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# CHANGE IN VOIDING FREQUENCY AFTER SUCCESSFUL RENAL TRANSPLANTATION.

## Aims of Study

There are no valid data on bladder function and dysfunction after renal transplanation (RT). Commonly there are no problems expected. Despite an often long lasting detrusor inactivity before RT there are no major problems after RT. However, there is a change in voiding behavior. A characterization of this phenomenon was aim of study.

## Methods

A questionnaire was send to 101 patients (64 men, 37 women) after successful RT. The collected data included pre/ post RT voiding frequency, nocturia, voided volume and quality of life.

## Results

Results are shown in the following three tables:

| Voided volume/ 24 h | 0 – 100 ml | 101 - 1500 ml | > 1500 ml |
|---|---|---|---|
| Pre RT | 38 | 48 | 15 |
| Post RT | - | 3 | 98 |

| Voiding frequency/ 24h | 0 – 2 | 3 - 5 | 6 - 9 | 10 - 14 | 15 - 20 | > 20 |
|---|---|---|---|---|---|---|
| Pre RT | 58 | 33 | 7 | 3 | - | - |
| Post RT | - | 14 | 50 | 29 | 7 | 1 |

| Nocturia | 0 – 1 | 2 | 3 | 4 | 5 | 6 & > |
|---|---|---|---|---|---|---|
| Pre RT | 77 | 12 | 8 | 2 | 2 | - |
| Post RT | 5 | 24 | 29 | 24 | 17 | 2 |

Quality of life was not influenced by the increased voiding frequency and nocturia after RT: 21 patients reported excellent well being, 72 well being, 6 patients reported minor complaints and two felt bad.

## Conclusions

A change of voiding behavior after successful RT can be expected. In more than 80% of all renal transplant patients we found frequency and in more then 90% nocturia. However, more then 90% of all patients are not influenced in their quality of life.

The changed voiding behavior with frequency and nocturia are due to a broad range of factors including the new kidney, which is not controlled by the autonomic nervous system, a high fluid intake, cardiac comorbidity, diuretic medication and bladder dysfunction.

However restored kidney function can compensate the frequency problem as shown by a high quality of life in more then 90%.