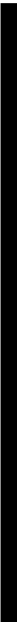


THE TWO SIDES OF THE COIN



Dialysis
Kidney Transplantation

Photographs
Verónica Pascual Pérez

“In the midst of winter, I found
there was, within me,
an invincible summer.”

— Albert Camus

To those who were,
those of us who are,
and those who will be.



Credits:
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Note

The names and ages of the people photographed are fictitious in order to protect the confidentiality of the organ donation process.

This project was carried out from 2023 to 2025.

Dialysis Kidney Transplantation

Chronic kidney disease (CKD) affects approximately 7 million people in Spain, around 15% of the population, and between 670 and 840 million people worldwide.

Many patients remain unrecorded, and in many countries people do not have access to dialysis, making the true burden of the disease largely underestimated.

Spain has an excellent organ donation system and is a world leader in transplantation. The waiting time for a kidney transplant is between one and three years.

Spain has one of the world's most effective organ donation systems and is an international leader in transplantation. The waiting time for a kidney transplant typically ranges from one to three years. However, some patients wait considerably longer, depending on their level of sensitization and whether a compatible donor becomes available.

Dialysis becomes an essential, life-sustaining treatment when the kidneys fail. Through a machine (hemodialysis) or via the abdomen itself (peritoneal dialysis), the function of the kidneys is replaced by removing toxins and excess fluids, allowing patients with kidney disease to stay alive. However, it is highly limiting and creates a profound dependency — without dialysis, survival is not possible.

At the same time, patients face significant fluid and dietary restrictions, take multiple medications every day, and often experience both physical and emotional strain. Their ability to travel or move freely is severely restricted due to their dependence on dialysis machines.

Kidney transplantation is currently the treatment that offers the best quality of life and life expectancy for people with advanced kidney disease. It involves implanting a healthy kidney from either a living or deceased donor, and after a successful transplant, many patients are able to return to a more autonomous life, with fewer restrictions and improved physical and emotional well-being.

This project portrays the challenges faced by people living with kidney disease and the journey they must undergo — from diagnosis to the long-awaited kidney transplant.



















































Cádiz, Spain. A nephrologist calls her next patient in the outpatient kidney transplant clinic at Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A patient admitted for evaluation of declining kidney function, with reduced urine output (the amount of urine produced over a given period, usually 24 hours), inside a bathroom in the inpatient ward of Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. Accompanied by her mother, a kidney transplant recipient who must return to dialysis receives intravenous iron at the Day Hospital of Puerta del Mar University Hospital (HUPM).

The patient has an autoimmune disease, and as a result, her own antibodies are attacking the transplanted kidney. Despite all the efforts of the medical team and the administration of all possible treatments, the function of the graft has progressively deteriorated, making dialysis necessary once again. Her mother will donate a kidney to her.



Valencia, Spain. A patient gets dressed after taking a shower and adjusts one of the two catheters in her body.

In this particular case, the patient required urgent dialysis due to acute pulmonary edema caused by fluid overload in her body and lungs, and underwent hemodialysis via a catheter in the neck. As she did not tolerate hemodialysis sessions well, she was later transitioned to peritoneal dialysis.



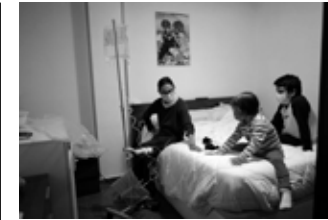
A chest X-ray shows a central venous catheter for hemodialysis. The tip is positioned in the right atrium of the heart (the upper right chamber).



Cádiz, Spain. A nephrologist observes, from his office via a screen, a patient prepared in the procedure room. Due to the suspicion of acute rejection of a kidney transplant performed one year earlier, a biopsy of the transplanted kidney is carried out using a portable ultrasound device in the Interventional Unit of Puerta del Mar University Hospital (HUPM).



Valencia, Spain. A patient checks the volume of dialysis solution to be infused into her abdomen for peritoneal dialysis at home. The main advantages include greater autonomy and independence, better haemodynamic stability, avoidance of vascular access, and preservation of residual kidney function, allowing a higher fluid intake. Unlike hemodialysis, it does not require attending a dialysis centre on a fixed schedule and can be adapted to the patient's daily routine, improving quality of life. Patient under the care of University Clinical Hospital of Valencia (HCUV).



Valencia, Spain. A patient begins a home peritoneal dialysis session, accompanied by her children. She will remain connected to the dialysis machine throughout the night. Patient under the care of University Clinical Hospital of Valencia (HCUV).



Cádiz, Spain. A patient undergoes a hemodialysis session lasting approximately four hours. Each patient typically requires three sessions per week on alternate days (Monday, Wednesday, and Friday) in the Hemodialysis Unit of Puerta del Mar University Hospital (HUPM).



Granada, Spain. A patient undergoes training to perform home hemodialysis independently. The training takes place in the Hemodialysis Unit of San Cecilio Clinical University Hospital (HUCSC). Home hemodialysis allows the frequency and duration of treatment to be adapted to the patient's daily life. The most common regimens are 5–6 days per week (2–3 hours per session) or 3–4 days per week (3–5 hours per session), the latter being the regimen that most closely resembles treatment provided in hospitals and hemodialysis centers.



Málaga, Spain. A nurse suctions nasal secretions to help a child breathe, while his mother accompanies him and holds his hand, in the Hemodialysis Unit of the Maternal and Child Hospital, Regional University Hospital of Málaga (HURM).



Málaga, Spain. A hospital orderly weighs a child after a hemodialysis session. At the end of each session, the child is weighed to monitor fluid balance and ensure that no excess fluid has accumulated in the body. The entire process takes place in the Hemodialysis Unit of the Maternal and Child Hospital, Regional University Hospital of Málaga (HURM).



Cádiz, Spain. A patient waits inside an ambulance for other patients to arrive before returning home after a hemodialysis session at Puerta del Mar University Hospital (HUPM). In many cases, patients are picked up from their homes at 5:00 a.m. to begin dialysis at 8:00 a.m. They spend around four hours undergoing treatment and then wait for all patients to finish before being driven back home, which can take an additional two hours or more.



A patient has a snack at a bar near his home after a hemodialysis session, helping him feel better and less fatigued after treatment.



Málaga, Spain. A child reaches for a turkey sandwich with olive oil during a hemodialysis session in the Hemodialysis Unit of the Maternal and Child Hospital, Regional University Hospital of Málaga (HURM).



A kidney transplant recipient organizes their daily immunosuppressive medication. Multiple pills must be taken every day, usually every 12 hours, indefinitely.



A patient rests at home with their partner after a hemodialysis session. Patients may experience intense fatigue, dizziness or a drop in blood pressure, nausea, muscle cramps, and, in some cases, headaches.



Cádiz, Spain. Patients wait for their turn for a hemodialysis session in the Hemodialysis Unit of Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A transplant alert is activated. A nephrologist contacts patients on the waiting list following the possible availability of a compatible donor kidney at Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A patient in the operating room before a kidney transplant. The arm with the arteriovenous fistula used for hemodialysis must be protected with a bandage to prevent damage from possible compression, improper positioning, blood pressure measurements on the limb, or intravenous line placement, at Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. Following a kidney transplant, the patient remains in isolation for several days due to immunosuppression and the risk of infection in the inpatient ward of Puerta del Mar University Hospital (HUPM).



A woman and her daughter receive a call from the transplant unit. A compatible donor may be available. She must keep her phone on and within reach at all times, 24 hours a day. Ultimately, the transplant did not take place on this occasion.



Cádiz, Spain. A kidney transplant recipient sits on a hospital bed beside a urine collection bag, used to monitor hourly and daily urine output in the days following transplantation, in the Transplant Unit of Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A nurse performs a COVID-19 test prior to a kidney transplant in the Hemodialysis Unit of Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A man awaiting a kidney transplant, admitted for surgery, waits in his hospital room with his sister, who is also a kidney transplant recipient and has an arteriovenous fistula in her arm, in the inpatient ward of Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. An empty bed following hospital discharge in the inpatient ward of Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A biopsy of the kidney graft is performed by nephrologists as part of post-transplant clinical follow-up. The biopsy results help determine what is happening to the transplanted kidney and guide the most appropriate treatment in the Interventional Unit of Puerta del Mar University Hospital (HUPM).



A man rests at home during the first days after the placement of a peritoneal catheter, to promote healing and prevent complications.



A woman measures her husband's blood pressure at home following a kidney transplant. Careful monitoring is essential for the proper function of the graft and to prevent vascular complications. Two months earlier, he suffered a stroke due to a hypertensive crisis.



A daughter helps her father get dressed in the dining room of their home after nephrologists have placed a peritoneal dialysis catheter.



Málaga, Spain. A nurse disconnects a child from the dialysis machine in the Hemodialysis Unit of the Maternal and Child Hospital, Regional University Hospital of Málaga (HURM). He spends four hours in each session, every Monday, Wednesday, and Friday, which disrupts his school routine on those days. At times, he is also unable to attend school the following day due to fatigue and feeling unwell.



Málaga, Spain. Two nurses protect a child's hemodialysis catheter with a bandage in the Hemodialysis Unit of Maternal and Child Hospital, Regional University Hospital of Málaga (HURM).



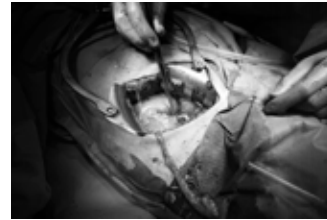
A kidney transplant recipient shows an incisional hernia, a complication resulting from poor healing of the incision made in the abdominal wall during surgery, in this case kidney transplant surgery. Surgical repair is required.



Cádiz, Spain. A patient enters the operating room for a kidney transplant at Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A kidney transplant team during surgery at Puerta del Mar University Hospital (HUPM). Between 2023 and 2025, 377 kidney transplants were performed in Cádiz, according to data from the National Transplant Organization (ONT), Spain.



Cádiz, Spain. A transplanted kidney during surgery before completion of the procedure at Puerta del Mar University Hospital (HUPM).



Cádiz, Spain. A living donor kidney transplant. In this case, a compatible family member donates a kidney. This type of donation, which may also involve a friend or an anonymous altruistic donor, has increased in recent years but still accounts for a minority of kidney transplants compared with deceased donor transplantation. It is performed at selected centers, one of which is Hospital Universitario Puerta del Mar in Cádiz. In Andalusia, living donor kidney transplants represent 5–10% of all kidney transplants, with 40–45 procedures performed each year, including 5–10 annually in Cádiz.



Paula, 38.
She corrects her children's homework. She struggles to concentrate, feels tired, and at times experiences nausea due to kidney disease and dialysis.



An altar commemorates a person who died in a traffic accident. It is unknown whether they were an organ donor. Currently in Spain (and in Europe more broadly), the leading cause of organ donation is stroke or cerebrovascular disease. In the 1980s, 1990s, and early 2000s, the main cause was traumatic brain injury resulting from road traffic accidents. These have declined due to improvements in road safety, prevention campaigns, and advances in emergency care. Source: National Transplant Organization (ONT), Spain.



Pedro, 66.
He poses beside the family's vintage car. This weekend, he will take part in an exhibition race with his son. He is on hemodialysis and is not a candidate for kidney transplantation due to other underlying conditions. He is grateful to tolerate his hemodialysis sessions well.



Rosa, 32.

She enjoys a coffee while taking a selfie. Her mother donated a kidney to her a year ago, and her life has returned to normal.



Mercedes, 63.

She rests at home accompanied by her dog. After the transplant, she no longer has restrictions on fluid intake and must stay well hydrated.



María, 41.

She shows the scar from her kidney transplant at home, years after the surgery. Her mother was the donor. In her arms, she holds her son, born after the transplant.



Enrique, 67.

He looks at and shares memories of his travels. When his kidneys were functioning and he was not dependent on dialysis, he enjoyed traveling. Now, due to the limitations of relying on a machine and the pain in his legs, he is no longer able to do so.



Francisco, 66.

After nearly twelve years on dialysis, he prepares for a kidney transplant between hope and uncertainty. He is highly sensitized, which has made it difficult to find a compatible donor.

For more than a decade, priority programs for highly sensitized patients have been in place in Spain (TRHIAND, under the Andalusian Regional Transplant Coordination, and PATHI, under the National Transplant Organization) to facilitate finding compatible donors for these high immunological risk patients.



Juan, 69.

His daughter and grandson care for him at home after the placement of a peritoneal catheter. He will soon begin dialysis.



Miguel, 7.

After completing his hemodialysis session and resting, he enjoys equine-assisted therapy, improving his strength and sensory abilities. He remains on the transplant waiting list.

In Spain, approximately 180 to 200 transplants are performed in the pediatric population each year, of which around 75 to 85 are kidney transplants, according to data from the National Transplant Organization (ONT). In adults, kidney transplantation is the most common, while in children, liver and kidney transplants are the most frequent.



Lourdes, 65.

A transplant coordinator at Puerta del Mar University Hospital, Cádiz (HUPM), makes a call during a transplant alert. She has recently retired.

Acknowledgements

“Thank you, dialysis.”

“Thank you, donor. Thank you to your family.”

“Thank you, kidney transplant.”

We honor the memory of those who are no longer with us and who wanted to be part of this project. You will forever be a part of it.

My eternal gratitude to each and every person portrayed for sharing your vulnerability, your most fragile selves, your intimacy, your pain and illness, but also your joy, perseverance, courage, love, and immense desire to live.

My sincere thanks to all the professionals involved at each hospital, who sustain life and make kidney transplantation possible: from Nephrology, Urology, Intensive Care, Emergency Department, Anesthesiology, Radiology, Transplant Coordination, Pathology, Laboratory Medicine, Microbiology, Immunology, Nuclear Medicine, and Hospital Pharmacy to Cafeteria Services, Administration, Information Technology, Kitchen Services, Cleaning, and Maintenance.

Thank you to everyone who has helped me, accompanied me, and supported me throughout the years of this project. I could not be more grateful.

Sources:
Organización Nacional de Trasplantes (ONT), España.
Sociedad Española de Nefrología (SEN).
Organización Mundial de la Salud (OMS).
Global Burden of Disease (GBD).

“I can’t go on. I’ll go on.”
— Samuel Beckett

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