GOING HOME AFTER KIDNEY, KIDNEY-PANCREAS OR PANCREAS TRANSPLANT
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INTRODUCTION

Congratulations, you have just received a new kidney and/or pancreas. By having a transplant, you have already taken the first step in gaining control of your health. Thank you once again for entrusting the Houston Methodist J.C. Walter Jr. Transplant Center with your care. We are honored to join you on your road to a healthy life and to help you learn how to care for yourself at home.

You will learn how to care for your incision, understand your medications, recognize the signs of rejection, and understand the lifestyles changes that should take place after your transplant.

You may feel a bit overwhelmed with all you need to learn before your discharge. That is a normal feeling. Don’t worry. Your transplant team is always here to answer your questions and to help you and your family as you adjust to this new life.

Remember that you are now ultimately responsible for your health. Taking charge of your health is a lifelong commitment to yourself and your new organ(s). We believe it is important to include your caregivers in the learning process, so please encourage them to be present for discussions and to ask questions.

Transplant requires a lifestyle change that impacts the whole family. It is important for them to understand what is happening and that their concerns are addressed as well.

Please read the information provided in this book with your loved ones and discuss it with your transplant team. All of your questions should be answered before you leave the hospital, so please feel free to ask us about anything that is not perfectly clear. We wish you all the best.
CARING FOR YOURSELF AT HOME

Once you go home after transplant surgery, you will have some responsibilities and necessary lifestyle adjustments that are important.

INCISION CARE

When you leave the hospital, you will be responsible for your incision care. Your incision will most likely be neatly closed with skin adhesive. Sutures under your skin will dissolve and absorb into your body. If you have staples, the transplant team will remove them in clinic two to three weeks after transplant. After your staples are removed, Steri-Strips™ may be placed across the incision. Do not remove the Steri-Strips™. They will fall off on their own in about five days. You may shower, but do not take a bath for 30 days after transplant. Use mild soap and pat your incision dry. Avoid using lotions or creams on the incision. Contact your coordinator if you have increased pain, redness, swelling or drainage around your incision.

Drain

Your surgeon may have inserted a drain to remove fluid and relieve pressure from the area surrounding your new kidney and/or pancreas. If the drain is still in place after you are discharged, follow these instructions at home:

Empty the drain at least twice a day:
• Wash your hands.
• Remove the stopper from the end of the bulb.
• Empty the fluid into a disposable measuring cup.
• Squeeze the bulb and replace the stopper. This allows for mild suction back to the drain.
• Record the amount of drained fluid with the date and time.
• Empty the fluid into the toilet.
• Wash your hands again.
• Keep the area around the drain clean.
• Use gauze and tape to keep the drain in place. If the gauze becomes moist or dirty, replace it with clean gauze. Keep it dry at all times.

PAIN AND SWELLING

Back pain is very common after transplant. The best treatment is to avoid lying down for long periods. Walking and other activities will help.

You may have leg swelling after your transplant. This should go away in time as your new organ(s) increases in function. It is best to keep your legs elevated while sitting and to avoid standing still for extended periods. A low-salt diet and limiting fluid intake will help reduce swelling. Do not take any diuretics unless prescribed by your transplant team.

ACTIVITY

Each transplant recipient recovers at a different pace, based on the extent of illness before transplant, recovery time and complications. We may alter guidelines for activity specifically for you.

Exercise

Exercise is the best way to gain strength after surgery. You may begin light exercise at home. The best form of exercise after transplant is walking. We recommend starting at a slow pace, gradually increasing your pace and distance as you grow stronger. If you experience pain, shortness of breath, dizziness or irregular heartbeats during exercise, stop immediately.

Avoid lifting anything heavier than 5 pounds for the first month after transplant. After surgery, your abdominal muscles are weak. Overexertion can cause a hernia. Weighlifting, sit-ups and push-ups are restricted for the first three months after transplant. Ask your transplant team before beginning any new exercise program.

Driving

You should not drive a car for two to four weeks after transplant. This is to protect your new organ(s) from injury if you are in a crash and the steering wheel hits you near your incision. Also, your vision and depth perception may be impaired due to higher doses of antirejection medication. If you ride in a vehicle, wear a seatbelt. The seatbelt will not hurt your new organ(s). If you have a partially healed wound, then you may place a small towel or pillow under the seatbelt for protection. You must be released to drive by the transplant team.

Sexual Activity

You may resume sexual activity when you and your partner are ready. Condoms are vital to prevent the spread of diseases. Birth control is recommended for all patients. For more information on pregnancy, please see page 32.

Many men can develop impotence as a result of kidney disease. After transplant, sexual function typically returns. However, some posttransplant medications can prolong periods of impotence. If you experience these side effects, speak with the transplant team for recommendations.

Work

You may return to work or school when you feel you are ready and have been cleared to do so by your transplant team. Remember, you will have regular appointments and lab tests included in your schedule. The goal is to get you back to a normal, productive life after transplant.

DISABILITY STATUS, FAMILY MEDICAL LEAVE ACT (FMLA)

If you are on disability or using FMLA through your employer after transplant, it is important for you to understand when you will be expected to return to work. You will need to notify your transplant team so we can confirm that you are cleared to return to work.

If you plan to use FMLA for follow-up care, make sure you talk to your employer’s human resources department and that your forms are completed, so you have job protection for doctor visits and illnesses related to your transplant.

FOLLOW-UP APPOINTMENTS

Before you are discharged from the hospital, your transplant coordinator will discuss your follow-up visits. Please see the enclosed instruction page for following up with your nephrologist.

Your lab tests may be as frequent as two or three times per week at first. You are responsible for keeping your appointments. If you cannot make an appointment, please call the Houston Methodist J.C. Walter Jr. Transplant Center so we can make other arrangements. Some of your lab appointments will include a special antirejection test, known as Allosure. Test kits for Allosure will be mailed to your home address following hospital discharge, and you will bring a test kit to specific lab appointments as instructed by your transplant coordinator. Remember, the lab tests can show the first sign of organ rejection. Getting lab tests is vital to managing your care.

Your lab tests must be done in the morning, before taking transplant medications. This gives us time to review them during your clinic visit and it gives you time to repeat the lab work the same day, if necessary. We use your lab work to monitor your antirejection medication levels. Wait until after your labs are drawn to take your antirejection medications.

On the day of your lab test, DO NOT take your morning dose of immunosuppressive medications: tacrolimus, mycophenolate mofetil, sirolimus, cyclosporine, envarsus or everolimus until after your labs are drawn.
WHEN TO CALL

EMERGENCIES
For any life-threatening or other serious emergencies, such as chest pain, shortness of breath or other injuries, call 911 or go to the nearest emergency room.

CONCERNS DURING BUSINESS HOURS
You may feel overwhelmed by all the information you receive after your transplant. All your concerns are important to us. Here are some concerns you should always call your coordinator about during business hours:

• Fever higher than 100.5 F
• Blood pressure greater than 200/100 mmHg on a single occasion, or multiple readings greater than 180/90 mmHg
• Blood pressure with systolic (top number) less than 90 mmHg, dizziness or fainting
• Blood sugars higher than 400 mg/dL on a single occasion, or less than 70 mg/dL on multiple occasions
• Prolonged diarrhea or severe nausea
• Severe pain or tenderness over the transplant site
• A decrease in urine output
• Flu-like symptoms (sudden weakness, nausea, chills, muscle aches or joint pain)
• A need for a new medical prescription
• A need to refill a prescription
• Questions regarding how to take your medications or the safety of over-the-counter medications (you may also call a transplant pharmacist)

Kidney patients may also call your nephrologist with the above concerns.
Kidney-pancreas and pancreas patients should always call your coordinator.

The Transplant Center office hours are Monday through Friday, 8 a.m. to 5 p.m.

If your coordinator is unable to answer or return your call quickly, you may call our nurse helpline at 713.441.5451, select your preferred language, and select 1 for kidney and pancreas.

URGENT CONCERNS DURING NIGHTS, HOLIDAYS AND WEEKENDS
A member of the transplant team is on call after hours to answer emergent questions. We do ask that you limit after-hours calls to emergencies. If your call is not an emergency, you will be directed to speak with your coordinator during business hours. Emergencies may include:

• Temperature of 100.5 F or higher
• Nausea or vomiting that makes you unable to keep down any food, liquid or medications
• Severe abdominal pain
• Significant dizziness

To reach a coordinator for emergencies, call 713.441.5451 and ask to have the on-call coordinator paged.

WHEN TO CALL

MEDICATIONS
If you are calling because you are ill, please have the following information readily available:

• Temperature
• Blood pressure
• List of current medications
• Pharmacy name and phone number
MEDICATIONS

OVERVIEW
Some of the medications you were taking before your transplant will be discontinued, and other medications for chronic conditions may be continued. We will instruct you on which medications to take when you go home.

After surgery, you will need to take medications to help prevent organ rejection and infection. We will educate you on your new medications. We expect you to learn the name and purpose of each of your medications. Before discharge, your transplant medications will be ordered from an outpatient pharmacy that delivers to the hospital. Your transplant pharmacist or coordinator will give you a pill box and a medication schedule with the doses and instructions for each medication. Always use a pencil to write on the schedule and keep it up to date.

It is important to note that each medication you are prescribed will have different dosage instructions and may be discontinued or adjusted at any time.

Requesting Refills
Before discharge, we will give you a one-month supply of your transplant medications. You have the option of transferring these prescriptions to your regular community pharmacy for refills. When you are running low on medications, call your pharmacy to request a refill at least 14 days in advance.

Review your Medicare Part B and D medication coverage during each open enrollment period to ensure you have the best coverage for your medication needs. If you have private insurance and make any provider or coverage changes, you should review coverage of transplant medications. Contact your financial specialist before making insurance changes to avoid delays in getting your medications.

Over-the-Counter (OTC) Medications
After your transplant, you may have symptoms of common illnesses, such as a cold, flu or diarrhea. Transplant patients must avoid some OTC medications typically used to treat these illnesses because they can interact negatively with transplant medications.

Following is a list of OTC medications that are okay to take and those you need to avoid. Please remember to call us if you have any questions about an OTC medication. If any symptoms persist or worsen, contact the transplant team. Do not self-diagnose.

Noncompliance
Skipping or missing medications, or otherwise not following your transplant team’s medical direction, may cause the following:

- Rejection
- Kidney failure and resuming dialysis
- Long hospitalization
- Need for more medications and their side effects
- Extra expense of additional medications
- Greater risk of infection due to anti-rejection therapies
- Risk of developing diabetes after treatment with steroids

OVERVIEW

OKAY

- Acetaminophen (Tylenol) for pain or headaches; other Tylenol products are okay to take too: Tylenol PM, Tylenol Arthritis. The maximum daily dose you can take is 2000 mg /day or four extra strength Tylenol tablets

**Remember you must call the Transplant Center if you ever have a fever of 100.5 F or higher.**

- Chlorpheniramine plus dextromethorphan (Tylenol Cold, Coricidin HBP), Mucinex and Robitussin for cough or cold
- Diphenhydramine (Benadryl), loratadine (Claritin), Cetirizine (Zyrtec) for allergies
- Chloraseptic spray or lozenges, or Cepacol spray or lozenges for sore throat
- Docusate (Colace), bisacodyl (Dulcolax), psyllium (Metamucil) for stool softening or constipation
- Sinemethicone (Gas-X) for gas pain or bloating
- Loperamide (Imodium A-D) for diarrhea
- Mucinex and Robitussin for cough or cold
- Ibuprofen (Advil or Motrin) and naproxen (Aleve) can be harmful to your kidneys
- Do NOT take aspirin for pain without a prescription from your transplant team
- Any cold medications or decongestants containing pseudoephedrine or phenylephrine may cause or worsen high blood pressure (examples include any medications with D after the name, such as Twist-D, Claritin-D, NyQuil-D, etc.)
- Herbal supplements are not FDA approved and may be harmful to your transplanted organ
- Diet pills, many of which are not FDA approved and can lead to harmful side effects

AVOID

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- Greater risk of infection due to anti-rejection therapies
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MEDICATION SAFETY RULES

Do not take any medications other than those prescribed to you by your transplant team without discussing it with us first.

There are medications that can interact with your transplant medications, and some can even harm you. If one of your primary care, diabetes, infectious disease or any other doctors, who is not on your transplant team, gives you a prescription, make sure you check with your transplant team first, before starting a new medication.

Never stop taking any of your medications without notifying the transplant team.

Discuss any side effects with your transplant team. We will help you manage them. If you accidentally miss a dose of a medication, take it as soon as you remember. However, if it is almost time to take the next dose, skip the missed dose and resume your regular schedule. Missing even a few doses of your antirejection medications can lead to organ rejection.

Contact your coordinator if you miss two or more doses of your medications at any time.

Always follow the most recent instructions when taking your medications.

Your transplant team may make frequent changes to your medication instructions. It is important to keep your medication list up to date and to remember that the instructions on your medication bottles may not always be the most recent. Taking incorrect dosages can result in serious and harmful consequences.

Contact your pharmacy if you notice a difference in your antirejection pills.

It is okay to take the generic form of most medications, unless your doctor specifies otherwise. However, if you notice a change in the color, shape or form of any of your antirejection medications, please contact the pharmacy that dispensed it to make sure the correct medication was filled.

Always bring your updated medication list, with doses and schedule, to all clinic visits and hospital admissions.

TYPES OF MEDICATIONS

Immunosuppressive (Antirejection) Medications

Immunosuppressants are designed to prevent your body from rejecting your new transplanted kidney and/or pancreas. To prevent rejection, these drugs suppress, or scale back, your immune system. It is important to take these medications exactly as prescribed for the rest of your life. Failure to take these medications can cause your immune system to attack your new organ(s).

Because your immune system is suppressed, taking antirejection medications puts you at risk for developing infections, sometimes serious. Long-term use of antirejection medications puts you at risk for developing certain cancers.

On days when you have lab work, it is important to have your blood drawn at least 12 hours after your last dose of antirejection medications. Bring your medication with you to take immediately following your lab draw. Your transplant team will determine your immunosuppression regimen. Some examples include:

- Tacrolimus (Prograf)
- Tacrolimus extended release (Envarsus XR, Astagraf XL)
- Cyclosporine (Neoral)
- Everolimus (Zortress)
- Sirolimus (Rapamune)
- Mycophenolate mofetil (CellCept)
- Mycophenolic acid (Myfortic)
- Azathioprine (Imuran)
- Prednisone (Deltasone)

Anti-Infection Medications

Because your immune system is suppressed by antirejection medications, your body’s ability to protect against fungal, viral and bacterial infections is lowered. Thus, you are more susceptible to certain infections. For the first year after your transplant, you will be required to take medications to prevent infections. Some examples include:

- Nystatin (Mycostatin)
- Fluconazole (Diflucan)
- Voriconazole (Vfend)
- Valganciclovir (Valcyte)
- Ganciclovir (Cytovene)
- Acyclovir (Zovirax)
- Sulfamethoxazole and trimethoprim (Bactrim, Septra)
- Pentamidine isethionate (NebuPen)
- Atovaquone (Mepron)
- Clotrimazole (Mycelex)

Blood Pressure Medications

Because high blood pressure is a common side effect of antirejection medications, you may be placed on high blood pressure (hypertension) medications. If you were taking medications for high blood pressure before your transplant, your dose or medication may change. Please contact your coordinator if any changes are made to your blood pressure medications by another doctor outside of the transplant team.

Gastrointestinal (GI) Agents

After transplant, you may be at risk for developing stomach irritations or ulcers caused by steroids or stress. You may be prescribed one of these medications to control acid levels in your stomach:

- Famotidine (Pepcid)
- Omeprazole (Prilosec OTC)
- Pantoprazole (Protonix)

Electrolyte Imbalance Medications

Anti-rejection medications may cause electrolytes in your body to increase or decrease. You may be prescribed a medication to help.

- Magnesium supplements: You may be given magnesium supplements for several months after your transplant to replace the magnesium lost in your urine from taking tacrolimus or cyclosporine. If your magnesium level falls too low, you are at an increased risk for seizures or nervous system side effects, such as tremors and headaches. High doses of magnesium may cause diarrhea, in which case we may reduce your dose. Talk with your coordinator before changing or adding any supplements.

- Phosphorus: Phosphorus supplements are safe to take with the understanding that they are not substitutes for good nutrition through a well-balanced diet.

- Calcium: Supplements, such as oyster calcium (Os-Cal), reduce the risk for osteoporosis.

- Vitamin D will be given with calcium to help strengthen bones.

Pain Medications

We will give you a small supply of pain medication for home to help reduce incision and muscle pain from surgery. Your surgical pain should be markedly improved within four to six weeks after your transplant and should be controllable with acetaminophen (Tylenol). If it is not, you should contact your coordinator so the cause of your ongoing pain can be understood and treated properly.

Study Medications

You may be prescribed study medications. If you are on a study medication, please remember to bring these medications with you to all clinic visits and if you are hospitalized.

Medications

Because your immune system is suppressed, these medications can cause your immune system to rest of your life. Failure to take these medications will help you manage them. If you accidentally miss a dose of a medication, take it as soon as you remember.

However, if it is almost time to take the next dose, skip the missed dose and resume your regular schedule. Missing even a few doses of your antirejection medications can lead to organ rejection.

Discuss any side effects with your transplant team. We will help you manage them. If you accidentally miss a dose of a medication, take it as soon as you remember. However, if it is almost time to take the next dose, skip the missed dose and resume your regular schedule. Missing even a few doses of your antirejection medications can lead to organ rejection.

Contact your coordinator if you miss two or more doses of your medications at any time.

Always follow the most recent instructions when taking your medications.

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It is okay to take the generic form of most medications, unless your doctor specifies otherwise. However, if you notice a change in the color, shape or form of any of your antirejection medications, please contact the pharmacy that dispensed it to make sure the correct medication was filled.

Always bring your updated medication list, with doses and schedule, to all clinic visits and hospital admissions.

Types of Medications

Immunosuppressive (Antirejection) Medications

Immunosuppressants are designed to prevent your body from rejecting your new transplanted kidney and/or pancreas. To prevent rejection, these drugs suppress, or scale back, your immune system. It is important to take these medications exactly as prescribed for the rest of your life. Failure to take these medications can cause your immune system to attack your new organ(s).

Because your immune system is suppressed, taking antirejection medications puts you at risk for developing infections, sometimes serious. Long-term use of antirejection medications puts you at risk for developing certain cancers.

On days when you have lab work, it is important to have your blood drawn at least 12 hours after your last dose of antirejection medications. Bring your medication with you to take immediately following your lab draw. Your transplant team will determine your immunosuppression regimen. Some examples include:

- Tacrolimus (Prograf)
- Tacrolimus extended release (Envarsus XR, Astagraf XL)
- Cyclosporine (Neoral)
- Everolimus (Zortress)
- Sirolimus (Rapamune)
- Mycophenolate mofetil (CellCept)
- Mycophenolic acid (Myfortic)
- Azathioprine (Imuran)
- Prednisone (Deltasone)
SPECIFIC MEDICATIONS

Below is a comprehensive list of possible medications that could be prescribed during the course of your transplant journey. Please note you will not be on all of the medications listed.

Medications That Prevent Rejection

Tacrolimus (Prograf)

Purpose: Prevents rejection
How supplied: 0.5 mg (yellow capsules); 1 mg (white capsules), 5 mg (pink capsules)
Dose: Your dose will be determined by drug levels in your lab work. Your coordinator will notify you as your dose changes.
Instructions: Always take your dose at the same time and in the same manner, every 12 hours, between 7 am and between 7 pm. You decide the time.
• Take with or without food. (Most people tolerate tacrolimus better after a meal)
• Do not crush or puncture pills. Take pills whole.
• On the days when you have lab work, do not take this medication until after your labs have been drawn. Bring your medication with you so you can take it immediately after your lab work has been completed.
• Do NOT drink grapefruit juice or eat grapefruits as this will elevate your tacrolimus level.

SIDE EFFECT WHAT TO DO

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<th>SIDE EFFECT</th>
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<td>High blood pressure</td>
<td>Take your blood pressure daily and record the results. We may need to adjust your blood pressure medications. Call us if your blood pressure is elevated for two readings in a row.</td>
</tr>
<tr>
<td>Headache, hand tremors, shaking</td>
<td>Tremors are common. If they persist, call your coordinator. Your dose may be adjusted.</td>
</tr>
<tr>
<td>High blood sugar</td>
<td>Your lab work will detect this. If you are diabetic, monitor your blood sugars, as instructed.</td>
</tr>
<tr>
<td>Hair loss (alopecia)</td>
<td>Discuss possible treatments for hair loss with your transplant doctor.</td>
</tr>
<tr>
<td>Elevated potassium, low magnesium, low phosphorus</td>
<td>Your lab work will detect this. Your coordinator will discuss this with you. You may be prescribed supplements to replace magnesium or phosphorus.</td>
</tr>
<tr>
<td>Decreased kidney function</td>
<td>Notify your coordinator if you are experiencing a significant decrease in urine output, fluid retention, quick weight gain or dark urination.</td>
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Tacrolimus Extended Release (Envarsus XR, Astagraf XL)

This is a different formulation of tacrolimus. It is taken once a day in the morning. Do not crush or puncture pills. Take pills whole.

Cyclosporine (Neoral, Sandimmune, Gengraf)

Purpose: Prevents rejection
How supplied: 25 mg capsules; 100 mg capsules
Dose: Your dose will be determined by drug levels in your lab work. Your coordinator will notify you as your dose changes.
Instructions: Always take your dose at the same time and in the same manner, every 12 hours, between 7 and 9 am. and between 7 and 9 pm. You decide the time.
• Take with or without food. (Most people tolerate cyclosporine better after a meal)
• Do not crush or puncture pills. Take pills whole.
• On the days when you have lab work, do not take this medication until after your labs have been drawn. Bring your medication with you so you can take it immediately after your lab work has been completed.
• Do NOT drink grapefruit juice or eat grapefruits, as this will elevate cyclosporine levels.

SIDE EFFECT WHAT TO DO

<table>
<thead>
<tr>
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<tr>
<td>High blood pressure</td>
<td>Take your blood pressure daily and record the results. We may need to adjust your blood pressure medications. Call us if your blood pressure is elevated for two readings in a row.</td>
</tr>
<tr>
<td>High cholesterol</td>
<td>We will routinely check your cholesterol panel. You should maintain a low-fat, low-cholesterol diet.</td>
</tr>
<tr>
<td>Tremors, tingling in hands or feet</td>
<td>Tremors are common. If they persist, call your coordinator. Your dose may be adjusted. Tingling of the hands and feet may also occur. Discuss possible treatment options with your transplant doctor.</td>
</tr>
<tr>
<td>Increased body hair (hirsutism)</td>
<td>You may use hair removal creams to remove excess hair. Contact your coordinator before using these over-the-counter products.</td>
</tr>
<tr>
<td>High blood sugar</td>
<td>Your lab work will detect this. If you are diabetic, monitor your blood sugars, as instructed.</td>
</tr>
</tbody>
</table>
Elevated potassium, low magnesium, low phosphorus

Your lab work will detect this. Your coordinator will discuss this with you. You may be prescribed supplements to replace magnesium or phosphorus.

Decreased kidney function

Notify your coordinator if you are experiencing significant decrease in urine output, fluid retention, quick weight gain or dark urination.

Mycophenolate mofetil (CellCept)

**Purpose:** Prevents rejection

**How supplied:** 250 mg (pink and blue) capsules; 500 mg (lavender) tablets

Generic capsules and tablets may be different colors.

**Dose:** 250 mg to 1,500 mg, every 12 hours

**Instructions:**
- Always take your doses at the same time and in the same manner, every 12 hours.
- Do not crush or cut pills. Take pills whole.

**SIDE EFFECT**  |  **WHAT TO DO**
--- | ---
Upset Stomach | Take with food.
Nausea, diarrhea | Take with food. Call your coordinator if symptoms persist.
Decreased white blood cell, platelet count | Your lab work will detect this. Your coordinator will discuss this with you and make adjustments to your dose, if needed.

Prednisone (Deltasone)

**Purpose:** Prevents rejection

**How supplied:** 1 mg, 5 mg, 10 mg, 20 mg tablets

**Dose:** Higher doses will be used immediately after your transplant. Your dose will slowly be decreased over time.

**Instructions:**
- Always take your doses at the time and manner as directed.
- Take this medication in the morning with food.

**SIDE EFFECT**  |  **WHAT TO DO**
--- | ---
Upset stomach | Take medication with food in the morning.
Swollen feet or legs | Weigh yourself daily and call if you gain three or more pounds within 24 hours. Stay on a low-salt diet. Keep your feet elevated.
High blood pressure | Take your blood pressure daily and record the results. We may need to adjust your blood pressure medications. Call us if your blood pressure is elevated for two readings in a row.
Increased appetite | Eat three balanced meals daily and avoid excessive weight gain. Ask to speak with your transplant dietitian.
Insomnia | Take in the morning.
High blood sugar | Your lab work will detect this. If you are diabetic, monitor your blood sugars, as instructed.
Mood changes | Call us if symptoms persist. Mood changes are more likely to happen with higher doses.
Acne | Ask your coordinator or pharmacist to recommend a cream. This will diminish as the dose is lowered.
Loss of bone mass (osteoporosis) | We may ask you to take a calcium supplement to maintain an appropriate amount of calcium in your diet. Perform weight-bearing exercise to prevent bone weakness.
Sun sensitivity | Wear protective clothing if staying outside for extended periods.
Everolimus (Zortress)

**Purpose:** Prevents rejection

**How supplied:** 0.25 mg, 0.5 mg and 0.75 mg tablets

**Dose:** You will take this medication twice a day, 12 hours apart. Your dose will be determined by drug levels in your lab work. Your coordinator will notify you as your dose changes.

**Instructions:**
- Always take your dose at the same time and in the same manner, every 12 hours, between 7 and 9 a.m. and between 7 and 9 p.m. You decide the time.
- Take with or without food. (Most people tolerate everolimus better after a meal)
- Do NOT open or split capsules unless you are instructed to do so.
- On the days when you have lab work, do not take this medication until after your labs have been drawn. Bring your medication with you so you can take it immediately after your lab work has been completed.
- Do NOT drink grapefruit juice or eat grapefruits while taking everolimus.
- Check with your coordinator before starting any new medications to confirm compatibility with your everolimus dose.
- Everolimus may be prescribed in addition to any of the other antirejection medications you may be taking.
- If you are having a surgical procedure, ask about temporarily discontinuing your everolimus ahead of time.

### SIDE EFFECT

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<thead>
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<tr>
<td>Increased cholesterol</td>
<td>You may be prescribed a medication, such as omega-3 fatty acid (Lovaza) or an over-the-counter fish oil.</td>
</tr>
<tr>
<td>Low white blood cell counts</td>
<td>Your lab work will detect this. Your coordinator will discuss this with you and make adjustments, if needed.</td>
</tr>
<tr>
<td>Delayed wound healing</td>
<td>Discuss upcoming surgical procedures with your coordinator. Your everolimus may be held or switched to another antirejection medication.</td>
</tr>
<tr>
<td>Mouth ulcers</td>
<td>Call your coordinator.</td>
</tr>
</tbody>
</table>

Other antirejection medications

- **Mycophenolate Sodium (Myfortic):**
  - This is a different formulation of mycophenolate mofetil. It comes as 180 mg and 360 mg tablets. If you are not able to tolerate mycophenolate mofetil due to nausea or diarrhea, mycophenolate sodium may be more tolerable. It is taken every 12 hours.

- **Sirolimus (Rapamune):**
  - Sirolimus may be prescribed in addition to other antirejection medications you may be taking. It is available in a white, triangular-shaped 1 mg tablet and as an oral liquid. The dosage is based on drug levels in your blood. If you are taking cyclosporine, you should separate these two medications by four hours (for example, take the cyclosporine at 8 a.m. and the sirolimus at noon). Side effects of sirolimus include increased cholesterol, low white blood cell counts, low platelets, delayed wound healing and mouth ulcers. If you are having a surgical procedure, ask about temporarily discontinuing your sirolimus ahead of time.

- **Azathioprine (Imuran):**
  - Azathioprine is available as a 50 mg tablet. If you are prescribed azathioprine, it is okay to take the generic form. Azathioprine may take the place of mycophenolate mofetil in certain situations. The dose ranges from 50 mg to 150 mg, once daily. The main side effects of azathioprine are low white blood cell counts and nausea.
  - Talk to your transplant doctor or coordinator if you are prescribed allopurinol for gout. A significant drug interaction with azathioprine may suppress bone marrow.

### Medications That Prevent Fungal Infections

**Nystatin (Mycostatin):**

**Purpose:** Prevents fungal infection in the mouth called thrush. Thrush is a white plaque-like substance that can form in the mouth as a result of high-dose steroids (prednisone).

**How supplied:** 100,000 unit/mL oral suspension

**Dose:** 5 mL (one teaspoon); swish and swallow four times daily

**Instructions:**
- Take this medication after meals and at bedtime. Do not eat or drink for 20 minutes after taking this solution.
- Remove dentures or retainers before taking this medication.

**Side effects:** Nausea, mouth irritation

**Fluconazole (Diflucan):**

**Purpose:** Prevents fungal infection in the mouth called thrush. It also prevents blood and urine fungal infections.

**How supplied:** 200 mg tablet

**Dose:** 200 to 400 mg daily

**Instructions:**
- This medication can interact with tacrolimus, so take it daily in a consistent manner. If fluconazole is ever stopped, please be sure to ask how to change your tacrolimus dose.

**Side effects:** Nausea, headache, elevated liver enzymes
Valganciclovir (Valcyte)

**Purpose:** Prevents viral infections, such as cytomegalovirus (CMV) and herpes. Signs of CMV infection include fever, night sweats, aching joints or prolonged diarrhea. Signs of herpes infections include cold sores or blisters around the mouth or genitals. Shingles (herpes zoster) can appear as a rash or small blisters on the chest, back or hip. The rash may or may not be painful. Report any of these symptoms to your transplant team.

**How supplied:** 50 mg white round tablets and 200 mg white oval tablets

**Dose:** 200 mg, every 12 hours

**Instructions:** This medication can interact with tacrolimus, so take it daily in a consistent manner. If voriconazole is ever stopped, please be sure to ask how to change your tacrolimus dose.

**Side effects:** Nausea, headache, visual disturbances, elevated liver enzymes

Ganciclovir (Cytovene)

**Purpose:** Prevents viral infections, such as cytomegalovirus (CMV) and herpes. Signs of CMV infection include fever, night sweats, aching joints or prolonged diarrhea. Signs of herpes infections include cold sores or blisters around the mouth or genitals. Shingles (herpes zoster) can appear as a rash or small blisters on the chest, back or hip. The rash may or may not be painful. Report any of these symptoms to your transplant team.

**How supplied:** Intravenous solution

**Dose:** Your dose will be determined by the transplant team based on your weight.

**Instructions:** You will be taught how to infuse this medication at home.

**Side effects:** Low white-blood-cell count

Acyclovir (Zovirax)

**Purpose:** Prevents viral infections, such as herpes

**How supplied:** 200 mg, 400 mg and 800 mg tablets or capsules

**Dose:** 200 mg to 800 mg, two to four times daily

**Instructions:** Take as directed without regard to meals.

**Side effects:** Nausea, headache

Sulfamethoxazole and trimethoprim (Bactrim, Septra)

**Purpose:** Prevents pneumocystis jirovecii pneumonia (PJP, also known as PCP)

**How supplied:** Double strength (DS) or single strength (SS) tablet

**Dose:** 1 DS or SS tablet on Mondays, Wednesdays and Fridays

**Instructions:**
- Take with a full glass of water and drink plenty of water.
- Do not use this medication if you have a sulfa allergy.

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<td>Itching, rash</td>
<td>Call your transplant coordinator immediately.</td>
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<tr>
<td>Sun sensitivity</td>
<td>Wear sunscreen SPF 30 or greater and protective clothing while outdoors.</td>
</tr>
<tr>
<td>Nausea, vomiting</td>
<td>Take with food. Call your transplant coordinator if symptoms persist.</td>
</tr>
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<td>Decreased white blood cell count</td>
<td>Your lab work will detect this. Your coordinator will discuss this with you and make adjustments, if needed.</td>
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Pentamidine isethionate (NebuPent)

**Purpose:** Prevents pneumocystis jirovecii pneumonia (PJP, also known as PCP) in patients with a sulfa allergy

**How supplied:** Vial which is used in a nebulizer for inhalation

**Dose:** 300 mg inhalation therapy every four weeks

**Instructions:**
- You will receive this treatment as an outpatient every four weeks. Treatment lasts 30 to 45 minutes and will be arranged by your coordinator.
- You will receive a dose of inhaled albuterol about 30 minutes before to prevent side effects.

**Side effects:** Nausea, wheezing, metallic taste in your mouth. If you experience trouble breathing or chest tightness, notify your transplant team.

Atovaquone (Mepron)

**Purpose:** Prevents pneumocystis jirovecii pneumonia (PJP; also known as PCP) in patients with a sulfa allergy

**How supplied:** Liquid suspension

**Dose:** 750 mg, twice a day, or 1,500 mg once a day

**Instructions:** It should be taken with food to improve absorption

**Side effects:** Nausea, vomiting, diarrhea and headache

### QUICK GUIDE: MANAGING SIDE EFFECTS OF TRANSPLANT MEDICATIONS

Below are some of the common side effects, along with things you can do at home to help alleviate these symptoms. Remember, these are just guidelines. If any of the side effects persist, or if you are unsure what to do, contact your transplant coordinator.

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| **High blood pressure (tacrolimus, cyclosporine, prednisone)** | • Check and record your blood pressure often.  
• Take prescribed blood-pressure-lowering medications.  
• Maintain a healthy weight, lower salt intake and eliminate tobacco.  
• Incorporate fruits and vegetables into daily meals.  
• Exercise. |
| **High blood sugars (tacrolimus, cyclosporine, prednisone)** | • Learn how to check your sugars.  
• Check and record your sugars, if instructed to do so.  
• Maintain a healthy diet.  
• Exercise. |
| **Nausea, diarrhea (mycophenolate mofetil)** | • Take medicines with food.  
• Call your transplant coordinator if this persists. |
| **Weight gain (prednisone)** | • Maintain a healthy diet. Snack on fruits and vegetables. |
| **Tremors (tacrolimus, cyclosporine, prednisone)** | • Tremors are common and should go away without treatment.  
• Notify your doctor if tremors are a problem. |
| **High potassium (tacrolimus, cyclosporine)** | • Your lab work will detect this.  
• If instructed, limit the amount of potassium you are taking. |
| **Low magnesium, phosphorus (tacrolimus)** | • Your lab work will detect this.  
• If instructed, incorporate more foods with magnesium and/or phosphorus into your diet. |
| **Decreased kidney function (tacrolimus, cyclosporine)** | • Monitor for signs of reduced kidney function (low urine output, swelling and high blood pressure).  
• Call the transplant clinic. |
| **Hair loss (tacrolimus) or hair growth (cyclosporine)** | • Ask your coordinator about recommendations for shampoos or creams. |
| **Osteoporosis (prednisone)** | • Most patients will require calcium and vitamin D supplements posttransplant.  
• Stop smoking and consuming alcohol.  
• Perform weight-bearing exercises, such as walking, light weightlifting and aerobics. |
| **Rash (sulfamethoxazole and trimethoprim)** | • Call your transplant team immediately. This could be an allergic reaction. |
| **Swollen feet, legs (prednisone, tacrolimus, cyclosporine)** | • Keep your feet elevated and maintain a low-sodium diet.  
• Ask your doctor if you need a diuretic (fluid pill). |
| **Sensitive skin (prednisone, sulfamethoxazole and trimethoprim)** | • Wear sunscreen SPF 30 or higher, and protective clothing outside. |

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• Maintain a healthy weight, lower salt intake and eliminate tobacco.  
• Incorporate fruits and vegetables into daily meals.  
• Exercise. |
| **High blood sugars (tacrolimus, cyclosporine, prednisone)** | • Learn how to check your sugars.  
• Check and record your sugars, if instructed to do so.  
• Maintain a healthy diet.  
• Exercise. |
| **Nausea, diarrhea (mycophenolate mofetil)** | • Take medicines with food.  
• Call your transplant coordinator if this persists. |
| **Weight gain (prednisone)** | • Maintain a healthy diet. Snack on fruits and vegetables. |
| **Tremors (tacrolimus, cyclosporine, prednisone)** | • Tremors are common and should go away without treatment.  
• Notify your doctor if tremors are a problem. |
| **High potassium (tacrolimus, cyclosporine)** | • Your lab work will detect this.  
• If instructed, limit the amount of potassium you are taking. |
| **Low magnesium, phosphorus (tacrolimus)** | • Your lab work will detect this.  
• If instructed, incorporate more foods with magnesium and/or phosphorus into your diet. |
| **Decreased kidney function (tacrolimus, cyclosporine)** | • Monitor for signs of reduced kidney function (low urine output, swelling and high blood pressure).  
• Call the transplant clinic. |
| **Hair loss (tacrolimus) or hair growth (cyclosporine)** | • Ask your coordinator about recommendations for shampoos or creams. |
| **Osteoporosis (prednisone)** | • Most patients will require calcium and vitamin D supplements posttransplant.  
• Stop smoking and consuming alcohol.  
• Perform weight-bearing exercises, such as walking, light weightlifting and aerobics. |
| **Rash (sulfamethoxazole and trimethoprim)** | • Call your transplant team immediately. This could be an allergic reaction. |
| **Swollen feet, legs (prednisone, tacrolimus, cyclosporine)** | • Keep your feet elevated and maintain a low-sodium diet.  
• Ask your doctor if you need a diuretic (fluid pill). |
| **Sensitive skin (prednisone, sulfamethoxazole and trimethoprim)** | • Wear sunscreen SPF 30 or higher, and protective clothing outside. |
REJECTION

It is natural for your immune system to see your new kidney and/or pancreas as foreign, and try to attack it. Your body is designed to destroy foreign objects or germs to prevent you from getting sick. To help your body accept your new organ(s), we prescribe antirejection (or immunosuppressive) medications. These medications weaken your immune system so it will not fight your new organ(s) and cause rejection.

To protect your new organ(s) from rejection, you must always take your antirejection medications exactly as directed and report any changes in your health as soon as possible.

Rejection does not always mean you will lose your new organ(s). Early detection and prevention are essential to reversing the process of rejection. Rejection can occur at any time. Most patients experience at least one episode of rejection after transplant. If you stop or decrease your antirejection medication without guidance from your transplant team, your new organ(s) may be rejected quickly.

SIGNS OF REJECTION

- Fever greater than 100.5°F
- Flu-like symptoms, including chills, aches, pains, headache, fatigue, nausea and vomiting
- Pain or tenderness over the new kidney or pancreas
- Fluid retention
- Decreased urine output
- Increased blood pressure that does not respond to medications

Sometimes you may experience rejection without having any symptoms at all. That is why it is critical to keep your follow-up appointments. The blood tests taken during your follow-up appointments may reveal the first signs of rejection. We may ask that you repeat your lab tests and undergo additional testing, such as a renal ultrasound or a kidney biopsy, to confirm rejection.

If tests detect rejection, you may be admitted to the hospital for treatment and receive medication through an IV. Most rejection is reversible, if it is found and treated early. This is why it is important to report any signs of rejection to your transplant team as soon as possible.

INFECTION

The antirejection medications you take to protect your new kidney and/or pancreas will make your immune system weak. Since your immune system is weak, you are at risk for developing infections, such as colds and flu. You must be very careful to avoid infections. Even simple infections can be serious to a transplant patient. As your antirejection medications are decreased, you will be better able to fight off infections. You will be taking antirejection medications for the rest of your life, so you will need to be careful to avoid potential infections.

SIGNS OF INFECTION

Call your nephrologist or transplant coordinator if you have the following signs of infection:

- Fever over 100.5°F
- Nausea or vomiting
- Prolonged diarrhea
- Pain, redness, swelling or foul smelling drainage around the incision site
- Decreased urine output, painful urination or blood in the urine
- Signs of fluid retention (swelling of face, hands and feet, or weight gain of 2 to 3 pounds overnight)
- Increased blood pressure that is not relieved with medications
- Blood pressure readings that are lower than your average

If not found and treated early, treatment may include reduction of some of your current transplant medications and adding medications to treat the virus. The diagnosis is made by two blood tests to confirm the presence of the virus in your blood. You may then undergo a kidney biopsy to determine if the virus has caused damage. Treatment will continue until two blood tests show the virus is no longer detectable in your blood.

West Nile — See the enclosed brochure for detailed information.

OTHER COMPLICATIONS

Lymphocele, seroma, hematoma, urine leak, and hernia are other possible complications that can occur after transplant. If you note fluid draining from your incision or bulging over your incision, please contact the transplant coordinator. You may require a follow-up appointment with the surgeon to evaluate the incision site.

REDUCE YOUR RISK OF INFECTION

You can decrease your risk of infection by following the guidelines below:

Hand washing: Wash your hands using warm water and soap. Scrub vigorously for one minute. Wash your hands before eating and preparing food, after going to the bathroom, after changing diapers, and after playing with pets.
- Carry and use waterless hand sanitizer gel or wipes wherever you go.

Avoid contact: Avoid close contact with people who have obvious illnesses, such as colds and flu. For the first month after transplant, avoid crowds, particularly in enclosed areas, such as shopping malls. Do not walk barefoot in public places.
- Wear a mask to the clinic and lab for the first month after your transplant. You do not have to wear a mask in your own home. The mask is only necessary for the first month in places that have an increased number of sick people, such as a hospital or lab.

Cytomegalovirus (CMV) is a common infection in transplant patients. Most people have had an exposure to CMV at some time in their lives. As a precaution, you will take medication for three months to prevent a recurrence of CMV if you had a previous exposure. If you have not been exposed to the virus and you receive an organ from a donor that had been exposed, you will need to take preventive medication for six to nine months after transplant. Symptoms of CMV include fever and fatigue. If CMV is in the digestive tract, which is common,
ROUTINE HEALTH CARE MAINTENANCE

After your transplant, it is very important to have regular checkups with your primary care doctor for routine health care maintenance and cancer screenings.

YEARN EXAMS
You should see your primary care doctor at least once a year, get an annual eye exam with an opthomologist, and get an annual skin check with a dermatologist. We recommend that you wait at least three months after your transplant before scheduling an eye exam or changing your eyeglasses prescription because of the effect prednisone may initially have on your eyesight.

Women should have a yearly gynecological exam and mammogram. Men should have yearly prostate screenings. You are responsible for maintaining these visits along with your visits to the Transplant Center.

PREGNANCY
Pregnancy is considered high risk after transplant. Childbirth while taking immunosuppressants is associated with an increased risk of birth defects. If you have a desire to become pregnant, please talk to your transplant team. Pregnancy is considered high-risk after transplant.

Women may not menstruate normally for some time after surgery, but ovulation (the time when women are most fertile) will continue. It is important to discuss concerns about childbearing with your transplant doctor or coordinator. We recommend that all women discuss contraceptive options with their transplant team before resuming sexual activity after transplant.

VACCINES
You cannot receive any vaccines containing live viruses after transplant. These include chickenpox, smallpox, MMR, rotavirus, oral polio and some forms of the shingles vaccine. You may have the shingles vaccine, Shingrix. Avoid children who have received live vaccines within the past two weeks. We recommend a flu shot every year and a pneumovax vaccine for pneumococcal pneumonia every five years, but you will not be eligible for these vaccines until three months after your transplant.

DENTAL CARE
Brush and floss your teeth at least twice a day to prevent gum disease and cavities. See your dentist twice a year. Notify your dentist that you are a transplant recipient. It is important to take antibiotics one hour prior to dental cleaning or any dental procedure. The American Dental Association’s and the American Heart Association’s recommendation calls for amoxicillin or clindamycin. Your dentist or the transplant team can give you the prescription, if necessary.

Major dental procedures, including root canals, extractions and fillings, will require you to take an oral antibiotic to prevent infection. Call your transplant coordinator before you have these procedures.

Oral infections are serious in transplant patients. Some antirejection medications can affect your gums. Be sure to let your coordinator know if you are experiencing mouth pain or problems.

GENERAL WELLNESS

TRAVEL
We advise patients not to do any extensive traveling during the first six months after transplant. Traveling to third world countries is not recommended due to the risk of exposure to serious infections. Remember to keep your medications with you while you are traveling, and never place them in a bag that needs to be checked. This will prevent you from ever being out of medicine if your luggage does not meet your destination. Bring extra medication with you in case your trip changes unexpectedly. Consider wearing a medical alert bracelet at home and when traveling. This will help other health care providers know your general health status in case of an emergency. Always carry a current medication list.

SUN EXPOSURE
Because you are taking immunosuppressive medications, you are at an increased risk for developing certain cancers, particularly skin cancer. Here are some suggestions for decreasing sun exposure:

- Wear SPF 30 sunblock or greater every day.
- Wear protective clothing, including hats and long sleeves, when you are in the sun.
- Limit time in the sun. Avoid the sun between 10 a.m. and 2 p.m.
- Never use artificial tanning beds, tanning lotions or tanning lamps.
- Examine your skin regularly and report any changes in moles or lesions.

VACCINES

THE SEVEN EARLY INDICATIONS OF CANCER:

- C Change in bowel or bladder habits
- A A sore throat that does not heal
- U Unusual bleeding or discharge
- T Thickening or lumps in the breast or elsewhere
- I Indigestion or difficulty swallowing
- O Obvious changes in a wart or mole
- N Nagging cough or hoarseness

GARDENING
If you enjoy gardening, you must wear protective work gloves and a mask to protect against molds and funguses that can be found in soil and water. You must also apply sunscreen and bug spray with DEET. Latex gloves do not provide enough protection. Wash your hands after gardening, and then take a shower and put on new clothing.

PETS
Transplant patients are more likely to contract diseases from animals. Most pets are okay to have in the home. All pets should have routine screenings by a veterinarian to be sure they are free of disease and up to date on all of their vaccinations. Avoid all contact with animal feces and litter boxes, as they contain bacteria that can cause infections. Ask someone to clean your pets’ litterbox. Always wash your hands after handling your pet.

Animals that should be completely avoided because they are more likely to carry potential infections include birds, fish, snakes, lizards, turtles, frogs, rodents and exotic pets. If you have fish, ask someone to clean the fish tank for the first month after your transplant.
### DIET

Maintaining a healthy diet is an essential part of preventing posttransplant complications. We recommend a diet low in fat, cholesterol and sodium. Weight gain is a common problem after transplant. Changes in metabolism can occur when patients are no longer on dialysis. This and some medications can cause weight gain.

After meeting with the transplant dietitian, you will be sent home with diet instructions designed specifically for your needs. Before discharge, you will have time to ask the dietitian any questions about your diet and how to maintain your ideal body weight. After you go home, you may schedule a visit with one of our transplant dietitians at any time, should you need additional guidance.

Transplant diet recommendations and good food safety practices will help optimize your overall health and lessen the chances of complications and infections.

### DAILY NUTRITION GOALS

- 5-7 servings of vegetables
- 2-3 servings of fruit
- Choose whole grains and limit refined flour products and cereals
- Adequate fiber, found in whole grains, vegetables, fruits, beans, nuts and seeds
- Lean sources of protein, such as meats, fish, eggs, beans and nuts
- Adequate calcium for bone health, such as milk, yogurt, broccoli and tofu
- Choose healthy fats (unsaturated fats found in canola oil, olive oil, avocado and almonds) and limit unhealthy fats (saturated fats found in fatty cuts of meat, butter and processed meats)
- Less than 2,300 mg of sodium
- No more than 6 fluid ounces of sugary beverages, such as juice and flavored waters; 
  **avoid** sports drinks and sodas
- Generally, 6-8 cups of fluid a day; please confirm daily fluid needs with your transplant doctor

Many patients have issues with high potassium and calcium after transplant. You may need to adjust your dietary intake to keep potassium and calcium at normal levels. Check with your transplant team if you have questions about your diet.

### Short-Term Goal:

Preserve lean muscle mass, promote wound healing, prevent infection, and control glucose levels.

### Long-Term Goal:

Reach and maintain a healthy weight, consume a balanced diet, and remain physically active.

### FLUIDS

It is important to stay adequately hydrated after your transplant. Diarrhea, vomiting, fever, excessive heat and decreased intake of food and fluid can lead to dehydration and kidney injury. Call your transplant doctor or coordinator if you develop symptoms of dehydration, including extreme thirst, headaches, tiredness and decreased urine output.

You should also avoid excessive hydration. This may lead to fluid overload and other medical complications.

To help determine if you are under or over hydrated, you should weigh yourself at the same time every day. Ask your doctor or coordinator if you should increase your fluid intake after transplant or remain on fluid restriction.

### FLUIDS Tips:

- Measure food portions with measuring cups. Low-potassium foods may turn into high-potassium foods if large amounts are consumed.

### IMPORTANT MINERALS

Immunosuppressant medications can decrease phosphorus and magnesium levels in your blood, especially in the first few weeks after transplant. If recommended by your transplant team, you may need to add foods rich in these minerals to your diet. Your transplant team will check your phosphorus and magnesium levels with your regular lab work.

#### Foods Rich in Phosphorus

- Organ meats
- Cheese, yogurt, milk, soy milk, custard and ice cream
- Whole-meal and whole-grain breads and cereals
- Wheat and oat bran; whole-meal pasta and flour
- Lean meats, chicken, eggs and fish
- Dried beans, peas, nuts and seeds
- Dark colas, such as Coca Cola or Pepsi (use sparingly)

#### Foods Rich in Magnesium

- Whole-meal or whole-grain breads and cereals; wheat and oat bran
- Cooked black beans and legumes; nuts and seeds; tofu and soy milk
- Seafood, especially fresh water
- Green vegetables, such as spinach, broccoli, green Chinese vegetables, leeks, zucchini, peas, cabbage and asparagus

### Ideas for Meals or Snacks High in Magnesium and Phosphorus

- Granola cereal (with nuts, seeds, wheat germ) with milk or yogurt
- Whole-grain toast with peanut butter
- Canned sardines added to egg salad or tuna salad and served on whole-grain toast or crackers
- Grilled ham and cheese sandwich on whole-grain bread

### High Potassium After Transplant

Potassium helps your muscles and heart work well. Antibrejection medications may cause high potassium levels, in which case your doctor may prescribe a low-potassium diet. Always ask your doctor or coordinator before you modify your potassium intake.

**Tips:**

- If your potassium levels are high, your doctor may restrict your intake to 2,000 mg or 2 g of potassium a day.
- Avoid salt substitutes.
- Measure food portions with measuring cups. Low-potassium foods may turn into high-potassium foods if large amounts are consumed.
### LOW OR MODERATE POTASSIUM FOODS

Serving size 1/2 cup unless otherwise noted.

**Fruits:**
- Apples (1)
- Blackberries
- Blueberries
- Fruit cocktail
- Lemons
- Limes (1)
- Pears
- Apple sauce
- Strawberries
- Cranberries
- Grapes
- Pineapples
- Cherries
- Peaches

**Nectars:**
- Peach
- Pear
- Plum

**Juice:**
- Grape
- Apple
- Cranberry
- Lime

**Vegetables:**
- Asparagus
- Bean sprouts
- Broccoli
- Carrots
- Cabbage
- Cauliflower
- Cucumbers
- Eggplants
- Green or wax beans
- Endives
- Kale
- Lettuce (1 cup)
- Okra
- Onions
- Mushrooms
- Mixed vegetables
- Bell peppers
- Radishes
- Summer squash
- Zucchini
- Turnips

**Milk substitutes**
- Nondairy whipped topping
- Liquid nondairy creamers
- Rice milk

**Starch, fats and other foods**
- Rice
- Pasta
- Bread
- Bread products (no bran)
- Cream of rice
- Cream of wheat
- Malt-O-Meal
- Oatmeal
- Cookies
- Sorbet
- Popsicles

### HIGH POTASSIUM FOODS

Serving size 1/2 cup unless otherwise noted.

Avoid if labs indicate higher potassium levels.

**Fruits:**
- Avocados
- Apricots
- Cantaloupe
- Dried fruit
- Honeydew melon
- Bananas (small)
- Kiwi
- Mango
- Nectarines
- Oranges
- Papaya
- Pomegranate
- Prunes
- Raisins
- Juice:
- Prune
- Orange

**Vegetables:**
- Artichoke
- Beets
- Brussels sprouts
- Chard
- Collard or mustard greens
- Lentils
- Scallions
- Okra
- Parsnips
- Pumpkin
- Rutabaga
- Spinach
- Tomatoes
- Tomato sauce
- V-8 juice
- Potatoes
- Sweet potatoes
- Yam
- Winter squash
- Acorns

**Beans:**
- Red
- White
- Navy
- Pinto
- Lima
- Baked

**Peas:**
- Chickpeas
- Black-eyed peas
- Split peas

**Milk:**
- Milk
- Yogurt
- Ice cream
- Nutritional beverages
- Milkshakes
- Smoothies

**Starches, fats and other foods:**
- Bread
- Crackers
- Rye
- Pumpernickel
- Bran cereals
- Muffins
- Nut breads
- Fruits and vegetables
- Seeds
- Nuts

### How to Lower Salt/ Sodium Intake

Sodium occurs naturally in foods. Transplant medications can cause fluid retention and increased blood pressure when too much salt is present in the body.

- Eat less than 2,300 mg sodium per day.
- Choose food items with less than 300 mg sodium per serving.
- Look for the following labeling claims when buying processed foods (canned, packaged, etc.):
  - Sodium free – 5 mg sodium or less per serving
  - Very low sodium – 35 mg sodium or less per serving
  - Low sodium – 140 mg sodium or less per serving

Ways to limit salt intake:
- Do not use salt substitutes (potassium containing) unless approved by your transplant doctor.
- Buy fresh meats, vegetables and fruits, which are naturally low in sodium.
- Eat meals prepared at home. Restaurants and fast foods are generally high in sodium.
- Limit pickles, relish, sauerkraut and similar foods high in salt.
- Avoid TV dinners, pizza, etc. unless they have less than 700 mg sodium on the food label.
- Buy low-sodium chips, nuts, crackers, pretzels, popcorn, etc.

### HERBS AND SPICES LOW IN SODIUM

<table>
<thead>
<tr>
<th>Allspice</th>
<th>Cloves</th>
<th>Marjoram</th>
<th>Pepper</th>
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<tbody>
<tr>
<td>Anise</td>
<td>Cumin</td>
<td>Mint</td>
<td>Poppy seed</td>
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<tr>
<td>Basil</td>
<td>Curry powder</td>
<td>Mrs. Dash</td>
<td>Rosemary</td>
</tr>
<tr>
<td>Bay leaves</td>
<td>Dill</td>
<td>Mustard (dry)</td>
<td>Saffron</td>
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<tr>
<td>Caraway seeds</td>
<td>Garlic or garlic powder</td>
<td>Nutmeg</td>
<td>Sage</td>
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<tr>
<td>Celery seeds</td>
<td>Ginger</td>
<td>Onion or onion powder</td>
<td>Tarragon</td>
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<tr>
<td>Chili powder</td>
<td>Lemon</td>
<td>Oregano</td>
<td>Thyme</td>
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<tr>
<td>Cinnamon</td>
<td>Mace</td>
<td>Paprika</td>
<td>Turmeric</td>
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</table>
HEALTHY EATING GUIDELINES

Protein (5-8 ounces per day)

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<thead>
<tr>
<th>CHOOSE THESE FOODS</th>
<th>AVOID THESE FOODS</th>
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<tbody>
<tr>
<td>• Chicken without skin</td>
<td>• Bacon</td>
</tr>
<tr>
<td>• Cooked beans, lentils, split peas</td>
<td>• Bologna, salami, pastrami meats, most deli lunch meats</td>
</tr>
<tr>
<td>• Eggs</td>
<td>• Hot dogs</td>
</tr>
<tr>
<td>• Lean beef, other lean meats</td>
<td>• Fatty meats</td>
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<tr>
<td>• Low-sodium cheese, cottage cheese</td>
<td>• Organ meats</td>
</tr>
<tr>
<td>• Low-sodium tofu</td>
<td>• Poultry skin</td>
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<tr>
<td>• Shellfish</td>
<td>• Sausage</td>
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<tr>
<td>• Turkey without skin</td>
<td>Remember to heat all meat and fish to proper temperature. Refer to USDA food safety guidelines.</td>
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<tr>
<td>• Tuna, salmon, mackerel, lake trout, halibut, sardines, cod, pollock, catfish</td>
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Dairy (3 servings a day)

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<th>CHOOSE THESE FOODS</th>
<th>AVOID THESE FOODS</th>
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<tbody>
<tr>
<td>• Evaporated skim milk, powdered skim milk</td>
<td>• 2% milk</td>
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<tr>
<td>• Lactose-free milk</td>
<td>• Cheese spreads</td>
</tr>
<tr>
<td>• Plain, sugar-free, low fat, nonfat yogurt</td>
<td>• Custards</td>
</tr>
<tr>
<td>• Skim milk, 1% milk</td>
<td>• Eggnog</td>
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<tr>
<td>• Soy, almond, rice milk</td>
<td>• Whole milk</td>
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</tbody>
</table>

Fruits and vegetables (5-7 servings a day)

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<tr>
<th>CHOOSE THESE FOODS</th>
<th>AVOID THESE FOODS</th>
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</thead>
<tbody>
<tr>
<td>• 100% fruit juices</td>
<td>• Canned fruit packed in syrup, regular vegetable juice</td>
</tr>
<tr>
<td>• Dried fruits</td>
<td>• Fried fruit, vegetables</td>
</tr>
<tr>
<td>• Fresh, frozen, canned (packed in water, juice)</td>
<td>• Vegetables prepared in butter, cream, other sauces</td>
</tr>
<tr>
<td>• Fresh, frozen, low-sodium, salt-free canned vegetables</td>
<td>Remember to avoid grapefruit and star fruit, pomegranate juice, Seville oranges, unpasteurized juices.</td>
</tr>
<tr>
<td>• Low-sodium vegetable juice</td>
<td></td>
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</tbody>
</table>

Remember to wash all fruits and vegetables thoroughly.
Breads, Cereal, Starches, Starchy Vegetables and Crackers (6-8 servings a day)

**CHOOSE THESE FOODS**
- Black, garbanzo, kidney, lima, pinto cooked beans
- Brown rice
- Lentils
- Split peas
- Reduced fat, low-sodium crackers
- Reduced fat muffins, granolas, baked chips
- Potatoes
- Whole grains
- Whole-grain pasta

**AVOID THESE FOODS**
- Biscuits
- Commercial muffins
- Croissants
- Donuts
- French fries, fried hashed brown potatoes, fried tater tots
- Fried rice
- High-fat microwave buttered popcorn

Fats and Oils (5-6 tablespoons per day)

**CHOOSE THESE FOODS**
- All-natural, low-sodium almonds, walnuts, pistachio nuts, hazelnuts, Brazil nuts, pecans, peanuts
- Avocados
- Ground flaxseed
- Low-sodium, low-fat salad dressings, tub margarines (transfat free)
- Mayonnaise made with unsaturated vegetable oils listed below
- Peanut butter and other nut spreads
- Sesame, pumpkin, sunflower seeds
- Unsaturated vegetable oils: olive, canola, peanut, sunflower, soybean, corn, safflower, sesame seed, flaxseed

**AVOID THESE FOODS**
- Bacon
- Coconut, macadamia nuts, cashews
- Coconut, palm, palm kernel oil
- Cream sauces
- Dressings made with egg yolk, cheese
- Gravy from meat drippings (unless fat is removed)
- Lard
- Olives in moderation (due to high sodium)
- Stick margarine, butter

Desserts and Sweets (keep to a minimum)

**CHOOSE THESE FOODS**
- Angel food cake
- Frozen or fruited low-fat yogurt, low-fat ice cream
- Fruit bars
- Fruit ice
- Gelatin
- Jelly (diet)

**MINIMIZE THESE FOODS**
- Commercially prepared pies, cakes, pastries, cookies, other baked goods
- Hard candy, jelly beans, sugar, marshmallows, chocolate candy
- Honey, syrup, jam, molasses
- Sherbet, sorbet, popsicles

Beverages (6-8 cups a day)

**CHOOSE THESE BEVERAGES**
- Decaffeinated coffee and tea
- Diet, decaffeinated carbonated beverages
- Filtered, boiled, bottled water
- Sugar-free drink mixes

Please confirm daily fluid needs with your transplant doctor.
Limit caffeine to two servings (16 ounces) per day.

**AVOID THESE BEVERAGES**
- Alcohol* 
- Beverages high in sugar and fat
- Commercial smoothies
- Energy drinks
- High-calorie carbonated beverages
- Sports drinks, such as Gatorade
- Sweetened commercial coffee drinks
- Vitamin waters **
- Well water

Remember to avoid unpasteurized juices or juice beverages that contain grapefruit or pomegranate.

*S: Talk to your transplant doctor or coordinator before drinking any alcohol.
**Vitamin waters: Check with a transplant dietitian to discuss possible interactions with your medications.

### Serving Size

Look at serving size and servings per container first. Calorie and nutrient information applies to one serving. Eating more than one serving will increase calories.

### Total Fat

Total fat per serving should be less than 30% of calories saturated fat per serving should be less than 2 grams — no more than 15 grams saturated fat per day. Trans fat per serving should be 0 grams.

### Added Sugar

Choose less than 25 grams of added sugar per day — no more than 10% of total daily calories.

### Carbohydrate

- 15 g total carbohydrate = one serving
- Choose foods with 5 g of fiber or more to meet your overall goal of getting 25-30 g of fiber a day.

### Daily Value

When comparing food items, choose items with more protein and fiber. If you want to consume less of a nutrient, such as saturated fat or sodium, choose foods less than 5% daily values. If you want to consume more of the nutrient such as fiber, choose foods more than 20% daily value.
SAMPLE MEAL PLAN

<table>
<thead>
<tr>
<th>Time</th>
<th>Meal Description</th>
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<tbody>
<tr>
<td>Breakfast</td>
<td>1/2 cup steel cut or slow-cooking oatmeal&lt;br&gt;1/2 cup fresh fruit&lt;br&gt;1 egg white, scrambled&lt;br&gt;1/2 cup fat-free milk&lt;br&gt;1 cup coffee (optional)</td>
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<tr>
<td>Lunch</td>
<td>1 large mixed green salad with vegetables&lt;br&gt;1 tablespoon vinegar-and-oil salad dressing&lt;br&gt;3 oz. grilled salmon&lt;br&gt;1/3 cup cooked pasta with olive oil sauce&lt;br&gt;1/4 cup low-sodium, low-fat Parmesan cheese&lt;br&gt;1 medium piece fresh fruit</td>
</tr>
<tr>
<td>Afternoon Snack</td>
<td>4 cucumber sticks&lt;br&gt;1 tablespoon fat-free ranch dressing</td>
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<tr>
<td>Evening Meal</td>
<td>3 oz. grilled chicken&lt;br&gt;1/2 baked sweet potato or yam&lt;br&gt;1/2 cup steamed broccoli&lt;br&gt;1 ciabatta dinner roll (optional)&lt;br&gt;2 teaspoons reduced-fat margarine&lt;br&gt;1 cup fat-free milk</td>
</tr>
<tr>
<td>Evening Snack</td>
<td>1 cup Greek, sugar-free, nonfat yogurt&lt;br&gt;1/2 cup sliced strawberries</td>
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</table>

Adjust the calories and high-carbohydrate foods based on your weight and blood sugar levels.
COMMUNICATING WITH YOUR DONOR FAMILY

Notes
COMMUNICATING WITH YOUR DONOR FAMILY

If you received an organ(s) from a deceased donor, you may choose to write a letter of thanks to your donor family. These letters are anonymous. Neither the donor family nor the recipient is identified by full name. You decide when the time is right for you to send a letter. Donor families usually appreciate a simple letter of thanks, and they like to know how your transplant has impacted your life. Occasionally, the donor families may choose to respond to your letter. All letters remain confidential and are mediated by the local organ donor center (LifeGift is the organization in Houston). If you need help writing this letter, your transplant social worker can help you.

WHAT SHOULD YOU INCLUDE IN YOUR LETTER?

Introduction
• Your first name, not your last name
• Job or occupation
• State, not city, in which you live
• Family status
• Carefully consider whether to include religious or spiritual comments

Talk about your transplant experience
• Use simple language.
• Recognize the donor family and thank them for their gift.
• Discuss your illness and how long you waited for a transplant.
• Explain how your transplant has improved your health and changed your life.
• Include details about activities you could not participate in before your transplant.
• Describe key life moments you have experienced since your transplant.

Conclude your letter
• Sign your first name only.
• Do not reveal the name or location of your transplant hospital.

Send your letter
• Place your letter in an unsealed envelope.
• Include a separate sheet of paper with your full name and date of transplant.
TRANSPLANT TEST

Please complete this test and review it with your transplant coordinator.

1. It is 5 p.m. on Friday. You realize you forgot to take your tacrolimus/mycophenolate mofetil that morning. What do you do?

2. When is it appropriate to call for refills on your medications and who do you call?

3. How long must you wait before driving a car?

4. You have a dental appointment to have your teeth cleaned next week. What should you do?

5. You open a new bottle of medication and it looks different. What should you do?

6. It is important to your overall care to have a local primary care doctor.
   - True  - False

7. Your stomach has been upset. You vomit after taking your medication. What do you do?

8. You have a clinic appointment at 8 a.m. What must you bring to the clinic?

9. Rejection always leads to loss of the transplanted organ.
   - True  - False

10. What are some signs of infection?

11. What are some signs of rejection?

12. Rejection is common and should be expected at some time after a transplant.
   - True  - False
TRACK YOUR HEALTH WITH DAILY LOGS

Once you leave the hospital, you will be responsible for making sure your body remains healthy. Check your vital signs daily at home to ensure they are within normal limits. Document them in the log provided so we can track your progress. Be sure to keep a blank log at all times so you can make copies. Your coordinator will let you know what needs to be recorded and for how long.

Bring your daily logs with you to all appointments.

WHAT TO LOG

Temperature
Take your temperature at least daily. If you feel chilled, have flu-like symptoms, have any sign of infection, or if your temperature is higher than 100.5 F, call us.

Blood Pressure
Check your blood pressure and pulse every morning and evening for three months after transplant. Call us if you have two readings in a row that are higher or lower than normal.

If you have a significantly elevated or decreased reading, take your blood pressure in both arms and call us. We may need to adjust your medication. Your coordinator will tell you what “elevated” means in your case.

Weight
Your transplant team will discuss what a healthy weight is for you. You will need to record your weight at least once a week, unless otherwise directed. Call your coordinator if you notice sudden and significant weight gain or weight loss.

Blood Sugar
If you have diabetes or high blood sugar, check your blood sugar before each meal and at bedtime. If you need to check your blood sugar at home, a diabetes educator will teach you how to do it while you’re in the hospital.

<table>
<thead>
<tr>
<th>Date</th>
<th>Morning Weight</th>
<th>Blood Pressure and Heart Rate</th>
<th>Temperature</th>
<th>Blood Sugars (before meals and bedtime)</th>
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MAKE A DIFFERENCE

JOIN THE TRANSPLANT PATIENT SPEAKERS GROUP AT HOUSTON METHODIST J.C. WALTER JR. TRANSPLANT CENTER

Would you like to make a difference, and even help save lives? Share your transplant journey with others through our numerous educational programs.

To become a volunteer with the Transplant Patient Speakers Group, please contact:

Joe Sharp  
jsharp@houstomethodist.org  
281.777.0045

Bethany Cruz  
bcruz@houstomethodist.org  
346.324.1558

We look forward to hearing from you!

Speaking opportunities include:

- Welcome Program
- Family Journey Program
- Navigate the Wait
- Mentor Program
- Celebration of Life

Kidney recipient Rudyne Walker participates in the annual Celebration of Life at Houston Methodist.
 SOURCES OF SUPPORT

AMERICAN TRANSPLANT ASSOCIATION
Provides patient-oriented education, support and resources.
980 N. Michigan Ave., Suite 1400
Chicago, IL 60611
800.494.4527
americantransplant.org

ORGAN TRANSPLANT SUPPORT
Nonprofit organization that provides support to transplant recipients and their families.
PO Box 471
Naperville, IL 60566
630.527.8640
organtransplantsupport.org

TRANSPLANT RECIPIENTS INTERNATIONAL ORGANIZATION, INC.
Nonprofit organization committed to improving the quality of life for transplant recipients.
trioweb.org

AMERICAN DIABETES ASSOCIATION
1660 Duke St.
Alexandria, VA 22314
800.232.3472
diabetes.org
Houston Methodist J.C. Walter Jr. Transplant Center
6445 Main St.
Outpatient Center, 26th Floor
Houston, TX 77030

713.441.5451
houstonmethodist.org/transplant/kidney
houstonmethodist.org/transplant/pancreas