

TRANSPLANTATION SERIES

Sexual Problems Following a Transplant

Including information on Viagra
and Pregnancy

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Key Points

- Sex life is *usually better* after a transplant than on dialysis
- For *men* who have trouble getting erections there are several treatments that can be used, including Viagra
- *Women* can have babies after a transplant (all women of child bearing age must have a pregnancy test prior to transplant). Pregnancy can be complicated in transplant patients, but is *usually successful*
- Pregnancy should be planned
- Speak to your Doctor, some drugs can potentially cause birth defects (eg. mycophenolate. Both women and men who have had a transplant need to change medications)

Sex is usually better after a transplant than on dialysis. The high level of waste that is present in the body before a transplant goes down to more normal levels and the body can work much better. However, a good sex life is not guaranteed. There may have been serious problems on dialysis that cannot be reversed. Diabetes, or stress, or side effects of drugs can affect sex drive. The doctors in the transplant clinic will be able to advise on ways in which sex life may be improved after a transplant.

Immediately after a transplant, sex would probably not damage the kidney, but it may be sensible to refrain from sex for a few weeks.

In women, fertility can return very quickly after a transplant, so contraception should be used straight away. The oral contraceptive can be taken safely by most women, but it may be better to use a barrier method (eg condoms) as doctors may advise delaying starting the oral contraceptive until after the first few months of transplantation.

Viagra

For men who have difficulty getting or maintaining erections, Viagra may be successful and has been used by many transplant patients. However, it may not be safe in some patients with heart problems. If Viagra is not safe to use, there are other treatments to help get erections, which may involve injections into the penis, or squirting a drug into the opening at the end of the penis.

A specialist on impotence can advise, and will also check that there are not other causes of impotence (such as testosterone deficiency) that can be treated.

Pregnancy

Fertility should return to normal after a transplant. This is particularly important for women, because it is very rare to have a successful pregnancy whilst on dialysis.

Many women do not menstruate on dialysis and usually menstruation returns after a transplant, although the periods may be irregular for many months.

It is not recommended that women get pregnant in the first year after a transplant. Pregnancy can cause problems with the levels of anti-rejection drugs and raised blood pressure, so it is better if the transplant has a chance to get well 'settled in' before getting pregnant.

A common worry is that the drugs given to prevent rejection and all the other problems of transplantation will cause damage to the baby. Perhaps surprisingly, this is not a major problem. Research has shown that there may be a higher early miscarriage rate in transplant women than in the general population, but that the live babies born to transplant mothers have no higher a risk of abnormalities than those born to 'normal' people. An exception to this is mycophenolate, and anyone planning a pregnancy (women and men) who is taking this drug should discuss the options for changing this drug with their transplant unit. Indeed, any woman planning a pregnancy after transplantation should discuss their drugs with the transplant unit. Many units also have a specialist clinic where a kidney specialist and an obstetrician work together, giving the best advice.

It is rare for the pregnancy to cause transplant failure, though the blood pressure generally goes up and blood levels of cyclosporin will fall, meaning the dose taken has to be increased. Sometimes the transplant function will be permanently reduced after pregnancy.

The blood pressure often goes quite high at about 34 weeks of pregnancy, resulting in a slightly premature delivery of the baby. However, so long as this is anticipated there are usually no serious problems. This is one of the reasons transplant units usually suggest the delivery takes place in the same hospital as the transplant unit, where there is more experience of transplanted women with pregnancies.

Breast feeding may not be possible after delivery - it depends on the drugs being taken for the transplant. Cyclosporin comes through the body into breast milk, so if the mother is taking this drug, the baby will have to be bottle fed, unfortunately.