion criteria: being 18 years or older; agree to record interviews; accept the dissemination of data in scientific circles: be linked to the nephrology service; have at least one year of renal transplantation to have time to experience the new treatment undergone; have undergone some previous dialysis treatment in order to compare with the current therapy. As for the exclusion criteria, those who: present psychiatric problems did not participate; had difficulties in verbal communication.

For the data collection, a semi-structured interview was used, being recorded in audio and transcribed in its entirety. The data were submitted to content analysis, recommended by the CIT, through a thorough and continuous reading, aimed at identifying the care taken to maintain renal transplantation. The following steps were taken to analyze the data: clustering and categorization of critical incidents (situations, behaviors and consequences) and interpretation of data.⁷

For the presentation of the testimonies, the participants were identified by the letter E of interviewee and by an Arabic number, according to the sequence of the interviews, being increased by age. The project was approved by the Research Ethics Committee of the Santa Casa de Misericórdia Hospital on April 17, 2013, under No. 192/2013, in addition to following the principles contained in Resolution 196/96, which was in force at the time of the study.

RESULTS AND DISCUSSION

Next, the necessary care for the maintenance of renal transplantation will be presented, in which they were related to diet, water intake, hygiene, social and work activities, medications and health status accompanying person.

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◆ Attention to food

When mentioning specific care with food, most of the interviewees referred to salt as a harmful factor for health.

Salt damages health. Even for those who do not have a kidney problem, it is harmful. Some people carry too much salt in their food. Its make bad. [...] So, when I eat something like that, I go to lunch or I go to the restaurant, I feel the difference, the food is very little, it's perfect in salt. (E1, 66 years).

Food I think is a basic thing in everything and, especially, after that [kidney transplant]. The salt in excess I think is evil, not only mine, but it is the century. (E7, 58 years).

From these two statements, it is important to point out that the salt, usually used to season foods, comes from a mineral very consumed by the Brazilian population, that is sodium. Its function in the human body is to maintain the water balance of the body, however, its consumption must respect the recommended limits, because, in great quantity, it triggers health problems. Thus, both E1 and E7 refer that excessive use of salt in food is bad.

The worrying situation, related to high salt intake, has been a topic discussed on a global level. In Brazil, the availability of sodium for consumption extrapolates more than twice the recommended level, emphasizing the implementation of effective policies to reduce salt intake in the country.⁸

I have to take care of my food, let's say, salt, fat. You can not have too much salt, you can not use salt. Let's say, it's one gram for each meal. One gram of salt for lunch and one gram for dinner. If you buy bread, it comes with salt, so, it decreases a little at lunch and dinner, it is more or less balanced, one gram at each meal, two grams a day. You have to make the food with that amount of salt. It has to be always like that, you can not mix other things, canned together. Can not eat. (E12, 45 years).

From this testimony, it is observed that feeding care specifically points to the extent of salt consumption. So much so that E12 addresses the daily dosage of two grams of sodium allowed in the food, and the current guidelines of the National Kidney Foundation of the United States recommend, to people with DRC, consumption of 1.5 grams per day.

Although the respondents' speeches point to salt care, there was no identification, in this study, of the actual rate consumed. In a study of 52 people with renal transplantation in Chapecó / Santa Catarina, the average salt

intake, estimated by sodium excreted in the urine, was 10.7 grams per day. This worrying factor led the authors to affirm that excessive consumption needs to be treated with attention, not only by renal transplant patients, but by the entire Brazilian population.⁹

It should be noted that the testimonies presented refer to the knowledge that excessive sodium in the diet is harmful to the health of the person. It is emphasized that the Brazilian population has a food style with high salt content, besides sugar and fats. In this context, salt is responsible for the elevation of blood volume in the arteries, exerting a direct effect on them, constricting.¹⁰ One interviewee also pointed out the consequence of the use of excess salt in the functioning of the renal organ.

Because of the salt, it will mess up my kidney. The more salt I use, the kidney will weaken. Let's say, salt does bad for the kidneys and, if I use too much salt, the creatinine will rise again and if the creatinine goes up to four, five, six, I'm going back to the [hemodialysis] machines again. If I abuse with salt or fat, I will not do my treatment because my kidney only works with that treatment I do. Your I stop with that there, it will stop too, so, can not stop. That is why I can not eat salt, nor fat, canned food or sausage, peas, sardines or sausage, none of it, can not. (E12, 45 years).

When identifying salt as the main agent harmful to health, especially for renal functioning, the interviewees mentioned the food care adopted. This situation is similar to a study carried out in Florianópolis / Santa Catarina, noting that knowledge about the recommendations of a hyposodic diet and its therapeutic function are facilitators for self-care.¹¹

Another factor pointed out by the interviewees was the reference to food products.

Can not eat, look: salt, canned, sausage [...], for example, those canned in no way. You can not eat because it contains fat, lots of salt [...]. That sausage there can not eat. This sausage they make has a lot of pepper, this can not eat. These sausages, pate, dill [...], those boobs. (E4, 55 years).

Another interviewee goes on to say that they can not eat food, but the first reference is that their food is almost normal.

Food is practically normal. I can not eat these things that we buy in the supermarket, sausage or a sausage, these things canned also that comes, I can not eat. In food you have to be careful about it. The more, as they say, the rice, the beans, that's normal. I can not eat, of course, many

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hours because of diabetes too, because, now diabetes has returned and it has been controlling me in the food too, because otherwise diabetes rises. (E19, 52 years).

Considering their diet as normal may bring the idea that the person with CKD has accepted their disease and their treatment, since, there is usually, a care with the type of diet to be consumed, as has already been emphasized the need for moderation in the consumption of salt. In this sense, acceptance leads to a peaceful living in the face of existing limitations.

In addition, in caring for food, due to chronic kidney disease, E19 mentioned the care for diabetes, another chronic disease that is associated with CKD and requires attention with food. This fact is similar to that of other respondents who are weighing, blood pressure and cholesterol.

We have to take care of it because it increases the weight, it is something else that we are eating, I think so. I just have to take care of the salt a little, because, now my pressure is normal. Before, I had pressure problem and now, after the transplant, I have no more. But I have to take care of only the salt. Of course, I will not abuse, thus, eating things that do harm, which I know is bad for health. (E10, 46 years).

I, sugar, I never had a problem, nor cholesterol, but after you do the transplant, your body is subject to these things. (E13, 53 years).

When corroborating with these data, a study developed with people in CAPD in the state of Rio Grande do Sul found that, in addition to CKD, some of the participants coexist with other pathologies. Thus, the association of more than one chronic disease makes the actions of self-care even more important to avoid complications, such as the restricted use of salt in the diet, since it can cause fluid retention by the organism and increase in blood pressure.¹²

While referring to the types of food they can not eat, respondents also said they sought to avoid fat and red meat, although they have often been used in the past.

The person can not eat too much fat. I did not take care of myself. No, I ate fat. Not now, I'm taking care of myself now. And these temperate foods, I do not use more, and saltiness, these things, canned also not. (E17, 40 years).

Just avoid eating too much red meat, do not eat too much salt, do not eat too much fat, but, too much is released. (E20, 63 years).

Others have stated that they can feed on everything but maintain control.

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For starters, you can eat everything. It's normal, of course, you have to control the fat and salt, but that's the normal thing. You can eat a barbecue, you can eat a salad, you can eat a pasta, you can eat whatever you want. (E9, 55 years).

Fruit can eat, anything that is kind of fruit, just can not eat too much [...]. The rest, I think for me, is quieter than it was before. (E12, 45 years).

My normal food, fruit, vegetable. I have even abused a little meat from the weekend, because my son invents to make a barbecue Sunday, but I eat, but I eat that day and then not like more. [They] advise a lot of fruit, lots of vegetables, little salt. I even have a recipe made by the [name of an institution] of a seasoning [...]. It is salt with rosemary, garlic, basil and beat in the blender and boto the salt. Sea salt! It's the name of the salt. [...] And it takes a few more things and I changed my salt, I started to make this seasoning. (E13, 53 years).

One of the foods pointed out by the interviewees was the consumption of the barbecue, as mentioned E9 and E13. As the study was developed in the southern region of Brazil, it is important to highlight that cultural factors, such as the gaucho cuisine, whose habit of eating barbecue frequently, causes gauchos to present too much sodium and fat intake in their diet¹³, which may compromise a person's kidney function with kidney transplantation.

Respondents also expressed the receipt of professional guidance regarding food care.

The doctor said, "You can go back to eating red meat, you can feed again, drink milk, yogurt, whatever, whatever you want." But there are things they recommend you control, for example, salt, those businesses that have a lot of sodium, mainly because although you have received a kidney, you have received a transplant, you have a kidney only, people have two or It is your kidney, it is a kidney that is adapted there. So I mean, [...] the ideal is that you do not force him beyond what you should. So, it does not mean that you're not going to eat a barbecue, but you're not going to eat heavy barbecue with salt and salt every day, because apart from harming your kidneys, it's going to hurt other things. So what my doctor recommends to me at least is to maintain a healthy diet. [...] the same thing most doctors say to a normal person, avoid overeating, avoid eating too much heavy stuff late at night. Anyway, it's things that I think anyone who wants to have a nice life has to do. (E5, 30 years).

Food is taken care of, food with little fat, doctor asks. (E17, 40 years).

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By exposing the care that needs to be adopted with food, the interviewees addressed the reflex that occurs in social life.

At the party, food is not the food I make. The food I make without salt, without fat, I can eat. Only in one celebration, the seasoning is another, it's salt, it's pepper, it's everything they use in food that I can not eat. And there, the guys are drinking, none of it, I can not. Even if a meat, a food and lots of salt have come that I am no longer accustomed to eat, I can not even eat. Let's say, a salty meat that is not for me, I cut a little experiment and no longer eat. (E12, 45 years).

For maintenance of the transplanted organ, food care is important, since a diet that does not comply with the guidelines for the consumption of sodium by people with CKD compromises the treatment of renal transplantation. Thus, it is emphasized that the benefits of low sodium intake, present in the most diverse types of foods, are related to the preservation of the decline of the glomerular filtration rate.

♦ Attention to water ingestion

When mentioning the water intake, the interviewees affirmed the importance of this practice as a care to be taken for the maintenance of renal transplantation, being practically an obligatoriness. Previously, when they underwent hemodialysis for the treatment of CKD, water intake was sometimes impossible or even restricted.

It is now necessary to take in enough liquid [...] for the kidney to function, for the kidney to work. At least you have to take two to three liters of water per day. (E2, 53 years).

Water pretty. Water is the spirit of the thing. [...] Water can take ten liters if you want to take, can take, no problem. (E4, 55 years).

I can drink water at will. The minimum is two liters a day that I have to take. Be it cold or hot, you have to drink two liters of water a day, the minimum. Water and tea, mate not much, but I can take it a bit too and coffee a little. That counts, but more is water. [...] I already have the measure, I have two bottles before lunch and two bottles of afternoon, gives two liters. It gives a liter before lunch and a liter of afternoon. This I take even more, [...] I take chimarrão, I have a tea and then it will be over two liters. [...] Before I could not take, now I can take. (E12, 45 years).

When E12 states that it was previously unable to ingest water, it runs into the limitation that was required during hemodialysis. Thus, during the hemodialysis treatment, the person experiences losses and

restrictions related to fluid intake. However, after performing the renal transplant, in addition to being able to ingest them, it is obliged to maintain the transplanted organ¹⁴, since this practice is considered fundamental for the regulation of the electrolyte balance by promoting the protection of the renal organ.¹⁵

When the respondents indicated the accentuated amount of water for their consumption, as in the highlighted speeches, being two, three, to ten liters, it is emphasized that the amount of water that an adult should ingest daily for the maintenance of health is not clearly defined. In fact, in the 1940s, the US nutrition program directed the volume to be about 2.5 liters per day. It was a suggestion based on expert opinion, but without scientific support, and the recommendation included that most of this water would be derived from ingested foods. In 2004, the same nutrition program in the United States, still based on opinions without scientific rationale, began to recommend a water intake of 2.7 liters for women and 3.7 liters for men, including liquids ingested Food and non-alcoholic beverages.¹⁵

In Brazil, the Ministry of Health advises the consumption of at least two liters of water per day, being equivalent to six to eight glasses, giving preference to the intake at meal intervals. Despite this Brazilian ministerial recommendation, some health professionals may follow norms from other countries, due to the fact that they receive information from courses or lectures, where international care protocols are presented.

Even after the transplant, the person is released to consume water, an interviewee mentions that sometimes, he forgets and passes days without ingesting it, which in the hemodialysis, era consumed without moderation, being something he could not do. So, to avoid forgetfulness, he states that he usually buys bottles of water.

I always have the water there, I am always taking the water [...]. Which I used to take before, which I could not take and now that I have to drink enough, sometimes I spend days without water. Oh, I have to take it! I take the bottle and I take it. I go downtown and buy a bottle and take it. I always have it in my head, you know, from the bottle. (E8, 50 years).

This strategy used by the interviewee, such as the use of the bottle for water consumption, shows that access to bottled mineral water is a commercial trend. However, according to a study carried out, it is important to note that drinking water is not

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only based on the fact that it is clear, but is considered appropriate for consumption, being odorless, colorless and insipid.¹⁶

Still in this context, it is stressed that water is a natural resource indispensable for life and essential as a nutrient, as part of an everyday diet. The water consumed, along with that which is in food, needs to ensure correct hydration in all ages and vital circumstances. As a consequence, it is vital that their consumption has ensured adequate quality and quantity so as to ensure the health and well-being of people, including different cognitive aspects of physical performance and environmental temperature.¹⁷

Other interviewees said that although the water intake is released, they only seek to avoid drinks that have a carbonated or alcoholic composition.

I try to avoid refrigerant. I usually take weekend, more is water and juice even. (E3, 40 years).

Water you can drink, you can drink mate, you can drink even beer if you want. I do not take it, I know that many take it, but I do not take it because I'm not drinking and I avoid it, because only [name of medication] is already an antibiotic, the others I do not know the alcohol does in the body, I do not drink. (E9, 55 years).

Also, water consumption was similar to the use of medication.

I drink lots of water, then I go to the bathroom. I drink at least two liters of water a day. It's like medicine, I already have those water bottles and where I go, I try to take them. So I took my quota there in the morning, I took my share of the afternoon, I took it at night, it's like a medicine. (E16, 40 years).

Ainda, a ingestão hídrica favorece na ação do medicamento utilizado para a manutenção do transplante renal.

[...] take enough to wash that kidney creatinine. If I do not take it, it's no good for me to take medicine, it's going to rise just like [creatinine]. I have to take to urinate a lot, to wash and there the creatinine, it lowers and if I do not take, then it will rise equal, because there is no liquid in the body. (E12, 45 years).

As for the care to be maintained for water consumption, the interviewees avoid consuming water without previous treatment for the use.

Drinking water, you have to be careful [...] because of contaminated water [...]. If I eat a bacterium, will it stop where? Of course it will stop in your kidney. (E9, 55 years).

Water can take, I can not take tap water, it has to be mineral water, or, if it has no mineral water, boiled water, because it says

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there is a lot of contamination in the water [...]. I never asked the doctor if I could take it, but generally no doctor would agree to take water like that. They always advise us to take mineral water so we do not have any problems with tap water. So whenever I can, I always drink mineral water. (E19, 52 years).

In this testimony, the interviewee discusses that the water consumed must be of quality. According to the literature, although, in most Brazilian cities, there is running water, in case of doubt about the quality provided directly from the faucet itself, it is recommended for the person with the renal transplant, to boil or filter or make use of water mineral¹⁵, in order to avoid infections that can be transmitted by microorganisms present in the water.

♦ Attention to hygiene

Hygiene was one of the care given by the people who performed the kidney transplant, in order to avoid the functional loss of the transplanted organ.

I have to be careful not to get worse. You have to keep [hygiene] to no, when you see, tomorrow we will say, tomorrow or later, I'm in the hardest again. (E12, 45 years).

We have some restrictions too. Those contacts that they can not have with the animals, contact with the earth, contact with the grass [...]. That's all the restrictions we have to have. [...] That thing of washing hands well before getting medicine, of meals, everything! (E18, 55 years).

In the interviews, the interviewees mentioned the need for hygiene in general. In this context, hygiene is based on a range of knowledge for the purpose of preventing disease and promoting personal safety, since personal, social and cultural aspects influence its practice.¹⁸

Further, E18 stresses the importance of hand hygiene before handling the medication for its use and its meal. In this context, the literature indicates that care for those who experience transplantation is also reflected in the hygiene of food before consuming them, because with the immunosuppression resulting from the use of medicines, the mouth is based on a place of entry for some opportunistic diseases.¹⁹

With regard to hygiene care, respondents expressed their attention with their domestic animals, as well as the presence of dust, paying attention to their accumulation in carpets and curtains and avoiding to be kept in closed places with people with flu.

There are people who have a dog, a cat in the house, so you know, you're here and

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there's a cat sitting here, lying down, the fur is loose. I do not, mine are on the street. (E14, 41 years).

Inside the house, animals can not have [...]. Carpets have to be kept in maintenance all the time, in case, cleaning. Curtain is also half-forbidden [...] and parts closed with people with the flu or with some problem, [...] can not be very close. (E15, 39 years).

The transplanted has to be careful and can not be close to the animals, that whole thing. And hygiene, 100% hygiene. It's not 99, it's 100%. (E18, 55 years old).

Although the interviewees expressed the restrictions regarding the constant need for hygiene, one stressed that their life is practically normal.

Today I have a practically normal life. Normal life, of course, with those restrictions. If I go inside, I have to be careful not to get close to the animals, the dog, the cat, the things like that, the chickens. Can not be close, can not have contact, these are the recommendations we have. (E18, 55 years).

With immunity being low, care must be taken in situations that may be at risk of contamination²⁰, such as contact with animals, pointed to by E18. The same authors describe that hygiene measures inside and outside the home are also strategies to avoid infections.²⁰

In another aspect, cleaning the bathroom was also critical to the success of kidney transplantation as it may prevent the development of urinary tract infections.

Yes, bathroom, these things like that, have to keep clean, because sometimes it can give a urinary tract infection, so you have to keep that part clean too. (E19, 52 years).

You have to take care of everything for an infection. You can never have a urinary tract infection, an infection of the uterus, ovary. [...] Everything gets in the way, you can harm the kidney and lose even the kidney. And in my case, since I only have one and it's the only one that works, I have to take care of everything. (E9, 55 years).

When referring to care not to get a urinary tract infection, through toilet hygiene, respondents stressed the general care they need, just as E9 reported the importance of preventing other organs from being infected. The need to avoid infections, coupled with the low immune resistance of the person who has the kidney transplant, imposes the need for care that preserves it, such as the use of masks to prevent contamination in environments with crowds of people and the deprivation of contact with domestic animals that may have an infectious condition.²¹

♦ Attention to social and work activities

Restriction of activities was necessary to maintain kidney transplantation, mainly avoiding exposure during the winter and summer season, since there are cold, rainy and humid days, as well as hot and with high solar irradiation.

I have to take care of a cold, a rain. I try not to get wet. Well, I have a car, thank God, I have this advantage, I'm going to work by car, I do not get too cold, I get down at the service door, I'm in. So I do not have many problems. (E9, 55 years).

Because so, moisture, that at least was advised there in [name of the city where he performed the kidney transplant], that I did not catch. [...] that this was said when I did the transplant, that I did not get too much sun, rain or moisture, because my immunity would be very low [...]. I take care of my throat, I'm afraid of getting an infection. Because the guidance I have, that I can not catch infection, that I can not catch the flu, I can not stay in the middle of people who are sick. (E13, 53 years).

They [health professionals] ask a lot for the person to take care of themselves. The doctor says it's good to take care of yourself in the winter. In the winter, sometimes when the weather is good, I leave. But when the weather is bad, I stay at home. (E17, 40 years).

It is noticed the emphasis that the interviewees give to the care in the different seasons of the year, since their immunity is diminished, being able to affect the health and the transplant realized. Such care is one of the factors that lead to changes in the lives of transplant patients, causing work losses, difficulties to perform leisure activities and social relations, as also found in a study.²

It should be emphasized that physical impairment may make it impossible for work activities to be detrimental to income, as well as feelings of worthlessness and incapacity.^{2,22-23} With this, many people with renal transplants become dependent on social security or when they remain employed, prefer informal ties, because in this way, they choose the activity most appropriate to their current health condition, with times and periods of greater flexibility.²⁴

Avoiding activities that cause physical exertion was one of the recommendations of care that people with kidney transplantation say follow, avoiding the accomplishment of labor tasks.

When I transplanted, [...] I came away with these recommendations to try to avoid carrying weight, to force, [...] but within a limit. Try not to wear too much, because the kidney is in front, I can force too much

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and can create a hernia near him, because he is not in his place. (E3, 40 years).

At first so after the transplant he [medical professional] recommends a care up in the matter of effort. [...] he could not even drive the first few days of the transplant. My doctor said: "In the first two months you do not drive, you do not ride a bicycle. If you have, I do not know if you live outside, if you're riding? Dont WALK. Kind of weight, no catch! Call someone else and ask to get it". (E5, 30 years).

The sports practice was emphasized by the interviewees, even there are football teams formed by transplants, but the need to maintain care was emphasized.

You can not hit here [transplant surgery site]. [...] any beat here, he [kidney transplanted] can stop from one hour to another. So you can not hit that place he's placed. Now, to do a little bit of strength, get a little something, carry it like that, it does not make any difference, you can even do it. Get up, carry this television here, get it out of here and put it on the other table I can, but I can not beat myself with it [...] because the kidney to. (E12, 45 years).

The doctor said that I could exercise, except boxing, that's all he explained to me. Another type of exercise he did not say I could not do. (E13, 53 years).

You have to be careful. You even have a transplanted game, these things. Only you have to take care, it's not good to do. (E16, 40 years).

For transplanted people, returning to social, physical, leisure and work activities is considered a positive point. However, there may be excess of care, becoming a limiter to practice these activities. Some people do not perform certain tasks or restrict their behavior, thinking about preserving the transplanted organ, which sometimes causes stress.²⁵

In the past, it has been emphasized that not depending on the hemodialysis machine and being able to do previously forbidden tasks, leads to involvement in social activities and improves self-esteem. However, renal transplantation, even bringing the person closer to a more normal life, is not a cure for chronic disease, requiring health care, which makes it difficult to perform some social and work activities.²⁵

Therefore, even if the transplant patient considers his or her life to be practically normal, it is always impossible to perform certain tasks, to maintain graft and health.²³ In this way, it is important that the multiprofessional team plan meetings with people, in order to Share experiences and create strategies to promote their role in care

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and return to activities, thus providing a better quality of life.²²

♦ Attention to medication

The use of immunosuppressive medications was emphasized by the interviewees as one of the care to be taken to maintain renal transplantation in order to avoid rejection of the transplanted organ. They even addressed the purpose of the drug's performance in the kidney and, even though it has strong action, its necessity is imperative.

She's also forcing the kidney to filter it out because it's a heavy medication, but it's got to take. (E3, 40 years).

In this testimony, E3 states that the drug goes through the renal filtration process. In this aspect, renal transplantation makes the use of immunosuppressive drugs mandatory so that it does not occur to the loss of renal function of the graft, a fact described as a negative consequence after transplantation.²³

The interviewees also mentioned the follow-up of the schedules for the use of the medication.

I always try to take the medicines at the times. (E3, 40 years).

You can not go without taking it. You have to take it always and at the right time. Can not be past the time. [...] You must take the medicine at the right time. (E10, 46 years).

I take the immunosuppressants which is the [name of the immunosuppressive drugs] and the medicines for the pressure that is [name of the antihypertensive drugs], and the [name of the anti-ulcer drug] so as not to feel pain in the stomach [...]. These are the medicines that can never be missed, which have to be taken at the right time. I take it at eight o'clock, at nine o'clock and at ten o'clock, and repeat itself at night, at 8:20 p.m., at 9:00 p.m. and at 10:00 p.m. That is, heaven can fall, the world and everything, you can not be without taking these remedies. (E15, 39 years).

We have to follow those goals that are to take the medicine at the right times. You can not forget the medicine, because otherwise, the transplant will not work. (E18, 55 years).

Another question posed by the participants of this study is that, in order not to forget the stipulated schedules, they adopted means to keep alert for compliance with the routine medication.

I do not forget why I always put my cell phone to wake up at the time of the medicine, then I always take it. Maybe that's why the treatment works. (E10, 46 years).

E10 with the aid of the cell phone programmed to wake up during the

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administration times of the medication. In a survey²⁶, respondents also pointed out the creation of strategies to facilitate the use of medications.

Still, in relation to the schedules and the strategies adopted for the use of the medication, the participants of this study affirmed the routine to be followed, influencing the feeding schedules.

In my house I do like this: I do not eat until today, I do [fasting] an hour before, an hour later. In the morning I get up early to take the drugs, because until eight o'clock I drink coffee, which from eight to nine I can not take anything from nine to ten. So I have to stay for two hours practically fast, because of the nine o'clock medicine. I've been transplanted for four years, always like this. Giving to do, I do. I try to do as correct as possible so I do not have any complications. (E9, 55 years).

Medication is as follows, I have to always be on time. In the morning I have medicine to take. It's something that has to be right, always, can not fail, can not leave after hours. Let's say, you can spend a minute for more, for less, but you can not miss it, you can not go past the schedule like this, it has to be there and also the food at that time has to be. Let's say, I have breakfast in the morning at eight [hours], then I can only eat again after ten-thirty, eleven o'clock. You can not mix food, nor a food there, because it has the [name of the immunosuppressive drug] of the nine [hours] I take, it is one hour fast before and one hour fast after. (E12, 45 years).

You have to have that time, because otherwise it [medicine] does not have the effect that has to be done. You can not eat or eat any food in this hour before, nor in the hour after. (E15, 39 years).

Adequate use of medications was also highlighted in another study, in which participants reported following times and doses correctly, considering it a self-care practice.²⁰ However, it is important to note that the daily use of these medications with strict schedules, also Can be interpreted as a major source of stress.²⁵

Despite this, respondents stressed that careful scheduling of medication is already routine. So much so that the interviewed E12 received guidance from health professionals who accompanied him in the post-surgical period of kidney transplantation.

For me, it's normal. Taking the medicine is part of the routine. I know the time, that's it. It is necessary to take care not to lose the kidney, to maintain it, so for me, it is part of the routine. (E3, 40 years).

I'm already used to it. It is something that, as if it were a service of mine, [...] since I

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transplanted it, they took me to the room and the nurses, the doctors have already brought me a leaf. Let's say, there's the name of the medicine and the time and the milligrams, so every time I take it, I had to write it down and they would check if I was taking it and noting it right, for me to get home and know what I had What to do. For me not to get home and now what I take, what I do, what I do not [...]. So that's already something I'm used to. It's a service for me, [...] I do not even need the watch. If I am ... before the time I take the medicine at nine or eight or ten, that time, I am already here [at home]. (E12, 45 years).

Providing guidance and clarifying doubts is an important competency of the nurse with the patient transplanted at the time of hospital discharge. Thus, it is essential to inform about the care in the daily routine, such as the correct use of prescribed medication, continuous follow-up and laboratory tests, among others.²⁷

Confirming that the routine medication is part of the day to day of the interviewees, in the following statements, they report taking the medications for work and social activities.

Do not mess up, you've already got into that routine too. [...] It is already engraved in the mind, that at eight o'clock you have to take medicine. [...] So far, at least I have not forgotten. I hope it always goes on like this, that I do not forget. [...] So we already have it recorded, I already have it engraved in my mind and it's no use. I leave in the morning for the service, before eight o'clock I take the medicine and leave for the service. The nine o'clock and the ten o'clock already carry along. So it's etched in the mind, it's automatic know. (E18, 55 years).

To the side that I go, I take [the medications]. Let's suppose I go out, go to someone's house or I'm going to have dinner or something, I already take my medicine. I go to [name of city] to travel, my medicines go with me, in my bag. Always, I already have until, that I have once handled some of these common remedies, so I have the pots. Then I get one of them and I put all the medication per day that I'm going to spend in [name of city], because they're all separated, the packaging. (E13, 53 years).

It is important to note that for renal transplant patients, adherence to care, such as not forgetting to use immunosuppressive medications and taking care of health, avoids problems and compromised the grafted organ.²⁸ Therefore, medications follow their daily routine, both at work and social. That said, the nurse must be present, continuously accompanying the transplanted person, and it is important to know their needs²⁹, because

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quality care will reflect positively on the lives of these people⁶.

♦ Attention with health

Regarding the follow-up of health status carried out professionally, the interviewees emphasized the frequency with which they performed, becoming part of the routine of care.

As I did the transplant and soon after the transplant, the first year practically this my doctor who has accompanied me. I thought it best to continue doing it [the service where he performed the kidney transplant], because [...] I had a few times that I had to have a kidney biopsy and something like that, and he always kept everything and talked to the other doctors, Finally. And I went, not that I was not well attended, I was very well attended here always [refers to the service where he performed hemodialysis]. As I very much care for him and he was already accompanying me, I preferred to continue there [service where he performed the kidney transplant]. (E5, 30 years).

Twice a week, that was a month. Then moved on to once a week. Then it went on every 15 days. Then only twice a month and so it was going. (E8, 50 years).

In the beginning it was once a week, I had to go to [the city where he performed the transplant]. Then it went from month to month and now every three months. (E10, 46 years).

Thank God, doctors have always never left me every 15 days. Now they are giving me a month, a month and a little deadline. (E20, 63 years).

While maintaining the frequency of kidney transplant follow-up reviews, one interviewee reported that, when he underwent another surgical procedure, he had to resume monitoring his condition more frequently.

Every seven days I went to do the review. After six months, it has been changing, it has already passed to 15 in 15 days, then it has passed to 30 days. And last year, when I did the throat surgery, the parathyroid gland has changed the routine again, it's been there every seven days, then it's been changing to 15 days, and now it's 30 days. Now it's over 45 days, the last time I went. (E18, 55 years).

Post-transplant treatment, among several requirements, has the need of constant follow-up with the frequent departure to the place where the procedure was performed, this fact can cause stress, since often the health unit where the transplant is done is located in distant municipalities or in other States.²⁵

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Examination and follow-up of their results was also one of the care to be taken by people with kidney transplantation.

I have done every two months, a month, two months, it depends on the exams. Sometimes you go there and the exams are good. [...] Soon after the transplant, the return is closer. Sometimes you return, in the first week it becomes two, three times a week, then it happens to be once every 15 days, then once every month, then once every two months. So, according to your state, if you are well, if your exams are good, the consultations are going away. (E5, 30 years).

With all the care we have to have, that we are oriented to have. I can say that I was born again. I now take 45 in 45 days, as a good time I did from week to week. I went to the city where I performed the kidney transplant all week, then I went every 15 days, then I went from month to month and now it's every 45 days. (E7, 58 years).

But then only goes there for review, does the exams and everything is fine, and gave to ball, the rest normal. Now, I'm going every two months. (E15, 39 years).

Regarding the periodic exams, it should be pointed out that the timing of the results is experienced with great expectation and tension by the people who performed the renal transplant, since it is the proof of the actual state of the graft.²⁵ When they receive the result of normality of their state of health, they are relieved.

In addition, the interviewees stressed that, through the results of the laboratory tests, there is adjustment of the dosage of the medication to be used, even when the presence of another pathology occurs.

They [doctors] look at all the exams. If you have any changes, they will lower the medicine or have another test done. But in those two years that I am [transplanted], I only went once. Now she gave herpes and they had to give a medication, the same one I was taking here, only in larger dosages. (E8, 50 years).

My exams are normal, do not change. Only the first few months, until they adjust the medicine, they will give you the medicine according to your test result. (E13, 53 years).

These examinations that are against rejection, they [doctors] are doing several [...]. Or they increase or decrease [dosage of immunosuppressive medications], depending on how your kidney is. [...] But I'm much better now, because I think I'm taking the dose that the doctor got right [...]. That at the beginning of the transplant, as soon as I did the transplant, I once took seven of this here

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[*immunosuppressive medicine*]. (E20, 63 years).

For maintenance of the transplanted organ, periodic monitoring is necessary. According to the Clinical Protocol and Therapeutic Guidelines (Ordinance SAS / MS No. 712), there are examinations, so that the dosage of the immunosuppressive drugs is adjusted, properly, so that effective action is maintained, avoiding rejection. In addition, the frequency with which people are followed, especially in the first months after transplantation, is related, in addition to adjusting the dosage of medications, to diet, psychological support, risk of rejection and control of infections.³⁰

Also in the interviews, the concern of the people to go to the health service to request a medical request for a laboratory examination, since they must follow the value of creatinine.

It turned out normal, that I had already done my exam here. I'm not a muggle to wait. I went in the post, ask the doctor. She gave me the requisition and I did, to see at least my creatinine, which I am obliged to follow. [...] There were eight, zero commas [...]. I went to [the city where he performed the kidney transplant], he gave it, he confirmed. [...], now I consulted in June, now only on October 8 that I go again. (E13, 53 years).

Therefore, it is important to emphasize that care needs are related to clinical follow-up, consultations and examinations periodically, or also to hospitalizations, when post-surgical complications occur, demanding increased attention to the specificities of the health condition. To this end, the support of professionals and health services is essential in order to provide a better quality of life for those who remain chronically ill.⁶

One interviewee mentioned the need for follow-up of other medical specialties, since they need to avoid the presence of infections, in order not to lose the functioning of the transplanted organ.

Because you have to be very careful with the infections because of the kidney, because it all goes to the kidney. You have to have a gynecologist, you have to do every year, you have to do dental, vision, everything. There is a bigger regime in your life, but nothing abnormal, something for our health, even worth it. (E9, 55 years).

Based on the above, the day-to-day life of a transplanted person is different from the others due to the care taken, and professional support for health promotion is essential.³⁰ In this sense, it is important to emphasize that the health team is multiprofessional, so that full and complete care, which together with

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the patient's healthy habits, guarantee the integrity of the transplanted organ.

Thus, having personal resources, ie cognitive, psychological and social resources, help in the process of adaptation of the transplanted person. In relation to these resources, the support of the health team, taking into account the needs and challenges that the person will have to overcome, is of fundamental importance for the construction of healthy behaviors, resulting in quality of life and positive transplant results.²⁵

CONCLUSION

Performing kidney transplantation may cause changes in a person's behavior with CKD. Thus, the development of this study favored the knowledge of the care taken by transplanted people, to the maintenance of the transplanted organ, being related to diet, water intake, hygiene, social and work activities, medications and health. Because kidney transplantation may be considered the treatment desired by many people experiencing CKD, health professionals need to be aware of the care taken.

In this context, Nursing performance becomes fundamental, especially in the orientation of actions that permeate the person's life with renal transplantation, making it easier to become a protagonist in their treatment. It is hoped that this work promotes reflections to the Nursing professionals who work with people with renal transplantation, who demand greater public health attention for the preservation of the transplanted organ, favoring the continuity of renal therapeutics with quality of life.

REFERENCES

1. Ministério da Saúde (BR), Portal da Saúde. Estatísticas Gerais do SNT [Internet]. Brasília: Ministério da Saúde; c2016 [cited 2016 July 22]. Available from: <http://portalsaude.saude.gov.br/index.php/o-ministerio/principal/secretarias/sas/transplantes>
2. Simpson CA, Silva FS. Trajetória de vida de transplantados renais: apreendendo as mudanças ocorridas na vida dos pacientes. Ciênc Cuid Saúde [Internet]. 2013 July/Sept [cited 2016 July 22];12(3):467-74. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/16259/pdf>
3. Furtado AMO, Souza SROS, Oliveira BL, García CN. El enfermero asistencial y educador en una unidad de trasplante renal:

Santos BP dos, Lise F, Feijó AM et al.

Care carried out by people with renal transplants...

- un desafio. Enfermería global [Internet]. 2012 July [cited 2016 July 22];11(27):346-50. Available from: http://scielo.isciii.es/pdf/eg/v11n27/pt_revisi3.pdf
4. Santos BP, Schwartz E, Beuter M, Echevarría-Guanilo ME, Feijó AM, Duarte GC. Transplante renal: análise comportamental a partir da Técnica dos Incidentes Críticos. Aquichán [Internet]. 2016 Jan/Mar [cited 2016 July 22];16(1):83-93. Available from: <http://www.scielo.org.co/pdf/aqui/v16n1/v16n1a09.pdf>
5. Mendonça AEO, Torres GV, Salvetti MG, Alchieri JC, Costa IKF. Changes in Quality of Life after kidney transplantation and related factors. Acta Paul Enferm [Internet]. 2014 May/June [cited 2016 July 22]; (27):3:287-92. Available from: <http://www.scielo.br/pdf/ape/v27n3/1982-0194-ape-027-003-0287.pdf>
6. Silva LC, Freitas TS, Maruyama SAT, Silva DRS, Silva FC. O transplante renal na perspectiva da pessoa transplantada. Ciênc Cuid Saúde [Internet]. 2013 Apr/June [cited 2016 July 22];12(2):356-64. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/17215/pdf>
7. Flanagan J. La technique de l'incident critique. Revue de Psychologie Appliquee. 1954;4(2):165-85.
8. Castro RSA, Giatti L, Barreto SM. Fatores associados à adição de sal à refeição pronta. Ciênc Saúde Coletiva [Internet]. 2014 [cited 2016 July 22];19(5):1503-12. Available from: <http://www.scielo.br/pdf/csc/v19n5/1413-8123-csc-19-05-01503.pdf>
9. Borjes LC, Rosetto JM, Garcia LM. Limiar de reconhecimento do gosto salgado e estimativa de consumo de sódio de transplantados renais. Demetra [Internet]. 2015 [cited 2016 July 22];10(2):315-28. Available from: <http://www.e-publicacoes.uerj.br/index.php/demetra/article/viewFile/14092/13276>
10. Dutra DD, Duarte MCS, Albuquerque KF, Lima AS, Santos JS, Souto HC. Doenças cardiovasculares e fatores associados em adultos e idosos cadastrados em uma unidade básica de saúde. R pesq cuid fundam online [Internet]. 2016 Apr/June [cited 2016 July 22];8(2):4501-9. Available from: <http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/4787>
11. Verrengia EC, Sousa AA. A dieta hipossódica na percepção de indivíduos hipertensos hospitalizados. Demetra [Internet]. 2012 [cited 2016 July 22];7(3):181-90. Available from: <http://www.e-publicacoes.uerj.br/index.php/demetra/article/view/3590/3843>

12. Calderan C, Torres AAP, Zillmer JGV, Schwartz E, Silva DGV. Práticas de autocuidado de pessoas com insuficiência renal crônica submetidas à diálise peritoneal ambulatorial contínua. R pesq cuid fundam online [Internet]. 2013 Jan/Mar [cited 2016 July 22];5(1):3394-402. Available from: http://www.seer.unirio.br/index.php/cuidadofundamental/article/view/2030/pdf_699
13. Gus I, Ribeiro RA, Kato S, Bastos J, Medina C, Zazlavsky C, et al. Variações na Prevalência dos Fatores de Risco para Doença Arterial Coronariana no Rio Grande do Sul: Uma Análise Comparativa entre 2002-2014. Arq Bras Cardiol [Internet]. 2015 Dec [cited 2016 July 22];105(6):573-9. Available from: http://www.scielo.br/pdf/abc/v105n6/pt_0066-782X-abc-20150127.pdf
14. Quintana AM, Weissheimer TKS, Hermann C. Atribuições de significados ao transplante renal. Psico [Internet]. 2011 [cited 2016 July 22];42(1):23-30. Available from: <http://revistaseletronicas.pucrs.br/ojs/index.php/revistapsico/article/view/6057/6295>
15. Romão Júnior JE. Água e a saúde do rim transplantado. RBM: rev bras med [Internet]. 2013 [cited 2016 July 22];70:21-6. Available from: http://www.moreirajr.com.br/revistas.asp?fase=r003&id_materia=5647
16. Mendonça MFC, Paiva PT, Mendes TR, Barro MR, Cordeiro MR, Kiill KB. A água da fonte natural: sequência de atividades envolvendo os conceitos de substância e mistura. Quím nova esc [Internet]. 2014 May [cited 2016 July 22];36(2):108-18. Available from: http://qnesc.sbq.org.br/online/qnesc36_2/06-RSA-106-12.pdf
17. Álvarez-JR M, Marín-AL V, Allué-I P, Rosado-C I, Gregorio-P G, Cordero-P R, et al. Recomendaciones de bebida e hidratación para la población española. Nutr Clín Diet Hosp [Internet]. 2008 [cited 2016 July 22];28(2):3-19. Available from: [http://www.nutricion.org/publicaciones/revistas/NutrClinDietHosp08\(28\)2_3_19.pdf](http://www.nutricion.org/publicaciones/revistas/NutrClinDietHosp08(28)2_3_19.pdf)
18. Cunha GH, Araújo TL, Lima FET, Cavalcante TF, Galvão MTG. Práticas de higiene para pacientes com HIV/AIDS. Rev Gaúcha Enferm [Internet]. 2014 Sept [cited 2016 July 22];35(3):137-44. Available from: <http://seer.ufrgs.br/index.php/RevistaGauchaEnfermagem/article/view/44928/31530>
19. Feitoza SMS, Rebouças CBA, Silva MG, Ribeiro SB. Percepção das mães sobre os cuidados com o filho submetido ao transplante

Santos BP dos, Lise F, Feijó AM et al.

cardíaco. Rev Esc Enferm USP [Internet]. 2016 [cited 2016 July 22];50(1):36-42. Available from: http://www.scielo.br/pdf/reeusp/v50n1/pt_080-6234-reeusp-50-01-0036.pdf

20. Bomfim RE, Schwartz E, Garcia RP, Lima JF, Santos BP, Silva MS. Vivências de pacientes que apresentaram rejeição ao enxerto de rim. Saúde (Santa Maria) [Internet]. 2016 Jan/July [cited 2016 July 22];42(1):93-102. Available from: <https://periodicos.ufsm.br/revistasauade/article/view/20445/pdf>

21. Castro EAB, Andrade AM, Santos KB, Soares TC, Esterici LT. Autocuidado após o transplante de medula óssea autólogo no processo de cuidar pelo enfermeiro. Rev RENE [Internet]. 2012 [cited 2016 July 22];13(5):1152-62. Available from: <http://www.periodicos.ufc.br/rene/article/view/4126/3213>

22. Costa JM, Nogueira LT. Associação entre trabalho, renda e qualidade de vida de receptores de transplante renal no município de Teresina, PI, Brasil. J Bras Nefrol [Internet]. 2014 July/Sept [cited 2016 July 22];36(3):332-8. Available from: <http://www.scielo.br/pdf/jbn/v36n3/0101-2800-jbn-36-03-0332.pdf>

23. Santos BP, Schwartz E, Beuter M, Muniz RM, Echevarría-Guanilo ME, Viegas AC. Consequences attributed to kidney transplantation: critical incident technique. Texto contexto-enferm [Internet]. 2015 July/Sept [cited 2016 July 22];24(3):748-55. Available from: http://www.scielo.br/pdf/tce/v24n3/pt_0104-0707-tce-2015000270014.pdf

24. Pontes L, Guirardello EB, Campos CJ. Demands for attention experienced by a patient in a bone marrow transplants unit. Rev Esc Enferm USP [Internet]. 2007 Mar [cited 2016 July 22];41:154-60. Available from: <http://www.scielo.br/pdf/reeusp/v41n1/v41n1a20.pdf>

25. Brito DCS, Paula AM, Grincenkov FRS, Lucchetti G, Sanders-Pinheiro H. Analysis of the changes and difficulties arising from kidney transplantation: a qualitative study. Rev Latino-Am Enfermagem [Internet]. 2015 May/June [cited 2016 July 22];23(3):419-26. Available from: http://www.scielo.br/pdf/rlae/v23n3/pt_0104-1169-rlae-23-03-00419.pdf

26. Arruda GO, Renovato RD. Uso de medicamentos em transplantados renais: práticas de medicação e representações. Rev Gaúcha Enferm [Internet]. 2012 Dec [cited

Care carried out by people with renal transplants...

2016 July 22];33(4):157-64. Available from: <http://www.scielo.br/pdf/rgenf/v33n4/20.pdf>

27. Inácio LA, Montezeli JH, Sade PMC, Caveião C, Hey AP. Atuação do enfermeiro nas orientações de alta ao paciente pós-transplante renal. Rev Enferm UFSM [Internet]. 2014 Apr/June [cited 2016 July 22];4(2):323-31. Available from: <http://periodicos.ufsm.br/index.php/reufsm/article/view/10186/pdf>

28. Prates DS, Camponogara S, Arboit ÉL, Tolfo F, Beuter M. Transplante renal: percepções de pacientes transplantados e profissionais da saúde. J Nurs UFPE on line [Internet]. 2016 Apr [cited 2016 July 22];10(4):1264-72. Available from: http://www.revista.ufpe.br/revistaenfermage/index.php/revista/article/view/7099/pdf_9970

39. Andrade AM, Castro EAB, Soares TC, Santos KB. Vivências de adultos submetidos ao transplante de medula óssea autólogo. Ciênc Cuid Saúde [Internet]. 2012 Apr/June [cited 2016 July 22];11(2):267-74. Available from: <http://periodicos.uem.br/ojs/index.php/CienCuidSaude/article/view/15180/pdf>

30. Aguiar MIF, Rolim ILTP, Farias DR, Pinheiro ML, Chaves ES, Almeida PC. Qualidade de vida de pacientes submetidos ao transplante cardíaco: aplicação da escala Whoqol-Bref. Arq Bras Cardiol [Internet]. 2011 Jan [cited 2016 July 22];96(1):60-7. Available from: <http://www.scielo.br/pdf/abc/v96n1/aop12910.pdf>

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