Dealing with the health problems caused by kidney disease, and the treatments for it, can be difficult. It is easy to get caught up in the medical side and overlook the impact being ill and being involved with medications, doctors and hospitals can have on your personal life and relationships.

Self-image and sexuality

Self-image is the mental picture that you have of yourself. It is affected by lots of things, including how you feel about your abilities, personality, interests, spirituality, as well as physical appearance. Self-image can also have an effect on your sexuality. Sexuality is more than just sex. It is an important part of who you are, how you see yourself, how you express yourself, your sense of self-worth, and your sexual feelings for others.

It is not unusual for people to experience self-image problems from time to time. However, having a chronic condition can have a direct impact on your self-image. Some people find it hard to maintain a positive self-image as kidney disease makes them feel as though their body has let them down. Others maintain a positive self-image by being mindful of what their body can do rather than focusing on the things they don’t like about it.

Sexual development of young people

The effect of kidney disease on a child’s sexual development depends on the age their disease occurs. Young children with kidney disease are usually smaller than other children their age. The growth of children on dialysis is often more affected than those children with a kidney transplant. Teenagers with kidney disease may find that their sexual development slows down or even stops. This causes some teenagers to feel different from their friends. It is important for children and teenagers to have someone to talk to openly about the physical, emotional and sexual changes. This could be a parent, another family member, a friend or a health professional, such as a social worker.
How kidney disease may affect your sexuality?

Kidney disease and the treatments for it may cause some physical changes to your body, such as weight changes and itchy skin. Anaemia (not enough red blood cells) may make you feel tired, and can also affect your ability to maintain an erection or have an orgasm. The smell of your body can change because of the build up of urea.

Reduced sexual desire (also called libido) is one of the most common side effects of kidney disease. This may be due to a number of things, such as changes in your hormones, tiredness due to anaemia or poor sleep, or medication side-effects.

Other changes will be psychological and will affect your feelings and desires, as well as your body’s ability to engage in sex. It is important that your partner is aware of these side effects.

As with all medical problems, the best treatment depends on the cause of the problem and personal preferences. Members of your health care team will understand, treat your conversations with respect and confidentiality, and offer a treatment or referral to other specialists.

Sexual activity after transplantation

Sexual activity is safe after transplantation. The transplanted kidney cannot be damaged. As with any major surgery, it is wise to wait at least four weeks after your transplant before sexual intercourse. If you or your partner are worried that having sex may be harmful in any way, speak with your health care team.

During periods of transplant rejection, increased medication can affect your sexual activity. Anxiety and depression are common symptoms of rejection and can reduce your sexual desire. Talk to someone on your health care team if this seems to be happening to you, and they will discuss treatment options.

Kidney disease and fertility

Fertility can be affected by kidney disease, but this doesn’t mean that women can’t conceive or men are unable to father children.

For dialysis patients and their partners

Women undergoing dialysis may experience irregular periods or no periods at all. Some women have unusually heavy periods, particularly after starting dialysis. If this happens, it is important to tell your health care team. Men on dialysis may have a lowered sperm count.

While some women on dialysis have been able to conceive, the chances of a pregnancy reaching full term with a normal size baby are low. In addition, pregnancy may pose a risk to a woman’s own health. If you are considering becoming pregnant while on dialysis, it is essential that you and your partner discuss this with your health care team.

It is also important to talk to your health care team about birth control options while undergoing dialysis. Some types of the contraceptive pill may raise blood pressure. It is also suggested that women using peritoneal dialysis do not use an intra-uterine device (IUD) as it can increase the risk of peritonitis.
For transplant recipients and their partners

Following transplantation, most people find that their fertility increases as their health improves. It is usually suggested that women wait at least twelve months to become stable on their anti-rejection medication before trying to conceive. In most cases, some of the medications will need to be changed to make pregnancy safer.

Many transplant recipients, throughout the world, have given birth to healthy babies, and both mother and child have remained well following the birth. Transplant recipients have an increased risk of premature delivery and low birthweight babies, so you will receive careful medical supervision during your pregnancy.

As a man’s fertility and sexual functioning may improve after transplantation, his partner’s chance of conception also increases. The use of contraceptives may be required if pregnancy is not desired.

Problems with conceiving

The inability to conceive a child may be a blow to your self-esteem, making you feel vulnerable and in need of love and support. It is important that you talk to your partner or someone you trust if you feel this way. For infertile couples wanting a child, alternative choices such as adoption, fostering a child, in-vitro fertilisation (IVF) or sperm injection may be considered. Ask your health care team about opportunities available to you.

For Polycystic Kidney Disease (PKD) patients and their partners

If you or your partner has PKD, each child has a 50% chance of inheriting the disease. A diagnosis of PKD does not mean that having children should be entirely avoided. Your health care team can provide advice about genetic counselling services and the possibility of genetic screening.

For more information about kidney or urinary health, please contact our free call Kidney Health Information Service (KHIS) on 1800 454 363.

Or visit our website kidney.org.au to access free health literature.