

Lung Transplantation

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COMMENTARY

Lung transplantation, or pulmonary transplantation, could be a surgical treatment within which a patient's diseased lungs are partially or totally replaced by lungs which come from a donor. Donor lungs are retrieved from a living donor or a deceased donor. A living donor can only donate one lung lobe. With some lung diseases, a recipient may only have to receive one lung. With other lung diseases like pancreatic fibrosis, it's imperative that a recipient receive two lungs. While lung transplants carry certain associated risks, they will also extend expectancy and enhance the standard of life for end-stage pulmonary patients. A lung transplant may be a surgery to switch a diseased or failing lung with a healthy lung, usually from a deceased donor.

A lung transplant is reserved for those that have tried other medications or treatments, but their conditions haven't sufficiently improved. Looking on your medical condition, a lung transplant may involve replacing one among your lungs or both of them. In some situations, the lungs could also be transplanted together with a donor heart. While a lung transplant could be a major operation which will involve many complications, it can greatly improve your health and quality of life.

When faced with a call about having a lung transplant, know what to expect of the lung transplant process, the surgery itself, potential risks and follow-up care. Unhealthy or damaged lungs can make it difficult for your body to induce the oxygen it has to survive. A range of diseases and conditions can damage your lungs and hinder their ability to function effectively. Some of the more common causes include: Chronic obstructive pulmonary disease (COPD), including emphysema Scarring of the lungs (pulmonary fibrosis) High pressure within the lungs (pulmonary hypertension)

Cystic fibrosis Lung damage can often be treated with medication or with special breathing devices. But when these measures not help or your lung function becomes life-threatening, your doctor might suggest a single-lung transplant or a double-lung transplant. Some people with arterial coronary disease may have a procedure to revive blood flow to a blocked or narrowed artery within the heart, additionally to a lung transplant. In some cases, people with serious heart and lung conditions might have a combined heart-lung transplant. Risk of rejection your system defends your body against foreign substances. Even with the simplest possible match between you and therefore the donor, your system will try and attack and reject your new lung or lungs. The danger of rejection is the highest soon after the lung transplant and is reduced over time.

Your drug regimen after transplant will include medications to suppress your system (immunosuppressant medications) in an attempt to stop organ rejection. You will likely take these anti-rejection drugs for the remainder of your life. As with any operation, there are risks of bleeding and infection. The newly transplanted lung itself may fail to properly heal and performance. Because an outsized portion of the patient's body has been exposed to the surface air, sepsis could be a possibility, so antibiotics are going to be given to undertake to stop that. Other complications include Post-transplant lymph proliferative disorder, a style of lymphoma because of the immune suppressants, and gastrointestinal inflammation and ulceration of the stomach and oesophagus. Transplant rejection could be a primary concern, both immediately after the surgery and continuing throughout the patient's life. Because the transplanted lung or lungs come from another person, the recipient's system will see it as an invader and try and neutralize it. Transplant rejection could be a serious condition and must be treated as soon as possible.

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