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THE RENAL TRANSPLANTATION IN VIEW OF THE TRANSPLANTED PERSON[1]

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ABSTRACT
The organ transplant, especially the renal, is a therapeutic modality that enables the improvement of life. This study aims to understand the meanings in process of renal transplantation in view of the transplanted person. Qualitative study that have in context on health service network public that manages the assistance the transplanted people in the state of Mato Grosso, was conducted through interviews with three subjects transplanted kidney from February to November 2010. Data analysis was thematic revealed three categories: explanations of illness, the kidney transplantation, the meanings of be renal transplantation. Is necessary have structured health service according to the needs of the transplanted renal people in full, guaranteeing their right to health, to information and to citizenship.

Keywords: Kidney Transplantation. Nursing. Nursing Care.

INTRODUCTION

The company has encountered with the development of scientific researches in all areas, in particular in the area of organ transplants, for being a therapeutic modality that allows the improvement in survival and quality of life of people who have some organ failure(1). In Brazil, although it is increasing the number of transplants of organs, the kidney transplant (TR) is still a challenge to the public health system, because in 2012 had 20,021 active patients on the waiting list, being made only 5,385 transplants (2). The evolution of scientific knowledge and surgical techniques in the area does not necessarily mean the effective accessibility to those in need of kidney transplant, despite the existence of rules of the subject.

Although the National Policy of transplanted organ and tissue status establishes guidelines covering the gratuity of the donation, with regard to charity, compared to recipients and non-maleficence, in relation to living donors and rights guarantees to patients who need them, it must be regulated healthcare network for the operation of teams and institutions (3) because the transplant is a procedure more complex, since it is not limited only to receive an organ.

The term "transplantation" is defined as "the transfer of living cells, tissues or organs from a donor to a recipient, with the intention of maintaining the functional integrity of the transplanted material on the receiver"(4: 2). So, with the transplant "it became possible to replace diseased or damaged organs, or parts of the body, either by implantation of artificial organ or an organ transplant from another person"(5: 43). However, this procedure does not involve only the transfer of biological parts from one person to another, but an impact on her life, because it integrates life contexts and everyday experiences, therefore, socio-cultural dimensions. For people who experience sickness, are highlights the values and the beliefs about the disease, death, body, family, surgery, among others (5). In this sense, in the process of organ transplantation, health services and its professionals to provide practices that consider

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the relevance of the meanings in the illness experience.

Health professionals, especially nurses, understand that, to take care of people who need or TR, such aspects are part of their lives and need to consider. Understand the meanings present in the experience of illness of those assists in care practices based on completeness.

We found that people who have experienced the TR went through changes in their lives as a result of his health that led to revise their eating habits, their family and social relationships, your condition to work, the dependence of the hemodialysis machine, dependence on services and health professionals, the dependence on medications, among other changes that limit the lives of these people affect their identities and their life projects. However, health professionals, before the completion of the procedure, do not always clarify these limitations. Although the meaning of transplant represents a "new life", it is necessary to point out that are a number of health care that need to be managed by the person and their family, but not always, evidenced in the transplant process. Uncertainties about their lives after the procedure, your reactions, relative to the transplanted organ, such as post-operative care, will be how to proceed and take care in case of complications, are not always considered by health professionals.

Understanding is important to the understanding of what it means to the transplant, this study had as its guiding question: How does the organ transplant in the vision of the user? Therefore, the objective of this study is to understand how the kidney transplant in view of transplanted person.

This study is justified by little scientific literature regarding this topic, in the context of nursing(6), by giving importance to the voice of people transplanted kidney, by revealing the needs of these people, because it is an area that requires competent nursing professionals and provide integral care and ethical practices. Even extends the focus of care for the needs of people and the socio-cultural context as an important aspect to be considered by professional practices in public health systems.

METHODOLOGY

Qualitative study to seek to understand, in addition to the phenomenon itself, its relation to the understanding of individual and collective issues that are part of the lives of people(7). Study linked to the dissertation: the experience of illness of people transplanted kidney was developed in the public service for transplants in the State of Mato Grosso, whose data collection took place from February to November 2010, through open interview. In view of the objective of the present study, three were selected subject, whose transplant was the criterion have been deceased donor, since this condition produces distinctive meanings.

The analysis of the data was thematic and followed three steps: pre-analysis, exploration of material, processing of results and interpretation (8). Thus, the reading was made to seize the floating aspects related to each subject and context related to later experience were highlighted the relevant aspects in common of each interview, then grouped into categories: **the meanings about the illness** are explanations about your problem, the hemodialysis period and the limitations experienced in this period; **the meanings about the kidney transplant**, how experienced your expectations, your fears and the lack of information; and **the meanings to be kidney transplanted**, the meanings of life, of the services of health professionals, information, graft and the family.

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RESULTS AND DISCUSSION

The subject of this study are donor people kidney transplanted deceased. They are John Mark, 50 years old, married, 3 children; hemodialysis i did for ten years, kidney transplanted there for 11 years. Luciana, 44 years old, a widow, two sons, and hemodialysis I did for seven years, needed to make two kidney transplants, the first, by rejecting the organ, only stayed for 20 days, requiring the second transplanted kidney, for eight years. Deny, 45 years, no kids, hemodialysis did during four and a half years, kidney transplanted there nine years.

These subjects are between 44 to 50 years of age, have had a long time on hemodialysis and transplanted between 8 and 11 years. We emphasize that such information intended to place the reader regarding the subject of this study, thus marking their narratives. So, were relevant, in this study, the meanings about the illness, kidney transplant and be transplanted.

The meanings about the illness

The motivation for the transplant part of the disease, the biographical aspects, social and cultural rights. This disease is memorialized by the transplanted kidney as a disease marked by having a body *locus*: kidney, urethra, signs of fever, swelling, infection and symptoms such as *pain*. The locus:

> In fact, what caused the problem of my kidney was much urine infection [...] I had dilated the urethra, which gave reflux, you know, that's that hurt (Luciana);

> But I think it is for many infections, perhaps fever, there was a decreasing function, I don't care, you know, where I ended up losing the kidney! (Nego).

The signs*:*

> The leg was swelling, there with his face-looked great, understood, dawn with his face swollen, there was starting to get more, there have been getting pale (John Mark);

> We lived on the site and the mother that always came with me from there with a fever (Luciana).

Symptoms:

> I started to feel a pain in the groin, a fine little pain! [...]Had no headache had nothing [...] then I went back but not the doctor, hence more or less a year, began headache, and hurt his head, there would in first aid (Laci).

Such demonstrations are accompanied by changes in the exams:

> Creatinine was two, 2 and do not know what. (Luciana).

People kidney transplanted, in their reports, the disease as an entity, because it causes physical changes in the body structure, viewed which physiological quantification. The abnormal changes or "disease" seen as "entities", each of which has its own "personality" of signs and symptoms (5: 114).

However, their narratives revealed that this disease if interweaves the events experienced by everyone, to his biographies, as respondents reveal:

> Time of the farm, you do not care, not going to the doctor, take tea, you know? So what happened [...] in fact, I had to have done a surgery when I was a child, but at that time, you know, had neither ultrasound nor anything, it was just a nice cup of tea and you're done. (Nego)

> [...] I think I have this problem since childhood, because I remember when we lived, lived at the site, where one side of my leg swelled! [...] always swelled, sometimes I would spend the whole day footwear, there came evening, he was puffy. (John Mark)

In contexts experienced by each one, the life in childhood, the way of life, the place where they lived, as well as the bodily manifestations and ways to care. Disease and biography connect in narratives, showing that social and cultural dimensions support the meaning of disease to their lives. So, in illness, there is a subjectivities process narrated by each person who reveals how the disease is part of their life stories, marked by time, location, demonstrations, the use of informal and formal care resources, shapes as sought by care and the success or not in the process, as reports the respondent John mark.

> Then I went to the doctor of the post here, the doctor asked for an examination, and then said that I was with a stone, a stone in the kidney. He spoke as well, I'll give you this remedy, you take it, and in 30 days you back here to see if the stone came out, gone, stone didn't need go to the doctor, and quiet there, I had no problem, had no headache, had nothing ... then I went back over to the doctor, hence more or less a year, headache, headache, and hurt his head, there would be in the emergency room, was taking Buscopan with Novalgina into a vein.

The narratives reveal that alongside manifestations such as *fever, swollen leg*, using *nice cup of tea*, there is also an evaluation of their own behavior- *I don't care.* The experience of illness if appointed in an individual experience by integrating biography and disease (9). In this study, people connect in their narratives, the meanings of everyday events, the values and behaviors, health care systems, the perceived manifestations, methods of access to care, to give some explanation to the illness. To deny, were infections, the health care precarious, and carelessness. For Luciana, kidney infections and John mark, life in childhood, and swelling in the legs. The illness of the people subjected to the TR refers to the understanding of the concrete conditions of life by integrating the relationship between his State of health and illness and its context (10).

Although people have experienced distinct contexts, the explanation given to the cause of your problem incorporates terminologies as infection, fever, kidney function, pressure, featuring the strength of biomedical knowledge embedded explanations of persons with TR. the experience of illness, are integrated into the daily life, the medical speeches(9). The illness is a social process, because it involves the subjective experience, "in large part determined by social and cultural factors"(5: 119).

These ways to understand the illness based on the knowledge gained over the life of these people, their beliefs, their values and contexts that shared. This knowledge indicated by all to explain, understand and seek the care event and aims to give sense to himself. Make judgments about events that happen and decide the appropriate resource, according to the diversity of possible alternatives, and resources available to use with the intention of reordering of updates to your body, constitutes an important aspect of the experience of illness, need to be understood by nursing professionals (11).

The meanings about the kidney transplant.

In this study, the participants highlighted as significant, how the transplant and the time it was the expectations facing the procedure. For those on hemodialysis, the expectations of a transplant relate to the hope of a new life (12), to improve their physical condition and psychosocial (13) and therefore a much-anticipated moment, so significant. The possibility of transplant is becoming real to the extent that these people get the health professional communication, stating the need to seek the transplant service.

Among the contributors to such meaning, include the time and the feelings experienced by hemodialysis:

> Ten years on dialysis! (John Mark) have to do hemodialysis, I suffered through, because I was afraid [...] I die, my fear has always been terrible (Luciana).

And in another passage, highlights their suffering:

> When we do hemodialysis, we consider so, you're alive, but you're dead (Luciana),

The transplant is the possibility for real, by communication, by telephone, to the patient, and can often be seen as a miracle. The transplant has meant hope and faith, providing the sick person to break free of dependence on hemodialysis, resume their autonomy of life (14).

The importance of this communication can be perceived by the details recounted by patients about this time:

> Connected, I remember as if it were now, it rained so one afternoon 6:0(Nego).

And at another time:

> One day she's going to be my time. Until one day, [...] that nurse there called me:-John mark, down to the Hospital this time you do not lose your stuff and escapes back to the Hospital! There, I went. I arrived at the Hospital, there began to do the examinations. (John Mark)

We point out that the details include the way it reported, the weather, the time, who communicated what was spoken, marking this step as a significant moment in their lives. This glimpse permeates people's speech as a chance to improve, given the limitations experienced resulting from hemodialysis (15).

Patients narrate the unexpected and urgent form, as is done the transplant procedure:

> Connected! I have been through several selections of transplants [...] had already lost a transplant, which was to be for me, but because I had dined, had eaten there then went to someone else, I couldn't do surgery. Yet until the doctor went in my house, lived there near the clinic. (Alton)

> Exactly we were in six. There, spoke thus look, you did not, you can go away [...] Walked away; when I left the doctor was behind me. I was hungry, the whole day without eating and without water, I came, I found the food and went to eat, came the doctor at home. John Mark you have ever eaten? A large of this dish! Will have to be you. (John Mark)

If a transplant is seen as a miracle, on the other, the unexpectedly and urgently as starts the process may entail negative consequences for the patient, because next to the hope to improve their living conditions and health, other feelings such as fear, how will their life after transplant or even the fear of death and the possibility of rejection of the transplanted kidney, which are important, have not been properly addressed by health professionals.

People have reported that there is a lack of information on the following:

> [...]I think that it is not scare, I think that you don't know how it will be after [...] you know that scares many people, because once you have made transplantation, there soon after you lose the rim and then go and die, and that is what really shakes (Nego).

> there I was, I arrived at the Hospital, then began making surveys [...] takes here, take there, but all thinking it was going to be a success, I also thought it was going to be successful, then gave that was ugly, if bad, that I was hopeless. Thought it was going to be a success! (John Mark)

Misinformation that is evidenced:

> Nothing! Never spoke nothing! (Luciana).

Respondents reported that they feel fear of how it will be life after the procedure, about the possibility of graft loss and death. Emotional care preparation is an important aspect to be considered by health professionals and nursing in this situation, despite the positive expectations before the procedure. A successive programme evaluations and social psychological, somatic provides patient preparation, allowing this passage by transplantation when is done in the best way possible, since this procedure is also pervaded by anxieties and troubles (16).

In relation to health professional-patient communication, is not common to evaluate the knowledge that the patient has about the procedure, how he understands the repercussions in being a transplanted patient, if you really understand the implications of this consent, the feelings about the donated organ from another person or corpse. The importance of nurses in this respect (17).

The narratives show that the patient as the only option has understood this therapy; we are waiting for the person who, disregarding their perceptions, their possibilities, the right of refusal and the condition as it is made of:

> I was so, so kind, if you take a little child by the hand, leads by the arm, you know! And I went there (Nego)

> Simply I was in the queue, a day called me saying that he had a kidney, was supposed to go to the hospital, from there I went in haste, I've been doing tests, I've been doing the surgery. I never listened (Luciana).

The right to information means enabling patients to have your body and of his will, thus recognizing their freedom in the decision, their autonomy, and independence, in conformity with their beliefs and values, but this is still a challenge in health institutions. There is need for the patient to be heard, to be able to express their anxieties and their feelings (18).

The practices of health professionals, specifically for people who will do the transplant, have given poor visibility to the repercussions of the transplant and the conditions under which people will have to live, as will need health services, medicines and care, that is, will continue to be chronically ill, but transplanted.

The meanings about being kidney transplanted

The meanings revealed about the transplant show that people give a new meaning to life, that is, the new life, how to report:

> After the transplant? Ah, modified because today I can work, you know, have more freedom to leave because before couldn't because i had to do hemodialysis [...] Ah, improves physics, right, when more available [...] Go to forró, where I have dance class, I work at the academy [...] It's great (Luciana).

> Descends to the hospital this time you don't escape [...]the doctor said that this time you will not escape the same [...] the doctor gave me a pencil for me to sign, there have already left, and it was there midnight and little, put I in the ICU, but when it was four in the morning, I had another life.(Nego)

Despite the different meanings assigned by people to execution of TR, to Deny and Luciana, post-transplant life has brought meaning of hope and better life. The hope from the sociocultural dimensions integrates TR present in each person's life to him. However, we point out that it is a meaning on the Kidney Graft:

> Look at the first, the first transplant was difficult for me; I had a feeling that I was something inside me that was not mine. Do You Know? That feeling [...] My sister no, looks like it has always has a little piece of it inside me, but the first was hard, I had this feeling, the feeling that I was one thing inside me that I belonged, so much so that, when you took the kidney to me, it seems that I eased (Luciana).

The transplant involves symbols assigned by the patient of the transplanted organ. A graft may mean a new chance of life, but also mail a negative feeling that result from a deceased person and unknown, resulting in interpretation of the rejection of the transplanted organ. As for the second transplant, Luciana refers to acceptance, since the organ was deployed from his sister, symbolizing a strengthening of family relationships. On the experience of illness, is part of the cultural building that can be seized on the experiences and experiences.

Alongside the positive significance of the transplant, there are moments of depression and challenges facing this condition, one of them the experience of rejection of the organ. Misinformation about the risks of the transplant includes the possibility of failure by the rejection of the organ, or even the difficulties of their own health services to ensure the integral continuing manner, the disappointment with the effectuation of the transplant and its complications as Luciana in the narrative:

> It's hard, hard, you know, very difficult. Although I never stopped, you know, I did the transplant, and transplanted some time ago came to do hemodialysis because the kidney did not work [...] Is, I think I have to prepare well to head us when will put a kidney from another person who is not family, you know, because we feel [...] Then I thought that my chance had finished, right? I said I expected to do a transplant to be good, you know, I've done the transplant, I was not good, so ready, my chance is over. Then I stayed with a year with depression.

Although the transplant release the sick of the dialysis machine, the procedure does not delete the chronic condition character of the person, since it will maintain the dependency of care, medications, professional practices and health institutions. Soon, the person needs to resign its existence, finding new ways and means of living due to the limitations and conditions generated after the transplant.

Thus, it is imperative that the support services and health professionals to ensure a better living condition for the respondents, the public services do not meet your needs:

> After I have transplanted, I think it was about a year I did a health plan, because I needed to do an ultrasound after transplant too, and it took a month to mark, after a month to deliver a result, then I decided to make a health plan (Luciana).

> Nowadays we don't have it! If we had a health problem and need to go to somewhere where do we go? [...] I feel so that the people were left on this situation [...] then you get there, do not have it! [..]the doctor gets there EC goes there, he gets there, look at you so and such and thing, then goes away, don't have the interest, does not have such a thing so, of interest, so the doctor and patient interest is to examine, Understood? Better attention, this is what we need (Laci).

People, when transplanted, require care, examinations, consultations and hospitalizations, not always offered by the public service, which may cause suffering and costs like the purchase of private health services.

The demands relate to the clinical follow-up examinations, routine queries, or even to admissions, in the case of post-surgical complications, and the reports demonstrate the need for attention to the specifics of your condition:

> Now only has this, this problem due to the concern, is with health, right! And we get nowhere. .. If we have a problem when you need to go, we do not have the hospital knowing that if you happen to have one place for you to stay! [...]when we arrived at the emergency room, I can't take anything anti-inflammatory because of the transplant, but then my wife explained pro doctor who couldn't give this remedy there within the serum, more did not put there, but if not she, was going places and was going to give this problem gives kidney loss (Nego).

The reactions to medicines were highlighted:

> In the beginning, I suffered a lot from the medications. I've always had malaise, I don't know if it's because I've always had so I took, but I was afraid of taking medicine and give me a reaction (Luciana).

Given this, it is important to follow-up by nurses of the needs of these people (19). The quality of care may entail positive meaning to their lives:

> The doctors that I have are, for me they are better than father, doctor Bao. That, for example, I have my doctors, Dr. L for me; a better doctor is not needed “(Deny).”One thing Dr. V always speaks:" If you want to save your kidney, do not eat salt "(Luciana).

Next to the transplant, other care are included in the treatment, as the specific care with food, with the grafted kidney that requires a network of care, which includes personal care, family members, professionals and others.

John mark in his narrative highlights this caution:

> If I fall (the bike), and anyway, even if the break, But the rim is! [...] Salt, salt food I don't eat, got used to it and if it is possible I like unsalted food once [...] everything that I like, I will always with caution, if I know it will do harm to me, and I will not feel well, I hit (John Mark)

In the narrative, the care of John mark, however, beyond this self-care, are required periodic follow-up with health professionals, such as social support, religious family, featuring the support networks to the person. The family is a support unit, but also requires support, since it participates in the entire process experienced by the patient (16). The significance of family support was detected in the narratives. See:

> One thing that is very important for me is the following, which ... the person when you have any problem, illness, we cannot put this on top of the path. The family we have to deal with love, with affection, transparency, non-stick, don't get charming [...]I do not send [...], my insecurity is, Oh!, I'm bad, I'm this, I'm it [...]Oh, I passed that security for them, not worried, I spoke that was good, but I was not, you know! (John Mark).

On the health needs of people transplanted kidney, health services and its professional practices, there are challenges to be overcome in pursuit of completeness, supervisor of the unified health system. Although there are suffering due to lack of information, feeling of rejection of the organ, health services that do not meet your needs, the meaning of being transplanted renal tends to be positive, as it allows greater autonomy to patients. However, we recognize, in front of their narratives, that our practices should be reconsidered, in particular, about the real context that implies to be the transplanted person.

FINAL CONSIDERATIONS

The experience of illness of people transplanted kidney integrates meanings about the disease to the meanings constructed throughout their life trajectories narrated, based, the meanings on the stage at which experienced hemodialysis, the way it was done the transplant and, now, as transplanted. We realize the importance of a network of services that provides health care to people in this condition, as requiring ongoing monitoring.

The contribution of this study, in the voice of people transplanted kidney, reveals their health needs, from the moment they identify the need of the procedure, until such time that they are to live in a condition of transplanted, and point out that nursing has a primary role in building positive meanings in life of people transplanted kidney. As study limit the small number of subjects, which, however, has made it possible for us to achieve the goal of understanding the meanings of experience of being transplanted.

O TRANSPLANTE RENAL NA PERSPECTIVA DA PESSOA TRANSPLANTADA

RESUMO

O transplante renal é uma modalidade terapêutica que possibilita a melhoria de vida. O objetivo deste estudo é compreender os significados do transplante renal na visão da pessoa transplantada. Estudo qualitativo que tem como contexto o serviço público de assistência às pessoas transplantadas no estado de Mato Grosso, realizado por meio de entrevistas com três sujeitos transplantados renais, no período de fevereiro a novembro de 2010. A análise temática possibilitou apreender os significados sobre o adoecimento, o transplante renal e os significados de ser transplantado renal. É importante que o serviço de saúde seja estruturado segundo as necessidades das pessoas transplantadas renais, garantindo a elas o direito à saúde, à informação e à cidadania.

Palavras-chave: Transplante de Rim. Enfermagem. Cuidados de Enfermagem.

EL TRASPLANTE RENAL EN LA PERSPECTIVA DE LA PERSONA TRASPLANTADOS

RESUMEN

Los transplantes de órganos, especialmente los riñones, es una modalidad terapéutica que permite la mejora de la vida. El objetivo es entender los significados presentes el proceso de trasplante de riñón en la voz de la persona trasplantada. Estuedo cualitativa que tiene como contexto una red de servicios de salud que administra personas trasplantadas de asistencia pública en el estado de Mato Grosso, se llevó a cabo a través de entrevistas con los tres temas del riñón trasplantado, de febrero a noviembre de 2010. El análisis de datos temática reveló tres categorías: las explicaciones de su problema, el trasplante de riñón, los significados de trasplante renal. Es necesidades uma rede de servicios estructurados de salud de las personas trasplantadas de riñón, garantizando el derecho a la salud, y la información de la ciudadanía.

Palabras clave: Trasplante de Riñón. Enfermería. Atención de Enfermería.

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