The Person Who Has Had a Kidney Transplant

Thank you for choosing the MCG Health System for your health care needs. This basic information is being provided to assist you in the days and months following your kidney transplant. It is to help you learn and should not be used to replace any of your transplant doctor’s or coordinator’s advice or treatment. Talk with your transplant doctor or coordinator if you have questions, concerns or problems. Remember, all of your questions are important. Your transplant team is dedicated to helping you ensure the success of your new kidney. Do everything you can to help them help you and your new kidney stay healthy.

Activity/Exercise:
After your transplant, you should feel better and have more energy. Exercise will help to keep your heart healthy, your muscles strong and you weight under control. You should exercise at least 30 to 45 minutes every day. You can walk, ride a bike, swim or do low impact aerobics. Find an activity you enjoy and then do it. Be sure to check with your transplant doctor or coordinator before starting any exercise program. Your incision (wound) will need time to heal. There are some things that you should not do until you check with your transplant doctor or coordinator.

• No push-ups or sit-ups.
• No pushing, pulling or lifting objects that weigh more than 10 pounds.
• No contact sports (football, wrestling, boxing).
• No driving for two weeks after your transplant. Do not drive while you are taking prescription pain medication. It may make you drowsy.

Work:
Your transplant doctor or coordinator will let you know when you can return to work or school. This will depend on the kind of work you do and how often you must come to the clinic. In general, you may plan to return to work two months after your transplant. Your transplant social worker may be able to help you with problems related to returning to work or school.

Wound Care:
Your staples will be left in for two to three weeks after your transplant. You should shower until your staples have been removed. When your staples have been removed, strips of tape (called steri-strips) will then be placed over your wound. You can shower or take a tub bath at this time. The steri-strips should fall off within two weeks. If not, you can take them off yourself.
Diet:
After your transplant, you will still need to follow a special diet. You should find that this
diet is easier to follow than the one you were on during dialysis. Your diet will depend on
how well your new kidney is working, what medicines you are taking and if you have
medical problems such as diabetes (sugar in your blood) or high blood pressure. In
general, you should follow a diet that is low in calories, salt (sodium), fat and cholesterol.
Before you leave the hospital, the dietitian on the transplant team will help you and your
family to plan a diet that is best for you. The dietitian will also be available to you in the
transplant clinic.

Home:
When you get home you should:
1. Check your temperature each day and when you feel sick, call the transplant
   office if you have a fever of 100 degrees or more.
2. Weigh yourself each morning. Call the transplant office if you gain two pounds or
   more in one day. You weighed ____ pounds when you left the hospital.
3. Check your blood pressure or blood sugar if your transplant doctor or coordinator
tells you to. (Not everyone will have to do this).
4. Check yourself for signs and symptoms of rejection and infection. Call the
   transplant office at once if you think you may have rejection or an infection.
5. Protect your skin from the sun. Wear sun block lotion and lip gloss (with a SPF or
   sun protection factor of 30 or more) when you are outdoors. Wear long sleeves,
   hat or visor. Try to stay out of the sun between 10 a.m. to 3 p.m. You are more at
   risk of getting skin cancer or sunburn.

Sex:
There are generally no restrictions on resuming sexual activity after your transplant. Sex
will not harm your new kidney. In fact, you may find that your sex life will improve after
your transplant. Because you will now be more at risk for infection, be sure to practice
safe sex.

For women - It is possible for you to get pregnant now even though your periods may not
be regular. You must use some form of birth control. Your transplant doctor or
coordinator will discuss with you the method that is best for you to use. Discuss your
plans with your transplant doctor or coordinator first before trying to have a baby. In
general, pregnancy is not recommended until one year after your transplant.

Women may be more at risk of getting cancer of the cervix now. A pelvic exam with PAP
smear and breast exam must be done at least once a year. Do a breast self exam each
month. Report any changes in your breasts to your doctor.

For men - If you are not able to have or maintain an erection, talk to your transplant
doctor or nurse about this problem. There are treatments available that may be able to
help you. Discuss your plans with your transplant doctor or coordinator first before
fathering children.
Financial:
Medications are expensive. You may have financial problems at one time or another after your transplant. If you have financial problems or a hard time paying for your medicines, let your transplant team know. There are resources available that may be able to help you. Ask your transplant case manager or social worker to give you a list of these resources. The social worker may be able to enroll you into programs that can help with the cost of your medicines.

Clinic:
You will come to the transplant clinic often during the first few months after your transplant. This is so that the transplant team can keep a close watch on how well your new kidney is working.

The transplant doctor or coordinator may also make changes in your medications. Bring your medication sheet to clinic so these changes can be made. You can expect to come to clinic twice a week for the first two weeks after your transplant. Your clinic visits will then space out to weekly and then monthly visits.

Your blood work is checked at each clinic visit. These lab tests show the doctor how well your new kidney is working and how well you are doing. Your blood pressure, temperature and weight are checked at each visit.

Please follow these clinic guidelines:
1. Be in clinic by 8 a.m. Clinic days are Monday, Wednesday, Thursday and Friday. The transplant clinic is on the second floor of the Ambulatory Care Center on Harper Street.
2. Go to the main entrance of the Ambulatory Care Center.
3. Take the elevator to the second floor. Turn right and go through the brown double doors into the Pathology Lab. This is where you will have your blood drawn. (Room number 2210 or 2F).
4. After your labs are drawn, walk straight out of the lab and down the hall. The Transplant Clinic is the last clinic on the right (2 C).
5. Take all your medicines before you come to clinic except for Neoral, Prograf, Gengraf or study drug. Bring these with you to take after your blood has been drawn.
6. Eat before you come to clinic unless your transplant doctor or coordinator tells you not to.
7. Bring your medication sheet and medicines with you when you come to clinic.
8. Bring a change of clothes with you in case you have to stay in the hospital overnight.
9. Come to your first clinic visit on ____________ at 8 a.m.

Medicines:
After your transplant, you will be on several types of medication, including immunosuppressants. This type of medication prevents your body from rejecting your new kidney. You will also take medications called antibiotics to prevent or fight infection. You may have to take medication to lower your blood pressure or to prevent stomach
irritation. Your transplant doctor, coordinator, nurse and pharmacist will teach you and your family more about your medication. The following includes information about the most common medications that you may be taking:

**Neoral or Gengraf (cyclosporine)**
Prevents rejection.
1. Take it the same way each day. Either take it with food or on an empty stomach. Take it the same time and same way each day.
2. Make sure that you have both 100 milligram and 25 milligram capsules at home.
3. On those days that you come to clinic, wait until after your blood has been drawn before you take your Neoral or Gengraf.
4. The medication may have these side effects: increases your chances of getting an infection, shaking of the hands, swollen or bleeding gums, unwanted hair growth, oily skin or rise in blood pressure.

**Prograf (tacrolimus)**
Prevents rejection.
1. Take on an empty stomach at least one hour before or two hours after eating.
2. Make sure that you have both five milligram and one milligram capsules at home.
3. On those days that you come to clinic, wait until after your blood has been drawn before you take your medications.
4. The medication may have these side effects: increases your chances of getting an infection, hair loss, nausea, loose stools (diarrhea), shaking of the hands, trouble sleeping, high blood pressure or high blood sugar.

**CellCept (mycophenolate mofetil)**
Prevents rejection.
1. It is best to take on an empty stomach at least one hour before or two hours after eating. You can take it with food if it upsets your stomach.
2. Do not break, crush, chew or open the capsule before taking.
3. Women of child bearing age should use two methods of birth control during treatment and for six weeks after medication has been stopped.
4. may cause birth defects.
5. The medication may have these side effects: increases your chances of getting an infection, loss of appetite, stomach pain, nausea, vomiting or loose stools.
6. See your dentist every six months for regular check-ups. You will need to take an antibiotic before you have any dental work done such as your teeth cleaned, cavity filled, etc. This is to prevent an infection in your bloodstream. Tell your transplant doctor or coordinator so that they can prescribe antibiotics for you.
7. Do not change kitty litter boxes or bird cages.
8. Notify the transplant doctor or coordinator ahead of time if you plan to travel out of the country.

**Prednisone**
Prevents rejection.
- Take with food.
- Make sure that you have five milligram tablets at home.
• May increase your blood sugar and/or blood pressure.
• The medication may have these side effects: increases your chances of getting an infection, mood swings, trouble sleeping, swelling, increased appetite, heartburn or stomach ulcer.

Imuran (azathioprine)
Prevents rejection.
• Take with food if it upsets your stomach.
• Do not take allopurinol (Zyloprim) while you are taking this medicine.
• The medication may have these side effects: increases your chances of getting an infection, mood swings, trouble sleeping, swelling, increased appetite, heartburn or stomach ulcer.

Nystatin
Prevents infection or white sores in your mouth called thrush.
• Swish it around in your mouth so that all of the inside of your mouth is covered with the medicine. Hold the medicine in your mouth for as long as you can. Then gargle and swallow the medicine.
• If you wear dentures, remove them first before you take this medicine.
• The medication may have these side effects: nausea, vomiting, stomach pain or loose stools.

Acylovir (Zovirax)
Prevents infection.
• May take with food or milk if it upsets your stomach.
• The medication may have these side effects: not common but may have nausea, vomiting, loose stools or headache.

Ganciclovir (Cytovene)
Prevents infection.
• Take with food.
• Both men and women should use birth control during treatment and for 90 days following treatment. Ganciclovir may cause birth defects.
• The medication may have these side effects: increases your chance of getting an infection, bleed or bruise easy, nausea, vomiting, stomach pain or fertility problems.

Septra SS/DS (sulfamethoxazole and trimethoprim)
Prevents infection.
• Take with a full glass of water and drink several more glasses of water a day.
• The medication may have these side effects: sensitivity to sunlight, rash or itching.

Pepcid (famotidine)
Prevents or treats ulcers, heartburn or stomach upset.
• May be taken once or twice a day. If you take it once a day, take it at bedtime.
• The medication may have these side effects: headache, dizziness, constipation or loose stools.
Keep in mind that one of the main reasons people lose or reject their new kidney is because they stopped taking their medicines or that they did not take the right amount of medicine at the right time.

**Follow these directions carefully:**
- Know your medicines. Know what medicines to take, when to take them, how much to take and why you are taking them.
- Always take your medicines as instructed by your transplant doctor or coordinator.
- Never miss or change the dose on your own. Call the transplant office at once if you miss or throw up your medicines.
- Never run out of your medicines.
- Do not take any over-the-counter medicines or medicines from another doctor without checking with your transplant doctor or coordinator.
- Report all side effects to your doctor or coordinator. **Do not stop taking your medicines.** Some side effects can be managed. In a few months, the amount of medicine you are taking will be lowered by your transplant doctor. You should then see some of these side effects decrease or go away.
- Call the transplant office if you have any questions about your medicines.

**Infection:**
The same medicines that prevent rejection can also make you more likely to catch colds or other infections. It may also take you longer to get over them. The risk of catching a cold or an infection is usually greater in the first three to four months after your transplant. This is because you will be on the highest doses of medicines that prevent rejection. You must know the warning signs of infection. Call the transplant office at once if you have any of these signs so that treatment can begin without delay.

**Warning signs of infection:**
1. Fever of 100 degrees or more.
2. Pain, redness, swelling or drainage (pus) from a skin wound.
3. Sore that won’t heal.
4. Cough, sore throat, stuffy or runny nose, or earache.
5. Chest pain or shortness of breath.
6. Stomach pain, nausea, vomiting or diarrhea (loose stools).
7. Pain or burning when you urinate; cloudy or foul-smelling urine.
8. Sores or white patches in your mouth.
9. Feeling like you have the “flu” -- chills, aches, tired, headaches, nausea, vomiting or dizzy.

**Here are some tips for you to follow to help prevent infection:**
- Wash your hands.
- Stay away from people who are sick with a cold, infection or contagious disease like chicken pox.
- Take your medicines that prevent or fight off infection (**nystatin, septra, acyclovir, ganciclovir**).
• Get a flu shot every year and a pneumonia shot (prevents pneumonia) every five years. Check with the nurse in the transplant clinic.
• Do not change diapers or handle stool from someone who has had a polio immunization for two months. Check with your transplant doctor or coordinator first before getting vaccinations or immunizations.
• Brush and floss your teeth at least twice a day.

Rejection:
Rejection happens when your body tries to get rid of your new kidney. Your body “knows” that the new kidney “doesn’t belong” inside of you and tries to get rid of it. You must take your medicines to “fool” your body into believing the new kidney is your own. If you stop taking them, your body will reject your new kidney. Rejection sometimes happens even though you have followed the transplant team’s instructions. It could happen days, weeks, months or even years after your transplant. If you do have rejection, this doesn’t mean you are going to lose your new kidney. The transplant team can usually stop rejection before it causes harm to your new kidney by giving you stronger medication. You need to know the warning signs of rejection. Call the transplant office at once if you even think you are having signs of rejection.

Warning signs of rejection:
1. Fever of 100 degrees or more.
2. Pain or tenderness around your new kidney.
3. Swelling in your ankles, feet, hands and eyelids.
4. Weight gain (two pounds or more in one day).
5. Pain or burning when you urinate; cloudy, bloody or foul smelling urine.
6. Drop or decrease in your urine output.
7. Feeling like you have the “flu” -- chills, aches, tired, headache, nausea, vomiting or dizzy.
8. Rise in your blood pressure.
9. Rise in your creatinine level.

Keep in mind that you may not have any of these signs. That is why it is so important that you come to the clinic for check-ups.

Support Group:
You may feel many things after your transplant. Some days you may feel happy and excited. Some days you may feel sad and down. These feelings are normal. Your transplant team is always here for you and your family. It is okay to ask for help. Sometimes, it might help to talk with other people who have had a kidney transplant. Ask your transplant case manager or social worker for more details about support groups. They can give you a list of resources that can put you in touch with others who have had a transplant. Remember, it is better to talk about your feelings than to keep them locked inside.
Important phone numbers:

Schedule Clinic Appointment: 706-721-1450

Transplant Office: 706-721-2888

Physicians and Surgeons:  
Dr. James Wynn 706-721-2888  
Dr. Laura Mulloy 706-721-2888  
Dr. Muralidharan Jagadeesan 706-721-2888

Transplant Coordinators:  
Dee Hawkins, RN 706-721-3200  
Belinda Boedy, RN 706-721-3216

Transplant Pharmacist:  
Gene McGinty, BS Pharm, RPH 706-721-7461

Transplant Clinic Nurse:  
Shelby Webb, RN 706-721-4507

Physician Assistant-C  
Janet Barnett, PA-C 706-721-2888  
Bill Wolff, PA-C 706-721-2888

Social Worker  
Gloria Taylor, MSW 706-721-6664

4 South Nursing Station  
706-721-3261

Account Representative  
Billing – 706-721-2961

Financial Counselor  
706-721-6668