



Diabetes after renal transplant

Information for patients from the Renal Transplant Services Team

The following leaflet outlines how to care for diabetes after renal transplant, and how you can lower your risk of developing the illness.

What is diabetes?

Diabetes is an illness that affects how your body makes and uses a hormone called insulin. Insulin is produced by the pancreas. Foods we eat, particularly carbohydrates and fats are changed into a sugar called glucose which our bodies use for energy. To turn glucose into energy our bodies must produce insulin. Insulin “unlocks” the body cells, allowing glucose to enter.

- **Type 1 diabetes**, typically found in young people, is when the body does not produce any insulin.
- **Type 2 diabetes** is much more common and occurs because the body is resistant to insulin. If insulin is not made or used in the right way, glucose will build up in the blood.

Why should I be concerned about diabetes?

Diabetes is a serious disease that is linked with many health problems and complications. Diabetes is related to heart disease, stroke, high blood pressure, and kidney disease. It is an even greater risk for people that have had organ transplants.

The type of diabetes that occurs after transplant is called **new onset diabetes** or **diabetes mellitus**.

Why am I at risk of diabetes after transplant?

Some of the anti-rejection medications that you take after transplantation can increase the risk of developing diabetes. Sometimes we are able to reverse the diagnosis of diabetes by reducing certain medications.



Can I lower my risk of developing diabetes?

Diabetes can affect anyone, but some people are more at risk than others. Family history is a risk for diabetes; some people can inherit the disease. Your ethnic background can also increase your risk, for example African-American, Hispanic, and Asian people are at the highest risk.

You can take the following steps to lower your risk.

- Improve your overall health through diet and exercise.
- Obesity is a strong risk factor for type 2 diabetes. If you are overweight, it is important to try and lose weight to reduce your risk of diabetes. Exercise is an important treatment, especially alongside a weight loss program.
- Review your medications with the transplant team.
- Try to reduce stress. Your GP or consultant can help or refer you for additional counselling and advice.

How is diabetes diagnosed?

Diabetes is diagnosed by checking blood levels of glucose through several types of tests. On your clinic visits this will be done weekly. If your glucose level is found to be increased, a fasting glucose test may be necessary. Glucose levels in people who have diabetes will build up.

How is diabetes treated?

For some patients changes in anti-rejection medications can help control diabetes. In others, changing eating habits and losing weight does the trick. However, this may not work or be an option for you, so you may need oral medications or insulin injections. Oral medications stimulate your pancreas to produce insulin when the supply is inadequate. Insulin replaces the hormone in your body when it cannot be produced.

If you are diagnosed as having diabetes you will be referred to the diabetic specialist nurse at your GP practice. This nurse will help you understand the best foods and food combinations to eat, as well as those to avoid. The nurse will also discuss the importance of taking care of your feet, skin, eyes, teeth, and other problems linked with diabetes, as well as making any necessary referrals.

What are the long term complications of diabetes?

If left untreated or uncontrolled, diabetes can result in serious problems involving your heart, eyes, kidneys, nerve endings, and blood vessels. Be aware of and watch for any of these symptoms and report them to either your GP or renal or diabetes consultant.

- Pounding headaches, blurred vision, dizziness, numbness, irregular heartbeat, and shortness of breath.
- Tingling, decreased sensation, and pain in your arms and legs.
- Vision changes; routine eye tests are necessary.
- High blood pressure.
- Swelling.

Living with diabetes

Although there is no cure for diabetes, it is treatable. A handheld device called a glucometer will allow you to check your blood sugars. Making healthy lifestyle choices through diet, exercise, and stress reduction will help you keep a healthy weight. Please get support from your family, friends, diabetes team, and your GP. The more you learn the more you can do to help keep your diabetes under control.

Further information

If after reading this leaflet you have any further questions or concerns, please contact either your GP or the renal transplant nurses on 01227 86 64 43. If your query is non-urgent, please speak with either your renal or diabetes consultant at your next outpatients clinic appointment.

This leaflet has been produced with and for patients

If you would like this information in **another language, audio, Braille, Easy Read, or large print** please ask a member of staff. You can ask someone to contact us on your behalf.

Any complaints, comments, concerns, or compliments please speak to your doctor or nurse, or contact the Patient Advice and Liaison Service (PALS) on 01227 78 31 45, or email ekh-tr.pals@nhs.net

Patients should not bring in large sums of money or valuables into hospital. Please note that East Kent Hospitals accepts no responsibility for the loss or damage to personal property, unless the property had been handed in to Trust staff for safe-keeping.

Further patient leaflets are available via the East Kent Hospitals web site www.ekhuft.nhs.uk/patientinformation