Georgia Regents

Kidney and Pancreas Transplant Program

Welcome!
Orientation Packet

Your packet includes forms for you to review. The forms will be explained again during your work-up.

Patient Education videos are available at www.gru.org/transplant
Kidney Transplant

• A treatment option that will increase your life span and give you a better quality of life.
• An operation to place a donated kidney into the body of a person whose kidneys have failed.
• A transplanted kidney will:
  – Remove the waste from the body
  – Remove the extra fluid from the body
  – Stabilize the chemicals
  – Make special hormones
• Red blood cell production
  Blood pressure control
The Transplant Process

1. Referral
2. Financial Verification
3. Orientation Class
4. Transplant Conference
5. Transplant Evaluation
6. Waitlist
7. Transplant
Financial Clearance

• A Financial Coordinator will review your insurance and prescription coverage related to transplant.
• You will receive a letter explaining your transplant benefits. Please let us know if your insurance has changed since this review.
• Any time during the transplant process please let us know if your insurance changes or ends.
  – Changes may mean we need to provide your insurance company with additional information, or
  – Your out-of-pocket costs may change
Financial Responsibility

• It is your responsibility to know your transplant related insurance benefits.

• Our Financial Coordinators are here to help:
  – They review your insurance coverage with you and answer insurance questions like:
    • How your coverage will pay for transplant expenses?
    • What your deductibles or medical benefits will be?
  – After you are listed they will review your coverage yearly.
Proof of Savings

• Patients with a transplant related out-of-pocket expense of more than $2,000 will be contacted by our fundraising coordinator.

   Ada Brownson

• The Fundraising Coordinator will help you:
   – understand your goal amount
   – develop a savings plan
   – apply for transplant assistance programs
Georgia Transplant Foundation

- GTF helps transplant candidates, living donors, recipients, and their families
- Must be a Georgia Resident for most programs
- Assistance Programs:
  - Financial Assistance, living donor assistance
  - Education, Trends in Transplant
  - JumpStart (back to work program)
  - Dental work assistance
  - Savings Programs for S.C. and GA. residents

Call 770-457-3796 or 1-866-428-9411, gatransplant.org
Transplant Evaluation

The Transplant evaluation is an out-patient bundle of testing and consultations and typically lasts from 7:30 am to 3:30 pm

• A medical history & physical
• Consultation with a transplant surgeon or physician
Transplant Evaluation

– Consultation with a pre transplant social worker

Debra Hartshorn  
SW

Marilyn Williams  
LCSW

– Consultation with Dietician, Pharmacist and Nurse

Amy Cohen, NC  
Jeanine Davis, RN

– Savannah Clinic Staff

Testing includes:

• Chest & abdominal x-ray, EKG, echocardiogram

• Lab tests including those necessary to determine compatibility with a donor
Blood testing to determine compatibility

There are three parts to matching a donor to a recipient.

- ABO (red blood cell typing)
- Antibodies (compatibility testing)
- Antigens (white blood cell typing)
## Compatibility Test #1: Blood type

<table>
<thead>
<tr>
<th>Patients Blood Type</th>
<th>Can receive kidney from donor with blood type</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>A</td>
<td>A O</td>
</tr>
<tr>
<td>B</td>
<td>B O A (in some cases)</td>
</tr>
<tr>
<td>AB</td>
<td>AB O A B</td>
</tr>
</tbody>
</table>
Compatibility Test # 2: Antibodies

• Antibodies can form:
  – from a blood transfusion
  – in a mother from a pregnancy. (Half of the babies antigens are from the father.)
  – from a previous transplant

• A blood sample is drawn from you and placed in a panel representing the blood of a 100 different people.

• The blood sample is analyzed to see how many of the 100 people your blood kills
What does the PRA mean?

This sample is called a PRA, which stands for Panel Reactive Antibody.

- **100% PRA**  Difficult to find a compatible kidney
- **50% PRA**    You are not compatible with 50% of the population
- **0% PRA**     You do not react to any of the other tissue types on the panel. You will be easy to transplant.
What is a crossmatch?

• A crossmatch is another test that determines whether you have antibodies to your potential donor.
• A crossmatch is done prior to a living donor transplant and prior to a deceased donor transplant.
• The crossmatch must show compatibility or the transplant cannot be done.
Compatibility Test #3: Antigens

You inherit 6 antigens: 3 from mom and 3 from dad

### FAMILY TISSUE TYPING

<table>
<thead>
<tr>
<th></th>
<th>Mother’s typing</th>
<th>Father’s typing</th>
<th>Anne (patient)</th>
<th>Bob</th>
<th>Carol</th>
<th>David</th>
<th>Elizabeth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1,2,3)(4,5,6)</td>
<td>(7,8,9)(10,11,12)</td>
<td>(1,2,3)(7,8,9)</td>
<td>(1,2,3)(10,11,12)</td>
<td>(4,5,6)(7,8,9)</td>
<td>(4,5,6)(10,11,12)</td>
<td>(1,2,3)(7,8,9)</td>
</tr>
<tr>
<td></td>
<td>half</td>
<td>half</td>
<td></td>
<td>half</td>
<td>half</td>
<td>none</td>
<td>perfect</td>
</tr>
</tbody>
</table>
The Transplant Conference

• All the information from your evaluation is presented at a weekly conference.
• You, your nephrologist, and your dialysis center will receive a letter within 10 business days of the conference.
  – Approval for transplant
  – Proof of savings required prior to listing
  – More testing needed to determine candidacy
  – Not approved for transplant
Reasons why a person cannot be placed on the waitlist

- Severe heart, lung, liver, or vascular disease
- Active substance abuse
- Obesity (Body Mass Index over 40)
- Current pattern of noncompliance
What is a waitlist?

- National transplant list managed by United Network Organ Sharing (UNOS)
- With each organ donation a list is generated in order of matching priority
- Deceased donor wait time is 3 to 6 years
- A letter of activation will be sent to your home, dialysis center and referring nephrologist when you have been listed.
- Contact our offices if you think you are on the list but have not received this letter
What should you do during the waiting time?

- Call your coordinator about every four months, return all calls, and respond to all letters.
- Keep all your medical testing up to date as you are informed by your transplant coordinator.
- Keep your appointments or notify our office ASAP of need to reschedule.

Amanda Wright, RN, BSN
Last Names: A-E

Lynn Joyner, RN, CCTC
Last Names: F-J

Tonia Ryll, RN, BSN, CCTC
Last Names: K-Q

Barbara Gilmore, RN, CCTC
Last Names: R-Z

Cynthia Smith
Pre-Transplant Support Secretary

GRHealth
GEORGIA REGENTS HEALTH SYSTEM
Additional workup includes

Dental clearance

• Required in **some** cases to ensure there is no current source of infection
• Evaluation and X-rays will be no charge to you
• Treatment costs determined after the evaluation can be expensive
• Some resources available for Georgia residents
Where will the kidney come from?

—a living donor
  • Living donor kidney transplants are less common and have a better success rate - lasting an average of 22 years.

—a deceased donor
  • Deceased donor kidney transplants are most common and have a lower success rate - lasting an average of 14 years.
Living Donor Transplant

• Advantages
  – Better success rates
  – Less chance of rejection episodes
  – Waiting time - only the time for the recipient and donor evaluation, usually within months
  – Transplant can be scheduled at the convenience of the donor & recipient
What is Paired Donation?
• You have a living donor that cannot donate to you due to an incompatibility of blood type or crossmatch.
  – Another donor and recipient pair exists in the same situation.
  – The recipient stays here at GRMC and the donor may or may not travel.
You have a living donor!

• After you are listed on the waitlist, the living donor’s evaluation can begin

  – Compatibility testing
  – Labs to determine kidney function
  – X-rays including special x-ray called CT scan
  – Psychosocial
  – Physical Exam

Karrie Moyer, RN
Living Donor Coordinator
Your living donor is approved for donation surgery!!

- A surgery date is scheduled
- You will be in the OR at the same time
- The kidney will be removed from your living donor
  - Open nephrectomy
  - Laparoscopic nephrectomy
What is a deceased donor?

- Donor has been declared brain dead
- Testing has been performed and the patient’s condition is permanent
- Brain death is death
- A deceased donor comes from the transplant waitlist
What is an Expanded Criteria Donor?

• Deceased donor greater than 60 years old
• Deceased donor with high blood pressure, death from a stroke, or some reduction in kidney function
• Who might want one:
  – Patients who are 60 or older
  – Diabetic patients who are 40 or older
• Now used due to shortage of kidney donors
• Your candidacy will be discussed with you further
A deceased donor kidney becomes available!

• The GRMC transplant coordinator will call you by telephone.

• You must have a working telephone in your home or a cell phone. Please make sure that everyone in the home is aware that GRMC could be calling for a possible kidney transplant offer. Please do not screen by caller ID. Please use an answering machine and check your messages often.
How much time will we have to find you?

- The coordinator will have only one hour to *find you* and then accept the organ.
- The coordinator will have your telephone numbers, contact numbers, beeper or cell phone numbers, and dialysis center numbers.
- Coordinators are almost always successful in finding you in this time.
- Please let us know of any travel plans you have.
What happens after your arrival to GRMC?

• You will be admitted to 7 north, the GRMC Transplant floor.
  – Blood will be drawn for the crossmatch and other preoperative tests. You will have x-rays, EKG, and a physical exam.
  – You will go to the operating room if the crossmatch shows compatibility and all of the testing is approved by the surgeon.
Where is my transplanted kidney placed?

- In your lower abdomen
- The removal of your old kidneys is usually not necessary. Extremely large kidneys because of polycystic kidney disease, or if the kidneys are chronically infected, may need to be removed before or after your transplant.
What is an immunosuppressant?

• Immunosuppressant is an anti-rejection medication that protects your transplanted kidney by stopping the immune system from recognizing the kidney as something foreign.

• There are several immunosuppressant medications and your transplant nephrologist will prescribe the combination that is correct for you.
Rejection Diagnosis and Treatment

• Rejection is diagnosed by laboratory tests that monitor kidney function.
• A biopsy of the transplant may be necessary to evaluate the rejection.
• Rejection episodes are treated by changing the dosages of anti-rejection medications or adding a new one temporarily.
• Kidney rejection does not necessarily mean kidney failure. Most episodes of rejection can be reversed with anti-rejection medications if they are diagnosed early enough.
Signs of Rejection

• Pain or tenderness over the transplant
• Fatigue/weakness/fever
• Less urine output than usual
• Swelling of hands or feet/weight gain
• Elevated blood pressure
• You may not have any symptoms but your lab tests may be abnormal
How do I keep my kidney working?

• The most important thing you need to do to stay healthy is to take **every dose** of your medications **every day**.

• By doing this you can protect your new kidney from rejection and keep it strong.

• It is important to take your medicine even when you are feeling well—so you can keep feeling well.

• Immunosuppressants must be taken as long as you want your kidney to function.
Post Transplant Team

Carlos Zayas, MD
Recipient Nephrologist

Laura Mulloy, DO
Recipient Nephrologist

Muralidharan Jagadeesan, MBBS
Recipient Nephrologist

Luis Ortiz, MD
Pediatric Nephrologist

Obioma Nwobi, MD
Pediatric Nephrologist

Courtney Nuckols, RN, CCTC

Dee Hawkins RN, BSN, CCTC

Paul Beck, RN CCTC
Satellite Clinics

Scott Smith, NP

Gloria Taylor, LMSW
Post-Transplant
Post Transplant Care

• It is necessary that transplanted patients have frequent clinic visits after hospital discharge.
• Please plan now for your transportation.
• Your kidney function will be monitored.
• You will be observed for side effects from the medications.
Estimated Clinic Schedule

• Week 1 In hospital
• Weeks 2,3, & 4 2 visits per week
• Weeks 5,6, & 7 1 visit per week

• After 8 weeks the visit frequency will be determined by your condition.
• After 3 months you will return to your home nephrologist and appointments will be alternated with your home nephrologist generally every year.
Stent Removal

• A stent is placed inside you to help urine flow freely after transplant.

• This stent will need to be removed around 6 weeks after your transplant.

• An appointment will be made for you and you will be notified when and where to go for the stent removal.
Next Step Evaluation Appointment

- If you have not made an Evaluation appointment I will schedule one with you now
- Plan for transportation, to alternate your dialysis days if necessary, and arrive by 7:30 am and to stay late in the afternoon around 4 pm
- If you have mobility problems or are wheelchair bound, please have someone accompany you
- If you need a mid-day PD exchange then space will be made available
- Please call to change or cancel your scheduled appointment if unable to attend
Patient Satisfaction Surveys

- Will be sent to recipients after their outpatient medical evaluation.
- Will be sent to living donors 3 months after donation.
- Your comments and suggestions matter a great deal to us and are very much appreciated!
Thank you
For choosing the
Georgia Regents Health
Transplant Program

If you have further questions, please contact the
GRMC Transplant Office.
Call 706-721-2888 to speak to one of the Transplant
Administrative Secretaries. They will assist you, or
connect you with a transplant coordinator, social
worker or financial counselor.