



## 移植后的生活

### 肾脏/胰脏移植后

本章为您解说肾脏/胰脏移植后前几个月的生活

在一段时间后、您后续的护理将从移植组转回到当初转介您来的肾脏医生。一般在您移植后 3 个月。

移植手术后第一年内、即使您的后续的护理已转移、您仍要回到移植科来看门诊。只是门诊的次数比以前要少。一年后您只须每年来门诊一次做长期追踪年检即可。

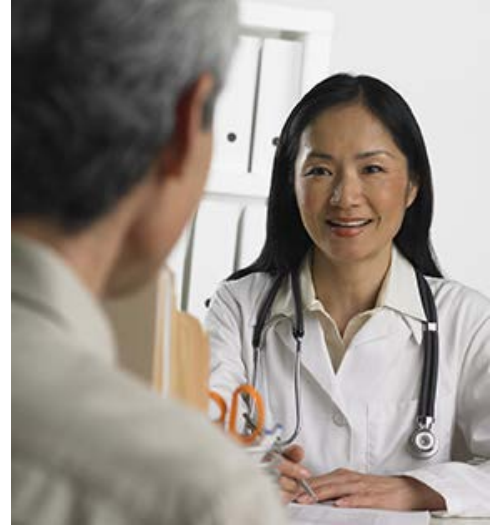
### 长期的自我护理及后续的医疗

肾脏或胰脏移植的目的是让您有一个更好的生活质量及一个更正常的生活方式。但是、移植是治疗肾功能衰竭或糖尿病的一种方法，而不是一种治愈的方法。也就是您将有一些新的终身责任来照顾您的新肾脏或胰脏。随着时间您渐渐对这种新的日常生活方式就会觉得正常化了。

以下是一些移植相关的责任：

### 对您的日常保健采取主动

- 如有发烧、或生病的情况、需要**即刻**告诉您的肾科医生。如果您的医生外出、则与值班的医生报告。您必须先与平常看您的医生、或代替他的医生联系后、才可联系移植中心。
- 定期看您的肾科医生来检测您新肾脏或胰脏功能。
- 向您的肾科医生报告任何健康问题。且坦诚地与您的肾科医生谈论有关您健康的问题。



一般在您移植后 3 个月我们会将您后续的护理将从移植组转回到当初转介您来的肾脏医生。

遵照医嘱、定期抽血检测肾脏及胰脏功能及血液内抗排斥药物的指标。

- 定期接种疫苗。这包括每年接种一次流感疫苗及每 **10** 年一次的破伤风加强剂。
- **切勿**接受任何活性疫苗。如麻疹、腮腺炎、德国荨麻疹疫苗、鼻腔接种的流感疫苗、或带状疱疹疫苗。
- 遵照医嘱定期检查您的身体系统。这包括眼科检查及牙科检查。要求测试骨质密度、心脏健康及皮肤（皮肤癌）。
- 每年看两次牙医检查牙齿。
- 妇女：做乳房癌（乳房 **X** 光检查）及子宫颈癌（*宫颈涂片*）的筛查试验。
- 做肠癌筛查（*结肠镜*）。
- 如您计划到国外旅行、请在旅行前先去旅行医学诊所。告诉诊所工作人员您已经接受过移植手术。

## 服药

您必须终生严谨的遵照计划服用抗排斥药。您如遗漏了一次都可能导致排斥。

- 遵照医嘱服药。
- 提前计划如何补充药、不可有缺药的情况。
- 如您所服用的药物会导致您不适、乃请**遵照医嘱继续服用**。即刻打电话给医生请示。
- **切勿**服用家人或朋友的任何处方药、或任何您移植前的药物。
- 服用任何中草药产品、或任何其他药物**之前**、**须先**请示您医生。

## 排斥

*移植*（器官）排斥是您自身免疫防御系统的一个过程。您的免疫系统因为不承认它是您的一部分因而试图摧毁新的器官。您的免疫系统的白血细胞会“攻击”您的移植器官。抗排斥药物是通过阻断**淋巴细胞**的工作、来干扰您自身的自然排斥过程。身体的免疫系统是非常的强劲、即使目前有这些强力的抗排斥药物、仍然可能发生排斥反应。

### 排斥的种类

大多数的排斥发生在移植后的 **6** 个月内。这些被称为**急性排斥反应**。通常、急性排斥反应可以通过**静脉注射（IV）**药物将它逆转。

后期排斥称为**慢性排斥反应**。可能是由感染、不按照医嘱服药、或其他原因导致药物水平的变化引起的。这种排斥：

- 发生在移植后 **1** 年或以上

- 发展比急性排斥缓慢
- 并可能导致不能修复的损坏、导致丧失移植的器官

慢性排斥反应的迹象通常是很不明显，如肌酐缓慢上升。后期排斥是很难治疗的。

排斥并不代表您已经失去了移植的肾脏或胰脏、但它是一个紧急情况、需要即时治疗。排斥被治疗并逆转了、称为一次排斥反应。

当排斥反应发作时、您可能会感觉很好、或您可能有些症状；如发烧、肌肉疼痛、液体积留、或肾脏、胰脏有些疼痛或肿胀。您的血清肌酐或其他验血报告可能会有改变也可能没有改变。为检测可能出现的排斥反应、定期看医生及验血检测是非常重要的。

## 预防排斥

对排斥最好的防御就是预防。下面是防止排斥的措施：

- 遵照医生处方、在正确的时间、服用正确计量的抗排斥药物。
- 如您服用完了您的药物、或您无法购买、不论任何原因、都请告诉您的医生或移植团队。
- 按照规定的时间表作抽血检查。
- 如您感觉不适、或血液化验报告有变化、请即刻告诉您的肾科医生。
- 即使您感觉很好、务必按时来看肾科门诊。

## 诊断排斥

如您的医生怀疑可能发生排斥、活检有时是诊断排斥反应的唯一方法。由活检的结果可以知道：

- 排斥的类型（是急性或慢性）
- 排斥反应的等级（轻微、中等、或严重）

做活检时、医生会先在您移植部位的皮上注射一种局部麻醉药。再以一根活检针很快地插入您的器官取一个小量的组织样本。此过程要做 2 到 4 次。

活检取出的组织将送到病理部门、在显微镜下检查有无排斥或其他问题的迹象。您的医生在 1 至 5 天后就会收到活检的结果。

根据排斥的类型及其严重性、您的医生会做治疗计划。可能需要住院或多次门诊。在治疗结束后、您可能有需要再做一次后续的活检、来检测您的进展。

请参阅“移植肾活检”以了解更多。

## 失去移植器官

有时候移植后的器官不能由排斥反应、感染或复发性疾病挽回。失去了移植的器官在情感上是很难接受的。若发生了、常常会感到愤怒；但这也是正常的。

移植小组会协助您。有可能再做另一次移植。但这需要一些时间和规划。在此期间、如损失了的是肾脏、就需再回去做透析、如损失的是胰脏、则再使用胰岛素。

## 再次肾脏移植

如您失去了您的新肾脏、您可能可以再做另一次移植。即所谓的*再次移植*。但您必须符合再次移植的要求才可被排名。

如您申请再次移植、移植团队将审查您第一次移植后的行为。我们将审查、您是否按照医嘱服用您的处方药、做了规定的检测、到诊所做保健的门诊、并做必要的透析。

如移植团队认为您没有遵照您的护理计划、或者您还是继续抽烟、我们中心就会拒绝再次移植。

## 健保的涵盖

一定要保持您处方药的健保。抗排斥药物通常一个月约为 **1000** 美元以上、而且必须定时服用。如果药物费用是一个问题、移植组的社工可以帮助您。您的保险公司对药物的涵盖可能经常改变。请每年核对您计划的变更。

如您因为年龄还不到、或其它肾衰竭以外的情况、而不合格获得联邦健保（**Medicare**）则在移植后 **3** 年、联邦药物的健保就会终止。

如果您找不到涵盖药物的健保、请联系您的移植组。

## 您的新生活型式

### 保持健康及多活动

- 当医生批准、就可以做所有您平时的活动。这将有助于您的长期恢复、提高您心理和身体的健康。
- 照顾好自己。就是保持积极的心态及经常锻炼、吃健康的饮食、并限制您喝酒的量。
- 请记住；吸烟或使用任何烟草产品会使您失去再次移植的资格。烟草会增加您心脏病发作、感染和癌症的风险。
- 每年接受流感疫苗、并定期接种其他疫苗。

### 重新思考您的自我形象

开始把自己看为一个健康的人、而不再是一个“病人”、即使您永远不会离开看诊及药物、您仍然可以过正常的生活；包括工作、学校、义工、家庭和朋友。

## 获得支持

您仍然需要家人及所亲爱的人的支持。在移植后您的身体就更健康、您的生活方式及您与他人的关系也可能有所改变。请关爱您的人继续参与您的生活、有需要时请他们继续帮忙。

与其他移植的人交谈、也是很有帮助的。您的移植社工有一份可联系的移植病者的名单、您可以在需要支持时与他们交谈。

## 专为妇女

### 月经

在有慢性疾病如肾衰竭时；可能没有月经、或间歇性的月经。这种情况是很常见的。移植后、月经就会再开始。您的月经可能不规则、血量会少或多、时间会长或短。月经的状况有改变时请告诉您的医生。

### 怀孕

在移植后任何时间都有可能怀孕。在移植手术之前、您必须有一个节育的计划。您可以看一位妇科医生协助您选择避孕的方法。

- 如您计划做输卵管结扎；它可以在任何时间做、但最好是在您移植前做好。
- 如您是服用避孕药；移植时请告诉您的外科医生。住院期间您不一定可以继续服用它们、因为它们可能增加形成血栓的风险。
- 请注意、*子宫内避孕器*（如上环）可能会增加感染的风险。

如您计划怀孕、请告诉您的移植团队、因为一些抗排斥药物会导致先天性缺陷。我们会在您怀孕前更换药物。

但我们建议至少在移植手术1年后才怀孕。延迟怀孕可以降低肾排斥的风险。也可以确保稳定肾功能、及免疫抑制药物的药效良好。

怀孕会增加新肾脏的负荷、因此也会增加了失去您移植肾的风险。移植患者怀孕是被认为“高风险”。胎儿经常会早产而需要住院。如果您计划要孩子、或者发现您怀孕了 we 建议您看位专长于高危妊娠的妇产科医生。

## 性传播的感染和疾病（STIs 及 STDs）

非安全的性行为 - 无论是同性恋、异性恋或是双性恋 - 都可增加您患上传染病的风险，如人类免疫力缺陷病毒/艾滋病、肝炎、生殖器官疱疹、淋病及其他感染。即使您认为您们仅有一名性交伴侣、但您的伴侣可能不是。

除了您平常使用的节育方法外、预防这些感染及疾病的最好方法是实践安全的性行为、并使用避孕套。**只有避孕套能预防性病的传播感染。**如您被感染了、须即时告诉您的医生。

## 感染

您所服用防止排斥新器官的药物，会削弱您身体抵抗一些将会引起感染的病毒及细菌的能力。在移植后的最初几个月较常见的感染有：

- 呼吸系统的感染如感冒、流感
- 尿道感染
- 伤口感染
- 某些病毒感染

感染亦可能出现在您的血液里、或您身体任何其他的部位。感染可以经环境传播、性接触、捐赠者的器官、及因您本身已经存在的潜伏性病毒转为活跃。

您将服用许多抗生素及抗病毒的药物来防止感染。如您被感染了、通常会开更多的药物来治疗。有些感染需要住院治疗。有时严重的感染可能会导致病者失去移植的器官。

## 移植病者常见的感染

感染	原因	如何预防	如何治疗
感冒及流感	<ul style="list-style-type: none"> <li>• 病毒</li> <li>• 接触到患者</li> <li>• 环境或手触摸到眼睛的污染</li> </ul>	<ul style="list-style-type: none"> <li>• 良好的洗手</li> <li>• 每年注射流感疫苗</li> <li>• 不要用手摸脸</li> </ul>	<ul style="list-style-type: none"> <li>• 休息及多喝水</li> <li>• 如您的医生认可、可以服用抗过敏药物或抗鼻塞药物。</li> <li>• 如有呕吐或有腹泻请告诉医生</li> <li>• 可以服用泰诺（acetaminophen）但避免布洛芬之类（Advil, Motrin）含有阿司匹林的药物</li> </ul>
尿道感染(UTIs)	<ul style="list-style-type: none"> <li>• 细菌进入膀胱（它一般是无菌的）</li> <li>• 使用导尿管的问题、不清洁、或排尿时没有排尽</li> </ul>	<ul style="list-style-type: none"> <li>• 每天淋浴</li> <li>• 穿清洁的内裤</li> <li>• 请从前面擦到后面</li> <li>• 避免盆浴、或烫水浴</li> <li>• 性交后排尿</li> </ul>	<ul style="list-style-type: none"> <li>• 多喝水</li> <li>• 经常排尿、每次要排空</li> <li>• 遵照医嘱服用抗生素</li> <li>• 服用小红梅（cranberry）药片、以阻挡细菌在尿道生长</li> </ul>
伤口感染	<ul style="list-style-type: none"> <li>• 细菌污染</li> </ul>	<ul style="list-style-type: none"> <li>• 保持伤口清洁</li> <li>• 洗澡时将伤口遮盖好</li> <li>• 经常换敷料</li> </ul>	<ul style="list-style-type: none"> <li>• 遵照医嘱服用抗生素</li> <li>• 切口可能需要再打开、可能需要使用敷料</li> </ul>
肺囊虫	<ul style="list-style-type: none"> <li>• 真菌感染</li> <li>• 环境接触</li> </ul>	<ul style="list-style-type: none"> <li>• 甲氧苄啶（Trimethoprim）/ 磺胺（复方新诺明 Bactrim）</li> </ul>	<ul style="list-style-type: none"> <li>• 甲氧苄啶（Trimethoprim）/ 磺胺（复方新诺明 Bactrim）</li> </ul>
巨细胞病毒	<ul style="list-style-type: none"> <li>• 病毒</li> </ul>	<ul style="list-style-type: none"> <li>• 抗病毒的药物如缙更昔洛韦（valganciclovir）</li> </ul>	<ul style="list-style-type: none"> <li>• 如病况严重、则需住院、以静脉输液方式给予抗病毒的药物</li> </ul>
水痘及带状疱疹	<ul style="list-style-type: none"> <li>• 病毒</li> <li>• 接触到被感染者的飞沫</li> </ul>	<ul style="list-style-type: none"> <li>• 移植前接种疫苗</li> <li>• 因儿时得过水痘而有免疫力</li> <li>• 抗病毒药物</li> </ul>	<ul style="list-style-type: none"> <li>• 抗病毒药物</li> <li>• 当您发烧、皮肤疼痛、或出疹子、发痒（避免抓挠）时需告知您的医生</li> <li>• 如您儿时得过水痘、成年时再感染水痘的风险就较低</li> </ul>
其他的病毒及病菌的感染	<ul style="list-style-type: none"> <li>• 由环境感染</li> <li>• 对抗生素已有抗性、潜伏病毒、或供体</li> </ul>	<ul style="list-style-type: none"> <li>• 良好的个人卫生习惯</li> <li>• 避免与病者接触</li> <li>• 避免猫的排泄物、切勿让您的宠物抓或咬您</li> </ul>	<ul style="list-style-type: none"> <li>• 抗病毒的药物</li> <li>• 抗生素</li> <li>• 实验性的药物</li> <li>• 遵照医生开的处方将抗生素全部吃完</li> </ul>

## 如何保护自己不受感染

### 卫生

- 经常洗手
- 每日淋浴
- 避免泡澡或泡热水浴缸。

### 家居

- 减少家里的尘埃及拥挤。您家里无需消毒、但应该清洁。
- 弄脏时以及日常均须经常换洗床单、毛巾及衣服。
- 清洁电脑的键盘、鼠标、及电话的听筒及话筒。

### 食物

- 不要吃放在室温或户外的食物。
- 吃生的蔬果或烹饪蔬果前务必清洗清洁。
- 避免生的鱼肉。

### 户外活动

- 移植后至少 **6** 个月内**不要**做园艺。以后做园艺时要戴厚的手套及面罩。
- 避免建筑工地及建筑的尘埃。
- 在流感季节避免去人群多的地方。若可能请坐在远离人群的地方。

## 患皮肤癌的风险

免疫抑制药物及某些抗生素会使您的皮肤对太阳更敏感。长时间和反复地暴露在太阳的射线下、可能会导致永久性的皮肤变化。这也使您更容易患皮肤癌及唇癌。

接受移植者患 *非黑色素瘤皮肤癌*、如 *鳞状细胞癌* 及 *基底细胞癌* 是比一般人增加 **10** 倍以上。移植后这种风险随着时间而增加。接受移植者发生黑色素瘤的可能性约为一般人的 **3** 倍。

为了减少您患皮肤癌的风险、总是要保护您的皮肤免受阳光的照射：

- 每天不论是下雨或晴天、都使用含太阳保护因子（SPF）至少 **30** 的防晒霜和润唇膏。经常补涂防晒油、特别是在游泳或出汗后。



- 使用防晒油的部位：
  - 脸、鼻、及嘴唇
  - 耳的上部
  - 手背
  - 如穿凉鞋、要搽脚背
  - 头发分线的头皮部分、如有秃发就搽秃发的部位
- 为加强保护、在户外可戴有边的帽子、手套、穿长袖衬衫、及长裤。
- 如可能、尽量避免中午的日晒（上午 10 点到下午 2 点）因为会伤害皮肤的紫外线在这时最强。
- 每月检查一次已有的痣或其他皮肤的病变、也察看有无出现新的痣或其他皮肤的病变。
- 每年看一次皮肤科医生（看皮肤的医生）检查您的皮肤。

## 旅行

- 与您的医生咨询、以确保您的旅行计划对您的健康是安全的。
- 将药物放在随身携的行李中。
- 将药物放在原装的瓶里以确保安全。您可以在到达目的地后、将他们放在药盒（mediset）里。回程再将它们放回原装的瓶里。
- 在旅行时务必携带足够的医疗用品及药物如此就不会缺少。不要打算在其他国家旅行时买额外的医疗用品。
- 旅行需要的预防针不可含有活性的病毒（麻疹、天花、风疹、水痘、黄热病、日本脑炎）。
- 如您有糖尿病、在您旅行前：
  - 给航空公司打电话，或上他们的网站、了解他们对药物及医疗用品的法规（针、采血针）。
  - 您可能需要一封医生的信、说明您有糖尿病、您需要胰岛素注射。

## 头发及皮肤的护理

免疫抑制药物可能会影响头发的状况：

- 强的松或环孢霉素可能会导致不必要的毛发生长。特别对妇女可能是一种烦恼。
- 烫发、挑染、染发、漂白可使头发折断。移植后请等几个月才染发或烫发。

一些其他的头发和皮肤护理提示:

- 用含润肤剂的肥皂及洗发剂。这样就不会除去健康的油质、您的皮肤就会保持湿润。
- 除非您有粉刺或皮肤干燥的问题、不要使用特殊的皮肤产品。
- 与您的医生商谈有关去除或漂白毛发过多的事项。
  - 用蜡或由专业人员做激光疗法是去除毛发的最佳方式。
  - 不推荐电解法、因为您的皮肤可能较弱及敏感。

## 牙齿的保健

- 每天刷牙及用牙线 **2** 次。
- 每 **6** 个月看一次牙医。
- 在移植后的 **3** 到 **6** 个月、才做您 移植 后的第一次牙科检查。因为如意外地伤害到您口腔或牙龈的组织、在口腔内的细菌可能会造成感染。

每次看牙医时:

- 告诉您的牙医您是移植病人。您的牙医可能会给您开 **2** 公克阿莫西林 (**Amoxicillin**) 的处方、要您在做牙齿的程序前 **1** 个小时服用。如您对青霉素 (**penicillin**) 过敏、请告诉您的牙医。
- 如有必要、牙医会为您照 **X**-光。
- 请牙医检查您的口腔及牙齿。
- 当牙医告诉您必须做治疗时、就尽早安排门诊。

## 您有疑问吗?

我们很重视您的疑问。当有疑问或顾虑时, 请致电您的医生或医护人员。

移植科电话: 206.598.3882

## Life After Transplant Surgery

### *After a kidney/pancreas transplant*

*This chapter explains what to expect in the months after your transplant surgery.*

In time, you will start to receive your ongoing care from the nephrologist who referred you for your transplant. This usually happens after 3 months.

Even after this change occurs, you will still visit the Transplant Clinic during the first year after your transplant. But, these visits will be less often than before. After the first year, you will be seen once a year in the Long-Term Follow-up Clinic.

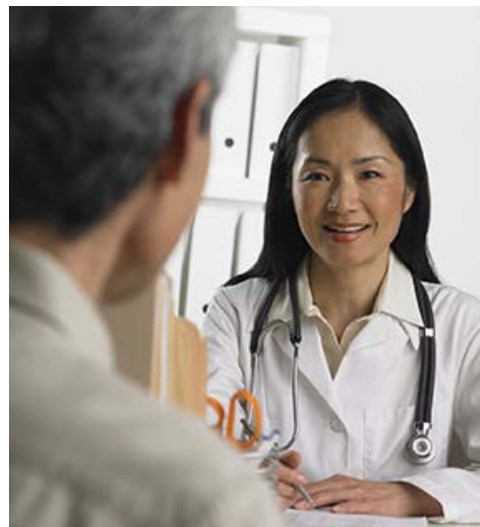
### Long-term Self-care and Follow-up

The goals of a kidney or pancreas transplant are a better quality of life and a more normal lifestyle. But, a transplant is only a treatment for renal failure or diabetes, not a cure. This means that you will have some new lifelong responsibilities in caring for your new kidney or pancreas. After a while, your new routines and lifestyle will start to feel normal.

Here are some things you will be responsible for after transplant:

### Take Charge of Your Ongoing Healthcare

- Report a fever or illnesses to your nephrologist **right away**. If your doctor is out of town, ask to talk with the doctor who is covering for your doctor. You must talk with your regular doctor or the doctor who is on call before you call the transplant center.
- See your nephrologist as instructed to check how your new kidney or pancreas is working.
- Report any health problems to your nephrologist. Be open and honest with your nephrologist when talking about your health issues.



*After about 3 months, we will transfer your care to the nephrologist who referred you for transplant.*

- As instructed, have blood draws to check how your kidney and pancreas are working and to check your anti-rejection medicine levels.
- Keep your vaccinations up to date. This includes getting a yearly flu shot and a tetanus booster every 10 years.
- **Never** get live virus vaccine, such as a measles, mumps, rubella vaccine, nasal flu vaccine, or shingles vaccine.
- Have your body systems checked as instructed. This includes eye exams and dental exams. Ask for tests to check your bone density, heart health, and skin (for skin cancer).
- Visit your dentist for a checkup twice a year.
- Women: Have screening tests for breast cancer (*mammogram*) and cervical cancer (*Pap smear*).
- Have screening tests for colon cancer (*colonoscopy*).
- If you plan to travel outside the country, go to a travel medicine clinic before your trip. Tell clinic staff that you have had a transplant.

## Take Your Medicines

You will take anti-rejection drugs on a strict schedule for the rest of your life. Missing a dose can lead to rejection.

- Take all your medicines as prescribed.
- Plan ahead to get refills of your medicines so you do not run out.
- If any of your medicines make you ill, **keep taking them as prescribed**, but call your doctor right away.
- Do **not** take any medicines prescribed for other family members or friends, or any medicines you were taking before transplant.
- Check with your doctor **before** taking herbal products or other medicines.

## Rejection

Rejection of the *graft* (organ) is a natural response of your body. Your immune system tries to destroy the new organ because it does not see it as being a part of you. Anti-rejection medicines interfere with your body's rejection process. They block *lymphocytes*, the white blood cells that "fight" your graft. The immune system is so strong that rejection can still occur even when you are taking strong anti-rejection medicines.

## Types of Rejection

Most rejections occur in the first 6 months after transplant. These are called *acute rejections*. Acute rejections can often be reversed by taking *intravenous* (IV) medicines.

Late rejections are called *chronic rejections*. They may be caused by infections, not taking medicines as prescribed, or a change in drug levels for some other reason. This type of rejection:

- Occurs 1 or more years after transplant
- Happens more slowly than acute rejections
- Can cause damage that cannot be repaired, leading to graft loss

Signs of chronic rejection are usually subtle, such as a slow rise in *creatinine*. Late rejections are hard to treat.

Rejection does not mean for sure that you have lost your kidney or pancreas graft, but it is an emergency that needs treatment right away. A treated and reversed rejection is known as a *rejection episode*.

When a rejection episode starts, you may feel fine or you may have symptoms such as fever, muscle aches, fluid retention, or pain or swelling over your kidney or pancreas. Your serum creatinine or other lab results may or may not change. Regular doctor visits and lab tests are important to help watch for signs of rejection.

### **Preventing Rejection**

The best defense against rejection is prevention. To prevent rejection:

- Take your anti-rejection medicines as prescribed by your nephrologist, in the right amounts and at the right times.
- Tell your nephrologist or the transplant team if you run out of your medicines or if you cannot buy them for any reason.
- Have your lab tests done on schedule.
- Tell your nephrologist right away if you notice a change in how you are feeling or there is a change in your lab results.
- Keep all of your routine nephrology visits, even if you feel fine.

### **Diagnosing Rejection**

If your doctor suspects a rejection, a *biopsy* may be the only way to diagnose the problem. Biopsy results will tell:

- The type of rejection (acute or chronic)
- The grade of rejection (mild, moderate, or severe)

To do the biopsy, the doctor will inject a local anesthetic into your skin above your graft. A needle is quickly passed in and out of your transplanted organ to take a small tissue sample. This is done 2 to 4 times.

The tissue taken during the biopsy is sent to the pathology lab. It will be checked under a microscope for signs of rejection or other problems. Your doctor will receive your biopsy test results in 1 to 5 days.

Based on the type of rejection and how severe it is, your doctor will plan your treatment. You may need a hospital stay or a series of outpatient visits. After your treatment is done, you may have a follow-up biopsy to check on your progress.

Read the chapter “Transplant Renal Biopsy” to learn more about biopsies.

## **Graft Loss**

Sometimes, a transplanted organ cannot be saved from rejection, infection, or recurrent disease. Graft loss is hard emotionally, and it is normal to feel angry if it happens.

The transplant team will help you. It may be possible to get another transplant. This will take some time and planning. In the meantime, you will return to dialysis for kidney loss and to insulin for pancreas loss.

## **Kidney Retransplant**

If you lose your new kidney, you may be able to have another transplant. This is called *retransplantation*. But, you will need to meet the eligibility requirements to be listed for retransplant.

If you request retransplant, the transplant team will review your actions after your first transplant. We will check to see if you have taken your medicines as prescribed, had the required lab tests, gone to healthcare visits, and done dialysis as needed.

If the transplant team decides you have not followed your care plan or if you are actively smoking, you will be denied retransplant at our center.

## **Insurance Coverage**

Keep your insurance coverage for medicines up to date. Anti-rejection drugs usually cost over \$1,000 a month and must be taken regularly. If paying for them is an issue, the transplant social worker can help you.

The medicines your insurance covers can change often. Check your plan every year for changes.

Medicare coverage for medicines ends at 3 years after transplant if you do not qualify for Medicare, either because of your age or because of other health problems besides kidney failure.

Call a member of your transplant team if you cannot find insurance coverage for your medicines.

## **Your New Lifestyle**

### **Stay Healthy and Active**

- When your doctor says it is OK, return to your usual activities. This will help your recovery and improve your mental and physical health.

- Take good care of yourself. Stay active, get regular exercise, eat a healthy diet, and limit how much alcohol you drink.
- Remember, smoking or using tobacco in any form means you are not eligible for a retransplant. Tobacco raises your risk for heart attack, infection, and cancer.
- Get yearly flu shots and keep other vaccinations up to date.

### **Rethink Your Self Image**

Start thinking of yourself as a healthy person again, not as a “patient.” Although you will always need doctor visits and medicines, you can lead a normal life that includes work, school, volunteer work, family, and friends.

### **Get Support**

You will still need the support of your family and loved ones. As you get healthier after your transplant, your lifestyle and your relationships with others may change. Keep the people who care about you involved and use their support when you need it.

Talking with others who have had a transplant can be very helpful. Your transplant social worker has a list of patients you can talk with for support.

## **For Women**

### **Menstrual Periods**

It is common not to have your periods or to have them off and on during a chronic illness such as renal failure. After transplant, menstruation often returns. Your periods may be irregular, light or heavy, and short or long. Tell your doctor about any changes in your periods.

### **Pregnancy**

It is possible to become pregnant at any time after transplant. You must have a plan for birth control in place before your transplant surgery. See a gynecologist to help you choose a birth control method.

- If you are planning to have a *tubal ligation*, it can be done at any time, but it is best to have it done before your transplant.
- If you are on birth control pills, tell your surgeon at the time of your transplant. You may or may not be able to keep taking them while you are in the hospital, because they may increase the risk of blood clots.
- Be aware that *intrauterine devices* (IUDs) may increase your risk of infection.

Please tell your transplant team if you plan to become pregnant, because some anti-rejection medicines can cause birth defects. We will change your medicines *before* you become pregnant.

We advise waiting at least 1 year after transplant surgery before getting pregnant. Waiting to get pregnant will lower your risk of kidney rejection. It also allows time to ensure that your new kidney is stable and that your ongoing immunosuppressive drugs are working well.

Pregnancy makes your new kidney work harder, and it also increases your risk of losing your graft. Pregnancies are “high risk” for transplant patients. This means it is common for the baby to be premature and need a hospital stay. See an obstetrician who specializes in high-risk pregnancies if you are planning to have children, or if you find out you are pregnant.

## **Sexually Transmitted Infections and Diseases (STIs and STDs)**

Casual sexual activity – whether homosexual, heterosexual, or bisexual – can increase your risk of getting an infectious disease such as HIV/AIDS, hepatitis, genital herpes, gonorrhea, and others. Even if you are *monogamous* (have only 1 sexual partner), your partner may not be monogamous.

The best way to prevent these infections and diseases is to practice safe sex and use condoms in addition to your usual birth control. **Only condoms protect against STIs.** If you get an infection, tell your doctor right away.

## **Infections**

The medicines you take to prevent rejection of your new organ weaken your body’s ability to fight infections caused by viruses and bacteria. These common infections may occur during the first several months after transplant:

- Respiratory infections such as colds and flu
- Urinary tract infections
- Wound infections
- Certain viral infections

Infections can show up in your bloodstream, or anywhere in your body. They can be spread from the environment, from sexual contact, from your donor organ, and from inactive viruses already in your body that become active.

You will take many antibacterial and antiviral medicines to help prevent infections. If you develop an infection, more medicines may be prescribed. Treatment for some infections requires a hospital stay. Sometimes, severe infections can lead to loss of your transplant.



## Common Infections in Transplant Patients

Infection	Cause	How to Prevent	How to Treat
<b>Colds and flu</b>	<ul style="list-style-type: none"> <li>• Virus</li> <li>• Being in contact with others who are ill</li> <li>• Spread by touching objects in the environment or by touching your hands to your eyes</li> </ul>	<ul style="list-style-type: none"> <li>• Good hand washing</li> <li>• Yearly flu shot</li> <li>• Keep your hands away from your face</li> </ul>	<ul style="list-style-type: none"> <li>• Rest and drink plenty of fluids</li> <li>• Take antihistamines or decongestants if your doctor says they are OK</li> <li>• Call your doctor if you have vomiting or diarrhea</li> <li>• Take acetaminophen, but avoid ibuprofen (Advil, Motrin) and products that contain aspirin</li> </ul>
<b>Urinary tract infections (UTIs)</b>	<ul style="list-style-type: none"> <li>• Bacteria entering the bladder (which is usually free of bacteria)</li> <li>• Catheterization, poor hygiene, or not emptying bladder all the way when you urinate</li> </ul>	<ul style="list-style-type: none"> <li>• Shower every day</li> <li>• Wear clean underwear</li> <li>• Wipe from front to back</li> <li>• Avoid tub baths and hot tubs</li> <li>• Urinate after sexual intercourse</li> </ul>	<ul style="list-style-type: none"> <li>• Drink plenty of fluids</li> <li>• Urinate often and empty your bladder all the way each time</li> <li>• Take antibiotics as prescribed</li> <li>• Take cranberry tablets to block bacteria growth in the urinary tract</li> </ul>
<b>Wound infections</b>	<ul style="list-style-type: none"> <li>• Bacterial contamination</li> </ul>	<ul style="list-style-type: none"> <li>• Keep wounds clean</li> <li>• Keep wounds covered when bathing</li> <li>• Change dressing often</li> </ul>	<ul style="list-style-type: none"> <li>• Take antibiotics as prescribed</li> <li>• Incision may need to be opened, and dressing applied</li> </ul>
<b>Pneumocystis</b>	<ul style="list-style-type: none"> <li>• Fungal infection</li> <li>• Environmental exposure</li> </ul>	<ul style="list-style-type: none"> <li>• Trimethoprim/sulfa (Bactrim)</li> </ul>	<ul style="list-style-type: none"> <li>• Trimethoprim/sulfa (Bactrim)</li> </ul>
<b>Cytomegalovirus</b>	<ul style="list-style-type: none"> <li>• Virus</li> </ul>	<ul style="list-style-type: none"> <li>• Antiviral medicines such as valganciclovir</li> </ul>	<ul style="list-style-type: none"> <li>• If severe, hospital stay and IV antiviral medicines</li> </ul>
<b>Chicken pox and shingles</b>	<ul style="list-style-type: none"> <li>• Virus</li> <li>• Droplets from direct contact with an infected person</li> </ul>	<ul style="list-style-type: none"> <li>• Vaccine before transplant</li> <li>• Immunity against chicken pox from having it as a child</li> <li>• Antiviral medicines</li> </ul>	<ul style="list-style-type: none"> <li>• Antiviral medicines</li> <li>• Tell your doctor if you have a fever, skin pain, or a rash or itching (avoid scratching)</li> <li>• If you had chickenpox as a child, you are at lower risk to have it as an adult</li> </ul>
<b>Other viruses and bacterial infections</b>	<ul style="list-style-type: none"> <li>• Environmental</li> <li>• Infections from resistance to antibiotics, a dormant virus, or donor</li> </ul>	<ul style="list-style-type: none"> <li>• Keep your body clean</li> <li>• Avoid being around people who are ill</li> <li>• Avoid cat litter, and do not let your pets bite or scratch you</li> </ul>	<ul style="list-style-type: none"> <li>• Antiviral medicines</li> <li>• Antibacterial medicines</li> <li>• Experimental medicines</li> <li>• Take entire prescription of antibiotics as directed</li> </ul>

## How to Protect Yourself from Infections

### Keep Your Body Clean

- Wash your hands often.
- Shower every day.
- Avoid tub baths and hot tubs.

### In Your Home

- Reduce dust and clutter in your home. Your house does not need to be sterile, but it should be clean.
- Wash your bed linens, towels, and clothes often and when soiled.
- Clean your computer keyboard and mouse, and the mouthpieces of your phones.

### Food

- Do not eat food that has been sitting at room temperature or outside.
- Wash raw fruits and vegetables well before eating or cooking.
- Avoid raw meats and fish.

### Outside Activities

- Do **not** work in the garden for at least 6 months after your transplant. After that, wear thick leather garden gloves and a facemask.
- Avoid construction sites and construction dust.
- Avoid crowded places during flu season. If you can, sit apart from most of the crowd.

## Skin Cancer Risks

Immunosuppressive drugs and some antibiotics may make your skin more sensitive to the sun. Over time, being out in the sun for long times or often may cause permanent skin changes. It also raises your risk for skin and lip cancer.

Transplant recipients are more than 10 times more likely to have *non-melanoma* skin cancers, such as *squamous cell carcinoma* and *basal cell carcinoma*. This risk increases with time after transplant. Transplant recipients are about 3 times more likely to develop melanoma.

To reduce your risk of skin cancer, always protect your skin from the sun:

- Use sunscreen and lip balm with a sun protective factor (SPF) of **at least 30** every day, rain or shine. Reapply sun protection often, especially after swimming or sweating.

- Use sun protection on your:
  - Face, nose, and lips
  - Tops of your ears
  - Backs of your hands
  - Tops of your feet if you wear sandals
  - Hair part, and on top of your head if you are balding
- For extra protection, wear hats with brims, long-sleeve shirts, gloves, and long pants when you are outdoors.
- If you can, avoid being in the sun in the middle of the day (10 a.m. to 2 p.m.). *Ultraviolet rays* that damage the skin are strongest at that time.
- Check your skin once a month for changes in existing moles and lesions, and for new moles and lesions.
- Visit a *dermatologist* (skin doctor) every year to have your skin checked.

## **Travel**

- Check with your doctor to make sure your travel plans are safe for your health.
- Pack your medicines in your carry-on bag.
- Carry your medicines in their original containers for safety. You can put them in a mediset when you get to your destination. Put them back in their original containers for your return trip.
- Be sure to bring enough supplies and medicines so that you do not run out during your trip. Do not plan on being able to buy extra supplies when you travel to other countries.
- When you get vaccinations for travel, make sure that they are **not** live virus vaccines (measles, smallpox, rubella, chickenpox, yellow fever, or Japanese encephalitis).
- If you have diabetes, before you travel:
  - Call the airlines or visit their website to learn about travel rules for supplies and equipment (needles, lancets).
  - You may need a letter from your doctor that says you have diabetes and that you need insulin shots.

## Hair and Skin Care

Immunosuppressant drugs may affect the condition of your hair:

- Prednisone or cyclosporine may cause increased or unwanted hair growth. This may be troubling to women if facial hair increases.
- Perms, foils, dyes, and bleaching may make hair break. Wait for several months after your transplant before coloring or perming your hair.

Some other hair and skin care tips are:

- Use moisturizing soaps and shampoos. These will keep your skin moist without removing healthy oils.
- Do not use special skin products unless you have problems with acne or dry skin.
- Talk with your doctor about removing or bleaching excess hair.
  - Waxing or laser treatments done by a professional are the best way to remove unwanted hair.
  - Electrolysis is not advised because your skin may be weak and sensitive.

## Dental Care

- Brush and floss your teeth 2 times every day.
- Get a dental checkup every 6 months.
- Wait 3 to 6 months after your transplant before your first dental checkup. Bacteria in your mouth may cause infection if dental work injures your mouth or gum tissue.

For **all** visits to the dentist:

- Tell your dentist that you are a transplant recipient. Your dentist may write a prescription for 2 gm Amoxicillin for you to take 1 hour before your procedure. Tell your dentist if you are allergic to penicillin.
- The dentist may take X-rays, if needed.
- Ask the dentist to check your mouth and teeth.
- If the dentist tells you that you need dental work, schedule that visit promptly.

### Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.

Transplant Services:  
206.598.3882