



KIDNEY AND PANCREAS POST TRANSPLANT SURGERY GUIDE



Revised July 2025

The Transplant Institute
 **METHODIST DALLAS**

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Introduction

Congratulations! You have just received a kidney transplant!

Receiving a kidney transplant is the first step in taking charge of your health. Once the doctors and nurses stabilize your general condition, you will be on the road to learning how to care for yourself at home. Before you leave the hospital, you will learn how to care for your incision, understand your medications, recognize the signs of rejection, and comprehend the lifestyle changes that will take place after your transplant.

You may feel a bit overwhelmed with all that you need to learn before your discharge, but this is a normal feeling. Don't worry—the transplant team will help make this transition as easy as possible for you and your family.

Remember, however, that YOU are ultimately responsible for your health. Taking charge of your health is a lifelong commitment to you and your new organ. We will include your family in the learning process, so please encourage them to be present for discussions and to ask questions. Transplantation is a lifestyle change that impacts the whole family, so it is important that their concerns be addressed as well.

Please read the information provided in this book and discuss it with your transplant team. All your questions should be answered before you leave the hospital, so please ask us about the things you do not understand.



How to Contact Us

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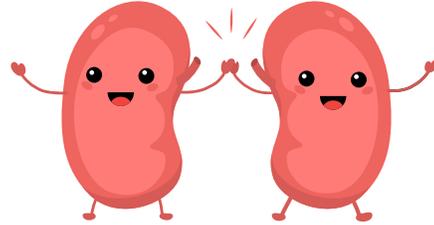


MyChart

Starting Off Right

The End...and the Beginning

Your surgery is behind you. You have made a strong recovery, and you can begin to look forward to your new life. Even though your transplant was successful, this is by no means the end of your journey.



A Lifetime Commitment

We will include your family in the learning process whenever possible so they can help and support you. However, you are responsible for the care of your new organ. Maintaining good health and preventing rejection requires a lifetime of commitment from you.

Your transplant team will continue to provide information and support, but it is up to you to follow their instructions—every single day.

For instance, you cannot miss your scheduled follow-up visits and lab tests...and you will have to exercise regularly and continue to watch what you eat. Most importantly, you will need to take your medications every day—and in the exact way, your transplant physician tells you.

Don't Feel Overwhelmed

This all may seem a little overwhelming, and that is normal. This guide will help you learn more about the important things you will need to do to stay healthy and happy. Your transplant team will explain each of these things to you in detail.

Remember: Being prepared and learning the facts gives you the best chance of success. As you go through these pages, be sure to jot down any questions or concerns you have so you can discuss them with a member of your transplant team. Most importantly, think positive! Your healthy, independent new life has begun.

Starting Off Right



Daily Routine

For the first month after transplant, you will need to keep a daily record of the following things. You may use the pages in the back of your binder to record them.



Temperature

Take your temperature every morning and evening, as well as if you feel chilled, have flu like symptoms, or any signs of infection. If your temperature is higher than 100° F, call your doctor.



Blood Pressure

Check your blood pressure in the morning and evening. Call your doctor if it is too high or too low. A blood pressure that is too high is when the top number is higher than 180 mmHg or the lower number is higher than 100 mmHg. Blood pressure considered too low is when the top number is less than 90 mmHg. Your doctor may need to change your blood pressure medicine to keep it normal.



Weight

Weigh yourself each morning before breakfast. Make sure you have urinated first and are wearing the same amount of clothes each time. If you have gained more than 3 pounds in 24 hours, call your doctor.



Blood Sugar

If you have diabetes or a problem with increased blood sugar, then you need to check your blood sugar before each meal and at bedtime. If your blood sugar is 400 or higher, call your doctor. Remember to record your findings and bring them with you to your appointments.



Fluid Intake and Output

One of the signs of how well your new kidney is working is how much urine you make. It is important to keep a record of your intake and output. To do this, measure the amount of fluid you drink each day and the amount of urine output over a 24-hour period. Record this in the back of this binder.



Follow-up Appointments

You will have your transplant follow up appointments at least twice weekly after you are discharged from the hospital. Your coordinator will give you the location and schedule your first appointment. There you will have lab work performed and see the nephrologist. 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. These labs must be drawn at Methodist Hospital outpatient lab.

Bring this book, your medication list and medications with you to the first appointment.

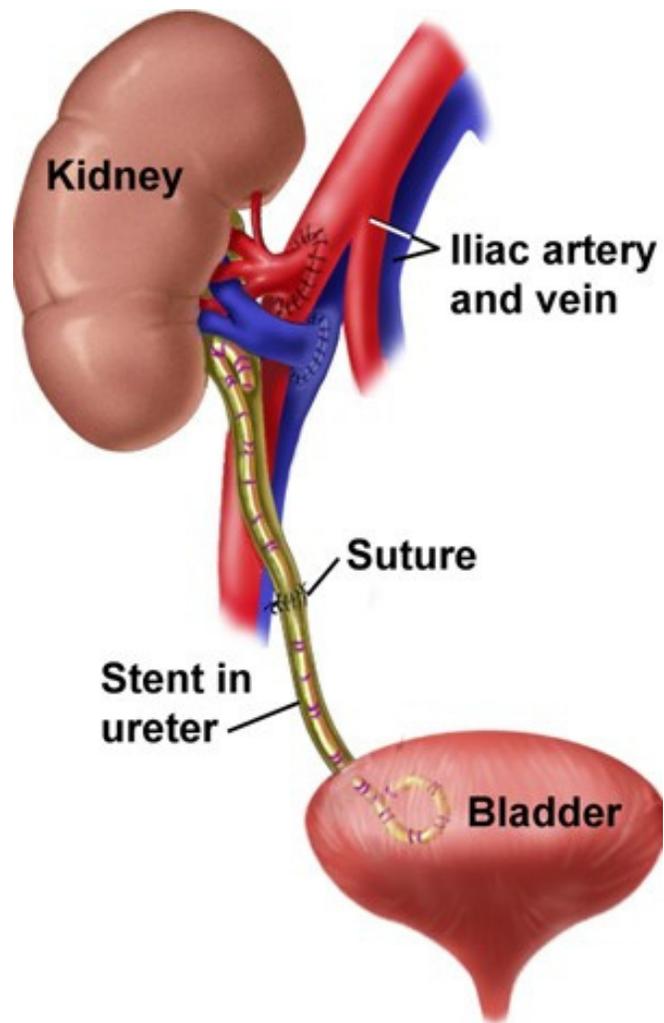
Starting Off Right

Incision Care

Once your lines are removed, you may shower. Wash your incision with soap and water only and pat the area dry with a towel. Do not apply any lotions, powders or ointments to the incision without a doctor's order. Inspect your incision for redness, swelling or drainage and report any occurrences to the transplant team.

Stents

During surgery, you may have had a stent placed in your ureter, the duct that goes from the transplanted kidney to the bladder. This stent is a plastic tube that keeps the ureter open and it should stay in place anywhere from one to three months. To have it removed, you will need to follow up with your urologist.



Infection

The anti-rejection medications you take to protect your new organ will also make your immune system weak. Since your immune system is weak, you are at greater risk for developing infections such as colds and the flu in the first three months after your transplant.

You must be very careful to avoid infections, because even simple infections can be very serious to a transplant patient. During this time, you are also at the greatest risk for rejection.

As a result, you will take higher doses of anti-rejection medication for the first few months after your transplant. As you get further past your transplant date, we will decrease your anti-rejection medications, and you will be better able to fight off infections. You will be taking anti-rejection medication for the rest of your life, so you will need to be very careful to avoid potential infections. If you stop or decrease your anti-rejection medication, your new organ will be rejected quickly.

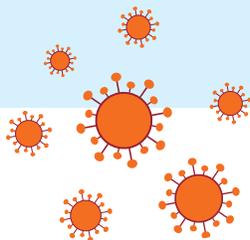
IF YOU NOTICE ANY SYMPTOMS OF INFECTION, REPORT THEM IMMEDIATELY

Signs of Infection

- Fever over 101.1° F
- Redness, pain, or drainage at your incision
- Sore or scratchy throat
- Cough or shortness of breath
- Flu-like symptoms: chills, aches, pains, headache, fatigue, nausea and vomiting
- Diarrhea
- Poor appetite
- Burning, painful, frequent urination

The Most Common Infections

- Infection near the incision
- Infection in the mouth
- Chest or lung infection
- Urinary tract infection
- Fever blisters or herpes
- CMV Cytomegalovirus (CMV) is a common infection in transplant patients. Most people have had exposure to CMV at some time in their lives. If you have not been exposed to the virus and you receive an organ that has been exposed, you will need to take medication for three months after transplant. CMV has flu-like symptoms, including low-grade fever, aches, chills, and pains.



Infection

You can decrease your risk of infection in a number of ways. We have listed some guidelines for you.

- **PETS** Have all your pets checked by your veterinarian to be sure they are current with all vaccines and free of disease. Do not clean up after your pets, especially bird droppings and cat feces.
- **VACCINES AND VIRUSES** You cannot receive any vaccines containing live viruses. These include smallpox, MMR, Shingles and oral polio. Avoid children who have received the live poliovirus vaccine. If you are exposed to chickenpox, call the Transplant Office. We do recommend a yearly flu shot, please consult your transplant team on the timing. A pneumovax vaccine for pneumococcal pneumonia should be received once every five years.
- **GARDENING** You must wear gloves and a mask while gardening (for life- no matter how far out from transplant) to protect against molds and fungus. Wash your hands thoroughly after gardening or working outside.
- **DENTAL WORK** You should brush and floss every day to protect from gum disease that can lead to infection. Do not have any dental work done for the first few months after your transplant. After this time, it is important to maintain regular dental appointments, because some of the immunosuppressive medications can affect your gums. A routine cleaning does not require antibiotics but do let your dentist know that you have had a transplant. Major dental work (extraction) requires oral antibiotics to prevent infection. Notify the transplant team if you are to have major dental work so that you can receive the proper antibiotics.

To Reduce the Risk of Infection



Wash your hands often



Maintain clean environment and good personal hygiene



Avoid crowds



Avoid people who may be sick



Do not walk barefoot



Avoid raw or undercooked meats



Avoid raw or undercooked seafood, including sushi and raw oysters



Wash produce. Rinse fruits and vegetables including those with skins and rinds that are not eaten

Rejection

It is natural for your immune system to see your new organ as foreign and try to attack it. Your body will react to the new organ the same way it reacts to germs: it will attack and destroy in an attempt to prevent you from getting sick.

To help your body accept your new organ, we give you anti-rejection (or immunosuppressive) medications. These medications weaken your immune system so that it will not fight off your new organ and cause rejection.

Rejection does not always mean you will lose your new organ. To protect your new organ from rejection, however, you must always take your anti-rejection medication as directed and report any changes in your health as soon as possible.

Early detection and prevention are essential to reversing the process of rejection. Rejection usually occurs in the first three months after transplant, but it can occur at any time. Most patients experience at least one episode of rejection.

Sometimes you may experience rejection without having any symptoms at all. That is why it is very important to keep your follow-up appointments. The blood tests taken during your follow-up appointments may reveal the first signs of rejection.

To find out if your organ is being rejected, we may ask that you repeat your lab tests and have an ultrasound or a biopsy. If the tests detect rejection, you will probably be admitted to the hospital for treatment and receive medication in your veins for a specific amount of time.

Most rejection is reversed if it is found early, so **it is very important that you report any signs of rejection to your transplant team as soon as possible.**

Signs of Rejection

- Fever over 101.1° F
- Flu-like symptoms: chills, aches, pains, headache, fatigue, nausea, vomiting and loss of appetite
- Pain or fullness over your incision
- Elevated liver enzymes (verified with a blood test)

Specialty Pharmacies

As you get ready to be discharged from the hospital, your transplant coordinator will help set you up with a specialty pharmacy for all of your new medications. We strongly encourage you to continue to use these pharmacies for your refills – especially for your immunosuppressant prescriptions.

While local pharmacies may not stock your medications on a regular basis, causing a delay while you wait for them to be ordered and shipped, specialty pharmacies keep a constant supply of your specific medications in stock.

The specialty pharmacists and staff also understand the unique challenges you're facing after your transplant, and they offer their customers numerous additional benefits:

- The pharmacists and staff are highly educated in transplant immunosuppressant medications, and they are available to answer any questions you may have about your prescriptions and insurance benefits.
- The staff is trained in billing transplant immunosuppressants, and they know how to maximize your insurance benefits.
- You will usually receive your prescriptions within one to two business days— and there is no additional charge for shipping.
- Specialty pharmacies understand the financial challenges that you face, and they can send you a bill for your medications and set up a payment plan if needed.
- As a welcome gift, your specialty pharmacy will give you a complimentary blood- pressure monitor, thermometer, and pillbox.



TAKING YOUR MEDICATIONS THE MOST IMPORTANT STEP OF ALL

For as long as you have a transplant, you will have to take immunosuppressive medications. These medications prevent your body from rejecting your new kidney.

You must take this medication exactly the way your transplant physician has instructed you, without missing a single dose.

Not taking your medications at the right time or in the correct amount (a type of noncompliance) is one of the most common reasons for transplant failure.



Taking Your Medications

Here are some important tips about taking your medications

Do:

- Keep a record of the names of all the medications you are taking as well as the dose (number of milligrams [mg]) and dosage (number of tablets/capsules per day) of each.
- Take all medications exactly as directed.
- Notify your transplant team immediately if you have missed a dose – do not decide what to do on your own.
- Keep medications in a dry place, away from heat or light.
- Keep medications out of the reach of children.
- If you experience side effects, call your transplant coordinator or physician—do not stop taking your medication.
- Always check to see that your medications look exactly as previous doses. If there are any changes in the appearance of the medicine, call your Transplant Coordinator or physician, immediately because this may indicate that there is a problem with your refill.
- Learn the names of your medications, the doses, the schedule, and the reason you are taking them.
- Always keep a list of your medications with you in case of an accident.
- Notify your pharmacy when you need a refill. Always have a one week supply on hand. Do not wait until you are out of medicine to call.
- If you are unsure of the medicine you are taking, check with your pharmacist or transplant coordinator.

Do not:

- **Do not** let anyone other than your transplant team change your immunosuppressive medication.
- **Do not** stop taking medication because of side effects or because you “feel fine.”
- **Do not** change your dosing schedule on your own. Never skip a dose or change the amount of medication you take, unless your physician so instructs.
- **Do not** take a double dose of medication if you missed the previous dose—take only the prescribed dose and tell your transplant team about the missed dose.
- **Do not** take any over-the-counter medications, health supplements, or herbal remedies without checking with your transplant team. These medications may cause a negative reaction if taken with your immunosuppressives.
- **Do not** take any antibiotics without checking with your transplant team.
- **Do not** keep medication in a bathroom cabinet, where they could be exposed to moisture and humidity.

Taking Your Medications

If you do suffer from side effects, try to focus on the benefits of your medications rather than the drawbacks. Everything your doctor prescribes will play an important role in keeping you healthy after your transplant. **Remember: Side effects can be managed by you and your transplant team, so think positively!**

To prevent rejection, you will need to take medications for the rest of your life. Your medications must be taken exactly as they are prescribed. Failure to take prescribed medications is the number one cause of rejection.

Your transplant coordinator will give you a medication schedule that fits your lifestyle. Always use a pencil to make changes and keep it up to date. Be sure to bring your medication list with you to all your doctor appointments.

The following pages describe some of the medications you will be taking. The information includes the names of the drugs, the reason for taking them, and possible side effects.

Generic medications may look different so check with your pharmacist if you are unsure. All of your medications may not be listed here.

Grapefruit and grapefruit juice interfere with many medications, especially the transplant medicines.

It is important not to consume either of these to assure your medicines are working properly and to avoid rejection.



Medications

Anti-Rejection Medications: In-Hospital

Thymoglobulin® (anti-thymocyte globulin [rabbit])

This drug may be given intravenously (IV) just before transplant and several days after. It also can be used to treat rejection.

Simulect® (basiliximab)

This drug may be given intravenously (IV) on the day of your transplant and on the fourth day afterward to reduce the risk of rejection. It does not appear to have side effects.

Anti-Rejection Medications: At Home

Now, let us learn a little bit about the immunosuppressive drugs you will be taking. Typically, patients take a combination of three immunosuppressive drugs such as:

- **Prograf**
- **Myfortic**
- **Prednisone**

Please focus your reading on these 3 medications. Over time you may be able to stop one or more of these medications. Every patient is unique and your doctor will help adjust these medications based on your specific needs.



Medications

Anti-Rejection Medications

Prograf (Tacrolimus, fk506, Envarsus or Astagraf)

AVAILABLE STRENGTHS: 0.5MG, 1MG, 5MG

INSTRUCTIONS:

- Always take the exact dose at the same time every day. If you miss a dose, call your coordinator/physician.
- On the days when you have lab work, take this medication after your morning lab work.
- If you are a diabetic, check your blood sugar levels as directed and record them in your patient diary.
- Do not eat or drink grapefruit or pomegranate while taking this medication.

SIDE EFFECTS:

- We have listed some of the common side effects along with things you can do at home to help with the symptoms. Remember that these are just guidelines. If any of the side effects persist, or if you are unsure what to do, call us.

SIDE EFFECT	WHAT TO DO
High blood pressure	Take your blood pressure daily. Call if your blood pressure is elevated two readings in a row. Talk to your coordinator/physician about what “elevated” means for you
Hand tremors, shaking	Call your coordinator/physician. Your dose may be adjusted.
High blood sugar	Your lab work will detect this. Your coordinator/physician will discuss this with you.
Alopecia (hair loss)	Use Nioxin shampoo.

***Prograf and Cyclosporine are dosed based on drug levels in your blood. DO NOT take this medicine until AFTER your blood is drawn on the days you have lab work performed.

Medications

Anti-Rejection Medications

Myfortic® (mycophenolic acid)

This drug can also be used to decrease the number of white blood cells to prevent rejection.

SIDE EFFECTS:

The side effects may include nausea, vomiting, diarrhea, and an increased risk of cancer.

Prednisone (Deltasone)

INSTRUCTIONS:

- Your dose will be tapered – that is, it will be slowly decreased over a period of time. Your transplant coordinator will discuss your tapered regimen with you.
- Always take the exact dose at the same time every day. If you miss a dose, call your transplant coordinator/physician.
- Take with food.

SIDE EFFECTS:

- Many side effects will go away after the dose is lowered.
- We have listed some of the common side effects along with things you can do at home to help with the symptoms. Remember that these are just guidelines. If any of the side effects persist, or if you are unsure what to do, call us.

SIDE EFFECT	WHAT TO DO
Upset stomach	Take medication with food
Swollen feet and legs	Weigh yourself daily and call if you gain 5 pounds or more. Stay on low-salt diet.
Increased blood pressure	Take your blood pressure daily. Call if your blood pressure is elevated two readings in a row. Talk to your coordinator/physician about what “elevated” means for you
Increased appetite	Eat three balanced meals daily. Ask to speak with your transplant dietitian
Insomnia	Take medication in the morning.
Increased blood sugar	If your lab work indicates elevated blood sugar, your transplant coordinator will discuss this with you.
Joint pain	Call us if this lasts longer than 24 hours.
Mood changes	Call us if symptoms persist.
Acne	Wash face with PhisoHex soap daily. Keep hands clean. Call us if the acne does not clear up.

Medications

Anti-Rejection Medications

Cellcept (Mycophenolate Mofetil)

INSTRUCTIONS:

- Always take the exact dose at the same time every day. If you miss a dose, call your coordinator.
- Never crush or cut these pills. Take whole pills.

SIDE EFFECTS:

We have listed some of the common side effects along with things you can do at home to help with the symptoms. Remember that these are just guidelines. If any of the side effects persist, or if you are unsure what to do, call us.

SIDE EFFECT	WHAT TO DO
Upset stomach	Take with food. Call us if symptoms persist.
Nausea/diarrhea	Take with food. Call us if symptoms persist.
Increased risk of infection	Your lab work will detect this. Your coordinator will discuss this with you

Medications

Anti-Rejection Medications

Rapamune/Sirolimus

INSTRUCTIONS:

- Always take the exact dose at the same time every day. If you miss a dose, call your coordinator.
- This medication should be taken 4 hours apart from Cyclosporine and Prograf.
- If taking solution formula, mix in a glass cup with 2 ounces of water or juice and drink immediately. Refill cup with additional 4 ounces of water or juice to make sure the complete dose is taken.

SIDE EFFECTS:

- We have listed some of the common side effects along with things you can do at home to help with the symptoms. Remember that these are just guidelines. If any of the side effects persist, or if you are unsure what to do, call us.

SIDE EFFECT	WHAT TO DO
Delayed wound healing	Keep wounds dry and clean. Call us if there are signs of infection.
Increased cholesterol	Eat a low-fat diet. We will monitor these and triglycerides levels with your lab work.
Rash	Call us.
High blood pressure	Take your blood pressure daily. Call if your blood pressure is elevated two readings in a row. Talk to your coordinator about what “elevated” means for you

Medications

Anti-Rejection Medications

Cyclosporine (Neoral, Sandimmune, Gengraf, Eon)

INSTRUCTIONS:

- Always take the exact dose at the same time every day. If you miss a dose, call your coordinator/physician.
- Do not crush or puncture pills. Take whole pills.
- **On the days when you have lab work, take this medication after your morning lab work.**
- Do not eat or drink grapefruit or pomegranate while taking this medication

SIDE EFFECTS:

- We have listed some of the common side effects along with things you can do at home to help with the symptoms. Remember that these are just guidelines. If any of the side effects persist, or if you are unsure what to do, call us.

SIDE EFFECT	WHAT TO DO
High blood pressure	Take your blood pressure daily. Call if your blood pressure is elevated two readings in a row. Talk to your coordinator about what “elevated” means for you
Thickening gums	Brush and floss teeth daily. Have regular dental checkups.
Shaking or tingling in hands or feet	Call us. We may adjust your dose.
Increased body hair	Use hair-removal cream.

Prograf and Cyclosporine are dosed based on drug levels in your blood. DO NOT take this medicine until AFTER your blood is drawn on the days you have lab work performed.

Medications

Pain Medications

You may be given up to 1 week of pain medication (usually Tramadol or Tylenol with codeine) upon discharge from the hospital to reduce pain caused by your transplant surgery (incisional and muscle pain).

You will not be given refills by any member of the transplant team for this pain medication when you have used it up. If you are continuing to experience considerable discomfort for which there is a good cause that has been identified by examination, you may be given a refill.

Your surgical pain should be markedly improved within four to six weeks after your transplant and should be controllable by then with Tylenol. If it is not, you should contact your coordinator so that the cause of your ongoing pain can be understood and treated appropriately.

You must not take nonsteroidal anti-inflammatory drugs (NSAID) at any time post-transplant, unless specifically ordered by your transplant physicians, due to the risk of kidney damage. Common NSAID to avoid are Motrin, Advil, Aleve, Naproxen, Ibuprofen, Orudis, Indomethacin, Meloxicam or Aspirin (doses over 81 mg).



Medications

Other Medications

Antacids

Antacids help protect your stomach and intestines from irritation, which may result from taking prednisone or other medications.

Antibiotics

You will be given antibiotics to prevent infections caused by bacteria. After transplant, you may be more prone to certain infections, especially infections of the urinary tract and lungs.

Antifungals

These medications help fight infections caused by fungi (molds), including thrush, a fungal infection in the mouth. These antifungals given either as tablets or as a mouthwash.

Antihypertensives and/or diuretics

These drugs lower blood pressure and may help rid the body of excess fluid.

Antivirals

These medications help to protect against certain viruses, that transplant patients are at a higher risk for contracting.

Lipid-lowering drugs

These drugs may be given to lower the amount of cholesterol in your blood, which in turn may help protect you against heart disease.

Antiplatelet and anticoagulating drugs

These drugs may be given to prevent unwanted clots from forming in your blood vessels.

If you have questions as to which medications are safe, please consult your transplant team.

Medications

Over-the-Counter Medications

The following over-the-counter (OTC) medications are safe to take, but any symptoms for which you are taking medications that persist longer than 24 hours should be brought to the attention of your transplant coordinator.

- Tylenol (for headache, pain; NOT FOR FEVER until coordinator is notified)
- Chlortrimeton (for colds, decongestion)
- Mylanta (antacid)
- Colace/Docusate (for constipation)
- Benadryl (for insomnia, itching)

Again, nonsteroidal anti-inflammatory drugs should be avoided. Any cold medications or decongestants containing pseudoephedrine should be avoided because they can cause or worsen high blood pressure .

Medications

Supplements

You may be given **magnesium supplements** for several months or longer after your transplant to replace the magnesium lost in your urine as a result of taking Prograf or Neoral. If your magnesium level falls too low, you are at an increased risk for experiencing seizures or worsening nervous system side effects such as tremors and headaches. You are also encouraged to eat foods high in magnesium, such as green leafy vegetables and legumes (lentils, peas). However, high doses of magnesium may cause diarrhea, in which case reducing your magnesium dose may be appropriate. It is important to separate your magnesium supplement from your Prograf by at least one hour. Talk with your coordinator before changing or adding any supplements.

Multivitamins are safe to take with the understanding that they are not substitutes for good nutrition through a well-balanced diet. If you are told that your potassium level is too high, you will need to find a multivitamin that is low in potassium.

You may require an **iron supplement** due to anemia. Anemia is common for the first one or two months after kidney transplantation, because it takes time for your body to replenish the blood cells you may have lost during your transplant surgery. Poor kidney function and some of your medications also can contribute to anemia. Vitamin C may be prescribed with your iron supplement to improve absorption of the iron.

Folate also may be added as a supplement for anemia. Iron supplements can cause constipation and dark stools, as well as nausea and upset stomach.

Calcium supplements such as TUMS or Os-Cal (oyster calcium) may be prescribed for patients at high risk for osteoporosis, such as women who are no longer menstruating (postmenopausal) or patients who already have documented osteoporosis. Fosamax, vitamin D, and sodium fluoride also may be given with the calcium to help strengthen bones.

Avoiding Complications

Complications Are Manageable

The most common complications suffered by transplant recipients are rejection episodes and infection. If you do suffer a complication, remember, this does not mean you are going to lose your new kidney. Your transplant team and your other health care providers will be watching you closely, and they can call on a wide variety of drugs and other treatments to prevent or control any potential problem.

Keeping Your Immune System “Fooled” Prevents Rejection

Your immune system is your body’s main line of defense against disease. The immune system is composed of many different types of cells. Some of these cells attack and destroy disease-causing organisms (such as bacteria and viruses) that invade your body; other cells help your body become immune (resistant) to future invasions by these organisms.

Unfortunately, your immune system cannot tell the difference between foreign bacteria or viruses invading the body and a transplanted organ. This is why you must take the immunosuppressive medications to “fool” your immune system into believing your new kidney is not foreign-so it will not be attacked.

Occasionally, your immune system mounts a successful attack on your transplant. This is known as a rejection episode. Fortunately, your transplant team can usually stop a rejection episode before it does any major damage. You will probably have to return to the hospital while they treat you. A rejection episode does not necessarily mean you will lose the transplant, but it is important to recognize and treat the rejection as soon as possible.

One blood test you will hear a lot about from your transplant team measures the level of creatinine, a substance in your blood. This test helps the team see how well your new kidney is working. If your creatinine level rises too high, it may mean you are experiencing a rejection. The normal range for creatinine is **0.5-1.5 mg/dl**. One of the reasons it is so important for you to show up for all your clinic visits is so that your creatinine level can be monitored regularly.

Avoiding Complications

Keeping Your Immune System “Fooled” Prevents Rejection Cont.

You must also be able to recognize the signs of rejection on your own. A summary of the more common signs of rejection are provided below. Keep in mind that you may not experience any of these signs; you simply may not feel “normal.”

If rejection is suspected, you may undergo kidney biopsies, a procedure in which tissue samples are taken directly from your new kidney, using a needle that is inserted through the skin of your abdomen. These biopsies, along with blood tests, will let your transplant team know if your body is trying to reject your new kidney.

Remember: If you even think you are experiencing signs of rejection, contact your transplant team immediately.

Other Potential Problems

Two other problems sometimes experienced by transplant recipients are coronary artery disease (atherosclerosis) and hypertension (high blood pressure). To help prevent atherosclerosis, your transplant team will insist that you:

- Exercise regularly (once your incision has healed)
- Stick to a diet that is low in salt, cholesterol, fat, and sugar.

They will also advise that you to avoid smoking and may prescribe cholesterol-lowering and antiplatelet/anticoagulating medication to reduce your risk of atherosclerosis even further.

After your transplant, you may take antihypertensive medication to keep your blood pressure down. Your transplant team will want you to take your blood pressure each day at home. They will show you how to do this.

Avoiding Complications

Report Any Problems to the Team

It is extremely important that you report any changes in your condition- no matter how small- to your transplant team. Let the team decide whether a symptom is important or nothing to worry about and make sure not to miss any of your follow-up visits and lab tests.

Leaving the Hospital

Before you leave the hospital, your transplant team will instruct you about your medications, diet, and everything else you need to stay healthy.

Usually, appointments for your first follow-up visits and lab tests will be scheduled before you go home. Your transplant coordinator will tell you when and where to show up, and what you need to write down in your patient diary.

Caring for Yourself at Home

Hang in There!

Receiving a transplant has already caused big changes in your life. Your family, friends, teachers, and co-workers all look at you differently-or so it seems. Everyone's expectations of you have changed and you expect more of yourself. On one hand, you may feel excited and happy. On the other hand, you may feel stressed, confused, or even frightened.



This is perfectly normal for someone who has just received a transplant. Remember that all the members of your transplant team are ready to help you deal with your complex feelings. It might also help to meet other people who have been through the same experience you have.

When You Get Home

Your transplant physician will give you exact instructions about when you can resume your normal daily activities. However, here are some general guidelines to follow:

- Stay away from people who are obviously sick
- Avoid raw or undercooked meats and seafood
- Get into the habit of washing your hands frequently
- Try to avoid crowded areas, such as theaters, airports, and public transportation, for at least the first few months after your surgery
- Do not, under any circumstances, change kitty litter boxes, birdcages or reptile cages because they can be major sources of infection
- Do not garden, dig in the dirt, or mow the lawn until you have permission from your transplant team. When cleared to garden, you will always need to wear a mask while gardening – for life.
- Avoid extended exposure to the sun and wear a sunscreen with a high sun protection factor (at least SPF30) when you're outside because prednisone and other medications can make your skin more sensitive to sunlight, and the immunosuppressive medications make you more susceptible to skin cancer
- Avoid lifting heavy objects and performing heavy physical labor until you have permission, at least six to 10 weeks after your discharge
- Obtain permission before doing push-ups or sit-ups or participating in contact sports or other activities that may put pressure on your incision
- Get permission before driving or returning to work or school
- Get a flu shot each year

Caring for Yourself at Home

Activities

There are certain restrictions to keep in mind and environments that increase your risk of infection. Additionally, it's important to be mindful of your dietary and medication guidelines. Below are a few specific activities and detailed guidelines:

Sun Exposure

Because you are taking immunosuppressive medications, you are at increased risk for developing certain cancers. The most common type is skin cancer.

The sun can increase anyone's risk of developing skin cancer. Because you are taking immunosuppressive medicines, you may be more sensitive to the damaging effects of the sun.

Here are some suggestions for decreasing sun exposure:

- You must wear SPF 15 sunblock or greater.
- Wear protective clothing, including hats and long sleeves.
- Limit time in the sun. Avoid the sun between 10 am and 2 pm.
- Never use artificial tanning beds, tanning lotions, or tanning lamps.
- Examine your skin regularly and look for changes. Report any new or different- looking moles or lesions to your transplant team.

Yearly Exams

All patients should visit their primary care doctor once a year. During this visit, you should have routine cancer screenings done, including:

- **Colon and Rectal** - Follow the American Cancer Society for those considered high risk
- Women:
 - **Pap Test**
 - **Mammogram** for women over 40 or with a family history of breast cancer
- Men:
 - **Prostate screening**
- **Eye Exams:** Your vision may change after surgery, and prednisone may be one of the causes of the changes in your vision. You may notice a difference in your sight up to three months after surgery. For this reason, we recommend that you wait at least three months before changing your eyeglasses or contact lens prescription. We also recommend that you visit your ophthalmologist (eye doctor) once a year.

Caring for Yourself at Home

Activities

Sexual Activity

Certain diseases before transplant may have affected some transplant patients' sexual function. After transplant, you may want to return to sexual activity and may do so whenever you feel well enough. Be sure to urinate after sex to decrease your chance of bladder infection. Also, some of the medications may interfere with your sexual function and can prolong periods of impotency. Feel free to discuss your concerns with your doctor or coordinator.

Birth control is recommended for all patients. Many females who have not had menstrual cycles during their disease will see them return within a few months after transplant. Ovulation can resume even before the cycles begin. This is why it is important to use birth control and discuss concerns about childbearing with your transplant team. We recommend that all women use a condom, diaphragm, and spermicides. IUDs are not recommended due to the increased risk of infection. **Check with your transplant team before considering birth control pills or the Norplant system.**

Pregnancy

You should wait at least one year after transplant before considering pregnancy or fathering a child. Your body needs this time to heal. We also want to be able to adjust the medications that may be harmful to an unborn child. Please talk with your doctor or coordinator before getting pregnant.

Nutrition

A common problem after transplantation is excessive weight gain. This can lead to high blood pressure, coronary artery disease, and diabetes. To limit weight gain, transplant recipients are usually encouraged to eat a well-balanced diet that is low in salt, cholesterol, fat, and sugar. Your transplant dietitian will outline a specific nutrition plan for you.

Some general tips include:

- Using a smaller plate to limit your portion sizes
- Buying foods in small quantities and avoiding purchasing unhealthy foods
- Limiting drinks with calories
- Taking some of your meal home when eating out.
- Following a heart healthy diet

Caring for Yourself at Home

Activities

Exercise

This is one of the best ways to gain strength after transplant. When it comes to weight control and good health, exercise is as important as eating right. Exercise will result in:

- Increased energy
- Reduced stress
- Improved sleep
- Better emotional health
- Better digestion
- Improved posture

When it comes to exercise and physical activity, we suggest that you:

- Begin walking slowly after surgery and work up to taking 20-minute walks three times a week. This will help strengthen your lungs, keep your weight under control, and increase your overall energy level.
- Avoid lifting 10 pounds or more for the first six weeks. Try to squat rather than bend over to pick up any objects. Remember that your stomach muscles help support your back. Now that your stomach muscles are weak, you need to be extra careful not to pull your back.
- Swimming is also a great form of exercise, but make sure to only swim in clean water. Lakes, rivers, and some public pools may contain excessive bacteria.
- Exercise bikes and elliptical machines are good low-impact exercise options.
- If you choose to work out at a health club, wipe down your machine with antibacterial wipes before you use it.
- Avoid contact sports for the first year after transplant. Be sure to check with your transplant team about how soon and how much you should exercise.

In addition to walking and working out, try incorporating exercise into your daily routine. Some examples of this are:

- When doing errands, try parking farther away from the store, or take the stairs instead of the elevator.
- Take a walk at lunch time or meet a friend for a walk or bike ride instead of a meal.
- Purchase some dumbbells and exercise while watching television

Caring for Yourself at Home

Activities

Transportation

You should not drive a car for at least one month after transplant. This is to protect your new organ from injury in case you are in an automobile accident and the steering wheel were to hit you near your wound.

Your vision and depth perception may also be impaired during this time due to the higher doses of anti-rejection medication.

If you ride in a vehicle, wear a seatbelt. The seatbelt will not hurt your new organ. If you have a partially healed wound, then you may place a small towel or pillow under the seatbelt for protection.

Work/School

You may return to work or school when you feel that you are ready. Remember that you will have regular appointments and lab tests included in your schedule. The goal is to get you back to a normal, productive life after transplant.

Travel

We advise patients not to do any extensive traveling during the first six months after their transplant. Traveling to third-world countries is prohibited due to the risk of exposure to serious infections.

When you are considering traveling, please check with your transplant team before making any arrangements. We can often provide you with the name and number of a physician in the area of travel in case of emergency.

Remember to keep your medications with you while you are traveling, and never place them in a bag that needs to be checked at a terminal. This will prevent you from ever being out of medicine in case your luggage does not meet your destination.

Consider wearing a medical alert bracelet when traveling or at home. This will help other physicians know your general health status in case of an emergency.

Healthy Lifestyle

It is important to maintain a healthy lifestyle after transplant. You must also avoid tobacco products, alcohol, and illegal drugs. Healthy lifestyle choices will maximize the function of your new kidney and improve your quality of life.

Caring for Yourself at Home

Healthcare Provider Appointments

Once you have been discharged from the hospital, your transplant coordinator will discuss your follow-up visits. We will schedule you for an appointment with the transplant clinic before you go home. We will also schedule lab tests for you. Your coordinator will advise you as to when and where your tests are to be done. Your lab tests may be as frequent as twice a week. The results of these tests will be sent to the transplant office for review. You are responsible for keeping your appointments. If you cannot make an appointment, please call the transplant office so we can make other arrangements. Remember that lab tests can be the first sign of organ rejection. Obtaining lab tests is vital to managing your care.

We prefer that you have your lab tests done in the morning. This gives us time to review them and call you back the same day with results. Also, having your lab work done in the morning gives you time to repeat the lab work that same day if necessary. We use your lab work to monitor your anti-rejection medication levels. **For that reason, we ask that you do not take your morning dose of immunosuppressive (Cyclosporine, Prograf, Rapamune). Wait until after your labs are drawn to take this medication.** You must never miss a dose of medication; therefore, your blood tests need to be done 12 hours after the dose the night before. If this is not done correctly, you may need to have your lab work repeated.

After your transplant, it is very important to have regular checkups with your primary care physician for routine cancer screening and healthcare maintenance. You might also return to your nephrologist between visits to the transplant center. You should see your dentist at least once a year and have a yearly eye exam with an ophthalmologist. We recommend that you wait at least three months after your transplant before scheduling an eye exam or changing your eyeglass prescription because of the effect Prednisone may have on your eyesight shortly after the transplant. Women should have a yearly gynecological exam and mammogram. Men should have a yearly prostate screening. You are responsible for maintaining these visits along with your visits to the transplant center.

Caring for Yourself at Home

Understanding Your Lab Tests

After your blood is drawn, your coordinator will discuss your results with you and make medication changes if necessary. Most lab results are available the same day; however, there are times when the blood must be sent to an outlying facility, and it may take a few days to get the results. A copy of your lab results will be sent to your primary physician or gastroenterologist.

We have included a description of some common lab tests:

ALBUMIN

(normal range 3.2–5.5 g/dL)

A blood protein produced by the liver. Decreases may indicate malnutrition and liver damage.

CREATININE:

(normal range 0.7–1.5 mg/dL)

A waste product that is found in muscle and blood and is removed by the kidneys. An elevation may indicate dehydration or immunosuppression toxicity.

CYLCOSPORINE/PROGRAF/ RAPAMUNE:

Drug levels are obtained and your medications are increased or decreased to maintain therapeutic levels of the drug. This is important to keep your body from rejecting your new organ.

GLUCOSE:

(normal range 70–125 mg/dL)

The amount of sugar in your blood. Increases are often seen with diabetes and with patients on steroids.

POTASSIUM:

(normal range 3.5–5.0 mEq/L)

A salt present inside cells. An increase may be seen with immunosuppression toxicity. Diuretics or “water pills” can increase or lower the value.

TOTAL CHOLESTEROL:

(normal range 0–200 mg/dL)

TRIGLYCERIDES:

(normal range 0–250 mg/dL)

Fats found in the blood. If these are elevated, you may need to decrease the fat and cholesterol in your diet, or you may need to take medication to lower these values. Elevations can also be seen with certain immunosuppressive medications.

Caring for Yourself at Home

When to Call Your Coordinator

Because it's natural to feel overwhelmed by all of the information you have received while in the hospital, we have compiled this book to help guide you when you're home. After you leave the hospital, it is your responsibility to inform us of any changes or problems with your health. A member of the transplant team is available 24 hours a day, 7 days a week, and we urge you to call us if you have any questions or difficulties. The following guide will help you determine the urgency of your concern:

Call us immediately if you have:

- Any signs of infection or rejection (please refer to the first two sections of this book for information about infection and rejection)
- Temperature above 101 degrees
- Nausea and/or vomiting
- Redness, swelling, or drainage around your incision
- Any aches or pains that are rated 7 or greater on the pain scale of 1 to 10, or pain that is unrelieved by pain medication
- A visit to the ER or a hospitalization outside your transplant center
- Missed any doses of medication
- Finger-stick blood sugar measurement greater than 400 or less than 65
- Changes in blood pressure, especially if you are also dizzy or have a headache

Call during normal business hours or make a note of the problem to discuss at your next clinic visit if you have:

- Gained or lost more than 5 pounds in 2 days
- Swelling
- Constipation or diarrhea
- Received care from another physician
- Received new medication prescribed by another physician
- Bruised easily
- A persistent cough
- A sore throat

Caring for Yourself at Home

When to Call Your Coordinator

Because the on-call coordinator may not have the access to your medical file, please reserve calls regarding the following for normal business hours when we are best able to be of assistance:

- Lab results
- Medication changes
- Appointment time or rescheduling
- Medication refills – unless you are completely out and are in need of an immediate refill

If you are calling because you are ill, you should have the following information readily available to discuss with your transplant team:

- Temperature
- Weight
- Blood sugar, if applicable
- Blood pressure and pulse
- List of current medications
- Name and phone number of pharmacy



Post-Transplant Diet

Diet and Blood Sugar

If you were diabetic pre-transplant, you may need adjustments in your diabetes medications. Sometimes modifications in your diet may not be enough to maintain normal blood glucose levels and you may require medications. A member of the transplant team and your dietitian will help determine if you need medications.

To help improve your blood sugar levels:

- Avoid overeating and limit sweets
- Eat several smaller meals a day instead of one or two large meals
- Limit drinks containing sugar
 - Limit juice to no more than 8 ounces a day
 - Try to avoid regular soda, energy drinks, sweet teas, lemonades, and flavored waters. (Instead try the diet or sugar-free varieties)

****A low-calorie drink should have no more than 10 calories per serving. Ask your dietitian if you have questions about your beverage intake.*

Medications and Their Influence on Diet

Some immunosuppressive medications impact your nutritional status in a variety of ways. Medications may affect your blood glucose (sugar), cholesterol, or triglyceride levels.

Medications can sometimes cause an increased appetite, which can be difficult and frustrating. Overeating as a result of increased appetite can lead to unwanted weight gain.

If you are feeling hungry, try avoiding food by engaging in other activities such as a walk, hobbies, or talking with friends. Also try drinking a low-calorie beverage to help your stomach feel full. Sometimes you may have to remind yourself not to eat, or keep a food journal to determine which times of day you are particularly hungry.

Your dietitian can help you figure out an eating pattern to avoid excessive appetite and limit weight gain.

Post-Transplant Diet

Medications and Their Influence on Diet...cont.

For the first several weeks after transplant (approximately two to four weeks), you should consume extra protein. Unless instructed by your dietitian, 15 to 20 extra grams of protein a day should be adequate. This amount would be 3 ounces of meat or two 8-ounce glasses of milk or yogurt daily.

In order to maintain your long-term after transplant, you should aim for a heart-healthy lifestyle. A heart-healthy diet consists of whole grains, fruits, vegetables, low-fat dairy products, fish (such as tuna, salmon, or mackerel), poultry, legumes, and lean meats.

Saturated fat, salt, and excessive sweets should be limited. In preparing meats, try baking, broiling, grilling, sautéing, boiling, or roasting instead of frying. Use vegetable oils, such as canola or olive oil, rather than butter, shortening, lard, or meat fat. Choosing healthy foods and limiting portion sizes are the keys to an ideal diet after transplant.

Foods to Avoid

Following a transplant avoid grapefruit and pomegranate juice, as it interacts with some of the medications you may be taking. Food safety is very important after transplant because your body is more susceptible to infections while on immunosuppressive medications.

You cannot eat certain foods due to risk of foodborne illness.

Do not eat:

- Raw or undercooked seafood such as sushi, sashimi, and seared tuna.
- Raw, undercooked, or rare meat.
- Raw eggs or products that contain raw eggs.
- Undercooked, runny, soft-boiled, or over-easy eggs.
- Unpasteurized juice or milk (such as fresh cider).
- Sprouts
- Avoid unpasteurized soft cheeses such as feta, Brie, Camembert, and blue-veined cheeses.

**ALWAYS AVOID HAVING FOOD IN THE
“DANGER ZONE” OF 40-140°F**

Post-Transplant Diet

Safe Food Handling

As a transplant recipient, you are on multiple immunosuppressive medications. These medications keep your body from rejecting or attacking your new organ, so it is vital to always take them. However, the immunosuppressives can put you at great risk for foodborne illness. For this reason, it is very important that you practice good food safety. According to the USDA, the four basic steps to food safety are:

CLEAN, SEPARATE, COOK, CHILL

CLEAN

- Wash hands in warm, soapy water for at least 20 seconds. Wash before and after handling food and after using the bathroom, changing diapers, or handling pets.
- Wash cutting boards, dishes, utensils, and countertops with cleaner or hot and soapy water often.
- Use paper towels or antibacterial wipes to clean counter tops. Do not use sponges or cloth towels.
- Wash ALL produce well. Firmly rub skinned fruits and vegetables under running water.
- Wipe off lids of canned goods before opening.

Tips:

- Get in the habit of washing your hands or using a gel sanitizer every time you return to the house.
- Keep antibacterial wipes available on the counter for quick clean-up of counters, faucets, and door handles prior to and while cooking food.
- Consider using a vegetable wash or a little dish soap on firm-skinned fruits and vegetables.

SEPARATE

- Separate raw meat, poultry, and seafood from other food while shopping and in the refrigerator.
- Store eggs in the original container.
- Never reuse marinades.
- Never place cooked food on a plate or in a container that held raw food without washing it with hot, soapy water first.

Tips:

- When shopping, place raw meat, seafood, and poultry in plastic bags.
- Do not use reusable shopping bags for transporting meat, seafood, and poultry.
- Store raw meat, seafood, and poultry in plastic bags, on a plate, or in a container in the refrigerator on the bottom shelf.
- Use a different cutting board for produce and raw meat – try color-coded boards.
- Wash cutting boards after each use in warm, soapy water or in the dishwasher.
- Avoid wooden cutting boards for meat, seafood, and poultry.

Post-Transplant Diet

Safe Food Handling

COOK

- Food must be cooked to the recommended internal temperature regardless of cooking method (baking, grilling, or microwaving).
- Use a food thermometer to check foods for doneness at the appropriate temperature.
- Color is not an appropriate indicator of when a food is cooked through.
- Wash the food thermometer in warm, soapy water after EACH use.
- When microwaving, avoid cold spots in the food by removing it and stirring partway through cooking.
- Generally, the food thermometer goes into the thickest part of the meat or the middle of a dish. Avoid areas with bones or fat. With ground beef patties, insert the thermometer at an angle.
- Soups, sauces, gravy, and leftovers must be heated to 165° F.
- Turkey or chicken stuffing must be cooked to 165° F and cooked separate from the bird.
- Reheat hot dogs, and deli meats to 165° F.
- Fish should be firm, and flake easily with a fork.

CHILL

- Chill foods to 40°F or below to prevent bacteria growth.
- Check the temperature in the refrigerator with an appliance thermometer.
- Refrigerate foods within two hours of cooking or purchasing.
- Chill large quantities of food in shallow dishes (no deeper than two inches) to cool quicker

Tips:

- Buy a cooler bag and use it when transporting food from the grocery store.
- Shop close to home to limit transportation time.
- When shopping, add perishable items to your cart last

USDA Recommended Safe Minimum Internal Temperatures						
Steaks and Roasts	Fish	Ground Beef	Pork	Egg Dishes and Casseroles	Chicken Breast	Whole Poultry
						
145° F	145° F	160° F	160° F	160° F	165° F	165° F

Post-Transplant Diet

Safe Food Handling

More Tips

Thawing

- Thaw food in the refrigerator or under cold running water.
- Do not thaw food on countertops.
- If you thaw food in the microwave, cook it immediately.
- Thawed food should not be refrozen.

Eating Out

- Make sure all meats are thoroughly cooked.
- Avoid salad bars and buffets.
- At barbeques and potlucks, monitor temperatures of foods and don't eat anything that has been sitting out for over an hour.
- Refrigerate leftovers within two hours of the food being served.

Tips for the Grocery Store

- The "Sell-By" date is the date the product needs to be sold before it expires. DO NOT buy food past the sell-by date and use or freeze all food before the sell-by date.
- The "Best if Used By" date is the date recommended for quality. It is not a safety date.

At Home

- Resealable zipper storage bags are for single use only.
- Replace sponges often.
- Use clean scissors or blades to open bags.
- Discard all cans with dents, rust, or bulges.
- Eat leftover meat within two days and eat leftover pastas and vegetables within four days.

Post-Transplant Diet

Following a heart-healthy eating plan can help maintain or lower cholesterol and triglyceride levels.

See the following pages for detailed information about a heart-healthy diet.

Eat most of your foods from the “Choose” list.

Heart Healthy Eating Plan		
Meats and Protein	Choose	Limit
<p>Eat 6 ounces per day, which is the size of two decks of playing cards</p> <p>1 serving = 3 ounces (cooked), 4 ounces (raw), 1 large egg</p>	<ul style="list-style-type: none"> • Prepare by broiling, baking, roasting, grilling, microwaving, poaching, pan frying with nonstick spray • Lean ground beef, chicken, or turkey (at least 90% lean) • Lean cuts of beef, lamb, pork, and veal with fat trimmed, such as loin or round • Chicken without skin • Fish (tuna, mackerel, or salmon) • Shellfish • 95% fat-free lunch meats • Eggs (2 to 4 yolks a week); use more egg whites or egg substitute • 2 tablespoons peanut butter • 1 cup cooked dry beans, peas, or lentils 	<ul style="list-style-type: none"> • Deep-fat Frying • Smoked or cured meat, such as ham • Sausage or bacon • Regular ground beef such as ground chuck, corned beef, or prime rib • Pork spareribs • Goose or duck • Poultry (dark meat, drumsticks, or buffalo wings) • Organ meats such as liver, kidney, brain, and sweetbreads • Regular lunch meats • Hot dogs (beef, pork, turkey, or chicken)
Dairy Products	Choose	Limit
<p>Eat 2 to 4 servings per day.</p> <p>1 serving = 1 cup of yogurt or milk, 1 ounce of cheese, ½ cup cottage cheese</p>	<ul style="list-style-type: none"> • Nonfat (skim) or 1% (low-fat) milk including evaporated skim milk • Low-fat buttermilk • Low-fat or fat-free yogurt • Greek yogurt • Fat-free or low-fat cheese (2 to 6 grams of fat per ounce) • Fat-free or low-fat cream cheese • Fat-free creamers • Fat-free or low-fat sour cream • Soy milk with calcium 	<ul style="list-style-type: none"> • Whole, 2%, evaporated or condensed milk • Whole-milk yogurt • Whole-milk cheese • Regular cream cheese • Cream, half-and-half, powdered creamers with palm kernel oil, palm kernel oil, or coconut oil • Regular sour cream, or cream cheese

Post-Transplant Diet

Eat most of your foods from the “Choose” list.

Heart Healthy Eating Plan		
Fruits/Vegetables	Choose	Limit
<p>Eat 2 to 4 fruits per day.</p> <p>1 serving = 1 small piece of fresh, ½ cup frozen</p> <p>or canned, or 4 ounces 100% fruit juice</p> <p>Eat 3 to 5 servings vegetables per day.</p> <p>1 serving = ½ cup cooked or 1 cup raw</p>	<ul style="list-style-type: none"> Choose colorful fruits and vegetables, fresh, frozen, or canned Choose a variety to meet vitamin/mineral needs Try low-fat cooking methods such as steaming, sautéing, broiling, grilling, or microwaving Canned vegetables (labeled No Added Salt, or rinse prior to use) Canned fruits packed in juice or light syrup Monitor your potassium level and watch potassium content of fruits and vegetables if needed 	<ul style="list-style-type: none"> Avoid frying Vegetables prepared with butter, cheese, whole milk, or cream sauces Vegetables prepared with bacon, bacon grease, fatback, lard, or salt pork Vegetables soaked in brine or pickled such as pickles and olives Coconut and coconut milk
Breads, Cereals, Pasta, Rice, Dried Beans and Peas	Choose	Limit
<p>Eat 6 to 11 servings per day, aim for 3 servings as whole grains</p> <p>Whole grains = brown rice, whole-wheat pasta and wheat bread</p> <p>1 serving = ½ cup of cooked cereal, pasta, rice; ¾ cup of puffed cereal; 1 slice bread; ½ an English muffin, small bagel, or bun</p>	<ul style="list-style-type: none"> Whole-grain breads such as whole wheat, multigrain, pumpernickel, or rye Plain small bagels, English muffins, dinner rolls, rice cakes Pancakes, waffles, muffins, biscuits (made with low-fat ingredients) Hot cereals (instant) Most cold cereals (choose unsweetened cereals with at least 5 grams of fiber per serving) Pasta/Noodles (try whole-wheat versions) Brown rice Dried beans and peas Low-fat and low-salt crackers (such as saltines) 	<ul style="list-style-type: none"> Croissants, butter rolls, biscuits, sweet rolls, doughnuts, Danish, pastry, and muffins Crackers or cereal with no greater than 3 grams of fat per serving Granola cereals Foods made with cream, butter, and cheese sauces Ramen noodles

Post-Transplant Diet

Eat most of your foods from the “Choose” list.

Heart Healthy Eating Plan		
Fats and Oils	Choose	Limit
<p>3 to 4 servings per day</p> <p>1 serving = 1 teaspoon oil, regular margarine, butter, or mayonnaise 1 tablespoon low-fat margarine or mayonnaise</p> <p>2 teaspoons of regular salad dressing or 2 tablespoons low-fat salad dressing</p>	<ul style="list-style-type: none"> • Vegetable oils such as canola and olive oil are best • Nonstick cooking spray • Margarines labeled “no trans-fat per serving” • Liquid or lower-fat tub margarine or substitutes • Low-fat or fat-free mayonnaise and • salad dressings • Avocados • Unsalted nuts such as almonds, or walnuts • Unsalted seeds such as sunflower 	<ul style="list-style-type: none"> • Butter, lard, coconut oil, palm kernel oil, palm oil, meat fat and drippings, vegetable shortening, bacon fat, and fatback • Margarine with hydrogenated oil as the first ingredient • Other trans fats such as shortening or deep-fat-fried food • Dressings made with egg yolks • Regular gravy
Sweets and Snacks	Choose	Limit
<p>Limit</p> <p>Avoid if your blood sugars are elevated or you take insulin</p>	<ul style="list-style-type: none"> • Low-fat frozen desserts such as sherbet, sorbet, ices, low-fat ice cream or yogurt, or popsicles • Homemade baked goods with low-fat ingredients • Angel food cake, fat-free baked goods, fig bars, gingersnaps, or animal crackers • Pudding with nonfat milk • Plain popcorn, bread sticks, or pretzels 	<ul style="list-style-type: none"> • Ice cream and frozen yogurt made with whole milk • Cakes, pies, store-bought cookies and pastries, doughnuts • Chocolate, coconut • Buttered popcorn , potato chips , corn chips • Most snack crackers • High-sugar sweets and beverages
Dining Out	Choose	Limit
<p>Limit</p>	<ul style="list-style-type: none"> • Grilled, baked, broiled, roasted, steamed, or poached foods • Ask for salad dressing, sour cream, butter, and cheeses on the side so you can control your portions • Request no butter, oil, or other fat added to your vegetables and entrées • Divide your portion and take food home 	<ul style="list-style-type: none"> • Battered, deep-fried, or crispy food items • Watch the portion sizes of your meal • Appetizers with high-fat dips or sauces • Regular salad dressings, sauces, and additives • Cream sauces (avoid)

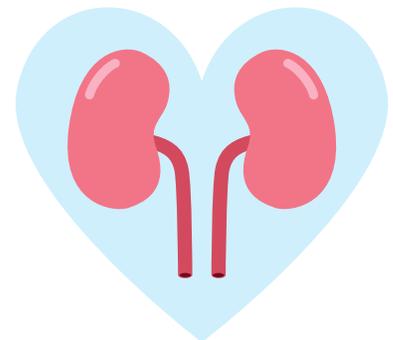
Communicating with the Donor Family

Transplantation is made possible only through the generosity of organ donors and their families. Each year thousands of people are given a second chance at a time when the donors' loved ones are experiencing profound grief. Many families report that their reason for donating was to help someone, and they frequently say that this act of selflessness created a positive moment during an otherwise devastating event. Often they want to learn the outcome of the donation and the difference it has made in someone's life. This personal account from the recipient can bring the family comfort and help them to heal.

When you're ready, we encourage you to write a letter of thanks to your donor's family. These letters are anonymous. Neither the donor family nor the recipient is identified by name. In the letter you may include your first name, marital status, occupation, hobbies, condolences to the family, and how the transplant has and will affect your life. All letters remain confidential and are mediated by the local organ procurement organization. You may not include your last name, date of transplant, or place of transplant in your letter. If you need help writing it, your transplant social worker or coordinator can assist you.

After you have written your letter:

- Place it in an unsealed envelope.
- On a separate sheet of paper write your full name, date of transplant, and the organ you received.
- Then place all the material, the envelope holding your letter to the family and the separate piece of paper with your personal information, in an envelope and give it to your transplant social worker or coordinator.



To Remember Me

By Robert N. Test

*Give my sight to the man who has never seen a sunrise,
a baby's face or love in the eyes of a woman.*

*Give my heart to a person whose own heart has
caused nothing but endless days of pain.*

*Give my blood to the teenager who was pulled from
the wreckage of his car, so that he might live to see his
grandchild play.*

*Give my kidneys to the one who depends on a machine
to exist from week to week.*

*Take my bones, every muscle, every fiber and nerve in
my body and find a way to make a crippled child walk.*

*If you must bury something, let it be my faults, my
weakness and all prejudice against my fellow man.*

Give my sins to the devil.

Give my soul to God.

*If, by chance, you wish to remember me, do it with a
kind deed or word to someone who needs you.*

If you do all I have asked, I will live forever.

Transplant Support Group

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.

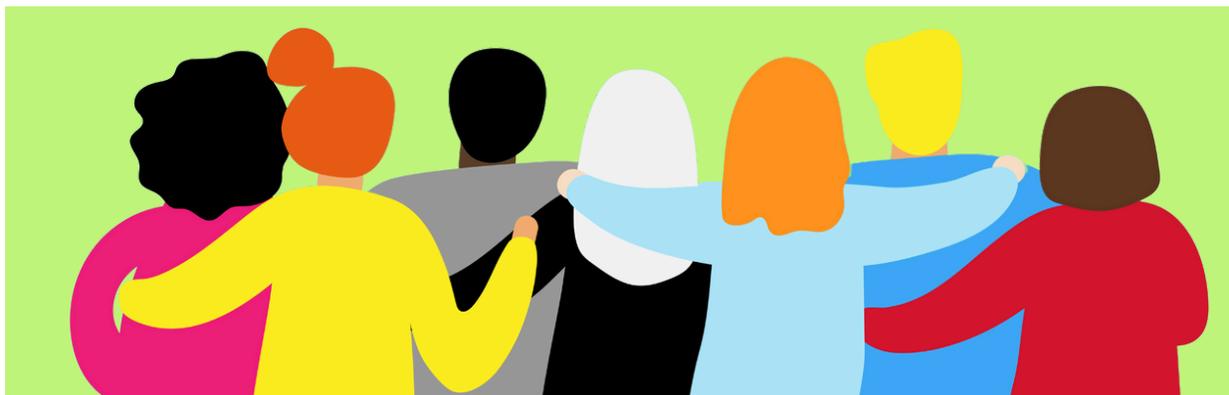
Where: The Transplant Institute, Dallas office or Virtual via Zoom

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

Support Group
Webpage



MyChart Portal

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
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!



The Organ Procurement and Transplantation Network (OPTN)

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: <https://optn.transplant.hrsa.gov/>
- For potential living donors and transplant recipients:
 - Living with transplant: <https://www.transplantliving.org/>
 - Living donation process: <https://optn.transplant.hrsa.gov/living-donation/>
 - Financial assistance: <https://www.livingdonorassistance.org/>
- Transplantation data: <https://www.srtr.org/>
- Organ donation: <https://www.organdonor.gov/>

Volunteer with the OPTN: <https://optn.transplant.hrsa.gov/get-involved/>

Methodist Dallas Medical Center - Map



Transplant Test

You must be able to pass this test before you are discharged from the hospital:

It is 5 pm on Friday. You realize that you forgot to take your Neoral/Prograf that morning. What do you do?

You wake up at 3 am with chills, nausea, and vomiting. What would you do?

How long must you wait before driving a car?

You have a dental appointment to have your teeth cleaned next week. What should you do first?

You open a new bottle of medication and it looks different. What should you do?

You have been discharged from the hospital, and a week later your friend wants you to go to the movies. What would you do?

Your stomach has been upset. You vomit after taking your medication. What do you do?

You have a clinic appointment at 8 am. What things must you bring to the clinic?

Rejection always leads to loss of your transplanted organ. True or false?

What are some signs of infection?

What are some signs of rejection?

Rejection is common and should be expected at some time after a transplant. True or false?

When is it appropriate to call for refills on your medications and whom do you call?

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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)