

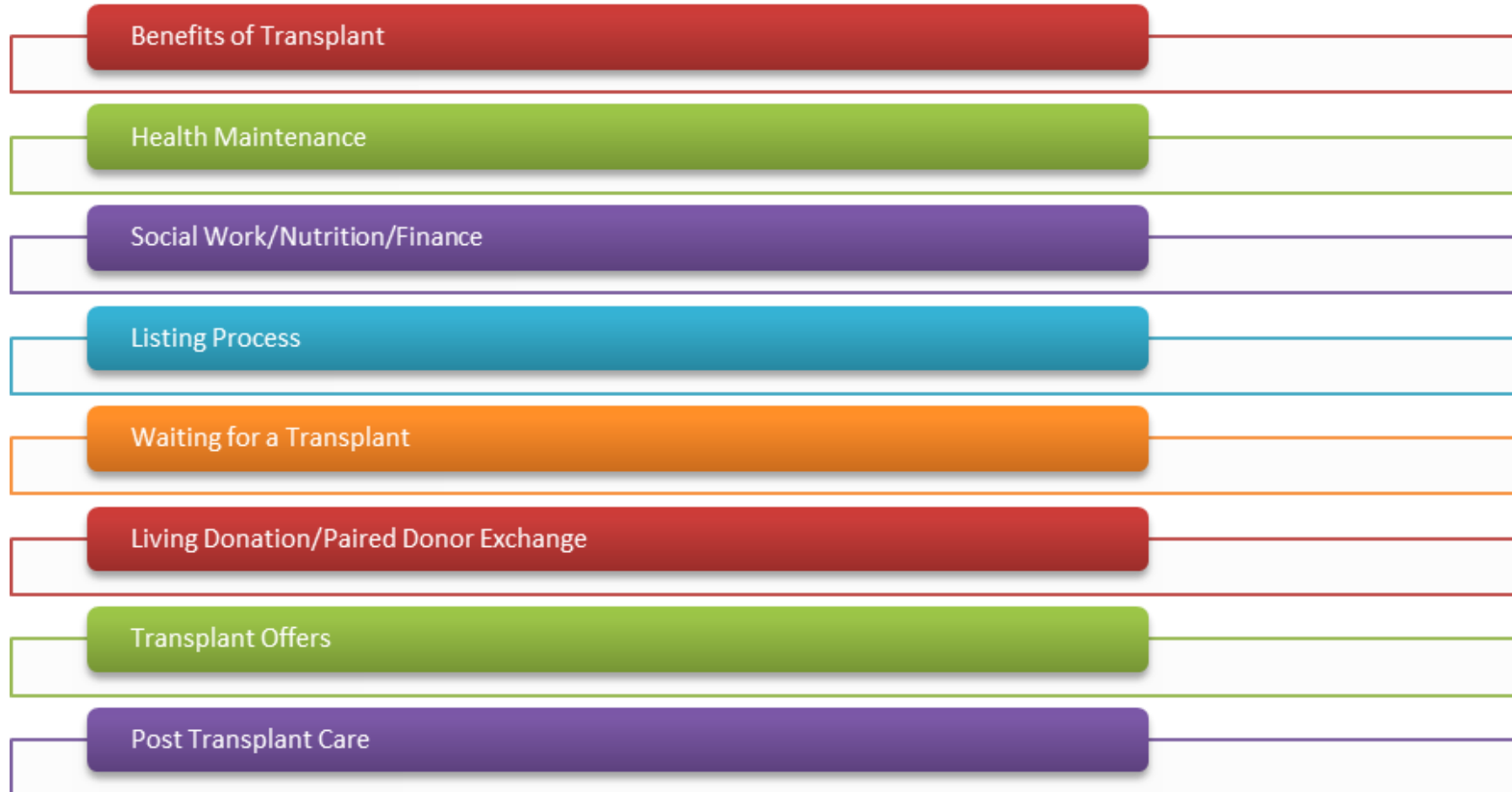
# Kidney Transplant Education Session

Transplant Institute  
University of Rochester Medical Center

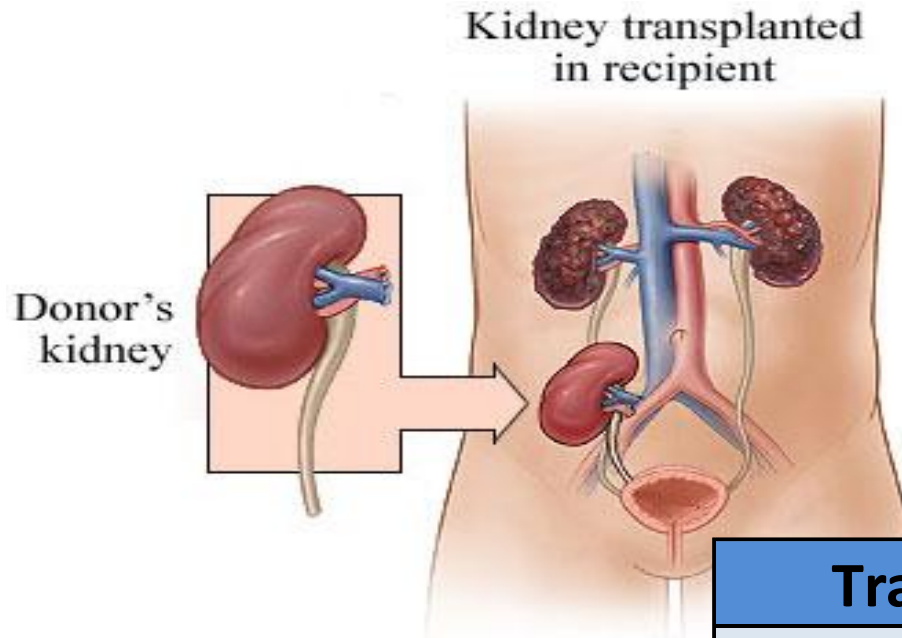
# Our Transplant Team



# Overview:



# Benefits of Kidney Transplant:



## Transplant vs. Dialysis

Better quality of life

Increased life expectancy

Less restrictive

# What to Expect today

## Evaluation Team Members:



# Agenda for Evaluation:

- Provide education regarding transplant
- Determine if transplant is the best option for you
- Answer all questions that you may have



Medical/Psychosocial Hx



Physical Exam



Paperwork/Consents



Lab Tests/CXR/EKG

# Agenda for Evaluation:

- Based on information collected, the team will determine what testing/items are needed to complete the evaluation
- You will be given a list of these items at the end of the day. A copy of the list will be sent to your nephrologist, PCP, and dialysis center
- Based on the results of the testing, additional tests or referrals may be needed

You are **NOT** listed on the  
transplant waitlist at the end of  
your evaluation appointment



# Health Maintenance:

- **Dental**: Your dentist will need to sign an annual clearance form indicating you are free of oral infection and free of needing dental work that is a potential for causing infection.
- **Colonoscopy**: Contact your PCP to keep this test up to date if you are age 45 or older
- **PAP**: Contact your Gynecologist to keep this test up to date for women age 21 and older.
- **Mammogram**: Contact your Gynecologist for annual testing for women age 40 or older.

# Vaccinations:

**We recommend you receive the following vaccines:**

- Pneumonia
- Influenza
- Hepatitis B Series
- Zoster/Shingles if age 50 or older
- Covid



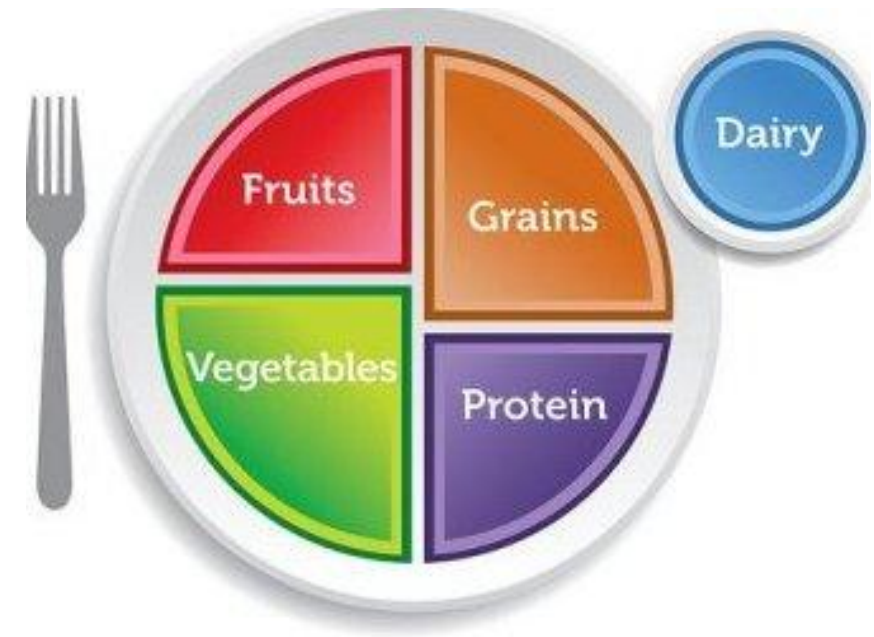
# Social Work – Criteria for Transplantation:

- Solid support system. Includes support before, during and after transplant. Attend post-transplant in-hospital education, attend post-transplant clinic visits for the first month, assist with medications, help ensure medical compliance, and offer general assistance including transportation.
- Medical compliance including treatments, appointments, medications, diet, and dialysis
- You may be asked to quit smoking based on your medical history.
- No substance abuse. THC should be changed to edibles after transplant.
- Mental health issues need to be well controlled

# Nutrition:

## Interview will include:

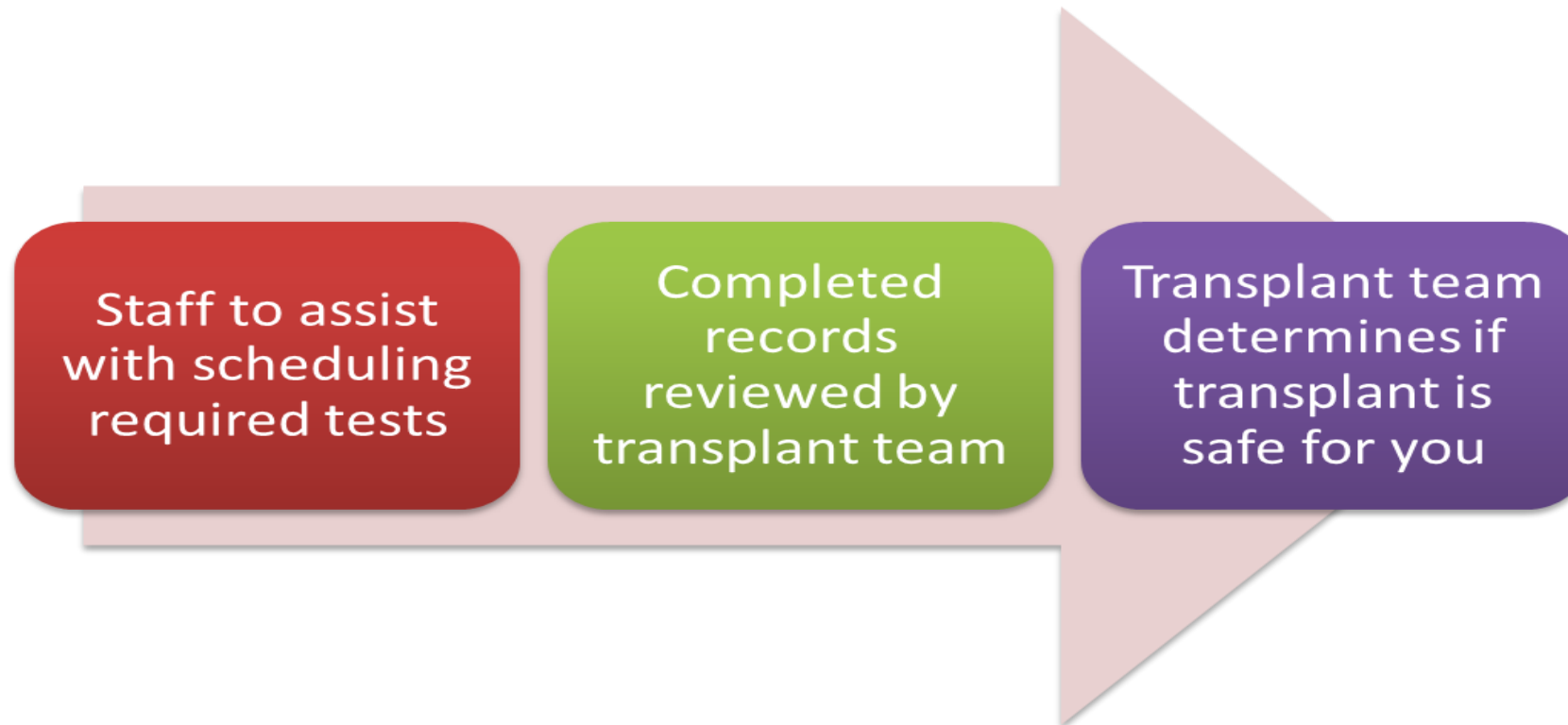
- Weight history, diet plan, eating habits, food allergies/intolerances
- Nutrition goals to stay healthy
- Weight goals
  - Gain if underweight/ weight loss if BMI >35
- Diet after transplant



# Financial:

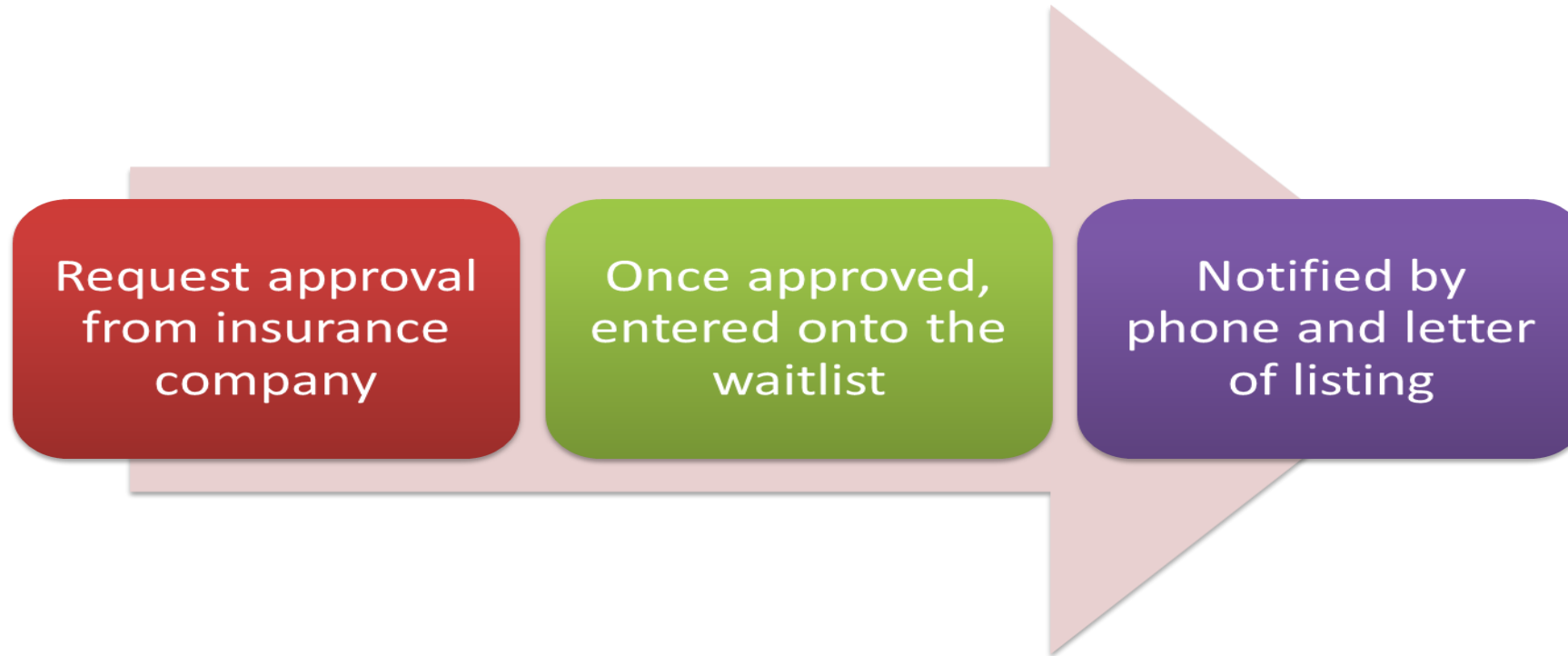
- The financial counselor (FC) will meet and discuss your insurance coverage, medication copay costs, and other potential other out of pocket costs. You will be responsible for paying your insurance premiums after transplant.
- It is important to call the FC prior to any changes or potential changes to your insurance coverage to prevent inactive status
- If your insurance becomes inactive, you will not be eligible for transplant until it is resolved

# After the Evaluation/Listing Process:



It is **your responsibility** to complete the testing and other items specified at your evaluation

# After the Evaluation/Listing Process:



If it is determined that you are **NOT** appropriate to be placed on the transplant waitlist, you will also be notified by phone and letter explaining why

# After the Evaluation/Listing Process:

- If you have not completed all the required items within one year, your evaluation will be closed and your nephrologist would need to refer you again, once the items have been completed
- Throughout the evaluation process, your RN Coordinator will be available to assist you and answer any questions

**Please feel free to contact our transplant office at (585) 275-7753 with any questions that you may have**



# The Waiting List and Time:



- **Waiting time starts:**

- If on Dialysis - Date you started dialysis
- If not on Dialysis – Date you are listed

- **Multiple Listing/Transfer of Time:**

- If your insurance allows, you may be listed at multiple transplant centers
- You are able to transfer your wait time to another center if needed
- Our center will follow you if you are transplanted at another center after one year post-transplant, medically stable, and we receive a transfer handoff from your transplanting center. Exclusion ECMC, Syracuse

# Status on the Transplant Waitlist:

Status 1	Status 7
Active on the waitlist	Inactive on the waitlist
Can receive an organ offer any time	Remain on the waitlist but will not receive offers

You will be notified in writing and by telephone of any changes to your active status on the transplant waiting list

# Two Paths To Transplant:

Type	Living Donation	Deceased Donation
<b>Wait Time</b>	Upon completion of recipient & donor evaluation	Variable, 2-5+ years
<b>Surgery Date</b>	Known in advance	Unknown
<b>Average Organ Survival</b>	15-20 years	10-15 years
<b>Efficiency</b>	Works quicker	Potential for delayed graft function

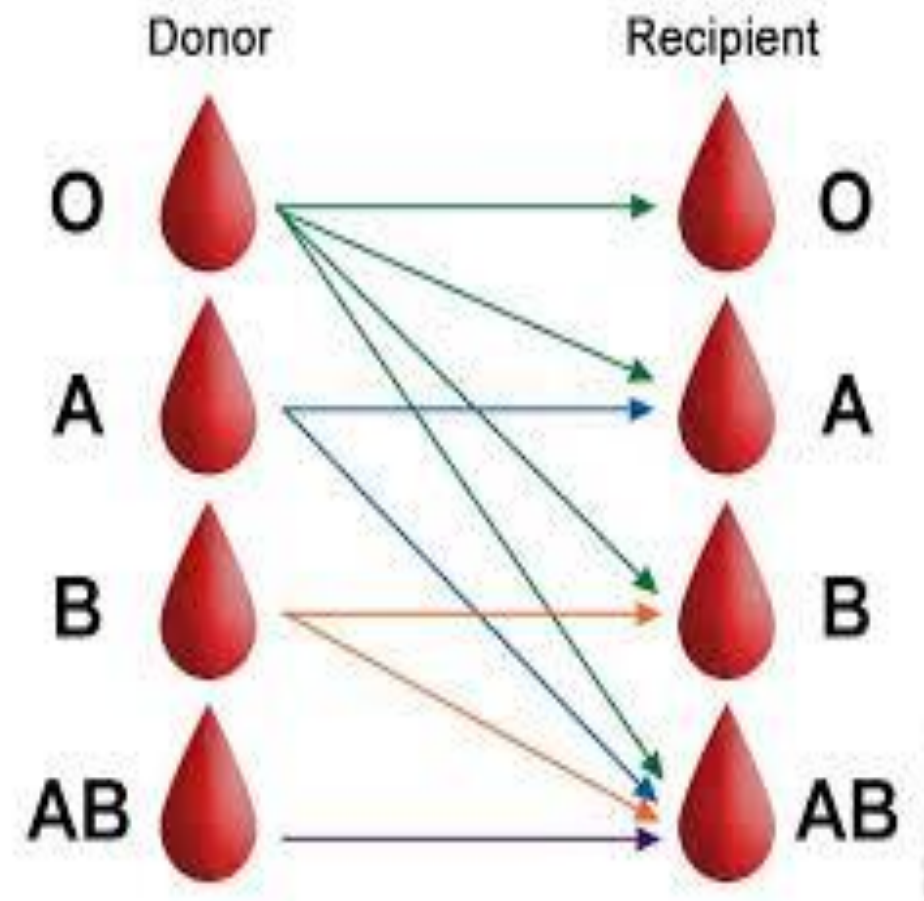
# Living Donation:

Anyone interested in living donation may contact our  
transplant office:  
(585) 275-7753

- ✓ The living donor will need your full name and date of birth when they call our office
- ✓ Initial step consists of basic blood work and compatibility testing

# ABO Incompatible Transplants:

- Sometimes blood types are not compatible
- In certain cases, we can do the transplant if the risk of reaction/rejection is low
- This would require special medications before and after the transplant



# Paired Donor Exchange:

- Sometimes donors cannot donate directly to their recipient for a number of reasons:
  - Blood type incompatible
  - HLA incompatible
  - Age discrepancy
  - Size discrepancy
- Option of participation in Paired Kidney Donation (PDE)
- Voucher program
- UPMC participates in two PDE programs:
  - United Network of Organ Sharing (UNOS)
  - National Kidney Registry (NKR)

# National Kidney Foundation Website Resources for Living Donation

[www.kidney.org](http://www.kidney.org)

Click on:

- I am a Patient
- Kidney Transplantation
- Information on Kidney Transplantation
- Finding a Living Donor
- How to Share Your Story
- Sample letter or social media post

# Deceased Kidney Transplant Offers:

- You need to be available by phone at all times so that when an organ becomes available you can be reached
- If you do not respond in a reasonable amount of time, you may be passed over for transplant
- When you are called with an organ offer you need to be prepared to come to Strong Memorial Hospital immediately
- The On-Call Coordinator will give you specific directions on when and where to go in the hospital.
- You will be given as much information as possible about the donor/condition of the kidney in order for you to make a decision



# Deceased Kidney Transplant Offers and KDPI:

- OPTN tries to match the best recipient with the best kidneys
- Donors issued a score = Kidney Donor Profile Index (KDPI)
- Score range from 0 to 100. The lower the number, the longer the kidney is predicted to last.
- The KDPI score is calculated based on facts about the donor that may affect how long the kidney will function
- You will need to indicate on your consent if you will consider a kidney offer with a KDPI over 85%

# Recipient EPTS Scoring:

- EPTS score = Estimated post transplant survival
- The EPTS score ranges from 0 to 100 and is based on age, time on dialysis, diabetes, previous transplant
- Candidates will fall into one of two categories: 0-20% or 21-100%.
- Candidates with an EPTS score of 20% or less will get preference for kidney offers with a KDPI of 20% or less
- Your EPTS score does not indicate placement on the kidney transplant waitlist and this number will increase with time

# Donors with risk factors:

- Some donors may have had behaviors which put them at risk for Hepatitis B (HBV), Hepatitis C (HCV), and HIV
- The Public Health Service defines this as meeting any of the following criteria in the past 30 days:
  - Sex with a person known or suspected to have HIV, HBV, HCV infection
  - Man who has had sex with another man
  - Sex in exchange for money or drugs
  - Sex with a person who had sex in exchange for money or drugs
  - Drug injection for nonmedical reasons
  - Sex with a person who injected drugs for nonmedical reasons
  - Incarceration for  $\geq 72$  consecutive hours
  - Child breastfed by a mother with HIV infection
  - Child born to a mother with HIV, HBV, HCV infection
  - Unknown medical or social history

# NAT Testing:

- All donors receive Nucleic Acid Testing (NAT Testing) which measures for any virus in the blood
- NAT testing is able to narrow the period of time that a donor may have been exposed to HIV/Hep B/Hep C
- While the testing does not eliminate the risk of exposure completely, it does reduce the risk significantly

# Use of Hepatitis C Infected Organs

- There are not enough donated organs in the US to transplant all people who need them. It is now possible to cure nearly all patients who are infected with hepatitis C virus.
- If you accept a kidney from a hepatitis C virus infected donor, you may receive a transplant possibly several years sooner than you otherwise would but may receive hepatitis C as well.
- You will receive treatment to cure the hepatitis C virus as soon as it has been confirmed that you have been infected.
- Chances of the virus not disappearing after 12 weeks of treatment is less than 2%. If this happens, you would be offered a different course of tablets that have a 98% cure rate as well.

# During the Transplant/Hospitalization:

- Surgery lasts approximately four hours
- Every surgery has risks: bleeding, infection, scarring, risk of anesthesia, blood clot, stroke, death
- These risks are low but can happen
- The patient stays in the hospital for about 3-5 days after the surgery
  - Dialysis catheter removed if applicable
- The new transplant patient is monitored by multiple members of the transplant team while they are in the hospital
- Each patient undergoes post-transplant teaching regarding how to take care of the kidney, nutrition, and medication

# After Transplant:

- The post-transplant patient will be on multiple different medications
  - Immunosuppression Medications
  - Antifungal/Antiviral/Antibiotic
  - Blood pressure medications
  - Medication to protect your stomach
  - Pain medication
- All medications must be taken as instructed by your transplant team

**Missing medications or taking them improperly can lead to rejection and loss of your transplant kidney**

# Immunosuppression Medications:

## Tacrolimus/Prograf

- Doses are adjusted based on the level in your blood
- Must be taken twice a day at 12hr intervals
- Side Effects: hand shaking, diabetic neuropathy, tingling of lips, headaches, memory issues (rare)





# Immunosuppression Medications:

## Mycophenolate/Cellcept

- Taken twice a day
- Side Effects: GI upset, diarrhea, harm to a fetus



# Immunosuppression Medications:

## Prednisone

- Daily
- Side Effects: weight gain, facial swelling, edema, increased appetite, rise in blood sugars, osteoporosis, mood swings
- Your dose will be reduced over time



# After Transplant:

- Long-term side effects of immunosuppression medications
  - Infection
  - Cancer
- Infection
  - Fever in a transplant patient is considered an emergency
  - Need to contact PCP/transplant office to be seen immediately
- Cancer
  - Routine cancer screening
    - Colonoscopy as instructed
    - Mammogram yearly
    - PAP/PSA
    - Yearly skin checks with dermatology

# After Transplant:

- Seen by the transplant nephrologist twice a week initially after transplant
- Blood work needs to be drawn prior to clinic appointments and as needed
- Staples from the incision stay in for approximately 4 weeks after transplant
- Ureteral stent is removed by urology approximately 6 weeks after transplant

# After Transplant:

- No driving until medically cleared and off pain medications
  - Approximately 4 weeks
- No heavy lifting (greater than 10 lbs) or exercise for approximately 6 weeks after transplant
- You must bring a support person to clinic for at least the first month after transplant in order to help you
- You may return back to work approximately three months after transplant
- Social security disability can last up to one year after transplant if kidney disease is your disabling condition

# Resources:

## **University of Rochester Medical Center:**

[www.urmc.rochester.edu/surgery/transplant/procedures/kidney-transplant.aspx](http://www.urmc.rochester.edu/surgery/transplant/procedures/kidney-transplant.aspx)

## **United Network of Organ Sharing (UNOS):**

[www.unos.org](http://www.unos.org)

## **National Kidney Foundation (NKF):**

[www.kidney.org](http://www.kidney.org)

## **National Kidney Registry (NKR):**

[www.kidneyregistry.org](http://www.kidneyregistry.org)

## **Finger Lakes Donor Recovery Network:**

[www.donorrecovery.org](http://www.donorrecovery.org)

## **Scientific Registry of Transplant Recipients (SRTR)**

[www.srtr.org](http://www.srtr.org)

# Questions?





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