

Recovery in the Hospital

After a kidney/pancreas transplant

This chapter reviews what to expect after your surgery.

After surgery, you will recover in the hospital for about 3 to 7 days. Just as before your transplant, a team of healthcare professionals will be working with you while you recover. Be an active participant in your recovery so that you learn how to take care of yourself.

Your Care Team

Medical Staff

Your care team while you are in the hospital includes:

- Your attending surgeon, transplant fellow, transplant nephrologists, physician's assistant (PA), and surgical resident
- Transplant nurse coordinator, bedside nurses, and patient care techs
- Pharmacist, dietitian, social worker, and physical or occupational therapists

The transplant unit nurses provide your daily nursing care. They are also your link with the rest of the transplant team. These nurses will tell other members of the transplant team about your needs and concerns.



We encourage your personal support team to visit you often while you are in the hospital, and learn about your recovery needs.

Your Personal Team

We strongly encourage your personal support team to visit often and to be an active part of your recovery care. There will be a cot in your room if one of your caregivers wants to stay overnight.

Rounds

The transplant resident doctors (doctors who are in special training) visit transplant patients every morning. These visits are called “rounds.”

The entire transplant team makes rounds every day in the afternoon. This is the best time for you and your family to talk with the team. Write down any questions you have, so that you can ask them at afternoon rounds.

Interpreters

Tell your nurse or social worker if you or your family members need an interpreter to help you understand all the information you will receive during your recovery in the hospital. You may also ask for an interpreter to be present for your scheduled team visits.

Your English-speaking family or friends can help with communication **only** about issues that are not related to your healthcare.

Also, please let us know if you have hearing or vision problems so that we can fully meet your needs.

To Support Your Care

Bring these items to the hospital to support your care:

- *Your Kidney/Pancreas Transplant Guide*. Re-read the chapters “Recovery in the Hospital” through “Discharge.”
- Your home blood pressure cuff, thermometer, and blood glucose meter. While you are in the hospital, we will check them to make sure they are working well.

Tubes After Surgery

After surgery, you may have these tubes in place:

- A *catheter* in your bladder to drain and collect urine. This catheter is usually removed in 3 to 4 days. If you have had bladder problems, the tube may stay in place for up to 10 to 14 days.
- An *intravenous tube* (IV) for giving you fluids and medicines. The IV is usually removed on your day of discharge.
- A *nasogastric* (NG) tube to keep your stomach empty, if you had a pancreas transplant. This tube is removed when you have passed gas, which is a sign that your bowel is working again.

- *Nasal prongs* to give you oxygen, until your oxygen level is normal.
- If you have a *peritoneal dialysis tube*, it will be removed either during surgery or when your kidneys are stable, in about 4 to 8 weeks.
- A *stent* (plastic tube) to keep your ureter open where it goes into your bladder. As your ureter heals, this stent will be removed, usually 4 to 8 weeks after surgery.

You will also have wraps on your legs called *sequential compression devices* (SCDs). These wraps inflate with air from time to time. This motion squeezes your legs, which helps prevent blood clots. Always wear your SCDs when you are in bed or sitting in a chair.

As you recover, your doctor or nurse can give you a better idea about when each tube is likely to be removed.

Pain Control

At first, you will give yourself pain medicine through a *patient-controlled analgesia* (PCA) pump. This pump gives pain medicine through your IV line until you can take medicine by mouth.

Your nurse will explain how to control pain once you are taking oral medicines. Keep your pain at a level where you are comfortable enough to take part in your own care.

Physical Activity

We will expect you to become active as soon as possible after surgery. It may be hard at first, but there are many benefits to getting up and moving around right after your surgery:

- Better healing and overall physical recovery
- Better pain control
- Relief of bloating and increased recovery of bowel function
- Lower risk of blood clots
- Lower risk of lung infection (*pneumonia*)

Your first goals after surgery will be to:

- Begin doing breathing exercises using the *incentive spirometer* (IS). You will start doing this before you leave the recovery room.
- Get up and stand by your bed the evening after your surgery.
- Walk in your room and the hallway by the next morning.

Preventing Falls

While you are in the hospital, it is important for you to work with nurses and other caregivers to prevent falls. Being in the hospital increases your risk of falls. This is because you may:

- Be weak after surgery
- Be attached to strange equipment
- Have side effects from your pain medicine
- Try to get out of bed in the hospital without help

Even if you do not need help to get out of bed at home, you can fall in the hospital when getting up without help. **Please ask for help to get out of bed to prevent falls and keep yourself safe.** Your physical therapist will tell you when it is OK for you to get out of bed on your own.

Dialysis

If your kidney has *delayed graft function*, you may need dialysis for many days to weeks after your transplant. About 30% to 40% of patients (30 to 40 out of 100 patients) who receive a deceased donor kidney need dialysis after their transplant surgery.

This is a common. It does not mean your kidney will not work.

Eating

- Your diet may be limited to sips of water or liquids at first. This is to keep you from being nauseated.
- As your bowel starts working again, you will add solid foods and eat a more normal diet.
- Some patients, including those with diabetes, may take longer to be able to eat solid food after surgery. If you cannot eat solid food, you may receive IV nutrition for several days. Your dietitian will help you decide which foods and snacks are right for you when you start eating again.

Bathing

You may take a sponge bath or a shower about 48 hours after surgery.

Self-Care After Transplant

Your care team will teach you about self-care while you are in the hospital. You will learn:

- How to take your medicines. This is a good time to review the chapter on “Medicines.” A pharmacist will meet with you to go over the details of your medicines and your dosing schedule. You will start taking your medicines yourself during your hospital stay.

- How to take care of your incision.
- About the transplant diet. Your dietitian will talk with you about your diet and give you the handout “Nutrition After Your Transplant.” Also read the chapter “Nutrition” in this guide.
- How to keep track of the fluid you drink and the amount of urine you make.
- Which labs and vital signs to check and record.
- About the signs of rejection and infection.
- About general self-care after transplant.

Visitors

We welcome your family and friends to visit you in the hospital. Please ask them to follow these hospital policies:

- Only children over age 6 may visit.
- To prevent infection:
 - Do not bring pets, live plants, or flowers to the hospital.
 - If visitors have a viral or bacterial infection such as a cold or the flu, we will ask them to return when they are well.

Personal Items

Feel free to bring personal items with you to increase your comfort. You can also have your family or support person bring them for you after surgery.

Here are some items you may want to bring from home:

- Robe
- Pictures of loved ones
- Books, handicrafts, and puzzles
- Music player
- Loose, comfortable clothes to go home in

Discharge

The transplant team will not discharge you until it is medically safe to send you home. If you are ready to go home, but you need more IV medicine or dialysis, it will be arranged for you as an outpatient.

