

# Transplant Education Guide

Pre Transplant Guide

## Contents

CHAPTER 1 – Office Information and Resources	5
Important Phone Numbers and Office Information	5
Transplant Team	6
Web Resources	6
CHAPTER 2 - Financial Information	8
CHAPTER 3 - Pre Transplant	9
What is The Kidney?.....	10
What is Kidney Transplant? .....	11
Transplant Evaluation Process .....	12
Preparing for Transplant .....	14
While you Wait for Transplant.....	16
CHAPTER 4 - Types of Kidney Transplants	20
Deceased Donor Kidney Transplantation .....	20
Living Donor Kidney Transplantation.....	20
Organ Allocation	21
CHAPTER 5 - The Transplant	22
Before, During, and After Surgery	22
Preparing for Home	25

## Notes and Questions

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## CHAPTER 1 – Office Information and Resources

### Important Phone Numbers and Office Information

OSF Saint Francis Medical Center  
Kidney / Pancreas Transplant Program  
420 NE Glen Oak Ave  
Hillcrest Building  
4<sup>th</sup> Floor Suite 401  
Peoria, IL 61603-3112

Telephone: 309-655-4101  
Fax: 309-655-2597  
Living Donor Line: 309-624-5433

#### **Office Hours:**

Our office is open Monday through Friday from 8:00 a.m. to 4:00 p.m.  
The office is closed on weekends and holidays.

#### **Contact information for Clinical Pre-Transplant Coordinators**

Jennifer Butler, BSN, RN, CCTC

Email: [Jennifer.L.Butler@osfhealthcare.org](mailto:Jennifer.L.Butler@osfhealthcare.org)

Becky DeFord, BSN, RN, CCTC

Email: [Rebecca.J.DeFord@osfhealthcare.org](mailto:Rebecca.J.DeFord@osfhealthcare.org)

## Transplant Team

### **Transplant Surgeons**

Dr. Timothy O'Connor  
Dr. Stepan Akshelyan

### **Transplant Nephrologists**

Dr. Christopher Johnson (Director of Transplant)  
Dr. Samer Sader

### **Transplant Manager**

Karen Welborn

### **Transplant Nurse Coordinators**

Jen Butler	(Pre Transplant)
Becky DeFord	(Pre Transplant)
Brenda Derry	(Living Donor)
Deb Himmel	(Post-Transplant)
Diana Johnson	(Pre Transplant/Living Donor)
Melissa Linthicum	(Post-Transplant)
Cassie Whitney	(Post-Transplant)
Carrie Woodward	(Post-Transplant)

### **Transplant Social Worker**

Lisa Hutchison                      Phone: 309-624-2534  
Email: [lisa.k.hutchison@osfhealthcare.org](mailto:lisa.k.hutchison@osfhealthcare.org)

### **Transplant Dietician**

Lori Walters                      Email: [lori.e.walters@osfhealthcare.org](mailto:lori.e.walters@osfhealthcare.org)

### **Transplant Financial Coordinator**

Cammy Percefull                      Phone: 309-655-4045  
Email: [camilla.r.percefull@osfhealthcare.org](mailto:camilla.r.percefull@osfhealthcare.org)

### **Transplant Pharmacists**

Danny Mai  
Erika Diericx  
Dylan Horton  
Amy Maxfield  
Hong Rhee

### **Front Office Staff**

Emily	(Front Office Assistant)
Melissa C	(Pre Transplant MOA)
Mellisa D	(Post-Transplant MOA)

## Web Resources

OSF Transplant Services

[osfhealthcare.org/transplant/](https://osfhealthcare.org/transplant/)

National Kidney Foundation

[kidney.org/](https://kidney.org/)

Gift of Hope Organ and Tissue Donor Network

[giftofhope.org/](https://giftofhope.org/)

Renal Support Network (RSN) empowers people who have kidney disease to become knowledgeable about their illness, proactive in their care, hopeful about their future and make friendships that last a lifetime.

[rsnhope.org/](https://rsnhope.org/)

UNOS Transplant Living

[transplantliving.org](https://transplantliving.org)

Transplant Friends community mission is to provide a unique and personal point of view for those pre- and post-transplant patients/families who are traveling down the road to transplant

[transplantfriends.com](https://transplantfriends.com)

American Transplant Foundation mission is to save lives by reducing the growing list of women, men, and children who are waiting for a transplant. They do this by maximizing living organ donation, which is the most effective way to fulfill their mission. They provide a three-tiered approach with educational, emotional, and financial support for living donors, transplant patients, and their families across the country.

[americantransplantfoundation.org](https://americantransplantfoundation.org)

## Financial Resources

Help Hope Live is a national 501(c)(3) nonprofit, our mission is to support community based fundraising for people with unmet medical and related expenses due to cell and organ transplants or catastrophic injuries and illnesses.

[helphopelive.org](https://helphopelive.org)

The Children's Organ Transplant Association (COTA) helps children and young adults who need a life-saving transplant by providing fundraising assistance and family support.

[cota.org](https://cota.org)

GoodRx is a website you can compare prescription drug prices and find coupons at more than 60,000 US pharmacies.

[goodrx.com](https://goodrx.com)

NeedyMeds is a website to help find patient assistance programs to help with medication costs.

[needymeds.org](https://needymeds.org)

The Official U.S. Government site for Medicare

[medicare.gov/basics/end-stage-renal-disease](https://medicare.gov/basics/end-stage-renal-disease)

## CHAPTER 2 - Financial Information

### FINANCIAL PLANNING: MEDICARE for ESRD

Financial planning for a kidney transplant includes signing up for Medicare A&B.

- Medicare B has a monthly premium (based on income)
- ESRD (End Stage Renal Disease) Medicare eligibility continues 36 months after a successful kidney transplant.
- Medicare enrollment is done at your local Social Security office – with a copy of your 2728 (from dialysis or transplant center if transplant before dialysis, or on dialysis less than 3 months)

Why enroll in ESRD Medicare\* at the time of a kidney transplant?

- **Coverage for your living donor!** Medicare requires that for a donor to have payment for costs of potential complications related to the donor nephrectomy, both Medicare A&B will need to be active at the time of your kidney transplant.
- **Better coverage for you!** Have Medicare A & B active when your current medical insurance becomes secondary to Medicare. For you, Medicare will be primary as of \_\_\_\_\_. Both Medicare A&B need to be active on this date.
- At that time, private insurance should cover 20% of costs and Medicare should cover 80% of costs.
- Medicare B will pay 80% of your immunosuppressant (anti-rejection) medication when primary and when you become eligible once again at the age of 65.

**If you choose not to sign up for Medicare A&B at the time of a live donor kidney transplant the following are in jeopardy:**

1) Your insurance and/or employer group could pay only 20% of my medical bills when Medicare would be primary [calculated by ESRD Medicare Coordination of Benefits (COB)].

2) Costs associated with live donor nephrectomy complications are at risk of not being covered (denied) by recipient's commercial/group medical insurance – If not covered **you could be financially responsible for such donor medical costs.**

3) Medicare B will **not** pay 80% of your anti-rejection medication when you are 65 if you did not sign up for Medicare when you became eligible at the time of transplant.

\*\*\*\*\*

\* While ESRD Medicare based on ESRD will end 36 months after a successful kidney transplant, Medicare could continue longer if you are also eligible for Medicare based on disability or age.



## CHAPTER 3 - Pre Transplant

This Transplant Education guide is designed to give you, the recipient, and your loved ones, the tools and education needed to prepare for a successful organ transplant.

We recommend that you educate yourself as much as possible and know what to expect after the organ Transplant. The recovery process might not be as smooth as you think, with multiple clinic visits, and possible procedures or hospitalizations. A transplant IS VERY HARD WORK in the first few months. You will be expected to follow-up with the transplant team frequently, and you will be required to take anti-rejection/immunosuppressive medication for the rest of your life.

We will provide you with as much education and recommendations as possible for you to make the best choice for you and your family.

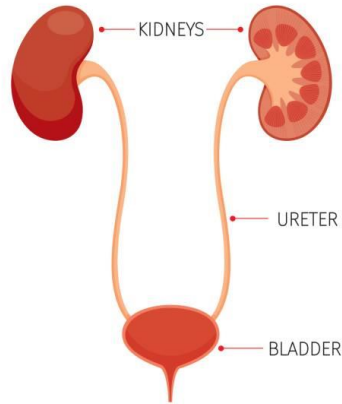
*This may not be the best option for every patient.* You may decide that you do not want a transplant. You might choose to remain on dialysis. We may decide that a transplant is not appropriate for you.

Here at OSF Saint Francis Medical Center Transplant Services, we offer the following:

- Kidney Transplant
- Pancreas Transplant
- Combined Kidney/Pancreas Transplant
- Living Donor Kidney Transplant
- Kidney Paired Donation
- Heart Transplant

## What is The Kidney?

Each of your two kidneys is about the size of a clenched fist. Your kidneys lie against your back, just above the waistline, with one kidney on each side of your spine. Each kidney has a renal artery that supplies it with blood and a renal vein that returns the blood back to the general circulation.



What do your kidneys do for you

- Maintain a balance of water and chemicals (electrolytes)
- Filter the body's waste products out of the blood (which then exit the body in the urine)
- Help to keep a steady blood pressure
- Regulate production of red blood cells
- Help to maintain strong bones

There are up to one million nephrons in each kidney. Nephrons are filtering units that perform the work inside the kidneys and make urine. Urine travels from the kidneys by tubes called ureters to the bladder, where it leaves the body.

When enough nephrons stop working, dialysis or transplant is required. This is referred to as end-stage renal disease (ESRD).

Kidneys can fail for many different reasons such as diabetes, high blood pressure/hypertension, polycystic kidneys, glomerulonephritis, and others.

### **Symptoms and Complications of Kidney Disease**

Kidney Disease can cause:

- Fluid overload
- Swelling (edema) of hands and legs
- Low red blood cell (RBC) count (anemia)
- Chronic fatigue (weakness and muscle loss)
- Osteoporosis
- Congestive heart failure
- Decrease in appetite and sense of taste
- Infertility in women

## What is Kidney Transplant?

Transplant offers several benefits, but may not be the best choice for everyone.

### **Benefits of Kidney Transplant**

- Increase life expectancy
- Improve quality of life

### **Results of Kidney Transplantation**

About 95% of all transplanted kidneys still function 1 year after transplant. We will provide you with OSF Saint Francis Medical Center's most recent results as listed in the Scientific Registry of Transplant Recipients (SRTR). You can also go to the SRTR Website or [www.srtr.org](http://www.srtr.org) to view our results, as well as those from all other transplant centers in the United States.

### **Contraindications of Kidney Transplant**

A kidney transplant may not be an option for patients who have:

- Severe, untreatable heart or lung disease that increase risk of death too much
- Active cancer
- Untreated mental illness that would interfere with medical regimen after transplant
- Severe peripheral vascular disease
- Uncontrollable infection that will worsen with transplant medication
- HIV infection with detectable virus
- Obesity too severe for safe transplant surgery

Every potential kidney transplant candidate will be evaluated by a team of transplant specialists. The team works together to weigh the risks and benefits of a kidney transplant.

## Transplant Evaluation Process

### **Initial Transplant Evaluation Visit**

After completing the mandatory transplant education class, you will be scheduled for your initial evaluation appointment. Every potential transplant candidate will be evaluated by a team of transplant specialists. The multidisciplinary team consists of a transplant surgeon, transplant nephrologist, nurse coordinator, dietitian, social worker, financial coordinator, pharmacist, and psychologist.

The team will work together to weigh the risks and benefits of a kidney transplant.

We ask that you bring a support person with you. We hope that this will be a family member or friend who is committed to helping you along this journey.

### **Transplant surgeon and/or transplant nephrologist**

During your visit, the doctors will explain more about the transplant process and answer any questions you may have. The transplant surgeon and transplant nephrologist make recommendations regarding additional testing that may be needed for your transplant evaluation process. This helps to ensure transplant is a good option for you.

### **Transplant nurse coordinator**

Your transplant nurse coordinator will be your main contact during the evaluation process and until the time of transplant. They will assist with scheduling any tests or procedures you may need. They will talk to you and your family about the transplant process and answer any questions you may have.

### **Dietitian**

You will see a dietitian to discuss any specific dietary and nutrition needs you may have. Good nutrition is important to help manage your kidney disease, prevent complications, and promote good health. This can include any weight concerns the transplant team may have.

### **Social worker**

The transplant social worker will see you and is available to help offer support and counseling to you and your family throughout the transplant evaluation process. They will ensure you have a good support system, which is key to a successful transplant.

While most patients have a better life expectancy and quality of life after transplant, the first few months can be difficult. You are required to bring your support person to each appointment, including prior to and after transplant. Your support person will sign a document agreeing to be with you after transplant and help with various tasks around your home, transportation, medication assistance, etc.

**Should your support person change, you must notify the Transplant Team.**

## **Financial Coordinator**

The transplant financial coordinator will help you with your insurance and will help explain your specific benefits and coverage related to transplant. If you have questions or have bills that you do not understand, the transplant financial coordinator can assist.

**If your insurance changes or will be changing, please notify the financial coordinator right away.** The coordinator can check to make sure the new insurance also will cover your transplant.

It is important to understand your insurance benefits. You must have coverage or financial resources for care, especially after the transplant. The social worker or financial coordinator can help you understand your policy and look for other financial resources if needed.

If you receive a transplant, you will be required to take anti-rejection medication to protect your new kidney. These will be taken for the rest of your life. These medications can be expensive. It is important that you have financial stability at time of transplant.

## **Transplant pharmacist**

You will see a transplant pharmacist at the time of your evaluation visit. They will help gauge your knowledge of your current medication. They will also provide information regarding new medication you will be required to take after transplant. They will verify your medication compliance.

## Preparing for Transplant

After you meet with our multidisciplinary team we will recommend any testing needed to complete your transplant evaluation. Based on your health status and needs, the team will order various blood work and other testing if needed. Depending on your results, the initial plan can change.

The testing that is performed helps the transplant team to:

- Identify the extent of your kidney damage
- Identify how diabetes has affected your body, if applicable
- See if organ transplant is an option for you
- Make sure your health will not be made worse by a transplant

### **Blood Tests**

All evaluations include several blood tests.

- Blood typing
- Tissue typing
- Complete blood counts (CBC)
- Chemistry panel
- Hemoglobin A1c
- Infection Screening – Hepatitis, HIV, Syphilis and others
- Immunization Status – Herpes Zoster, Mumps, Measles and Rubella (MMR) and others

### **Diagnostic Tests and Procedures**

Based on your diagnosis and the results of your initial exams, other testing may be needed.

The transplant nurse coordinators will help arrange for any tests or procedures that will need to be done at an OSF facility, closest to your home.

Most of the tests for your evaluation phase are paid for by the OSF Transplant Program with no cost to you. You will be supplied with a Transplant Recipient card. This is to be presented prior to any test or lab that is needed for your evaluation.

**The following preventive screens will need to be covered by your personal health insurance. Do not present the transplant recipient card for these services.**

- Colon cancer screening for anyone over age of 50
- Mammograms for females over the age of 40
- Pap Smears for females 18 years of age and older

### **Dental Visit**

You should see your dentist and have your teeth cleaned/checked. Infections or any other problems found will have to be taken care of before transplant. If you do not have a dentist, a dental x ray can be performed at OSF Saint Francis in Peoria or OSF Saint Joseph in Bloomington. As long as there are no areas of concern for infection, this x ray may be used as your clearance.

## Waitlist

After your evaluation is complete, the multidisciplinary transplant team decides if you are a suitable candidate for transplant. Decisions made by the transplant team may include listed active, listed inactive, and not a candidate / rule out.

**Listed active** – you will be placed on the transplant waitlist and eligible to receive organ offers.

**Listed inactive** – you will be placed on the transplant waiting list and will be earning time, but not eligible to receive organ offers.

**Not a candidate / rule out** – you are not a candidate for transplant at this time.

A patient may be ruled out for a condition that can be improved.  
For example, weight loss, diabetic control, weakness.

Meaning, it is not never for transplant - it's just not right now.

A patient may be ruled out for a condition that cannot be improved, despite your best efforts.  
For example, severe liver disease, severe lung disease or an active cancer.

Race, ethnicity, religion, nation origin, gender, or sexual orientation have no role in deciding if a patient is a transplant candidate.

After being placed on the list, there may be times that you no longer meet our criteria and may need to become inactive on the waitlist, or removed. Reasons for this might include:

- Uncontrolled infection
- New complications such as heart attack, stroke, or cancer
- Noncompliance with dialysis treatments or medication adherence
- Not updating necessary testing in a timely manner

The transplant center will confirm your listing in writing, and will also notify you in writing if there is any change in your listing status.

## While you Wait for Transplant

Now the waiting begins. Waiting for a donor can be stressful since you don't know how long that wait could be.

**Once you are made active**, you will continue to be in contact with the OSF Saint Francis Transplant Team regarding your health status, any blood transfusions, infections, and/or non-healing wounds. Any insurance changes, telephone number changes, address changes, support changes and/or any out of town travel that could delay getting to OSF Saint Francis Medical Center to receive a new transplant, need to be reported to the transplant coordinator.

REMINDER: While you are waiting for your transplant: take responsibility for yourself and your health. Managing your weight is important for healing after the transplant. If you have diabetes, strive for a good A1C. Keep up with pre-transplant testing, continue to remain **compliant** with medication, dialysis, and all medical appointments.

### **Monthly Gift of Hope Serum (blood) Samples:**

You need to make sure that you have a blood sample sent every month to Gift of Hope (GOH).

If you are on dialysis, please check with your dialysis team to make sure the blood is being sent to GOH each month.

If you are not on dialysis, you will be given a calendar and an order to complete the blood draw for GOH.

If GOH does not have current blood samples on file for you, you may not be eligible to receive a transplant until GOH receives new samples.

Note: to prevent disruption of GOH tubes, it is vital to notify the transplant team if you have a change in dialysis status.

### **Re – evaluation visit**

You will be seen every 1 to 2 years to complete a comprehensive re-evaluation to make sure you are still a good candidate for transplant.



## **Maintaining Your Health**

Keep yourself in the best possible health while you are on the transplant waiting list. This means:

- Keep all of your dialysis appointments
- Work to keep your blood sugar under control (if you have diabetes)
- Get enough rest
- Exercise and take walks each day (as you are able)
- Take your prescribed medication
- Do not take any medicines without your doctor's approval (that includes over-the-counter medicines, vitamins, herbs, and supplements)
- Keep up to date on your appointments and lab work
- Let the transplant team know about any changes in your health
- See your dentist every 6 months
- Stay up to date on all necessary vaccinations

## **Vaccines we highly recommend**

Keeping yourself up to date on vaccines is important. We highly recommend you get the following vaccines prior to transplant:

- COVID-19
- Flu
- Pneumonia: Prevnar 13 and pneumovax
- Shingles
- Hepatitis B series

## **Support Groups**

Pre and post-transplant patients and their families can gain support from many types of groups. This includes group gatherings, educational programs, one-on-one support, social activities, newsletters, written materials, Internet groups, and talking on the telephone. As patients' transplant experiences continue, they often gain confidence and reach out to others, in turn making lifelong friends, enjoying social activities and finding opportunities to promote the need of organ and tissue donation.

OSF Transplant Services has a support group that meets once every quarter. There is a mix of pre and post-transplant patients and their families. In addition to time for sharing and support we offer educational topics each time as well. Please reach out to the social worker or your transplant coordinator for more information.

Online support groups: These groups can provide you with a broad range of experiences from all over the world. In addition, Internet support groups allow you to ask personal questions in the comfort of your own home. You can find many Facebook and other social media sites that specialize by organ type or disease.

Professional organizations: Professional organizations provide educational seminars, materials and activities.

## **Communication and Planning Ahead**

Although we don't know how long you will wait for your transplant, the transplant team must know how to get ahold of you 24 hours a day, 7 days a week. When a kidney becomes available for you, we must be able to contact you quickly. Kidney offers can happen at any hour of the day or night. Providing a list of additional contact people (family, friends, and neighbors) and their phone numbers can be beneficial if needed when trying to reach you.

It is also beneficial to make plans ahead of time to help make things easier when you do receive "the phone call." Consider how long it will take you to get to the hospital when the time comes. Who will take care of your family/ home while you're gone? Children, other family members and pets will need to have prior arrangements made for their continued care.

Signing up for OSF MyChart is another great resource. This can be used as a communication tool with your Transplant Team. Go to [OSFmychart.org](https://www.osfmychart.org) and follow the instructions to sign up.

## **The Phone Call**

You will receive a phone call from the transplant nurse when a kidney becomes available for you on the waitlist. You will be asked about recent hospitalizations, blood transfusions, or changes in medical history.

The transplant nurse will then inform you of any known risks associated with the kidney. If you choose not to accept the kidney, you will not lose your place on the waiting list.

If you accept the kidney offer, the transplant nurse coordinator will instruct you on how to prepare for the transplant.

You may be told to come to the hospital right away or in several hours. You will be asked to bring your current and up to date insurance card, a form of payment for discharge, any toiletries you may need, and your support person.

## **Accommodations for Family**

At OSF Healthcare we offer a staffed 24 hour Family House that has 20 guest rooms. OSF provides a complimentary shuttle service between Family House and the hospital for guests.

Room rates are \$39 per night

To request a room, you can call 309-685-5300 or reserve a room online at <https://www.familyhousepeoria.org/bookaroom>

## CHAPTER 4 - Types of Kidney Transplants

### Deceased Donor Kidney Transplantation

Deceased donor kidneys are screened by the Transplant Center. The donor's medical history, cause of death, and organ function are evaluated by the transplant surgeon and transplant nurse coordinator before an organ is offered to you. We do our best to find the right donor for you specifically.

Some Deceased Donor kidneys do come with risks. For example, some donors may be older, or have a medical history of high blood pressure, or diabetes which can affect some kidneys. This is all taken into consideration by the transplant team when screening the donor.

### Living Donor Kidney Transplantation

This is an option if a family member or friend is willing to donate a kidney. Once the transplant team determines that you are a transplant candidate, you may want to contact potential donors. Since the wait for a deceased kidney donor is usually a number of years, we suggest that all patients think about living donor transplantation.

Living donor kidney transplants, on average, last longer than deceased donor transplants. All potential living donors undergo extensive testing to make sure they are medically able to donate. The transplant team is thorough in making sure it is safe for the donor, both at the time of surgery and in the future.

The sale or purchase of human organs is a federal crime and it is unlawful for any person to knowingly acquire, receive, or otherwise transfer any human organ for valuable consideration for use in human transplantation. So you cannot pay someone for donating a kidney.

### **Risks from the Donor**

Any time human tissue, blood, or organs are transplanted from one human (living or deceased) to another, there is a small risk of transferring diseases or infections.

We do everything we can to prevent the transfer of infection or disease but there is always some risk. Kidney donors are tested for a number of infections including Hepatitis and HIV. If the potential donor has factors that increase the risk of passing on a virus to the recipient, the transplant surgeon will discuss this with you prior to transplant. You can decide to either accept the offer or turn it down.

## Organ Allocation

Deceased donor organs are offered to patients on the waitlist based on blood type, distance, waiting time, sensitization, and tissue type matching/crossmatch.

### Blood Type

There are four (4) blood types. All transplant candidates are placed on the waitlist according to blood type (A, B, O, or AB). Your blood type will be checked and confirmed.

RECIPIENT BLOOD TYPE:	DONOR BLOOD TYPE MUST BE:
O	O
A	A or O
B	B or O
AB	A, O, B, or AB

### Sensitization

Some recipients' immune systems have antibodies against certain tissue types. It can be hard to find an organ they will not reject. For this reason, highly sensitized patients receive some preference for kidneys that will work for them.

Your body can develop antibodies when it is exposed to tissue or blood from another person. This can happen with pregnancies, blood transfusions and previous transplants. When you have these antibodies in your bloodstream and are exposed to human tissue (such as a new kidney) with a similar HLA type, your body could attack it.

We measure what antibodies you have against human tissue with a PRA test. The higher your PRA, the harder it can be to find organs that your body will not reject right away.

### Crossmatch – Final test to be completed

You will have blood samples drawn every month while you are on the waitlist. Gift of Hope (GOH) uses your stored blood samples to test whether you have antibodies that could react to the donor organ. The test between donor cells and your stored blood sample is called a **crossmatch**. The crossmatch must be **compatible** for the kidney to be offered to you.

## CHAPTER 5 - The Transplant

### Before, During, and After Surgery

During your hospital stay the entire transplant team will continue to follow your progress.

The post-transplant nurse coordinators will see you throughout your hospital stay. They will assist with education and what to expect with your new transplant, they will review your new medicines, and will assist with your discharge when the time comes.

#### Before Surgery

After your admission to OSF Saint Francis Medical Center, you will have blood tests, examination, chest X-ray, and an electrocardiogram (EKG) completed. A doctor will explain the surgery, including possible risks. You will then be asked to sign a consent form.

You will be taken to the pre-operative waiting area. An anesthesiologist will come in to talk with you. Then you will be taken into the operating room (OR).

#### During Surgery

Anesthesia given through your IV line will cause you to fall asleep quickly. Then you will have a tube inserted your mouth/throat for breathing; it is usually removed before you wake up after the operation. You will also have a catheter (tube) in your bladder to monitor urine output.

The transplant surgeon will make an incision low on either the left or right side on your abdomen. (See *Figure 2*)

Your “old” kidneys are not taken out. The new kidney is sutured in place (See *Figure 3*).

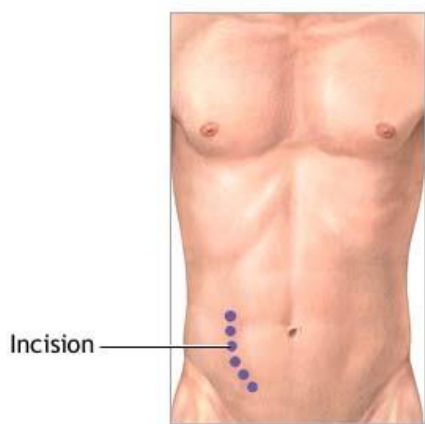


FIGURE 2

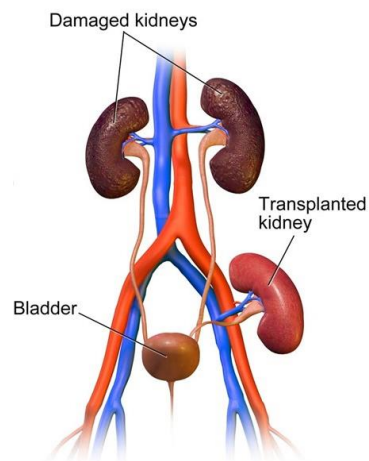


FIGURE 3

You may be in surgery for about 3-4 hours.

## After Surgery

From the OR, you will be taken to the recovery room for about an hour.

A catheter in your bladder will drain your urine. This usually stays in until Post-Op day 3 or 4. Some patients go home with a catheter in place. You will have an IV that is used for medication and fluids.

Your comfort is important. It is common to have pain during the first few days after your surgery. Tell the nurse if you are having pain. Rate your pain on a scale of 0 to 10, with 0 meaning “no pain” and 10 being “the worst pain you could imagine.” It is best to take your pain medicine before the pain becomes severe.

To keep your lungs expanded and healthy, the nurse will have you do deep breathing exercises. You will be asked to use an incentive spirometer.

You may be hospitalized for 3-5 days depending on your recovery.

The nurses will get you out of bed and up to a chair or walking several hours after surgery. You are expected to walk up to 4 times a day while admitted. This will help prevent blood clots, can help with pain, and can help to keep your bowels moving.

You will begin to learn about your new medicines. These medicines lower your body’s normal immune response and help your body accept the new organ and prevent rejection. You will need to take your anti-rejection medicines **for the rest of your life**. Failure to do so **will** lead to rejection and organ failure.

## **Potential Complications**

Complications of kidney transplantation can occur at any time.

### **Early complications can include:**

- The kidney may never function
- Delayed kidney function (the kidney can be slow to gain function)
- You may require 1 or more dialysis treatments if the kidney does not recover function quickly enough
- Clotting of major blood vessels to the kidney
- Bleeding that requires surgery
- Bladder (urine) leak that may require surgery
- Rejection
- Infection
- Diarrhea

### **Late complications can include:**

- Rejection
- Infections
- Recurrence of original kidney disease
- Kidney disease and other side-effects of anti-rejection medications
- Cancer
- Diabetes
- High blood pressure



## Preparing for Home

Before you go home the transplant nurse and doctor will show you how to take care of yourself. You will have written instructions and the nurse will go over them with you in detail.

These instructions will include:

- New home routine
- Incision care
- Medication instructions
- Signs of infection and rejection
- Activity
- Follow-up doctor visits
- Lifestyle changes
- Who to call with questions or concerns and important contact numbers
- Diet guidelines

You will learn more about your post-transplant appointments and your responsibilities after your transplant. If you have staples, they are usually removed in the transplant clinic around 3 weeks after your surgery.

## Transitions after Transplantation

The first few months will be a big change in your life. You will have frequent blood tests and several visits to the transplant clinic. Approximately six months after your transplant, or when your transplant team feels you are ready, your care will transition back to your referring kidney doctor (nephrologist) and primary care doctor.

The focus of the transplant team after your transplant is making sure your organ is working well.

## Factors for Long Term Success

- Compliance is the key to long term survival of your new organ
- It is important that you take ALL of your medication as instructed
- Get your labs drawn as requested and come to transplant clinic appointments
- Good control of your health including blood pressure, blood sugar, cholesterol, and weight.