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SHORT COMMUNICATION
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Mental Healing after Acute Rejection-A Disregarded Issue

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Renal transplantation is a well established treatment for end-stage renal disease, allowing most patients to return to a satisfactory quality of life. But studies have identified many problems that may affect adaptation to the transplanted condition and post-operative compliance. It is a fact that psychological implications of transplantation have significant consequences even on strictly physical aspects. Transplantation means: the patient's life changes basically. The patient is needed to use all of his/her bio-psycho and social resources to build up a new life. Transplantation can really be a huge stress for the patient and if it fails, it could increase stress. What happens when this unexpected event occurs? It can occur very quickly after the slight candle of hope lights up, which is considered as an acute episode of rejection. We consider rejection as acute when it occurs in 21 days after the transplantation and hyperacute when it occurs even faster, particularly within 7 days after the transplantation.

Rehabilitation after rejection causes a significant mental stress for the patient and even for the relatives as well. This event particularly declares the cooperation with the medical staff. We wondered what kind of determinant facts cause the most considerable troubles in this unexpected situation. We even intended to determine the circumstances that help a patient to sustain and recover during this fight and the psychopathological aspects of kidney transplantation.

We even had a unique story that made us motivated to examine this kind of issue. A 49 year old male patient twice rejected kidney transplantation. (10. 2012, 10.2014). After the second acute rejection he got back on dialysis in a hopeless and weak condition. We got knowledge there was not any appropriate opportunity to keep in contact with a psychologist or another expert who could provide aid for the patient during this traumatic time. The patient had a closed attitude, was aloof and mostly very introverted, causing difficulty in communicating with him.

We think restarting dialysis after acute rejection means a mental and somatic stress for the patients. The patient should process the waste and create a new hope. We intended to study this situation in details in order to gain knowledge about the deep and significant mental processes. Therefore we made a personal interview, but the patient did not agree to give more personal information about his healing. He highlighted us that the main thing that lent a helping hand was his family. That circumstance also declared to us that we haven't a strong and reliable relationship with our patient.

Rehabilitation after acute rejection usually consists of only somatic rehabilitation. There is not any appropriate medical staff source in order to help the patient in mental healing. It is important to highlight the objective side of the case. It is a waste but it is not a failure. The patient is not responsible for the outcome of this event.

We should raise the questions individually in each case and in each situation to gain information about the patient and try to help him/her.

- What happens when this expected hopefully condition suddenly crashes?
- What does the patient lose during this hard period?
- What are the positive sides of this issue?

We have to raise the questions regarding even ourselves:

- What are we allowed to tell to the patient as for the future?
- How can we help the patient to accept re-starting dialysis?
- Which aspects have to be considered during the beginning of mental healing?
- What can we be responsible for in this situation?

As for the patient's personal opinion it is highlighted that the family members are totally disregarded, although this could be the most determinate feature in this process [1].

We believe that in this situation we have to tell to the patient that dialysis is much better than transplantation.

We believe that sometimes it is a fault in education that transplantation is declared as a myth or a beautiful tale but sometimes it isn't so. We prefer to communicate in advance that transplantation

is not the aim, it is only an option. Regarding the aim it is a way to live a life happily and in a satisfied condition with the best quality of life that can be reached together with the patient. We have to communicate that living with a bad kidney graft is sometimes worse than going to dialysis regularly in a good condition [2].

We mustn't forget the incontestable role the family plays in mental healing. The family can provide great assistance during this period, putting this experience behind. Two main factors are: family and psychologist. We force in our team a program creating the appropriate education for the patient. We think a psychologist would be necessary in the dialysis centers not even at the transplantation clinic. We are very grateful, because the theme of our talk is one particular issue that may be disregarded. We found it so and that dialysis could be acceptable again, but lack of a long term aim will be a persistent problem after a single or re-transplantation failures [3].

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