

Transplant Clinic

Patients who have had a kidney and/or a pancreas transplant are seen frequently in the clinic on the third floor of Taubman Center for the first three months following transplant. An individual plan will be developed for you, which may require you come to the clinic weekly. Eventually, you will be transitioned to the care of your local nephrologist, who was caring for you before your transplant. At that point you will still need a transplant clinic visit every three or four months at University Hospital.

Office Hours and Contact Information

Our office is open Monday through Friday from 8:00 a.m. until 4:30 p.m. The office is closed on weekends and holidays. Our office contact information is:

- (800) 333-9013 (toll free)
- (734) 936-5665 (local number)
- (734) 936-9233 (FAX)

A doctor is always available “on call” if you are ill after normal business hours, on weekends or holidays. Patients who are ill (such as fevers greater than 100.5, vomiting, pain or tenderness over the transplant site, etc.) should contact the on call doctor. To do so, call the direct paging service at (734) 936-6267 and ask for the transplant nephrology fellow on call. Please do not call the on call doctor for routine requests, such as prescription refills or for lab results.

If at any time you have a life-threatening emergency, call 911.

On the Day of Your Appointment

On the morning of your clinic visit, take all of your regular medications **except** cyclosporine, tacrolimus or sirolimus. Please note that if you take any of these before your blood is drawn, we cannot test your blood for the cyclosporine, tacrolimus or sirolimus level. **You may eat breakfast unless instructed otherwise, especially if you have diabetes.**

Your first clinic visit can take several hours. You will see several professionals, including a medical assistant, a nurse and two physicians. Be prepared for a long morning and bring what you will need to be comfortable.

You Should Know

On the morning of your clinic visit, take all of your regular medications **except** cyclosporine, tacrolimus or sirolimus.

What to Bring to Your Clinic Visit

- Your *Patient Education Guide* (this book)
- Your daily dose of cyclosporine, tacrolimus or sirolimus to take **after** your blood is drawn, plus other medications that are due
- The list of medications you received in the hospital and all your bottles of medications
- Daily record of weights, temperatures, etc.
- Note of any medications for which you will need new prescriptions
- Pain medication and a snack
- A list of questions you have
- Any paperwork given to you at discharge
- Your support person

Blood Draw Check-in Procedures

When you arrive at the hospital for an appointment in the Transplant Clinic go directly to the blood drawing station on the third floor of the Taubman Center. The laboratory orders (requisitions) you will need will be waiting for you there. **Always use the lab orders provided by the transplant team.**

It is important to have your labs drawn 12 hours after your evening dose of cyclosporine (Neoral® or Gengraf®) or tacrolimus (Prograf®). If you are taking sirolimus (Rapamune®), it should be 24 hours after your last dose. After you have your blood drawn, you may take your cyclosporine, tacrolimus, or sirolimus that you brought with you.

If you are on a clinical research trial protocol, follow the blood draw directions for your study medication.

You will also need to give a urine sample. Therefore, we recommend you do not stop at the restroom on your way into the medical center.

Blood Drawing Station Hours in the Taubman Center

- 3rd Floor: 7:00 a.m. to 6:00 p.m.
- 2nd Floor: 8:30 a.m. to 3:30 p.m.

Proceed to Clinic Visit

After you have your blood drawn, proceed and check in at the reception desk at Reception Area C (Internal Medicine Clinic), also on the third floor of the Taubman Center.

Always bring a list of your current medications to every visit. Your medications are a very important and essential part of your care. A Medication Chart is provided in the “Resource Section” of your Patient Education Guide. We strongly recommend that you write down any medication changes or new instructions given to you during your visit.

Trough Levels

A trough level is the measurement of the drug level in the blood at the time when it is the lowest. It occurs just before your next dose is due. Trough levels should be drawn within an hour before or an hour after the time of your previous dose.

Once-a-day medications: If you take the medication once a day (sirolimus), then we will want a 24-hour trough.

Twice-a-day medications: If you take medication twice a day (cyclosporine or tacrolimus), we will want a 12-hour trough. Example: Joe takes his medication twice a day at 9 a.m. and 9 p.m. He comes to clinic for an appointment. He doesn't take his morning dose, but brings it with him. He gets his blood drawn at 9:30 a.m. This would be a 12½-hour trough.

Care Concerns – Soon After Transplant

Incision and Wound Care

Clean your incision by showering daily. If there is any redness, swelling or drainage, notify the nurse coordinator or your health care practitioner.

Drainage from the incision may be a small amount or it may be a very large amount. This is not unusual. If you have drainage, **DO NOT PANIC**. Use clean, absorbent material (such as towels, gauze, feminine pads or baby diapers) to absorb the fluid. Note what the fluid looks like, and odor, if any. Call the clinic or the on-call transplant nephrology fellow for further directions.

Small openings in the incision can occur. Keep the area clean and dry. If the incision opens, **DO NOT PANIC**. Please call the clinic or the on call transplant nephrology fellow for further directions.

Do not take a bath (in a bathtub), use spas or hot tubs, or swim in swimming pools, lakes or ponds until your incision is completely healed.

Infection

While you are on immunosuppressive medications you will need to watch for signs and symptoms of infection:

- Sores or rashes in mouth or on skin
- Redness, swelling, or drainage from incisions
- Pain or burning with urination and frequent urination of small quantities
- Persistent headaches
- Eye pain in bright light
- Sore throat
- Nausea
- Vomiting
- Diarrhea
- Productive cough
- Earache
- Any feelings of being “sick” that you cannot explain
- Blood in your urine or stool

If you develop any of these signs or symptoms, contact your transplant nurse coordinator.

Viral Infections

Some of the viral infections that are of particular concern are CMV, BK Virus, and varicella viruses. Notify the nurse coordinator if you have any of the signs and symptoms noted above.

Schedule for Biopsies

To evaluate the condition and health of the transplant before irreparable damage occurs, we do frequent biopsies in the first year of transplant. A biopsy will be performed in the operating room at the time of transplant and then three, six and 12 months after transplant. A biopsy requires a needle puncture in the area of the transplanted kidney.

Rejection

“Rejection” is the body’s natural response to try to fight off “foreign bodies,” for example, your new kidney and/or pancreas. Despite the drugs you take to suppress your immune system, it is not uncommon for transplant patients to have a rejection episode. Many times, you may feel well but your blood tests indicate a potential rejection episode. Therefore, be prepared for the possibility of being admitted any time that you are seen in the clinic. It is important not to panic if you are diagnosed with a rejection episode. There are medications to effectively treat rejection. Most of the time, rejection has no signs or symptoms. This is why it is so important to get your labs drawn as requested.

Below are the signs and symptoms that may indicate a rejection episode (although there are many other possible reasons for them):

- Fever
- Muscle aches (flu-like symptoms)
- Decrease in urine output
- Increase in weight
- Swelling in the feet or legs
- Pain or tenderness in your new kidney
- Abdominal swelling and/or pain
- Blood in your urine
- Elevated blood sugar
- Increased tiredness



If you have any of these symptoms, contact the nurse coordinator or fellow on call.

The treatment for a rejection episode depends upon the type of rejection found.

- You may receive a three-day treatment of IV methylprednisolone as an outpatient in our TACU unit.
- You may receive a seven- to 14-day course of IV Thymoglobulin®. The first few days of the Thymoglobulin® treatment is done as an inpatient. This allows us to monitor your treatment and provide appropriate medications in the event of an allergic reaction or side effect. The remaining days of treatment are usually managed on an outpatient basis. Side effects include high fevers, achy bones and joints, decreased white blood cells, diarrhea, high blood pressure, nausea or vomiting, and decreased platelets and infections. Patients are given Benadryl® to prevent an allergic reaction and Tylenol® to keep fevers down.

Constipation

Constipation is often a problem for patients in the post-operative time period. Colace can be used to help keep stools soft. If you do not have a bowel movement within five days of your operation, a tap water or Fleet's enema may be used for relief. Call your transplant nurse coordinator if you do not get results, or continue to feel worse.

Stent Removal

When should the stent be removed? The stent should be removed between four and six weeks after the transplant surgery. If the stent is not removed, it could lead to stone formation or urinary infections. If you notice that the stent passes with your urine prior to stent removal, please save the stent and call the clinic.

How is the stent removed? The stent is removed by a physician through a cystoscopy procedure in an outpatient setting. A cystoscopy involves placement of a small flexible tube through the urethra (the opening where urine exits the body). The procedure usually takes only a few minutes and causes little discomfort. Immediately before the procedure sterile lubrication containing a local anesthetic (lidocaine) is instilled into the urethra. Since no intravenous line is inserted and there is no anesthesia, you do not have to be accompanied by anyone for this procedure. You can eat normally before and after the procedure.

You will be scheduled for this procedure by the urologist's office. If you have questions about this appointment, please call your transplant nurse coordinator.

Hemodialysis Catheter

If you were previously on hemodialysis and have a dialysis catheter, it may be removed before you are discharged from the hospital. If it is not removed prior to discharge, arrangements will be made when you are in the clinic to have it removed.

Tenckhoff Peritoneal Dialysis Catheter

If you were previously on peritoneal dialysis you should continue your care of the catheter site as instructed prior to your transplant. If there is any redness, swelling, or drainage at the site call the nurse coordinator or your health care practitioner. Your catheter will be capped off before you are discharged from the hospital. If your transplant is functioning well, the catheter may be removed soon (two to four weeks) after your discharge from the hospital.

If your peritoneal catheter is a Fresenius dialysis system, contact your peritoneal nurse coordinator to have your catheter capped off after discharge.

Fistula/Graft Patency

Check your dialysis fistula or graft daily to make sure it is still working. If it stops working, notify your nurse coordinator or health care practitioner.

Dental Care

Since many infections start in the mouth and you are immunosuppressed following transplant, you should do the following:

- Maintain good dental hygiene
- See your dentist every six months or as directed.
- Inform your dentist about your medications and your transplant(s).

Organ transplantation is not an indication for antibiotics prior to dental care. Antibiotics may be appropriate if you have a prosthetic valve, a history of endocarditis, congenital heart disease, or a cardiac transplant with valvular disease. If you require antibiotics they will be prescribed at the discretion of your dentist. Be aware not to take erythromycin.

Your Local Doctor

It is necessary to have a primary care physician to see you for routine medical issues other than your kidney and/or pancreas transplant. The transplant team cannot provide routine health care for you, such as for colds, flu, pain management and routine health maintenance services. It is important to continue your routine health maintenance activities (mammograms, prostate screenings) through your primary care physician.

We do not prescribe antibiotics for symptom management over the telephone. In the event you do not establish a relationship with a primary care physician and you become ill, you will be sent to your local urgent care or emergency room. Always contact our office with any health status changes and to review any medications prescribed by non-transplant physicians before taking the first dose.

Always make sure you inform us if you change your primary care physician since we will be keeping in touch with him/her every time you come to the Renal Transplant Clinic or are hospitalized.

Be sure to inform your primary care physician of all the medications you are taking as some drugs cannot be taken with immunosuppressive medications.

Your Local Lab

You will need to locate a blood drawing lab near your home. You will need to have labs drawn between office visits.

Your routine lab schedule for the first three months after transplant is defined below. You do not have to fast from food unless you have been directed to do so.

- If you are seen in clinic on Tuesday, you will get labs in clinic and on Thursday at a lab of your choice.
- If you are seen in clinic on Friday, you will get labs in clinic and on Monday at a lab of your choice.
- For weeks you are not seen in clinic, get labs on Monday and Thursday at a lab of your choice.
- If you receive a call from the transplant staff to repeat labs sooner than the routine day, please check with your transplant nurse coordinator to confirm the instructions.

The transplant team will alter your schedule of labs after you are three months post-transplant.

You may select a University MLab or another blood drawing lab near your home. A list of MLab blood drawing locations can be found in the Resources section of this Patient Education Guide.

When you are seen in clinic, the transplant team will provide you a standing lab requisition. If you are using an non-UM lab you will also receive mailers and name labels. To measure levels of cyclosporine, tacrolimus and/or sirolimus your lab will need to ship one vial of blood to our UM lab. Be sure to request that your lab place the supplied label with your name and the appropriate drug marked on the vial to be sent to UM. This will identify you as the patient and the test that needs to be performed when the vial is received. When you need additional mailers please ask when you come to clinic, or call the transplant nurse coordinator and they will be mailed to you. Your local lab will perform all other tests ordered and will fax the results to our office.

You Should Know

For transplant related labs - remember to always use only lab requisitions issued by the transplant team.

Medication Adjustments Following Lab Results

Medication dosages are frequently adjusted when the transplant team reviews your most current lab results. We can only discuss your lab results and medications with YOU, unless you give us written consent to leave a message on an answering machine or with a family member. We strongly recommend having a reliable answering machine. We request you call our office to confirm that you have received the message about dose changes. We also suggest you provide an alternate number where we can contact you if you are not at home.

For a more comprehensive explanation of medications, please refer to the “Medication” section of this manual.

Monitoring Yourself at Home

From the moment you receive your new kidney and/or pancreas, you assume a responsibility that will be with you the rest of your life. It is ultimately your responsibility to take care of yourself and your newly transplanted organ. To ensure the continued success of your transplant you will need to track your progress by recording specific health information daily. Tracking your specific health information is crucial to the early detection of issues – such as infection, rejection or complications. Record the following information on the “Track Your Progress” form provided in the “Resources” section.

You need to do the following and record the results:

- Check your temperature twice every day for the first six weeks, at the same time in the morning and evening. Notify the transplant nurse coordinator or fellow on call if your temperature is greater than 100.5° F.
- Weigh yourself on the same scale every morning. Notify the transplant nurse coordinator if you have sudden weight gain (e.g., two to three pounds overnight or five pounds in a week).
- If you received a pancreas, check your blood sugar twice daily (before breakfast and before dinner). Notify the transplant nurse coordinator or fellow on call if your blood sugar is greater than 140.
- Check your blood pressure twice a day, while you are standing. If your blood pressure is higher/lower than it usually is, notify your transplant nurse coordinator.

Remember that your recorded entries show how your body has responded to the transplant and medications. This information is very valuable to the care providers in identifying and resolving any issues before they become severe. Be diligent in tracking your progress. Bring your completed *Track Your Progress* reports to your clinic visits.

Other steps you should take to monitor your health following transplant:

- Because your immune system is suppressed, you need to avoid people (both adults and children) with colds, the flu or other contagious illnesses.
- Wash your hands frequently.
- Urinate frequently, at least every two hours, even if you do not feel the urge to do so.
- Continue to watch for signs and symptoms of infection. Notify the nurse coordinator if you have any of the following;
 - sores or rashes in mouth or on skin
 - redness, swelling or drainage from incisions
 - pain or burning with urination and frequent urination of small quantities
 - persistent headaches
 - eye pain in bright light
 - sore throat
 - nausea
 - vomiting
 - diarrhea
 - productive cough
 - earache
 - any feelings of being “sick” that you cannot explain
 - blood in your urine or stool
- Watch for problems related to the medications you are taking. Notify the nurse coordinator if you have any of the following:
 - easy bruising
 - rash, itching, redness
 - back pain
 - severe stomach pain
 - vomiting, diarrhea
 - black tarry stool
 - swelling of the lips, tongue, face or any body part
 - breathing problems or respiratory distress
 - any new or different symptom

- Continue to watch for signs and symptoms of rejection. Notify the nurse coordinator if you have any of the following:
 - fever
 - flu-like symptoms
 - muscle aches
 - decrease in urine
 - swelling in your feet or legs
 - pain or tenderness around the kidney and/or the pancreas
 - abdominal swelling/pain
 - blood in your urine
 - elevated blood sugar
 - increased tiredness

Please call the nurse coordinator with any questions, concerns, or problems you may have.

Diet Considerations Following Transplant

Now that you have a functioning kidney and/or pancreas, the emphasis for your diet is going to change. You will need to follow the diet plan that the dietician discussed with you when you were hospitalized. A dietician remains available to help you with questions. Call the telephone number either (734) 936-5910 or (734) 936-5911 given in your diet instruction book with questions.

Maintaining Your Weight

Prednisone can decrease muscle mass unless you are active. Controlling your weight is important and requires you to balance the calories you eat with the calories you burn through activity and exercise. It is also important to avoid high fat and high sugar content foods while increasing whole grain breads and cereals, fruits and vegetables. We can discuss support organizations, exercise programs and a healthy method of weight control with you.

Fluids

After the transplant you are more easily prone to dehydration, so you need to drink plenty of fluids each day. ***You should drink at least two liters of fluid a day, depending upon your individual needs. More fluid intake may be necessary in the first few months after your transplant.*** You may drink a variety of fluids. However, keep in mind that drinks that contain alcohol and/or caffeine may actually cause you to lose fluids and caffeinated beverages don't count toward the recommend two liters of fluid each day.

Of course, drinking more fluids will result in more urine. It is very important that you do not allow large volumes of urine to collect in your bladder. To avoid this, ***you need to empty your bladder frequently, at least every two hours, even if you do not feel the urge to do so.***

Phosphorus

Prednisone may cause a decrease in phosphorus, so your bones may require more of it. Phosphorus and calcium are needed for strong bones. Unlike when you were on dialysis, you may be asked to eat more foods high in phosphorus or you may be required to take phosphorus supplements. To learn more about phosphorus and for a list of foods high in phosphorus, visit the National Kidney Foundation website at: **www.kidney.org/atoz/atozItem.cfm?id=101**.

Cholesterol

Another side effect of taking prednisone, sirolimus and/or cyclosporine is an increase in cholesterol levels. High cholesterol can lead to heart disease. Reducing animal fat and a general reduction of all fat in your diet, when accompanied by weight control and exercise, might help to prevent this. Select lean cuts of meat and use soft margarines (low in saturated fat) and oils for cooking.

Sodium

The medications that help prevent rejection of your transplanted organ may also cause high blood pressure by holding sodium and water in your body. After transplant your diet needs to be lower in sodium to help decrease your blood pressure. Blood pressure is easier to control if you maintain an ideal body weight. If you need medications to control your blood pressure, it is best to eat less than 2,000 mg (two grams) of sodium a day.

Potassium

Your potassium level may become high when you take cyclosporine or tacrolimus. This can affect your heart. You may need to decrease the intake of high potassium foods. Your dietitian or transplant nurse coordinator can advise you of the high potassium foods to avoid. To learn more about potassium, visit the National Kidney Foundation website at **www.kidney.org/atoz/atozItem.cfm?id=103**.

Protein

Protein is needed for healing. Do not restrict protein unless told to do so by your dietitian or your doctor.

Transplant Ambulatory Care Unit (TACU)

The TACU is an outpatient care area located on the fifth floor, area C, of the hospital. It is used for infusions and special procedures for transplant patients who need extra care but don't need to be hospitalized at the time. The TACU may be used as a transition for those patients who are discharged from the hospital, but still need close monitoring, intravenous medications or lab tests. If you need special infusions or procedures after you are discharged, you may have a TACU appointment made for you.

The TACU is not an inpatient unit and does not have many of the services provided to hospitalized patients. **Food is not provided in the TACU.** You must make your own arrangements for meals. You are welcome to bring in your own sack lunch or to purchase food from the cafeteria or other food vendors on site at University Hospital. Vending machines by the hospital cafeteria are always available.

Patients need to bring all the medications they need for the entire day. Many TACU appointments are lengthy and patients are not allowed to leave the area.

Since amenities are limited in the TACU, you are encouraged to bring a support person with you to assist with your needs during your stay in the TACU.

Services patients may receive while in TACU include the following:

- Infusions to treat rejection, dehydration and infection
- Transfusion of blood products
- Blood draws
- Physical examinations
- Biopsy recovery
- Education for patients and families

The TACU is open every day of the year, including holidays and weekends.

Resuming Activities Following Transplant

You are encouraged to resume normal activities as tolerated, with the following recommendations:

- By the time you are discharged from the hospital, you may move at your own pace climbing stairs without causing any harm to your incision(s).
- Be very careful in complying with medication schedules and laboratory studies. Please refer to medications section of this guide.
- Call the Transplant Office regarding all medication or herbal supplements you intend to take UNLESS they were prescribed by your Transplant Team or referring nephrologist.
- You may resume driving approximately three weeks after surgery and when you are no longer taking narcotic pain medications. Until that time, your reflexes may not be quick enough for you to drive safely. Check with your transplant physician before resuming driving. You should always wear a seatbelt for protection.
- Do not lift anything heavier than 10 pounds for approximately six weeks after surgery. Until that time, your abdominal muscles are not completely healed.
- You may resume sexual relations when you feel comfortable to do so. Female patients need to understand it is possible for you to get pregnant after a kidney and/or pancreas transplant. To prevent pregnancy barrier methods of birth control (condom or diaphragm), oral contraceptives or Depo-Provera® can be used. For protection from sexually transmitted diseases (STDs), condoms should be used. If you are considering getting pregnant, please consult with your transplant physician.
- You may return to school or work, with the transplant team's permission.
- Call the Transplant Office if you are exposed to chicken pox. Avoid exposure to individuals who have developed a rash following vaccination with the chicken pox vaccine or the small pox vaccine.
- Patients taking immunosuppressive drugs are at increased risk of developing skin cancer. We suggest that you take precautions, including using sunscreen (SPF 30 or greater), hats and long sleeves (if tolerable). Avoid tanning salons and repeated long unprotected exposure to the sun.
- Wear leather gloves when gardening.

Physical Exercise

Physical exercise is important to your recovery and your long-term health. Physical therapy may have been started soon after your transplant to help prevent some of the side effects of spending a lot of time in bed and to begin strengthening and retraining your muscles and joints. It is up to you to continue a program of physical exercise after you leave the hospital. We recommend a daily walking regimen.

However, for six to eight weeks after your surgery, you should avoid strenuous activity or activities that may cause stress, strain, or pulling across your incision. Examples of these are bowling, push-ups, sit-ups, golf, strength training, and contact sports. When you are ready to do more vigorous exercise, please discuss it with your transplant physician.

Pregnancy After Transplant

Pregnancy after transplant consists of many uncertainties including the risks that pregnancy present to your new organ, your personal health, and the health of your fetus (immediate and long term). Although successful pregnancies have occurred after transplantation, there are higher rates of fetal complications when compared to non-transplant patients including premature delivery, low birth weight, toxemia (preeclampsia), etc. In addition, pregnancy is associated with a higher frequency of rejection of the transplanted organ both during and immediately following delivery. Therefore, **all pregnancies in transplant recipients should be considered high-risk, and planned and managed by both a transplant physician and a high-risk obstetrician.**

You Should Know

Contact your transplant nephrologists or transplant nurse as soon as you know you are pregnant or are planning to get pregnant.

Exposure of infants to immunosuppressive medications may cause fetal harm. For example, the use of mycophenolate (CellCept® or Myfortic) during pregnancy has been associated with pregnancy loss and fetal malformations. However, discontinuing these medications can result in rejection or loss of the transplanted organ. **Patients should not discontinue any immunosuppressive medications without consulting with their transplant physician.**

Some of the commonly used contraceptive methods may be less effective in combination with immunosuppressive medications or have an increased risk of infectious complications in transplant patients. Therefore, female transplant recipients should use **two methods of effective contraception.**

Immunizations and Vaccines

Immunizations and vaccines consist of viruses – either “live” or “dead.” Most vaccines are made from a killed or “dead” virus and are safe for patients to take themselves or to be around a recently immunized person. Common examples of vaccines made from “dead” **viruses safe for you** include:

- DPT
- Hepatitis A
- Hepatitis B
- Flu (injectable)
- Tetanus
- Pneumococcal
- Polio (It is safe for you to be around family or household members who have received the Salk polio vaccine injection because it is an injection and the virus is not shed.)

All transplant recipients are encouraged to receive a flu vaccine every fall. We also recommend you receive a Pneumovax vaccine for pneumonia every five years.

Some vaccines are made from a “live” virus. The vaccine from a “live” virus can rarely cause the actual disease in the person. Patients who are immunosuppressed are less able to fight the disease and can become sicker. Patients who have had a transplant should not have vaccines from a “live” virus and should avoid direct contact with persons who have received any “live” virus vaccines for a period of six to eight weeks. This includes changing diapers, sharing food or utensils, or any exchange of body fluids.

Examples of live virus vaccines to avoid include:

- MMR (measles, mumps and rubella)
- Small pox
- Chicken pox
- Shingles
- Flu Mist

An immunization protocol is provided in the “Resources” section. ***To be safe you should always contact your transplant nurse coordinator or transplant physician before receiving an immunization.***

Long-term Complications of Transplantation

Rejection

Rejection is a natural response by the immune system when the body sees something it considers foreign. Rejection can happen at any time after the transplant, even years later. Treatment for rejection will be individualized.

Refer to page 5 of this section for signs and symptoms of rejection and the treatments available.

Skin Cancer

Skin cancer is a greater risk due to the immunosuppressive medications. Patients are encouraged to use safety precautions in the sun. Limiting sun exposure and the use of a hat and sun block (SPF 30 or greater) are encouraged. In addition, routine skin observation for foreign moles, spots and lesions is advised.

Diabetes Mellitus

Post-transplant diabetes mellitus (PTDM) is a common and severe complication following kidney transplantation. New onset of high blood sugar and diabetes mellitus after a kidney transplant are associated with an increased cardiovascular risk. Early detection and appropriate treatment have the potential of improving long-term cardiovascular risk, thus providing a survival advantage. We have established a screening protocol to detect these and other health issues early.

We screen all kidney transplant recipients who do not have a diagnosis of diabetes mellitus and do not take insulin or oral hypoglycemic agents prior to their kidney transplant. Each patient meeting the criteria will follow this regimen:

- A fasting glucose level test each week for the first month following transplant;
- An oral glucose tolerance test (OGTT) and a hemoglobin A1c (HbA1c) test are performed a) between 60 and 90 days post-transplant while patients are still being seen in the acute patient clinic; b) at six months post-transplant, and c) at 12 months post transplant.
- An OGTT and an HbA1c will be performed annually thereafter for patients who have not developed post-transplant diabetes mellitus at the end of the first year.

You Should Know

An **HbA1c** blood test is a simple way to measure average glucose levels over the past two to three months.

An **oral glucose tolerance test (OGTT)** measures the body's ability to use a type of sugar, called glucose, that is the body's main source of energy.

- Patients who are found to have abnormal fasting glucose levels in the first month will need close monitoring in the following months.
- Patients who are found to have abnormal OGTT (impaired and/or frankly diabetic) will need interventions such as diabetes education, a consultation with a dietician, and medication.

Recurrence of Disease

Transplant does not cure the underlying disease process that damaged your kidney. The disease that caused your kidney failure can recur in the transplanted kidney.



Impact of Transplant on Disability Status

Your disability status may change after you have had a transplant. The purpose of a transplant is to restore you to a healthier life. Transplantation does not qualify as a disability status. Each patient must be evaluated individually to determine their disability status. If you have questions, you should discuss them with your transplant social worker.

Your Compliance is Crucial

One of the most important aspects of success with your transplant is your willingness and ability to follow the health care advice of your transplant team. Your transplanted organ was a gift. Following the medical advice of the transplant team allows you to care for that gift and honor the organ donor. Take good care of your new organ by taking your medications as directed, get labs drawn when instructed and come to your clinic appointments.