



出院后的护理

肾脏/胰脏移植后

本章为您解说在移植手术后的后续护理

出院后我会面临些什么？

出院后、您将开始门诊治疗。这是护理的一部分、您需经常来移植门诊与您的移植团队见面。在您出院之前、我们会为您安排第一次预约。

首先、您每周来门诊 **2 至 3** 次。以后会逐渐减少、直到您每周只有一次或每隔一周来诊所。

您每次来门诊时、必须在上午 7:30 到达医院先抽血。您必须在这时到、即使您的门诊时间没这么早。

为什么我需要复诊？

在移植后大约 3 个月内、您需要经常来看 **UWMC** 移植团队。这是最常发生问题及排斥的时期。在这些门诊时、移植团队会密切地检查您、并可以诊断并及时处理任何问题。



在移植后大约 3 个月内、您需要经常来看门诊。

对这些门诊我需要如何准备？

- 出院后尽早在您选择的药房领取处方药
- 按医嘱服用药物。继续熟记他们的名称、他们的用途、及剂量。药物有更改时、也须更新您的药盒（mediset）及药物清单。
- 最少每周要补充您的药盒（mediset）一次。
- 切勿在没有医生的同意下服用任何非处方药物、中草药或天然药物或保健品。
- 切勿服用任何非类固醇的抗发炎药物(NSAIDs)。这类药物包括：布洛芬（ibuprofen 如 Motrin, Advil, Nuprin), 萘普生（naproxen、如 Aleve, Naprosyn), 吲哚美辛（indomethacin 如 Indocin), 大量的阿司匹林（aspirin）和经痛药物。若您有头痛、发烧或疼痛、您可服用对乙酰氨基酚（acetaminophen 如泰诺 Tylenol）。
- 请留意移植排斥或感染的征兆和症状。有关详情、请参阅-“出院须知”章节。
- 每天测量您的血压、脉搏和体温 2 次并做记录。
- 每天量一次体重并做记录。
- 如您有糖尿病或接受胰脏移植：
 - 每天至少测量 2 次血糖、并做记录。
 - 如可能请多测量您的血糖。
 - 饭前及就寝前是测量血糖的最佳时机。
- 测量您每天的水分摄取量和排尿量并做记录。
- 若有呕吐或腹泻的状况、请做记录。
- 收集尿液样本 (若有医生指示)。
- 更换您伤口敷料 (若有医生指示)。
 - 盥洗完后、需确保伤口保持干燥。
 - 用一条干净毛巾轻按伤口。
- 伤口的护理：尽量穿宽松的衣物以避免摩擦到伤口受到刺激。若您发现伤口出现任何感染的征兆、请即刻致电您的移植协调员/联系人。

☐ 肾脏移植的病者：

- **建议您尽可能每隔 3 - 4 小时就排尿一次。**您需要排尿的次数和排尿量会明显增加、特别在夜间。
- 移植几周后、您的膀胱会逐渐增大、您就不会需要经常排尿了。

☐ 切勿超过 48 小时不排便。便秘会带来严重的后果。预防便秘的提示：

- 多做体力活动？
- 喝足够的液体
- 尽可能地减少止痛药的剂量
- 增加饮食中的纤维 (水果、蔬菜及谷类)

☐ 继续监测您的腹膜导管是否感染。不要冲洗腹膜透析导管。腹膜透析导管通常在移植后 4 至 8 周移除。会在手术室移除。需要全麻。

☐ 安排门诊的来回交通接送

☐ 渐渐增加在家时的活动量

- 切勿提拿任何重物：
 - 手术后 6 周内、**请勿**提拿超过 10 磅的物件。一加仑牛奶重约 9 磅。
 - 在此之后的 6 周内、**请勿**提拿超过 15 磅的物件。保龄球重约 15 磅。
- 您可以每天淋浴。
- 手术后约 4 周内、直到您的伤口愈合前；**切勿**泡澡、坐在热水浴缸中或游泳。
- 手术后 4 至 6 周**不要**开车。在您再次开始驾驶之前、请询问您的医生是否可以。
- 每天走路并参与烹饪及做一些轻度的家务等基本活动、它有助于您的康复。
- 手术后 3 个月内、**不要**做任何扭曲身体的运动；如高尔夫球或网球等。
- 手术后 6 个月内、**不要**做任何高强度的运动；如慢跑、健美操、跳舞、背包徒步旅行或打篮球等。
- 肾脏移植后避免接触性的运动；如拳击或足球等运动。

- 一般移植患者约在 4 周后可返回工作岗位做半工。如您是做需要体力的工作、可能需要等待 3 个月后才能回去工作。根据您的康复情况及工作性质、请与您的医生讨论以作最佳计划。
- 按照您的意愿，可以慢慢恢复性活动。
 - 采取节育措施。这不是怀孕的好时机。我们建议女性在移植后等待 1 年才怀孕。请参阅“移植手术后的生活”一章。
- 我们建议您手术后 12 周内不要到离家很远的地方旅行。

避免感染的风险

- 手术后约 3 个月内、避免人多的地方。
- 不要让您的宠物舔您的伤口、或咬您或抓伤您。如您的宠物咬伤或抓伤您、请立即清洗该区域。
- 您不要处理宠物的便盒。
- 经常洗手以降低感染风险
- 您不需要一直戴口罩、但如您必须在尘埃多的地方或任何病人的身边、我们建议您戴口罩。

与您的外科医生讨论您的腹膜透析导管。您的瘘管或植入装置不会被移除。如在手术期间或手术后发生阻碍、可能需要疏通。

吃健康食品。如您的营养师要求、您就要做饮食记录。移植手术后通常很少有食物或液体的限制。有时可能需要继续观察您的钾或液体摄入量。请参阅本讲义“营养”一章和“移植后的营养”。

不要吃葡萄柚、石榴或杨桃（或它们的果汁）。这些水果会影响您免疫抑制药物的功能。

如有危及生命的紧急情况、请立即致电 911。

我应该给谁打电话求助？

• 在上班期间、请致电您的移植组协调员/联系人
 _____, 206.598. _____

• 下班后及周末假日、请致电社区护理专线：206.744.2500

我什么时候应该给移植协调员打电话？

如有下列情况、请联系：

- 发烧体温高于华氏 100°F (摄氏 37.8°C)

- **疼痛加剧**、特别是在腹部或肾脏部位
- **伤口感染迹象：**
 - 发红
 - 触痛
 - 肿胀
 - 伤口流液
- **恶心、呕吐、或腹泻**
- **排尿上的变化：**
 - 排尿时疼痛
 - 尿液有血
 - 尿量突然减少
 - 无法排尿
- **血糖增高：**
 - 血糖高于 300 mg/dL
 - *如您是胰脏移植:* 血糖高于 250 mg/dL
- **排便有问题：**
 - 超过 48 小时没有排便
 - 粪便有血
- **对所服药物有疑问：**
 - 剂量说明
 - 遗漏一次服药
 - 其他的顾虑

门诊时我需要携带什么？

- 您的体征记录小册子。移植后我们会在您住院期间给您这本小册子。
- 您在家中所做的其他记录。
- 如要您收集尿液、请带来（送交化验室）。
- 您的药物清单和药盒。请装满药片。移植后我们会在您住院期间给您所有这些。
- 您领取的处方药、放在原装的药瓶里。

- 家属或朋友。
- 带一些等待时可以做的事情。
- 您要问移植组的问题。

复诊的流程是怎样的？

您来之前

- 在抽血之前、**不要**服用早晨的药物。
- 您可以在门诊前吃早餐、除非您被告知不要吃东西。有时会要您禁食。
- 请于**上午 7:30** 到抽血部来抽血。
- 您门诊需要 **4 到 5 个小时**。门诊所通常在上午 **8:30** 开始、可以持续到下午 **1 点**。

在医院

- 先到抽血部抽血。
- 抽血后、服用上午的免疫抑制药物、吃些点心或饮料。
- 在预约时间、在移植科前台报到。
- 要根据下面的情况来决定您会在医疗中心的时间：
 - 您预约的时间有多早
 - 您要看几位医护人员
 - 您是否需要任何其他程序；例如移除手术钉或支架、或需静脉输液。
- 移植协调员会告诉您药物的剂量是否需要调整。除非告诉您需要更改、否则请保持目前的剂量和服用时间表。
- 务必告诉您的移植协调员如何联系您。我们可能会打电话到您家里、告诉您在您离开诊所后、收到的检测结果（血液内药物的水平）。

在门诊都做些什麼？

在门诊时会做下列各种事项：

- 抽血检测血液内药物的水平
- 抽血测试肾脏或胰腺的功能
- 见移植医生及协调员包括：
 - 检查伤口以确保伤口愈合良好
 - 体检、了解您手术后恢复的情况、包括量您的体征（血压、体重、体温）并检查您是否有排斥或感染的迹象

- 核对您的药物
- 审查您的血液测试结果
- 可能还要见其他移植团队成员（如您的社工、营养师、行医护士及药剂师）
- 取出支架、手术钉及活检等程序
- 如您需要住院治疗、就可能会住院

我隔多久要看一次门诊？

在移植手术后的 3 个月内、将有定期的移植科门诊。其后，移植组就会将您送回您的主肾脏医生。这一个叫做“护理转移”。

但您随后一段时间内、还是要在华大医疗中心 UWMC 移植门诊做跟进的复查。

何时会护理转移？

何时可以将您转移回到您的肾脏医生是基于下列的情况

- 您新肾脏或胰脏的功能如何
- 有无任何问题必须密切关注

在您转移护理后、有关移植的一般问题将由您的主肾脏医生处理。但您对移植或免疫抑制有特殊的疑问时，请随时与我们联系。

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.

