Care After Discharge

After a kidney/pancreas transplant

After you are discharged from the hospital, you will be in the outpatient phase of transplant care. You will have many visits with your transplant team at the outpatient Transplant Clinic. Your first visit will be scheduled for you before you leave the hospital.

Why do I need follow-up care at UWMC’s Transplant Clinic?

You will need to be assessed by the UWMC transplant team 4 to 6 weeks after your transplant. This is the most common time for complications and rejection to occur. The transplant team will check you closely and can diagnose and promptly treat transplant complications.

You will go back to your referring doctor’s care after:

- Your lab results and drug levels have stabilized
- Your stent has been removed (if you have one)
- A biopsy is done (if needed)

What should I be doing at home to help prepare for these visits?

- **Fill your discharge prescriptions** at the pharmacy of your choice as soon as possible after leaving the hospital.
- **Take your medications as prescribed.** Keep learning their names, functions, and doses. Update your mediset and medication profile 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.** 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 and symptoms of rejection or infection. See Chapter 13, “Discharge Checklist,” for a list of what to look for.

Take your blood pressure, pulse, and temperature 2 times a day.

Weigh yourself once a day and record these numbers in Chapter 20, “My Transplant Log.”

If you have diabetes or are a pancreas transplant patient: Check your blood glucose at least 2 times a day. Record your results in “My Transplant Log.” It is better to check your blood sugars more often. Before each meal and at bedtime are the best times to check.

Measure your daily fluid intake and the amount you are urinating. Record these amounts in Chapter 20, “My Transplant Log.”

Note any vomiting or diarrhea in Chapter 20, “My Transplant Log.”

Collect urine (if asked to do so).

Change the dressings on your wound (if asked to do so). After bathing, make sure your wound is dry. Use a clean towel and blot dry.

Care for your wound. Wear loose clothing to prevent rubbing on the incision, which could cause irritation. If you see any signs of infection, call one of the numbers listed on page 13-2 under “Whom to call for questions and concerns” in Chapter 13, “Discharge Checklist.”

For kidney transplant patients: Try to empty your bladder at least every 3 to 4 hours. You will need to 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:

- Increase your physical activity
- Drink enough fluids
- Reduce your pain medication
- Add fiber to your diet

Continue to monitor your catheter for infection. Also, it is recommended you flush your catheter once a week until it is removed. Peritoneal dialysis catheters are usually removed 6 weeks after transplant. This can be done during a clinic visit.

Arrange transportation to and from clinic.

Slowly increase your activity at home.

- Do not lift anything over 10 pounds for the first 6 weeks after surgery. Do not lift anything over 15 pounds for 6 weeks after that.
• You may shower every day. Do not take a bath, sit in a hot tub, or swim until your incisions are healed. This will take about 4 weeks.

• Do not drive until 6 weeks after your transplant unless your doctor tells you it is OK.

• We encourage you to walk and take part in the basic activities of daily living, such as cooking and doing light household chores.

• Do not do any high-impact exercise such as jogging, aerobics, hiking with a heavy pack, playing basketball, etc. for 6 months after transplant.

• Do not do any exercise that twists your body, such as golf or tennis, for 3 months after your transplant.

• Transplant patients can usually return to work part-time in about 4 weeks. If you have a job that requires you to be physically active, you should probably wait about 6 weeks to 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 activities slowly, as you desire. Use birth control. This is not the best time to start a family. We recommend that women wait 2 years after transplant to get pregnant.

• We recommend not traveling long distances from home for the first 12 weeks after your transplant surgery.

☐ Avoid the risk of infection.

• Stay away from crowds. Avoid shopping at malls and going to movie theatres and other crowded places for about 3 months.

• Avoid handling pets, and do not empty litter boxes.

• Wash your hands often to lessen the 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. Refer to the booklet “Nutrition After Your Transplant.” Keep a food log if your dietitian asks you to. There are usually few, if any, diet or fluid restrictions after transplant surgery. Sometimes you may need to continue to watch your potassium or fluid intake.
Do not eat grapefruit or drink grapefruit juice. This fruit affects how your immunosuppressant medications work.

Review your Guide to Your Kidney/Pancreas Transplant.

Call 9-1-1 right away if you have a life-threatening emergency.

When should I call the transplant coordinator?

Weekdays:
My transplant coordinator is: _________________________________

Phone number: 206-598- __________

After hours and on weekends and holidays:
Call 206-598-6190. Ask for the kidney or pancreas transplant doctor on call to be paged.

Call if you have:

- Fever: Temperature higher than 100°F (37.8°C)
- Pain: Increasing pain, especially abdominal pain or pain over your kidney area
- Signs of infection in your wound:
  - Redness
  - Tenderness
  - Swelling
  - Drainage from incision
- Nausea, vomiting, or diarrhea
- Urine changes:
  - Pain with urination
  - Bloody urine
  - If you had a kidney transplant: A sudden decrease in how much you are urinating
  - Not able to pass urine
- High blood glucose:
  - If you had a pancreas transplant: Blood glucose is over 250 mg/dl
  - Blood glucose is regularly over 300 mg/dl
• **Bowel changes:**
  - No bowel movement for over 48 hours
  - Blood in your bowel movements

• **Questions about your medications:**
  - Dose instructions
  - What to do about missed doses
  - Other concerns

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

• **Your Guide to Your Kidney/Pancreas Transplant**, in case you need to review it or refer to it.
  Be sure to include Chapter 20, “My Transplant Log.”

• **All other records** you have been keeping at home.

• **Urine collections** (take to the lab) if you were asked to do so.

• **Your medication profile or list and mediset**, filled with your medications.

• **Your filled prescriptions** in their original containers.

• **Family member or friend.**

• **Something to do while waiting.**

• **Your questions for the transplant team.**

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

**Before You Arrive at the Medical Center**

• You may eat breakfast before your clinic visit unless you were told not to do so (you may be asked to fast).

• You may take all morning medications except your immunosuppressive medications.

• Plan to arrive at the lab for a blood draw between 7:30 and 8 a.m.

**At the Medical Center**

• First, go to the lab for your blood draw.

• **After your blood draw**: Take your morning immunosuppressive medication doses with a snack or beverage.
Check in at the front desk of the Transplant Clinic at your scheduled appointment time. Clinic visits usually start between 8:30 a.m. and 1 p.m.

How long you spend at the medical center will depend on:
- How early your clinic visit is
- How many people 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 may call you at home to talk about your lab results (drug blood levels) that came in after you left. Be sure to tell your transplant coordinator how to reach you, especially if you are from out of town and not staying at your own home.

Your transplant coordinator will also advise you of any changes in your medication doses. Stay on your current medication doses and schedules unless you are told to change them.

**What will these clinic visits involve?**

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

- Blood draws to check medication levels
- Blood draws to check your kidney or pancreas function
- Visits with the transplant doctors and coordinators that include:
  - Checking your surgical 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 medications
- A review of your lab results
- Possible visits with other transplant team members such as your social worker, dietitian, and pharmacist
- Procedures such as stent removal, wound staple removal, and biopsies
- Possible admission to the hospital if you need inpatient treatment for complications
How often will I visit the clinic?

You will have regular visits at the Transplant Clinic for 4 to 6 weeks after your transplant surgery. After that, you will be cleared by the transplant team to return to the care of your primary care provider or nephrologist. This is called a “transfer of care.” From time to time, you will still return to UWMC’s Transplant Clinic for follow-up visits.

The timing of this transfer of care depends on how well your new kidney or pancreas is working and whether you have any complications that must be watched closely. After transfer of care occurs, your general medical care as well as all transplant issues will be managed by your nephrologist or primary care provider.

Recommended Test and Visit Schedule

This is the recommended schedule of lab tests and clinic visits after transplant. You will have these tests and visits at the UWMC Transplant Clinic, even after you have returned to the care of your primary care provider or nephrologist.

<table>
<thead>
<tr>
<th>Time After Surgery</th>
<th>Labs</th>
<th>Clinic Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 to 5 weeks:</td>
<td>3 times a week</td>
<td>2 to 3 times a week</td>
</tr>
<tr>
<td>6 to 12 weeks:</td>
<td>2 times a week</td>
<td>1 time a week</td>
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<tr>
<td>3 to 6 months:</td>
<td>1 time a week</td>
<td>2 times a month</td>
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<tr>
<td>6 to 12 months:</td>
<td>2 times a month</td>
<td>1 time a month</td>
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<tr>
<td>After 12 months:</td>
<td>1 time a month</td>
<td>1 time a month</td>
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Questions?

Your questions are important. Call your doctor or health care provider if you have questions or concerns. UWMC clinic staff are also available to help.

Transplant Services:
206-598-8881