THE LIVING OF THE RENAL TRANSPLANT FAILURE PATIENT WHO RETURNED TO HEMODIALYSIS

ABSTRACT
Objective: to know the experience of people who induced renal transplant patients to return to dialysis treatment by hemodialysis. Method: this is a descriptive study with a qualitative approach using the existential phenomenology of Martin Heidegger as a theoretical, methodological support, having the Nephrology services of the following hospitals in Alagoas as study scenarios: Hospital Universitário Professor Alberto Antunes; Hospital Sanatório; Hospital do Açucar; Hospital Chama; Hospital Santa Rita; Hospital Vida; Hospital Arthur Ramos e Hospital Santa Casa de Misericórdia de Maceió and post-transplanted renal failure that returned to the hemodialytic treatment as participants. The data will be produced through interviews and analyzed according to the phenomenological approach. Expected results: to discuss the adequacy of the care offered to renal transplant recipients, and to provide subsidies for nursing care and health staff, more targeted and consequently improve the quality of life of these people. Descriptors: Chronic Renal Failure; Kidney Transplantation; Readmission of the Patient; Renal Dialysis.

RESUMO
Objetivo: conhecer a experiência vivenciada por pessoas que induziram o transplantado renal a retornar ao tratamento dialítico por hemodiálise. Método: estudo descritivo, de abordagem qualitativa, utilizando como suporte teórico metodológico a fenomenologia existencial de Martin Heidegger, tendo como cenários de estudo os serviços de Nefrologia dos seguintes hospitais de Alagoas: Hospital Universitário Professor Alberto Antunes; Hospital Sanatório; Hospital do Açúcar; Hospital Chama; Hospital Santa Rita; Hospital Vida; Hospital Arthur Ramos e Hospital Santa Casa de Misericórdia de Maceió, e como participantes pós-transplantado renal malsucedido que retornou ao tratamento hemodialítico. Os dados serão produzidos por meio de entrevistas e analisados obedecendo a abordagem fenomenológica. Resultados esperados: discutir a adequação dos cuidados oferecidos aos transplantados renais, e assim, proporcionar subsídios para uma assistência de enfermagem e da equipe de saúde, mais direcionada e, consequentemente, aperfeiçoar a qualidade de vida destas pessoas. Descriptors: Insuficiência Renal Crônica; Transplante Renal; Readmissão do Paciente; Diálise Renal.

RESUMEN
Objetivo: conocer la experiencia vivida por personas que indujeron al trasplantado renal a retornar al tratamiento dialítico por hemodiálisis. Método: estudio descriptivo, de enfoque cualitativo, utilizando como soporte teórico metodológico la fenomenología existencial de Martin Heidegger, teniendo como escenarios de estudio los servicios de Nefrología de los siguientes hospitales de Alagoas: Hospital Universitario Professor Alberto Antunes; Hospital Sanatorio; Hospital do Açúcar; Hospital Chama; Hospital Santa Rita; Hospital Vida; Hospital Arthur Ramos e Hospital Santa Casa de Misericordia de Maceió, y como participantes post-transplantado renal sin éxito que retornaron al tratamiento hemodiálisis. Los datos serán producidos por medio de entrevistas y analizados obedeciendo el enfoque fenomenológico. Resultados esperados: discutir la adecuación de los cuidados ofrecidos a los trasplantados renales, y así, proporcionar subsidios para una asistencia de enfermería y del equipo de salud, más dirigida y consecuentemente perfeccionar la calidad de vida de estas personas. Descriptors: Insuficiencia Renal Crónica; Trasplante de Riñón; Readmisión del Paciente; Diálisis Renal.
INTRODUCTION

The unsuccessful renal transplant recipient who returned to hemodialysis treatment is the individual of this study. Authors report that the prevalence of chronic kidney disease worldwide has increased considerably in recent years. In the more advanced stage of the disease, the Subspecialty Renal Therapies (SRT), consisting of hemodialysis, peritoneal dialysis and transplantation are necessary for the maintenance of the patient’s life.1,5

Hemodialysis is one of the main and most used methods of the treatments, in which it consists of removing catabolites from the body and correcting the modifications of the internal environment through the blood circulation in a specific equipment6. The treatment is carried out three days a week, with an approximate duration of four hours a day, such characteristics lead to a very tiring treatment adherence. Also, at each hemodialysis session, the patient is punctured from the arteriovenous fistula with a large-caliber needle, a very painful procedure that contributes to the discouragement of treatment.4

Renal transplantation emerges as an alternative for patients who cannot adapt to the treatment and complications caused by the disease, and it is seen as a major life transformation, causing some patients to see the surgical procedure as a release from the requirement of hemodialysis.6 The transplant offers the patient the chance of greater independence, being able to develop simple activities like going out, being able to eat what they want or simply being able to drink water10. Resuming this routine means to be able to do activities that were previously restricted.2

Although the transplant provides a better quality of life for the patient, it obliges him to adopt a different lifestyle in food, hygiene, medication and health care. The risks of rejection have been reduced over the centuries by the availability of highly efficient new drugs. In addition to the use of medications, outpatient follow-up is essential, as it favors the success of surgery and further reduces the risk of organ rejection. To this end, the transplant team must coordinate care with the patient from preoperative to post-transplant consultations in the outpatient clinic.3,4

Therefore, the nurse has the duty to offer quality care to the transplanted patients through the implementation of the nursing process using the systematization of nursing care and enables the contribution to reducing the risk of renal rejection and to increase the quality and the credibility of the services provided.4

One study9 corroborates when mentioning the continuous use of immunosuppressant, and adds that the increasing number of surgeries performed associated with increased clinical handling of these patients to ensure an organism predisposes to chronic complications tend to be frequent, with serious implications, such as loss or dysfunction of the transplanted organ by about 40% to 70%, even in patient survival. Another study7 adds that renal transplant patients who returned for hemodialysis are increasingly recognized as a group of patients with high morbidity and mortality rates, and shows infectious events as the most common causes, further emphasizing that the exact reasons for this high mortality rates and morbidity are still beginning to receive the necessary care.

Given such possibilities shown in the reported studies, to better clarify the reasons for the return of the renal transplant recipient for hemodialysis, this research aims to:

- Know the experience by people who induced the renal transplant patient to return to dialysis treatment by hemodialysis.

METHOD

This is a descriptive, qualitative approach using the existential phenomenology of Martin Heidegger as a theoretical and methodological support that questions the sense of Being-in-the-world.9

The research will be carried out in the Nephrology services of the Alagoas hospitals: Hospital Universitário Professor Alberto Antunes; Hospital Sanatório; Hospital do Açúcar; Hospital Chama; Hospital Ortopédico; Hospital Afra Barbosa; Hospital Santa Rita; Hospital Vida; Hospital Arthur Ramos e Hospital Santa Casa de Misericórdia de Maceió. The scenarios were chosen because they have patients who undergo hemodialysis and who have undergone an unsuccessful renal transplant.

Patients who have failed renal transplant and undergoing hemodialysis in Nephrology services will be participants in this study. The inclusion criteria are patients who underwent renal transplantation, who subsequently progressed to failure and returned to hemodialysis treatment, who accepted to participate in the interview and who were older than 18 years old.

The exclusion criteria are patients who underwent renal transplantation, who...
subsequently progressed to failure and returned to hemodialysis treatment and refuse to participate in the study.

An open interview will be held, asking the following question: “Tell me about your experience as a kidney patient who performed an unsuccessful transplant and returned to hemodialysis treatment.”

Participants will be clarified about the purpose of this research, granting them their rights to preserve or refuse to participate, giving them complete freedom to give up, regardless of the stage in which the research is found, without any harm or prejudice in any order. The Free and Informed Consent Form will be signed in two copies, according to Resolution 466/2012 of the CNS/CONEP by the researcher and collaborator. This research project was approved by the Research Ethics Committee/UFAL on November 27, 2015, under the number of the process (CAE) 49933015.0.0000.5013.

EXPECTED RESULTS

It is hoped that this research will deepen the scientific knowledge about the individual to discuss the adequacy of the care offered to renal transplant recipients and to provide subsidies for a more focused nursing assistance and health team and, consequently, to improve the quality of life of these people.

This research has social and humanitarian relevance in the life of the renal patients who have crossed a difficult path until the conquest of their transplant, and that due to the failure in renal transplantation, they ended up returning to hemodialysis treatment. Thus, the knowledge of the experience of these people will facilitate the promotion of nursing care and the health team, benefit the renal patient.

REFERENCES


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