

# KIDNEY AND PANCREAS PRE TRANSPLANT SURGERY GUIDE



Revised July 2025

**The Transplant Institute**  
METHODIST DALLAS

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# Introduction

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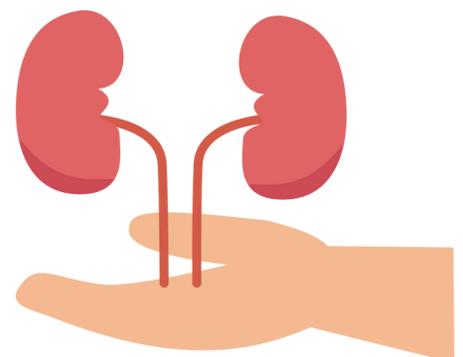
## Welcome to Your Kidney Transplant Journey

This guide is designed to provide you with essential information as you prepare for a kidney transplant. We understand that this is a significant step in your healthcare journey, and we are committed to supporting you every step of the way.

This guide will cover various aspects of the kidney transplant process, including:

- **Understanding Kidney Disease:** We'll discuss the different types of kidney disease and how they affect your body.
- **The Transplant Process:** You'll learn about the different types of kidney donors, the surgical procedure, and what to expect during your hospital stay.
- **Preparing for Transplant:** We'll cover important topics such as pre-transplant evaluations, medications, and lifestyle changes.
- **Living with a Transplanted Kidney:** You'll find information on post-transplant care, managing medications, and maintaining a healthy lifestyle.
- **Support Resources:** We'll introduce you to the resources available to you, including support groups, financial assistance programs, and our dedicated transplant team.

This guide is intended to be a valuable resource for you as you navigate this important journey. Please feel free to contact our transplant coordinators with any questions or concerns you may have. We are here to support you every step of the way.



# How to Contact Us

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## Methodist Dallas Medical Center

1441 N. Beckley Ave.  
Dallas, TX 75208

**214-947-8181**

## Kidney and Pancreas Transplant Program

1411 N. Beckley Ave. Pavilion III Suite 268  
Dallas, TX 75208

**214-947-1800**

## Dallas Nephrology Associates

Dr. Jose Castillo- Lugo  
Dr. Kosunarty Fa  
Dr. Muhammad Qureshi  
Dr. Wael Hanna  
Dr. David Nesser  
Dr. Ruben Velez

**214-358-2300**

## Dallas Renal Group

Dr. Amna Ilahe  
Dr. Silvi Simon

**972-274-5555**

## Texas Urology Specialists

**214-948-3101**

## Urology Clinics of North Texas

**214-271-9971**

## Surgeons

Dr. Richard Dickerman  
Dr. Alejandro Mejia  
Dr. Lori Kautzman  
Dr. Vichin Puri  
Dr. Christie Gooden  
Dr. Carlos Fasola

**214-947-4400**

### DOWNLOAD MYCHART

- Effortlessly access your health records
- Directly communicate with your care team
- Schedule/change appointments
- Access test results

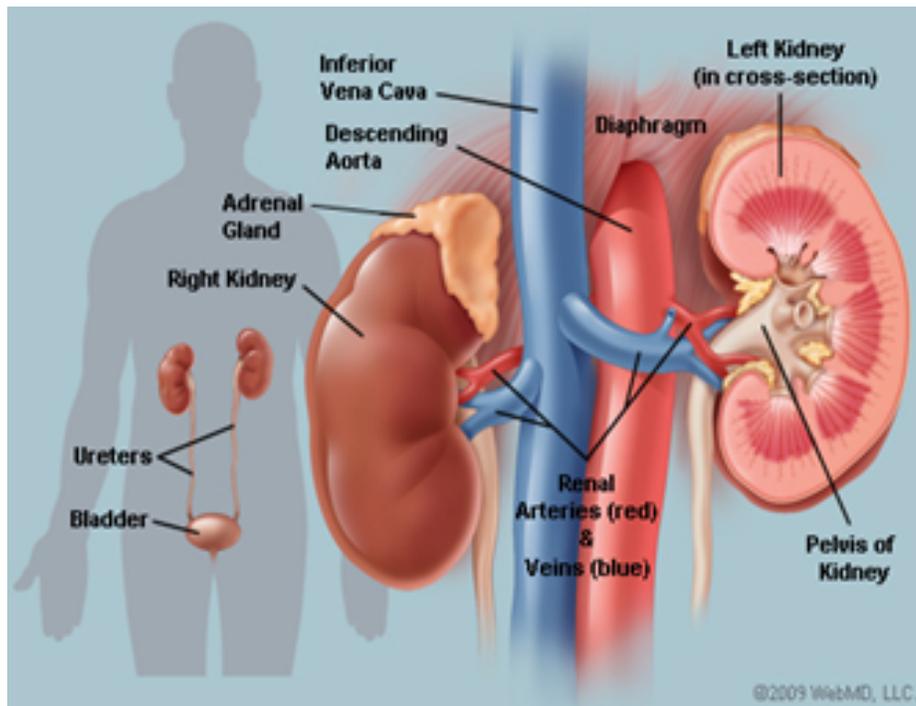


**MyChart**

# The Kidney

## Anatomy

The kidneys are bean-shaped organs that remove waste products and salts from the blood and empty them in the urine. They are in the back of the abdomen, behind the intestines and under the ribs at about the level of the waistline. One kidney lies on either side of the spine. Each weighs about a third to half a pound and has a duct (called a ureter) on its inner surface. The ureter, in adults it is about 10 to 11 inches long, carries urine from the kidney to the bladder, where the urine is temporarily stored. Another duct (called the urethra) carries the urine from the bladder to outside the body.



## Functions

The main function of the kidneys is to make urine and maintain the normal makeup of the blood. Kidney functions include:

- Reabsorb water to maintain water balance
- Filter and reabsorb sugars, protein, sodium, and chloride that are useful to the body
- Filter and remove (by means of urine) things that are not useful to the body, such as urea, uric acids, and creatinine
- Make and remove ammonia to help keep the body's acid-base balance
- Produce hormones that stimulate red blood cell production and regulate blood pressure.

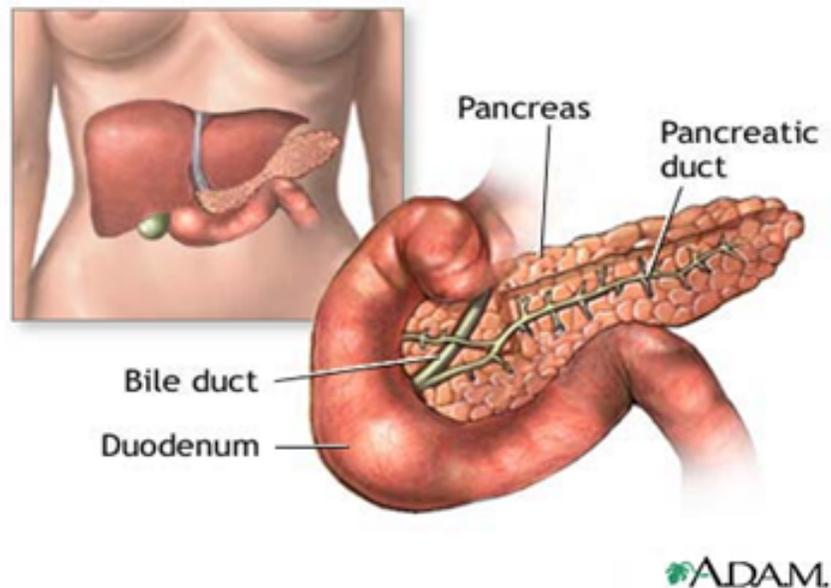
# The Pancreas

## Anatomy

The pancreas is a small organ, about six inches long, located in the upper abdomen against the spine and connected to the small intestine. Because of this deep position in the body, it can sometimes be difficult to see.

The pancreas is needed to digest food in two ways:

- It makes enzymes that help digest protein, fat, and carbohydrates before they can be absorbed through the intestine.
- It makes cells that produce insulin, which control the use and storage of the body's main energy source, glucose or sugar.



## Functions

The pancreas has two functions:

- **Endocrine functions** (secretions that are distributed in the body by way of the bloodstream) and insulin production.

Groups of cells in the pancreas make insulin, a hormone that helps in the production of proteins and certain fats, storage of certain fats, and the body's use of sugar (glucose). Diabetes is the most common disease linked to abnormal production of insulin and low blood sugar.

- **Exocrine functions** (secretions that are released outside the body) and digestion.

The pancreas makes digestive juices (enzymes), including amylase and lipase. These enzymes are emptied from the pancreas into the small intestine through tubes called the pancreatic ducts.

# Transplanted Organs

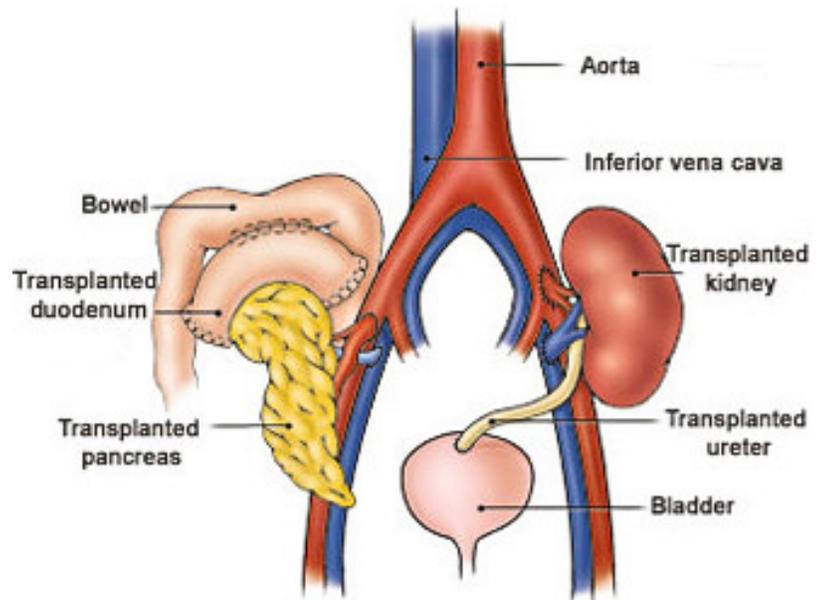
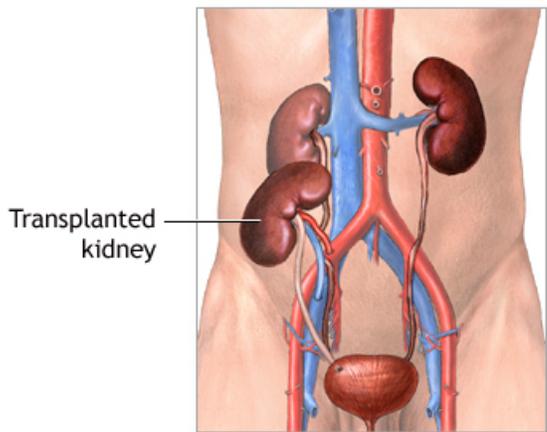
## Transplanted Kidney

While hemodialysis or peritoneal dialysis can eliminate waste and excess chemicals from your blood, unlike the kidneys it cannot produce vital hormones. Through transplantation, you will receive a new kidney that performs all of these important functions, and you will not have to continually interrupt your life for dialysis treatments or depend on machines to keep you going. Whether your kidney is from a living donor or from a deceased organ donor, it will truly be a gift of life.

The transplanted kidney will be placed in your lower abdomen. This placement is preferred because your own (or “native”) kidneys are not removed unless they are causing you problems and it is easier to biopsy the new kidney in this position.

## Transplanted Pancreas

A successful pancreas transplant will eliminate the need for insulin and will stop the progression of complications from diabetes. Pancreas transplants can be performed alone or in conjunction with a kidney. The pancreas is very fragile so a portion of bowel will be used as a mechanism to handle the pancreas.



**Kidney - Pancreas Transplant**

## Kidney and Pancreas Transplant Program The Transplant Process

Information by Phase	Responsible Party
<b>Referral Phase &amp; Evaluation Phase</b>	
<p><b>Estimated timeline:</b> 120 days after financial approval obtained</p> <p><b>Priority areas of focus:</b></p> <ul style="list-style-type: none"> <li>• Insurance verification</li> <li>• Medical management of kidney disease</li> <li>• Evaluation testing</li> </ul>	Methodist Dallas Medical Center
Outside referral/application received	
Verification of insurance benefits for transplant evaluation and approval, or denial process started.	
Discussion of financial responsibility (cost of surgery, cost of medications, cost of follow-up care). Options for fundraising.	
Evaluation and completion of any additional required tests. Physician consults scheduled.	
Presentation to committee	
"Approval," "Hold," or "Denial" process started	
If needed, additional tests or procedures are ordered and completed for patient to meet listing requirements.	
<b>Listing Phase</b>	
<p><b>Estimated timeline:</b> 38 months is the average waiting time for transplant (based on 2006 data)</p> <p><b>Priority areas of focus:</b></p> <ul style="list-style-type: none"> <li>• Placement of patient on transplant waiting list after insurance approval</li> <li>• Medical management of kidney disease</li> <li>• Annual testing updates</li> <li>• Risk for disease recurrence</li> <li>• Risk for developing complications of immunosuppression.</li> </ul>	Methodist Dallas Medical Center
Annual updates as required	
Organ offers received and transplant process initiated	

## Kidney and Pancreas Transplant Program The Transplant Process

Information by Phase	Responsible Party
<b>Transplant Event</b>	
<p><b>Estimated timeline:</b> 4-5 days</p> <p><b>Priority areas of focus:</b></p> <ul style="list-style-type: none"> <li>• Surgery and post-operative course of treatment.</li> <li>• Patient/family education.</li> </ul>	<p>Methodist Dallas Medical Center</p>
<p>Arrival at hospital after notification by transplant coordinator</p> <ul style="list-style-type: none"> <li>• Labs, EKG, CXR</li> <li>• History and physical</li> <li>• Consents for treatment, blood, surgery</li> <li>• Surgical Process (IV lines, drains, incisions)</li> </ul>	
<p>Patient education to prepare for discharge, including self-care after transplant surgery, routine follow-up requirements, and discharge needs such as social worker, dietitian, pharmacist, and transplant coordinator.</p> <ul style="list-style-type: none"> <li>• Medications</li> <li>• Diet</li> <li>• Infection</li> <li>• Rejection</li> <li>• Self-care at home</li> <li>• Sexual activity</li> <li>• Communication with donor family</li> <li>• Lab tests</li> <li>• Transplant Team Contact Information</li> <li>• Follow-up labs and appointments</li> <li>• Annual follow-up requirements</li> </ul>	

## Kidney and Pancreas Transplant Program The Transplant Process

Information by Phase	Responsible Party
<b>Discharge – 90 Days after transplant</b>	
<b>Priority areas of focus:</b> <ul style="list-style-type: none"> <li>• Detection and treatment of postoperative problems</li> <li>• Patient and family education</li> </ul>	Methodist Dallas Medical Center
Home health <ul style="list-style-type: none"> <li>• Safety evaluation</li> <li>• PT/OT</li> <li>• Medication teaching</li> <li>• Wound assessment</li> <li>• Diabetic teaching</li> </ul>	
Clinic Visit & Lab Schedule <ul style="list-style-type: none"> <li>• 0-90 days</li> </ul>	Methodist Dallas Medical Center/ Dallas Transplant Institute
Patient education of post-transplant self-care and routine follow up requirements.	
Completion of disability and medical leave forms.	
<b>91 Days – 1 Year Post-Transplant</b>	
<b>Priority areas of focus:</b> <ul style="list-style-type: none"> <li>• Detection and treatment of postoperative problems</li> <li>• Patient and family education</li> </ul>	Methodist Dallas Medical Center/Dallas Transplant Institute /Referring Nephrologist
Clinic Visit & Lab Schedule <ul style="list-style-type: none"> <li>• 91-180 days</li> <li>• 181-360 days</li> </ul>	
Patient education of post-transplant self-care and routine follow-up requirements.	
Completion of disability and medical leave forms.	
<b>Annually Post-Transplant</b>	
<b>Priority areas of focus:</b> <ul style="list-style-type: none"> <li>• Post-Transplant Management</li> </ul>	Methodist Dallas Medical Center/Dallas Transplant Institute /Referring Nephrologist
Clinic Visit & Lab Schedule <ul style="list-style-type: none"> <li>• Every 2 to 3 months and annually</li> </ul>	
Patient education of post-transplant self-care and routine follow-up requirements	

# The Transplant Team

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The skilled health care professionals who make up your transplant team share a common goal: the success of your kidney and/or pancreas transplant. Each of members of this team will take a personal interest in answering your questions and taking care of your medical needs. They will also help you keep your spirits up throughout your journey.

We encourage you to meet each of these team members and keep the lines of communication open. They will count on you to express your concerns and fears, and you must tell them immediately if there are any changes in the way you feel physically. In this respect, you are the most important member of the transplant team.

Each transplant program is unique. The following is a list of transplant team members and their responsibilities.



## **Transplant surgeon**

This physician will perform the transplantation procedure. He or she will examine you each day and check your incision to make sure it is healing properly.



## **Transplant physician/nephrologist**

You will see your transplant physician/nephrologist during your hospital stay. Each day, he or she will examine you, check your test results, and adjust your medication as needed.

Again, be sure to let your doctor know of any change in the way you feel, no matter how insignificant it may seem to you and remember, your doctor expects you to ask questions, so be sure to speak up.



## **Transplant Coordinator**

This team member, a registered nurse, will be responsible for:

- Coordinating and scheduling all of your pre-transplant-surgery testing and will be responsible for maintaining updated testing while you are on the waiting list for an organ.
- Locating your donor kidney and/or pancreas, testing for donor compatibility, contacting you once a kidney and/or pancreas has been found, and coordinating your transplant surgery
- Teaching you how to take care of yourself before and after transplantation, including how to take your medication and when to return to the transplant center for follow-up visits.

# The Transplant Team

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## **Floor or staff nurse**

This nurse may help to coordinate the activities of your other caregivers, as well as tend to your needs during your hospital stay and prepare you for your discharge. Your nurse will keep the lines of communication open between you and the other members of your transplant team.



## **Social worker**

Your social worker can advise on insurance coverage and financial planning for transplant. Your social worker can link you to services and organizations in the community for additional support services, includes but not limited to transportation, help at home, and financial fundraising. He or she can also help with psychosocial and family matters.



## **Dietitian**

Following your doctor's orders, a registered clinical dietitian can create a special diet plan that will help you stay healthy and avoid excessive weight gain after your surgery. Follow the diet plan prepared for you, and take advantage of the pointers that your dietitian offers. Proper nutrition can speed your recovery and help you stay healthy.



## **Pharmacist**

The transplant pharmacist will review your medication list prior to transplant and will consult with physicians regarding medications while you are hospitalized. Prior to your discharge, the pharmacist will meet with you to educate you and your family about your new medications.

# Transplant Evaluation Testing

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Throughout this period, you will find yourself taking many tests, and you may wonder when it will all end. Keep in mind that you are taking a giant step forward in the transplantation process. These tests will help your transplant team discover potential problems before they occur and determine if transplantation is truly the best option for you. When all of your test results are in, your doctors will have a clear picture of your overall health status. This increases the likelihood of success. Your transplant team may ask you to undergo any of the following procedures:

- **Chest X-ray** will tell your doctors if your lungs and lower respiratory tract are healthy.
- **Electrocardiogram (EKG or ECG)** will reveal how well your heart is working and may reveal heart damage that was previously unsuspected.
- **Echocardiogram** uses ultra-high-frequency sound waves to also reveal how your heart is working and if there is any previously undetected heart damage.
- **Stress Test** is an exercise session to measure the strength of your heart.
- Abdominal Ultrasound will evaluate the status of your native kidneys
- Colonoscopy will help your doctors be certain you are free of intestinal abnormalities.
- **Blood tests**, including a blood count, blood and tissue type, blood chemistries, immune system function, and certain infectious diseases will screen for abnormalities and type your blood for cross-matching.
- **Pulmonary function test** reveals how well your lungs are working, and it is conducted by breathing into a tube attached to a measuring device.
- **Other tests** may be performed as part of your overall workup, including a gynecological exam, pregnancy test, and mammogram (for women) or prostate-specific antigen blood test (for men).

During these tests, your doctors, nurses, and technicians will make you as comfortable as possible.



# Organ Matching

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## Blood Typing and Antibodies

If you are receiving an organ from the list, blood types and antibody levels will affect how long you will wait for an organ. Your blood type and antibody level will be checked during the work-up process.

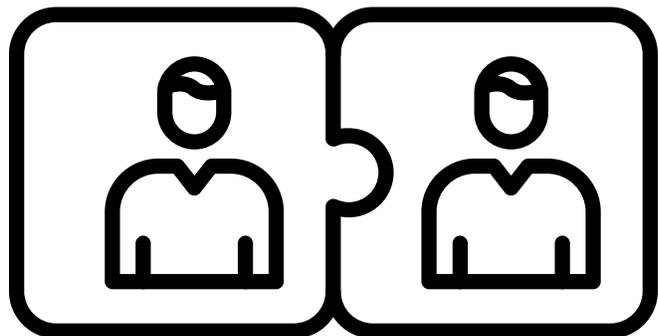
## Panel Reactive Antibodies

Panel reactive antibodies (PRA) are the measurement of a patient's level of sensitization to donor antigens. In other words, it is a predictor as to whether your body will accept a particular donor organ without having a bad reaction. The PRA is measured by percentage, from 0% to 99%.

The higher the PRA, the more sensitized a patient is to the general donor pool and the more difficult it can be to find a suitable donor. A patient may become sensitized because of pregnancy, a blood transfusion, or a previous transplant.

About 30% of patients waiting for an organ transplant are considered sensitized. Sensitized patients have developed harmful antibodies in their blood against foreign tissue. Sensitized patients may wait three to four times longer than unsensitized patients for a compatible deceased donor kidney and/or pancreas.

For example, if a recipient has a PRA of 60%, then this patient will have a bad reaction to 60% of the donor organs kidneys offered. Conversely, this also means that the recipient will have a good reaction to 40% of the donor organs.



# Organ Matching

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## Panel Reactive Antibodies (cont)

The final decision on whether or not you get the organ(s) that are being offered is by doing a cross-match test. With this test, our HLA lab will put a sample of your blood with the blood of the donor to see if your blood reacts negatively to the donor's blood. If a bad reaction occurs, you will not get that kidney and/or pancreas. This test usually takes about five hours and cannot be started until we receive blood from the donor.

If a patient's PRA is below 10%, then a cross-match test might not be required. A very important part of omitting the cross-match test involves our HLA professionals ensuring that your PRA is below 10% and making sure your PRA has been consistently low for the past three months. This will eliminate the five hours of waiting for the completion of the cross-match test, speeding the transplantation process – which are good for the new organ(s).

Your dialysis center should check your PRA periodically once you are on the list.

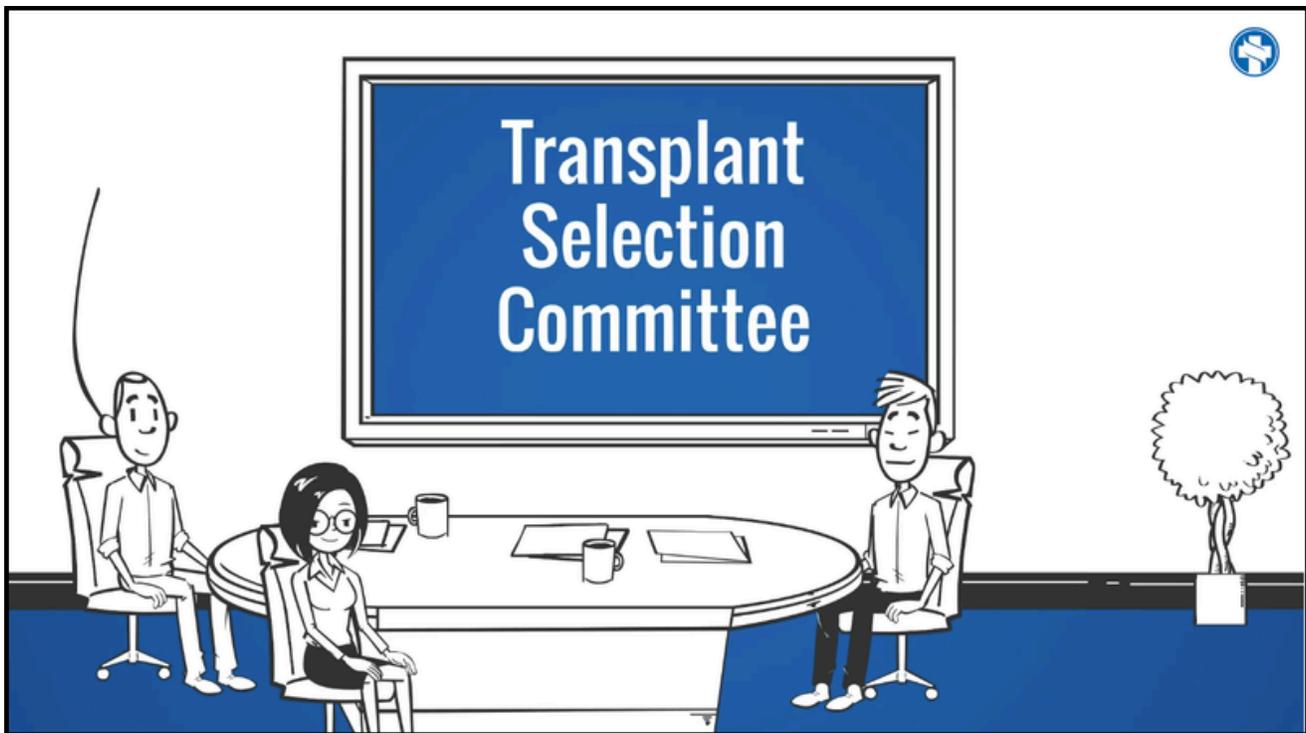
## Important terms to know

- **Antigen** is a substance, usually a protein that the body recognizes as foreign and that can evoke an immune response.
- **Antibody** is an immunoglobulin produced in the body in response to bacteria, viruses, or other antigenic substances. They are part of the body's immune response.
- **Sensitization** is a reaction in which specific antibodies develop in response to an antigen. Allergic reactions result from excess sensitization to a foreign protein.

# Selection Committee

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After all of your pre-transplant-surgery testing has been completed, your case will be presented to the selection committee. The selection committee is made up of physicians, social workers, nurses, and other disciplines involved in transplantation. Once you are approved by the selection committee and are listed, your waiting time begins.



# Living Donor Kidney Transplant

## Living Donor

Living kidney donors are usually from the immediate family – mother, father, sisters, brothers, or children. They may also be cousins, aunts, or uncles. Frequently, a person will receive a kidney from a living but unrelated individual, such as a spouse, in-law, or even a friend.

There are several advantages to receiving a kidney from a living donor:

- Related living donors are more likely to be good matches, though it is not guaranteed.
- Transplant surgery can be scheduled with greater preparation
- The donation and transplant procedures take place at the same facility, eliminating delay in transporting the organ so it is in the best condition for transplant.
- A kidney from a living donor generally functions immediately after transplantation, while a deceased donor kidney may take longer to regain normal function.

For a healthy individual, donating a kidney is safe and recovery is rapid. Having only one kidney will not affect the donor's health in any way. For your new kidney to work properly, you and the donor's kidney must be blood type compatible. To determine this compatibility, the following parameters may be used:

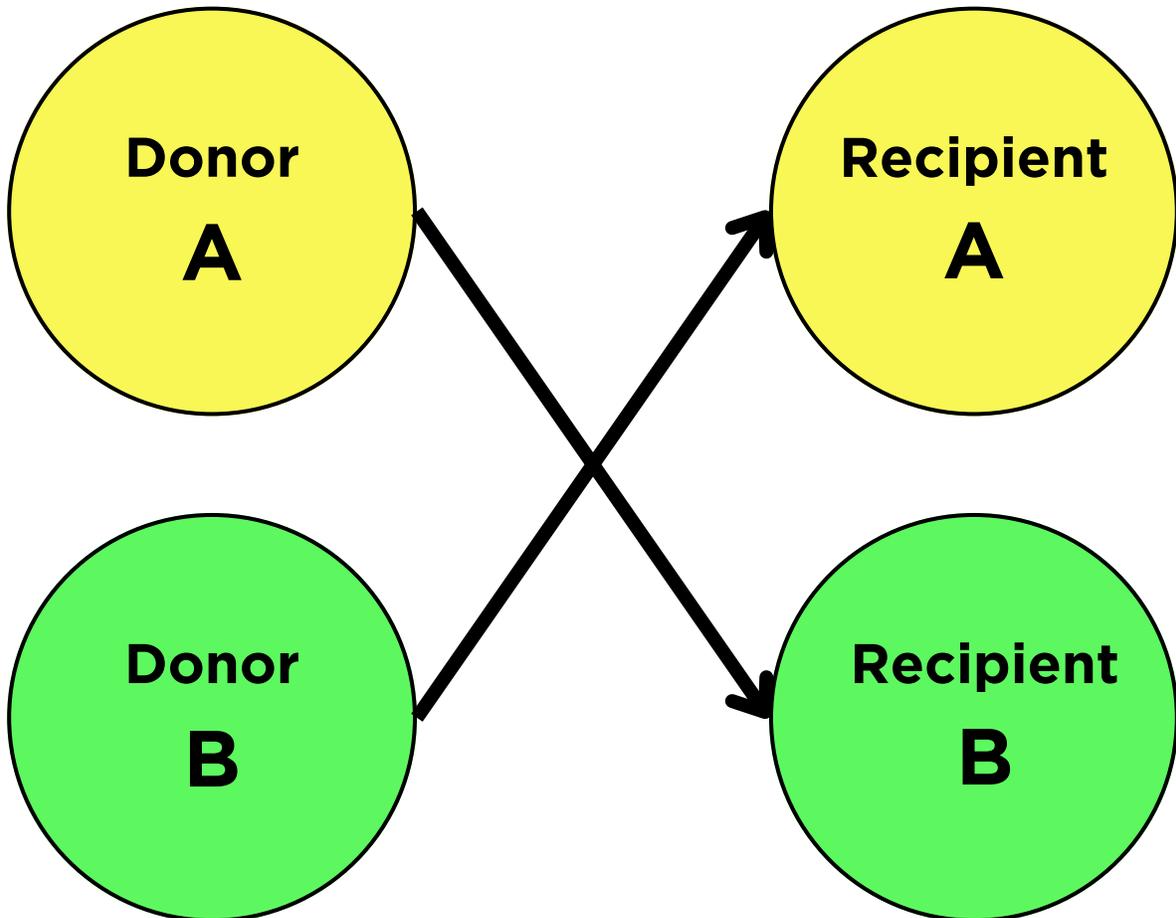
<b>Blood Type</b>	<b>Can receive a kidney from blood type:</b>	<b>Can donate a kidney to blood type:</b>
<b>O</b>	<b>O</b>	<b>O, A, B, AB</b>
<b>A</b>	<b>A, O</b>	<b>A, AB</b>
<b>B</b>	<b>B, O</b>	<b>B, AB</b>
<b>AB</b>	<b>AB, A, B, O</b>	<b>AB</b>

# Living Donor Kidney Transplant

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## Paired Donation

This is sometimes referred to as “donor swaps” and can occur if a living donor and recipient are not compatible. In this case, pair can enter the system, and periodic match runs will be performed to attempt to locate a pair(s) in a similar circumstance. This process enables two or more transplants to occur.



In the illustration above, Donor A and Recipient A were incompatible and Donor B and Recipient B were incompatible. However, Donor A was able to donate to Recipient B and Donor B was able to donate to Recipient A; therefore, a paired donation was able to take place.

# Deceased Donors and Kidney Allocation

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A majority of all kidney recipients receive organs from deceased donors. Because of a shortage in donor organs, the waiting period for a suitable deceased donor kidney may be two years or longer. People who are expected to need a kidney for the longest time will be matched more often with kidneys that have the longest expected function.

## How will kidneys be classified?

Every kidney offered for a transplant will have a Kidney Donor Profile Index (KDPI) score. This percentage score ranges from zero to 100 percent. The score is an estimate of how long the kidney is likely to function when compared to other kidneys.

## What goes into a KDPI score?

The KDPI is calculated based on factors that affect how long the kidney is likely to function. These factors include:

- Age
- Height
- Weight
- Ethnicity
- Whether the donor died due to loss of heart function or loss of brain function
- Stroke as cause of death
- History of high blood pressure
- History of diabetes
- Exposure to the
- Hepatitis C virus
- Serum creatinine (a measure of kidney function)

## How will transplant candidates be classified?

Each kidney candidate will get an individual Estimated Post-Transplant Survival (EPTS) score. This percentage score ranges from zero to 100 percent. The score is an estimate of how long the candidate may need a functioning kidney transplant compared to other candidates.

## What goes into an EPTS score?

The EPTS is calculated based on facts about the candidate that affect how long you are likely to need a kidney.

These factors include:

- Age
- Length of time spent on dialysis
- Having received a previous transplant (of any organ)
- Current diagnosis of diabetes

# Deceased Donors and Kidney Allocation

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## How will the KDPI and EPTS scores be used in allocating kidneys?

The 20 percent of kidneys that are expected to last the longest—those with a KDPI score of 20 percent or less—will first be offered to patients likely to need a transplant the longest – those with an EPTS of 20 percent or less. If a kidney with a KDPI of 20 percent or less is not accepted for any of these patients, it will then be offered to any other person who would match, regardless of their EPTS score. Kidneys with high KDPI scores are expected to function for a shorter amount of time than others. They may be best used to help candidates who are less able to stay on dialysis for a long time.

Some patients are hard to match with most kidney offers because they have uncommon blood types or likely to have an immune system rejection for most kidneys. The allocation system will seek to boost their chances of getting a matching offer.

### Summary:

- The allocation system will give immune sensitized candidates more priority for kidneys they are not likely to reject.
- People who have a slightly higher sensitivity will get slightly more priority than they would have under the previous allocation system.
- People who are very highly sensitized (98 percent or above) will get much more priority.
- Kidneys that are offered first to highly sensitized candidates but do not be accepted for them, will then be offered to other patients.
- If you began dialysis before you were listed for a transplant, your waiting time will now be calculated from your dialysis date. This is the most objective and consistent way to measure when your need for a transplant began.

A transplant program may evaluate and list you for a transplant even before you start dialysis. If you are listed early, you can be matched for deceased donor kidneys based on medical matching criteria in the kidney allocation policy. You would not receive additional priority for waiting time until you either start dialysis or have kidney failure.

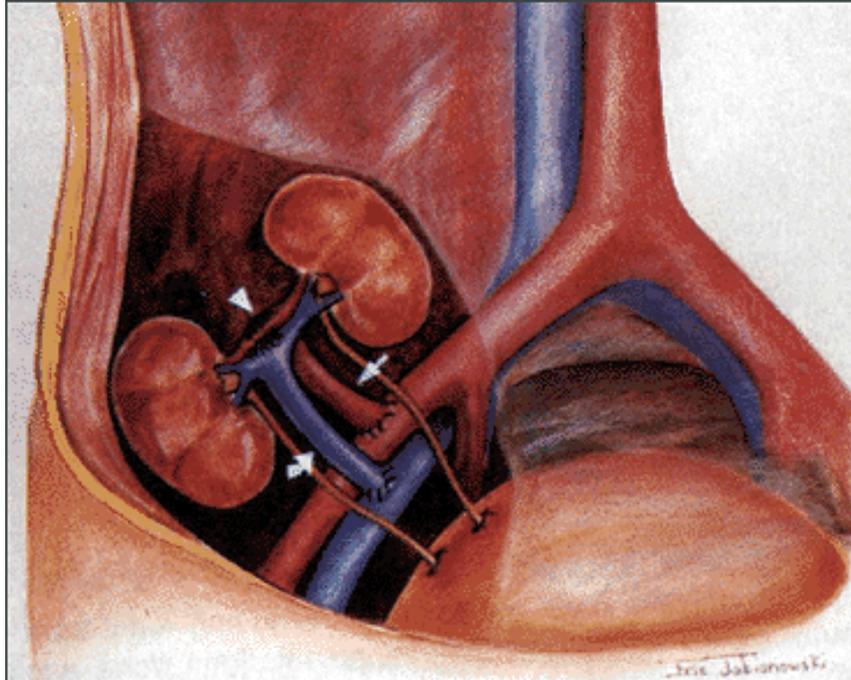
# Deceased Donors and Kidney Allocation

## Donation after cardiac death

Donation after cardiac death (DCD) is an option for families of patients who have had severe brain injuries but do not meet the criteria for brain death. After the decision has been made that this patient has no chance of surviving and the family has decided to withdraw treatment, the family is offered the option of DCD. Once the patient's heart stops beating, the physician declares death. Following an additional five minutes of waiting to ensure the heart does not start beating again, organ recovery begins and the organs are recovered. Typically, these organs are placed on kidney pumps to evaluate and preserve their function until the transplant occurs. Improved medications and surgical techniques dramatically improve the outcomes of transplants from DCD donors.

## Pediatric en bloc donors

These are kidneys from children, and they are too small to be transplanted individually. Pediatric kidneys are removed as a single unit and transplanted together in an adult to provide adequate organ function. They will continue to grow in size months after transplant.



# Deceased Donors and Kidney Allocation

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## Risk Identified Donors

The Public Health Service (PHS) has determined that risk identified donors are those who meet any of the criteria listed below. There are no statistics currently available regarding the precise risk of a risk-identified donor actually having any of these diseases, and there are no tests available that can detect all diseases that a donor may have. Although rare – and with no known cases at our transplant center – there have been some reported cases of a blood test not detecting the presence of diseases in the donor.

The PHS considers organ donors increased-risk if they meet any of the following criteria:

- Sex (i.e., any method of sexual contact, including vaginal, anal, and oral) with a person known or suspected to have HIV, HBV, or HCV infection in the preceding month prior to donation
- Man who has had sex with another man in the preceding month prior to donation
- Sex in exchange for money or drugs in the preceding month prior to donation
- Sex with a person who had sex in exchange for money or drugs in the preceding month prior to donation
- Drug injection for nonmedical reasons in the preceding month prior to donation
- Sex with a person who injected drugs for nonmedical reasons in the preceding month prior to donation
- Incarceration (confinement in jail, prison, or juvenile correction facility) for  $\geq 72$  consecutive hours in the preceding month prior to donation
- Child breastfed by a mother with HIV infection in the preceding month prior to donation
- Unknown medical or social history

All recipients will be tested for Hepatitis B, Hepatitis C and HIV just prior to transplant and then again post-transplant between days 28-56. If virus is detected post-transplant, you will be referred to our Infectious Disease and Hepatology physicians for consultation and treatment.

# The Waiting List

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Once your name has been placed on the waiting list for a new kidney and/or pancreas, it may take several months or longer to locate the right one for you.

The waiting list is a nationwide computerized network called UNOS (United Network for Organ Sharing), to which all transplant centers in the U.S. belong. UNOS, which is supervised by the federal government, helps to ensure that patients throughout the country receive healthy organs as soon as they become available. Priority is given to patients who have waited the longest.

All patients awaiting organ transplantation are registered and listed nationally with UNOS. Local and regional lists may be accessed from the national list. A local list may include patients from several hospitals within a geographic area that is covered by one organ-procurement organization; the larger regional list may include all patients in several counties or even several states.

When patients awaiting transplant are entered into the UNOS computer, their HLA characteristics are also registered. Everyone has at least six important antigens; a “perfect match” occurs when the donor’s six antigens match those of the recipient. When organs become available for transplantation, they are registered with the UNOS national computer to determine whether there is a perfectly matched recipient.

If a perfect match is not available, organs are allocated based on a point system. To be as fair as possible, this point system is based on degree of mismatch — the lower the chances of a mismatch, the more points a patient awaiting transplant receives and the faster he or she is likely to receive a kidney and/or pancreas. The lower the point total, the longer the wait is likely to be.

# Transplant Status Changes

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Once you are listed for a transplant (Status 1), there may be situations, which necessitate that you are put on a temporary “hold” (Status 7) until the time you are ready and it is safe to be transplanted. Some of the reasons you could be put on hold are; illness, surgery or changes in insurance or social situations. If a status change is made, you and your dialysis center will be notified of the change so that you and you care team are kept up to date.

# Planning for Your Transplant Surgery

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## The Hardest Step of All

Until now, you have been moving full speed ahead in preparation for your surgery. Now all you can do is wait. The days and weeks may seem to drag by while the transplant team waits for UNOS to locate the appropriate organs for you. Try not to lose your momentum. Take positive steps to deal with the stresses of waiting and stay focused on reaching your destination. Remember — a healthier and more independent life is waiting for you.



## Make a List and Pack Ahead of Time

Pack an overnight bag in advance. Make a list of items you will need in the hospital after your surgery, as well as the people you need to have contacted when you get the call that a kidney and/or pancreas is available. Give the list ahead of time to a family member or friend whom you can trust to pack any last-minute items and make the calls while you are on your way to the transplant center.

## Be Ready to Move Fast

When you get that phone call, everything will seem like a blur. Suddenly, after what seems like months of standing still, you will have to move quickly. You must get to the transplant center immediately. When you get organs from a deceased donor, there is a time limit, so do as much as you can in advance to prepare for the last leg of this journey.

## If Methodist Dallas Medical Center is, near by

When you get that phone call, everything will seem like a blur. Suddenly, after what seems like months of standing still, you will have to move quickly. You must get to the transplant center immediately. When you get organs from a deceased donor, there is a time limit, so do as much as you can in advance to prepare for the last leg of this journey.

# Planning for Your Transplant Surgery

## If Methodist Dallas is Far From Home

Plan to stay in the area for six weeks after transplant. Methodist Dallas has contracts with certain hotels for discounted rates for patients and their guests. The hotel costs are subject to change as our contracts are renegotiated. Be prepared to pay the entire bill when you check out.

## Dealing with Stress

Waiting for your transplant can trigger feelings of stress and anxiety. The following strategies can help you manage your stress:

- **Take care of yourself.** Eat right, take prescribed medications, and follow a daily exercise program.
- **Stay involved.** To the best of your ability, keep up with your studies, work, and leisure activities. Just because you are waiting does not mean you have to put everything else on hold
- **Share your feelings.** If you feel depressed or uneasy, talk it out. Your transplant team can answer your questions, ease your fears, and help you cope. Your social worker and local clergy are more than good listeners, they can put you in touch with a support groups in your area.
- **Find a creative outlet.** If you have a hobby, enjoy it to the fullest. It will distract you and help you relax. Consider pursuing a new interest, something that will absorb your energy and leave you feeling fulfilled. Ask your doctor for guidelines on the kinds of activities that are right for you.
- **Spend time with family and friends.** Good company will take your mind off waiting as well as enrich your life. Laughter really is the best medicine.
- **Learn relaxation techniques.** Reading and listening to music or relaxation tapes can work wonders. If you are visually impaired, your local library can provide audiotapes of a variety of books.



# Planning for Your Transplant Surgery

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## When You Arrive at Methodist Dallas

When you arrive at Methodist Dallas, you will be directed to the Outpatient or Emergency Department for admission. There you will have a thorough physical examination, including blood work, chest X-ray, and EKG. You will have dialysis if you need it, and a final cross-match test will ensure that you and your new kidney and/or pancreas are compatible. Your transplant surgery will not take place if one of the following issues occurs:

- You have an infection or have developed any other medical problem that would interfere with surgery or recovery.
- Something is wrong with the donor or organ during the donor surgery.
- Your final cross-match test shows that there is a good chance your new kidney and/or pancreas will be rejected by your body.

## When Your Team Gives the Go-Ahead for Your Transplant Surgery

You may receive a sedative to help you relax and feel sleepy before you go to the operating room. When you awake from surgery, you will have a new kidney and/or pancreas and a new lease on life.



# Planning for Your Transplant Surgery

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## In the Intensive Care Unit

You will wake up in the intensive care unit (ICU) and stay there at least overnight. You will then be moved to the transplant floor to complete your hospital stay. This is what you can expect:

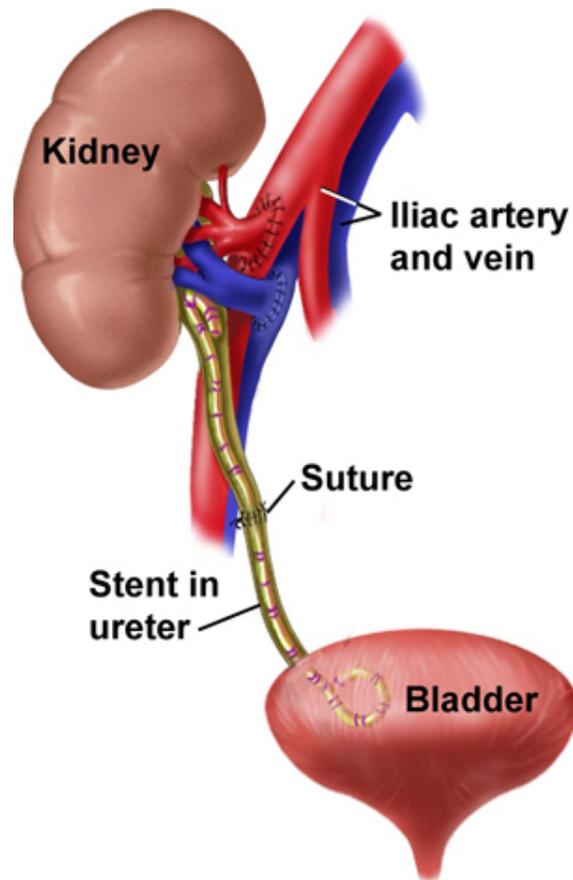
- You will feel pain and discomfort, but the medication you receive will help to relieve it.
- You may or may not feel nauseated from the anesthesia. If you do, it will wear off gradually. Tell your nurse so he or she can help you.
- You will be asked to cough periodically to keep your lungs clear. If it hurts to cough, ask someone to support your abdomen and back with his or her hands or a pillow.
- You will have a tube in your throat during surgery to help you breathe, but it will be removed before you wake up from surgery. Your throat may feel sore or scratchy for a few days after surgery.
- You may have a catheter inserted near your collarbone or in your neck that will help your transplant team keep an eye on your fluid levels and for medication administration. This catheter will come out several days after surgery.
- You will also have a catheter in your bladder to help you pass urine. It may feel uncomfortable and you may feel that you have to urinate constantly. It will be removed a few days after surgery.
- If you do not produce urine right away after surgery, you may need dialysis for a short time. Do not regard this as a setback or complication; the transplanted kidney can be temporarily “in shock” for a few days but then become fully functional.

# Planning for Your Transplant Surgery

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## Stents

During surgery, you may have a stent placed in your ureter (the duct that goes from the transplanted kidney to the bladder). This stent is a plastic tube that will keep the ureter open. Your urologist will decide when to remove it, which is usually four to six weeks after surgery.



## Hospital Stay

The length of your hospital stay will depend on your progress. Barring complications, you could be released in about four to five days. Remember that procedures vary slightly from hospital to hospital. If you feel uneasy about anything that is happening to you, talk to someone on your transplant team. They care, and they are committed to making you feel as comfortable as possible until you go home.

# Planning for Your Transplant Surgery

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## Post -Transplant Follow Up Appointments

It will be necessary to attend frequent follow up appointments after your transplant to assure that your transplanted organ(s) are functioning properly. One of your medications will be adjusted based on blood levels so frequent blood tests will be required as well. The transplant team will inform you of lab or doctor appointments. You will need a driver to take you these appointments when you first leave the hospital until you are cleared to drive yourself. The time varies by patient.

In the beginning, it may seem like many visits to the lab and/or doctor but that will decrease over time when the team feels your transplant status is stable.

## A Continuing Journey

Once your transplant surgery is behind you and you have made a strong recovery, you can look forward to years of good health and independence. Even though you have reached your goal, this is by no means the end of your journey.

You will be given another guide describing your care after your transplant surgery. This guide outlines the steps you should take from now on to stay well, and it provides information on programs and organizations that can help you stay healthy and happy.

# Immunosuppressant Medications

Below is a list of immunosuppressants that are available. Typically, patients take three of these immunosuppressants such as Prograf, Myfortic and Prednisone. Please keep in mind this will not be the only medications you will be taking after you receive your kidney.

**Prograf (tacrolimus):** Joins up with cells of your immune system that would ordinarily attack your transplant and turns them off.

**Side Effects:** Headache, insomnia, high blood pressure, mood swings, tremors, nausea and vomiting, diabetes or high blood sugar, increased risk of cancer.

**Myfortic (mycophenolate):** Decreases the number of white blood cells to prevent rejection.

**Side Effects:** Nausea and vomiting, diarrhea, decreased white blood cell count, and increased risk of cancer.

**Deltasone (prednisone):** Alters the action of the white blood cells to help your body prevent rejection.

**Side Effects:** Fluid retention, puffy cheeks, night sweats, mood elevation or depression, acne, increased appetite, increased blood sugar, cataracts, and increased risk of cancer especially skin cancer.

## Other Immunosuppressants available:

**Cell Cept (mycophenolate mofetil):** Decreases the number of white blood cells to prevent rejection.

**Side Effects:** Nausea and vomiting, diarrhea, decreased white blood cell count, and increased risk of cancer.

**Neoral (cyclosporine):** Attacks specific cells in your blood stream to prevent rejection.

**Side Effects:** Tremors, elevated blood pressure, headaches, flushing of the skin, increased risk of cancer, kidney toxicity, swelling or bleeding of the gums, and increased growth of hair on face and chest.

**Rapamune (sirolimus):** Keeps your immune system from making a certain type of white blood cell that causes transplant rejection.

**Side Effects:** High cholesterol, high triglycerides, high blood pressure, low platelet count, low potassium, acne, anemia, joint pain, rash, diarrhea.

# Transplant Support Group

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Organ transplants can affect a person's body and life in many ways. Adjusting to these changes is often easier with the help of people who have had similar experiences.

**Join us at the Transplant Institute for our monthly support group.**

**When:** Every 3rd Monday of the month

**Time:** 6:30 p.m. to 7:30 p.m.

**Where:** The Transplant Institute, Dallas office or Virtual via Zoom

**Zoom Meeting Information**

Link: [Zoom.us/j/93691909269](https://zoom.us/j/93691909269)

Meeting ID: 936 9190 9269

**Phone:** 888 788 0099 (US Toll Free)



**For more information**

**Call:** [214-947-1400](tel:214-947-1400)

**Email:** [MDMC\\_Transplant@mhd.com](mailto:MDMC_Transplant@mhd.com)

Support Group  
Webpage



# MyChart Portal

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MyChart offers patients personalized and secure online access to portions of their medical records. It enables you to securely use the internet to help manage and receive information about your health.

Your provider is able to determine which types of test results are able to be accessed through MyChart. Further, tests of a sensitive nature are not released to MyChart.

Your test results are released to your MyChart account after a physician has reviewed them. This is generally within three to seven days.

MyChart is a free service offered to our patients.

All you have to do is register!

1. Go to [MyChart.MethodistHealthSystem.org](http://MyChart.MethodistHealthSystem.org)
2. Click on “Sign Up Now” under “New User?”
3. If you have an activation code, enter it here along with your Social Security number and date of birth. (If you do not have an activation code or have lost yours, you can click on “Request Online” under “No Activation Code?” Then complete the form.)
4. Enter what you would like to use for your username and password, as well as a security question and answer.
5. Decide if you would like to opt in for email or text notifications.
6. Accept the terms and conditions.

## DOWNLOAD MYCHART

- Effortlessly access your health records
- Directly communicate with your care team
- Schedule/change appointments
- Access test results
- And more!



MyChart

# The Organ Procurement and Transplantation Network (OPTN)

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## The Organ Procurement and Transplant Network Toll-free Patient Services Line: Your Resource for Organ Transplant Information

Staffed 8:30 am – 5:00 pm ET Monday – Friday  
Leave a message 24/7 to receive a call back

The Organ Procurement and Transplantation Network (OPTN) is the national transplant system. It makes the policies that decide how donated organs are matched to patients waiting for a transplant. The OPTN:

- Makes sure donated organs get matched to people on the transplant waiting list
- Tells people about the donation and transplant processes
- Makes sure that the public knows about the need for more organ and tissue donations

The OPTN has a free patient services line that you can call to:

- Get more information about:
  - Organ donation and organ transplants
  - Donation and transplant policies
- Get an information kit with:
  - A list of transplant hospitals
  - Waiting list information
- Talk about any questions you may have about your transplant hospital or organ procurement organization. The staff will do their best to help you or point you to others who may help.
- Find out how you can volunteer with the OPTN and help shape transplant policy

The patient services line number is: **1-888-894-6361**

Patient services line staff CANNOT answer questions about your own medical care, including:

- Waiting list status
- Test results
- Medical records

You will need to call your transplant hospital for this information.

The following websites have more information about transplantation and donation:

- OPTN: [www.optn.transplant.hrsa.gov](http://www.optn.transplant.hrsa.gov)
- For potential living donors and transplant recipients:
  - Living with transplant: [www.transplantliving.org](http://www.transplantliving.org)
  - Living donation process: [www.optn.transplant.hrsa.gov/living-donation](http://www.optn.transplant.hrsa.gov/living-donation)
  - Financial assistance: [www.livingdonorassistance.org](http://www.livingdonorassistance.org)
- Transplantation data: [www.srtr.org](http://www.srtr.org)
- Organ donation: [www.organdonor.gov](http://www.organdonor.gov)

Volunteer with the OPTN: [www.optn.transplant.hrsa.gov/get-involved](http://www.optn.transplant.hrsa.gov/get-involved)

# Transplant Education Videos

our Kidney Transplant Guide is a five-part video series that walks you through the entire kidney transplant process. From the application stage to recovery, we cover it all.

Learn about how the process works, understand insurance and financial details, and get prepared for what to expect before and after your transplant.



[Scan to view videos](#)

## Your Guide to Kidney Transplantation- Video Series

### **Transplant evaluation process**

From lab work and tests to our selection committee, learn how our team evaluates patients for a possible kidney transplant.

### **Insurance and financial expectations**

Get to know more about insurance and financial considerations and what happens during your evaluation consultations.

### **Your transplant team**

Learn about the many medical professionals who will serve as your care team during your transplant journey.

### **Transplant operation**

After our center receives a kidney that may be a match for you, know what to expect before, during, and after surgery.

### **Living organ donor**

Get an overview of the transplant process for both you and your donor if you choose a living donor kidney transplant.













# The Transplant Institute



**Phone** 214-947-1800 **Toll-free** 800-284-2185

**Fax:** 214-947-1828

## LOCATIONS

### **Dallas- Main Location**

1411 North Beckley and Colorado Blvd.,  
Pavilion 3, Suite 268,  
Dallas, TX 75203

### **Amarillo Location**

6833 Plum Creek Dr,  
Amarillo, TX 79124  
(inside Amarillo Endoscopy Center)

### **Waco Location**

364 Richland W Cir,  
Waco, TX 76712  
(Waco Gastroenterology Endoscopy Center)