

## **Care After Discharge**

### *After a kidney/pancreas transplant*

*This chapter explains the follow-up care you will receive after your transplant surgery.*

### **What can I expect after I leave the hospital?**

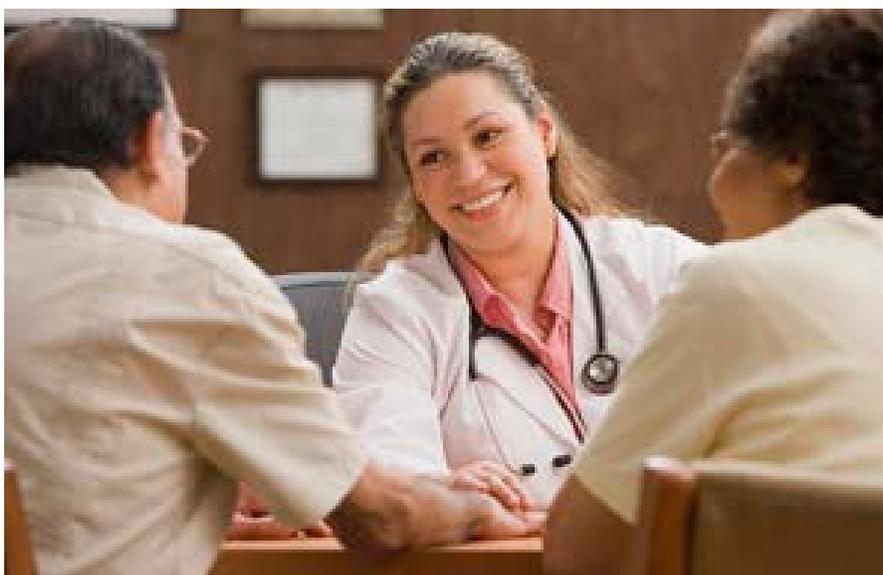
After you are discharged from the hospital, you will be starting your *outpatient* care. As part of this care, you will have many visits with your transplant team at the Transplant Clinic. We will set up your first visit for you before you leave the hospital.

At first, you will visit the clinic 2 to 3 times a week. This will decrease over time, until you come to the clinic only 1 time a week or every other week.

You must arrive at the hospital at 7:30 a.m. for labs before every clinic visit. You need to come in at that time even if your appointment is much later in the day.

### **Why do I need follow-up visits?**

You will need to see the UWMC transplant team often for about 3 months after your transplant. This is the most common time for problems and rejection to occur. At these visits, the transplant team will check you closely and can diagnose and promptly treat any problems.



*You will come to the clinic often for the first 3 months after transplant.*

## What should I do to prepare for these visits?

- Fill your discharge prescriptions** at the pharmacy of your choice as soon as you can after leaving the hospital.
- Take your medicines as prescribed.** Keep learning their names, what they do, and doses. Update your mediset and medicine list when changes are made.
- Refill your mediset** at least once a week.
- Do not take over-the-counter, herbal, or natural medicines or supplements** without your doctor's approval.
- Do not take non-steroidal anti-inflammatory drugs (NSAIDs).** Some of these are ibuprofen (Motrin, Advil, Nuprin), naproxen (Aleve, Naprosyn), indomethacin (Indocin), large doses of aspirin, and menstrual cramp medicines. You may use acetaminophen (Tylenol) for headache, fever, or pain.
- Watch for signs of rejection or infection.** See the chapter "Discharge Checklist" for a list of what to watch for.
- Take your blood pressure, pulse, and temperature** 2 times a day, and record these numbers.
- Weigh yourself once a day** and record these numbers.
- If you have diabetes or are a pancreas transplant patient:**
  - **Check your blood glucose** at least 2 times a day. Record your results.
  - If you can, check your blood sugars more often. It is best to check before each meal and at bedtime.
- Measure your daily fluid intake and the amount you are urinating.** Record these amounts.
- Record any times you vomit or have diarrhea.**
- Collect urine** (if asked to do so).
- Change the dressings on your wound** (if asked to do so).
  - After showering, make sure your wound is dry.
  - Use a clean towel and blot dry.

- ❑ **Care for your wound.** Wear loose clothing to keep from irritating your incision. If you see any signs of infection, please call your transplant coordinator **right away**.
- ❑ **For kidney transplant patients:**
  - **Try to empty your bladder at least every 3 to 4 hours.** You will urinate more often and in larger amounts, especially at night.
  - Within the next few weeks, your bladder will get bigger and you will not have to urinate so often.
- ❑ **Never go longer than 48 hours without a bowel movement.** Constipation can be serious. To help avoid constipation:
  - Get more physical activity
  - Drink enough fluids
  - Reduce your pain medicine as you are able
  - Add fiber (fruits, vegetables, and grains) to your diet
- ❑ **Keep monitoring your peritoneal catheter for infection.** Do not flush your peritoneal dialysis catheter. Peritoneal dialysis catheters are usually removed 4 to 8 weeks after transplant. This will be done in the operating room. You will be given general anesthesia.
- ❑ **Arrange transportation to and from clinic.**
- ❑ **Slowly increase your activity at home.**
  - Do not lift or carry anything heavy:
    - For 6 weeks after surgery, do **not** lift or carry anything that weighs more than 10 pounds. A gallon of milk weighs almost 9 pounds.
    - For 6 weeks after that, do **not** lift or carry anything that weighs more than 15 pounds. A bowling ball weighs about 15 pounds.
  - You may shower every day.
  - For about 4 weeks after surgery, until your incisions are healed, do **not** take a bath, sit in a hot tub, or swim.
  - For 4 to 6 weeks after surgery, do **not** drive. Ask your doctor if it is OK before you start driving again.
  - It will help your recovery if you walk every day and take part in basic activities such as cooking and doing light household chores.
  - For 3 months after surgery, do **not** do any exercise that twists your body, such as golf or tennis.

- For 6 months after surgery, do **not** do any high-impact exercise such as jogging, aerobics, dancing, hiking with a heavy pack, or playing basketball.
  - Avoid contact sports such as boxing or football after your kidney transplant.
  - Transplant patients can usually return to work part-time after about 4 weeks. If you have to be physically active to do your job, you should probably wait about 3 months before you go back to work. Talk with your doctor about the best plan for you based on your recovery and your job.
  - It is OK to resume sexual activity slowly, as you desire.
    - Use birth control. This is **not** a good time to get pregnant. We advise women to wait 1 year after transplant before getting pregnant. See the chapter on “Life After Transplant Surgery.”
  - For 12 weeks after surgery, we advise that you not travel very far from home.
- Avoid the risk of infection.**
- For about 3 months after surgery, avoid large crowds.
  - Do **not** let your pets lick your incision, or bite or scratch you. If your pet does bite or scratch you, wash the area right away.
  - Do not empty litter boxes.
  - Wash your hands often to lower your risk of infection.
  - You do not need to wear a mask all the time, but we advise wearing one if you must be around dust or anyone who is sick.
- Talk with your surgeon about your peritoneal dialysis catheter.** Your *fistula* or *graft* will not be removed. If it clotted during or after surgery, it may need to be opened up.
- Eat healthy foods.** Keep a food log if your dietitian asks you to. There are usually very few diet or fluid restrictions after transplant surgery. Sometimes you may need to keep watching your potassium or fluid intake. See the chapter on “Nutrition” and the handout “Nutrition After Your Transplant.”
- Do NOT eat grapefruit, pomegranate, or starfruit (or their juices).** These fruits affect how your immunosuppressant drugs work.
- Call 911 right away if you have a life-threatening emergency.**

## Who do I call for help?

- On weekdays, call your transplant coordinator:  
\_\_\_\_\_, 206.598. \_\_\_\_\_
- After hours and on weekends and holidays, call the Community Care Line at 206.744.2500.

## When should I call the transplant coordinator?

### Call if you have:

- **Fever** higher than 100°F (37.8°C)
- Growing **pain**, especially in your abdomen or over your kidney area
- **Signs of infection in your wound:**
  - Redness
  - Tenderness
  - Swelling
  - Drainage from your incision
- **Nausea, vomiting, or diarrhea**
- **Urine changes:**
  - Pain when you urinate
  - Bloody urine
  - A sudden decrease in how much you are urinating
  - Not able to pass urine
- **High blood glucose:**
  - Blood glucose higher than 300 mg/dL
  - *If you had a pancreas transplant:* Blood glucose higher than 250 mg/dL
- **Bowel changes:**
  - No bowel movement for over 48 hours
  - Blood in your bowel movements
- **Questions about your medicines:**
  - Dose instructions
  - What to do about missed doses
  - Other concerns

## **What do I bring to my clinic visits?**

- Your vital sign log booklet. We will give you this booklet during your hospital stay after transplant.
- All other records you have been keeping at home.
- Urine collections (take these to the lab), if you were asked to do so.
- Your medicine list and mediset, filled with your pills. We will give you all of these during your hospital stay after transplant.
- Your filled prescriptions in their original containers.
- Family member or friend.
- Something to do while you wait.
- Your questions for the transplant team.

## **What will the clinic day be like?**

### **Before You Arrive**

- Do **not** take your morning medicines until after your blood draw.
- You may eat breakfast before your clinic visit unless you were told not to do so. You may be asked to fast on some days.
- Plan to arrive at the lab for your blood draw at **7:30 a.m.**
- Allow 4 to 5 hours for your visit. Clinic visits usually start at 8:30 a.m. and can last until 1 p.m.

### **At the Hospital**

- First, go to the lab for your blood draw.
- After your blood draw, take your morning immunosuppressant medicines with a snack or beverage.
- Check in at the front desk of the Transplant Clinic at your scheduled appointment time.
- How long you spend at the hospital will depend on:
  - How early your clinic visit is
  - How many care providers you need to see
  - Whether you need any other procedures, such as removal of surgical staples or stent, or an IV infusion
- Your transplant coordinator will tell you of any changes in your medicine doses. Stay on your current doses and schedules unless you are told to change them.

- Be sure to tell your transplant coordinator how to reach you. We may want to call you at home to talk about your lab results (drug blood levels) that came in after you left.

## **What will happen at these clinic visits?**

You can expect these things to happen at your clinic visits:

- Blood draws to check medicine levels
- Blood draws to check how your kidney or pancreas is working
- Visits with the transplant doctors and coordinators that include:
  - Checking your incision to make sure it is healing well
  - A physical exam to find out how well you are recovering from surgery, including taking your vital signs (blood pressure, weight, temperature) and checking you for signs of rejection or infection
- A review of your medicines
- A review of your lab results
- Possible visits with other transplant team members such as your social worker, dietitian, nurse practitioner, and pharmacist
- Procedures such as stent removal, wound staple removal, and biopsies
- Possible admission to the hospital if you need inpatient treatment

## **How long will I visit the clinic?**

You will have regular visits at the Transplant Clinic for about 3 months after your transplant surgery. After that, you will be cleared by the transplant team to return to the care of your primary nephrologist. This is called a “transfer of care.”

From time to time after your care is transferred, you will still return to UWMC’s Transplant Clinic for follow-up visits.

## **When will transfer of care occur?**

When we transfer your care to your primary nephrologist depends on:

- How well your new kidney or pancreas is working
- Whether you have any problems that must be watched closely

After transfer of care occurs, your primary nephrologist will manage your general transplant issues. But, you are always welcome to return to our clinic for specific questions about your transplant or immunosuppression.

