

# **Your Kidney Transplant**

**Information for kidney transplant recipients,  
their families and supports**

**Kidney Urinary Program  
St. Joseph's Healthcare Hamilton**

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## Introduction

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Members of your Transplant Care Team wrote this book so you and your family members and friends will know what to expect before and after a kidney transplant. Try to read this book a few times to get ready.

Telephone numbers are at the back. Feel free to talk to any member of the health care team if you have any questions.

### Who will I meet on the Transplant Team?

There are many members on your transplant team. Each person has a special role in your care. All of the members of the team work closely together with you, your family and other support people.

The **Transplant Coordinator** is someone you will get to know well. He or she will guide you through all the steps. The coordinator arranges your tests and helps you with appointment times. The coordinator reviews instructions with you and explains what will happen. They are experienced and understand any fears you may have.

Your transplant coordinator will meet with you and your family. This will help you get an idea of what will happen when you are admitted to the hospital. You will be able to talk about questions and concerns with your transplant coordinator.

**Transplant Doctors are Nephrologists** with special training in transplant. We have many transplant doctors at St. Joseph's Healthcare so you will meet more than one while you are here. Transplant doctors look after your care while you are in the hospital and after you go home. They work closely with the rest of the transplant team. You will still see your family doctor or health care provider regularly after your transplant.

**Transplant Fellows** are physicians who have completed their nephrology (kidney) training and are getting extra training in transplantation to become specialists in this area. They oversee your day to day care and they can see patients on their own, however they are still supervised by our transplant

doctors.

**Residents** are doctors who are learning to become specialists in kidney diseases. They are physicians who have spent many years in training. They are responsible for your day to day care. Residents are supervised by our transplant doctors.

**Transplant Surgeons are Urologists.** You will meet a urologist before your transplant. This may not be the surgeon who operates on you.

You will meet the **Transplant Unit Nurses** after you are admitted to the hospital for your transplant. Your nurses will help you prepare for surgery and take care of you during your hospital stay. While you are in the hospital, your nurses will help you learn about your kidney transplant and help you get ready to go home.

You will get an 'After Your Kidney Transplant' patient education binder with information about your care after transplant. This will include information about the medication you will be taking, how to take your own blood pressure, how to keep a record book of your medications and much more. You will need to learn all about your new lifestyle.

**Transplant Clinic Nurses** monitor your care after you go home with your new kidney. You will come to the Transplant Clinic often and learn about your new kidney and how to continue to look after yourself.

A **social worker** may meet with you before your transplant. Together, you will talk about how you feel, your support network, your employment and any other issues you think are important. You will also meet a social worker during your in-patient stay.

The **social worker** is an important link between you and your community. He or she can help you with drug benefit plans, community resources, work adjustments and/or income replacement. The social worker will assist you with adjusting to living with your new kidney after a transplant. Everyone having a transplant has concerns, worries and doubts.

## Your Kidney Transplant – Information for Kidney Transplant Recipients

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Medications after a transplant are very expensive. The social worker will review your medication coverage. If you do not have a drug plan or 100% coverage, the social worker can advise you on other available funding options.

The **social worker** will review with you how you plan to get to follow up appointments. You will need to attend follow up appointments at the post-transplant clinic at least twice a week for 4-6 weeks after a transplant. It is advised that you do not drive yourself for 4 weeks. Therefore, discussing this need with your support network is very important and part of your responsibility as a transplant recipient.

The **Diabetes Educator** can help you manage your blood sugar after the transplant if you have diabetes or develop diabetes.

Sometimes people develop diabetes caused by kidney transplant anti-rejection medications. If this happens, the diabetes educator will help you learn how to manage your diabetes.

If you had diabetes before your kidney transplant, the anti-rejection medications will make your blood sugars go up. The diabetes educator will help you learn how to manage your blood sugars.

The **Dietitian** will help you choose your diet to keep you healthy. A kidney transplant, time on dialysis and medications all affect your nutrition. Some of the medications you need may have side effects. These may include increased appetite, weight gain, high potassium and high blood sugar.

Your dietitian will work with you to find a diet that is right for you. This will help your body get all the nutrients it needs to become healthy and work properly. You will be able to stay healthy while enjoying the foods you eat. A proper diet can help you maintain a healthy weight and control some medication side effects.

After your transplant, before you go home, you will meet with the **pharmacist** to review all of your new medications. After you are discharged, the pharmacist in the transplant clinic will meet with you during your clinic

appointments. Please bring all of your medications in their bottles or blister pack to your transplant clinic appointments.

The **Physiotherapist** will come to see you after your surgery. He or she will show you how to do deep breathing exercises and how to cough to keep your lungs clear so you do not get a lung infection. They may help you get up and walk around the unit.

The **Spiritual Care worker** can help you, your family and friends with any spiritual concerns you may have. He or she can also help you maintain contact with your own clergy while you are in hospital, if you wish. It does not matter what religion you follow, they are still available to you.

The **Peer Support Program** offers one to one help to those whose lives have been affected by renal disease. Through their own experience, these trained volunteers understand what you are going through. If you want to talk to someone, call the **Kidney Foundation Hamilton Chapter** and ask for the Peer Support Program. Their phone is found at the back of this book.

Lastly, routine home monitoring is an important aspect of post-transplant self-care. Therefore, having the right equipment is important – you will need a Blood Pressure monitor, a weight scale and a thermometer.

### **Will I be involved in research?**

Research helps St. Joseph's Healthcare offer the best care and results for our patients. Research projects are often going on. You may be asked to be in a research study. All research is carefully screened and approved. Before you agree or refuse, the study will be explained to you so that you can understand what it is all about. You will never be in a study without knowing about it.

### **Remember:**

- **Most of our current success in transplants is because patients and families have agreed to be in research projects.**

## Before Your Transplant – Getting Ready

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### What do I do if I want to have a transplant?

Your nephrologist will arrange an appointment with the transplant nephrologist for you. The transplant nephrologist will meet you and ask you questions about your past health history. The transplant nephrologist will do a complete physical exam. This appointment is 75 minutes long.

The transplant nephrologist will discuss what a transplant means to you and what it involves. You can bring a family member or friend with you as having a transplant involves them too.

### Where would my kidney come from?

Patients can get a new kidney from:

- a living donor **or**
- a deceased donor

### Living Donors

A living kidney donor is a person who gives one of his or her kidneys to someone who has kidney failure. Family members, spouses, close friends, anonymous people and others can be a living kidney donor.

Generally, a living donor must be healthy. There are many medical tests that the donor needs to complete before becoming a living donor.

The next section describes 4 types of living donors:

- List exchange living donor
- Paired exchange living donor
- Altruistic anonymous living donor
- ABO incompatible living donor

### **List Exchange Living Donor**

A list exchange living donor is a person who gives one of his or her kidneys to a person on the waiting list designated by the Transplant Program. In exchange, the donor's loved one is given priority status on the deceased donor transplant list. Please speak to your transplant coordinator if you would like more information about list exchange.

For example, a husband would like to donate a kidney to his wife. His wife's blood type does not match his blood type. The husband then gives one of his kidneys to a person on the waiting list that matches his blood type. In return his wife is put at the top of her blood type waiting list.

### **Paired Exchange Living Donor**

This happens when a living donor and kidney recipient have blood types that do not match. They are paired with another living donor and kidney recipient who match them.

For example, 2 living donors each want to give a kidney to a person they love but their blood types do not match. The 2 donors switch recipients so each recipient gets a kidney that matches their blood types.

### **Altruistic Anonymous Living Donor**

This happens when a person gives his or her kidney to someone they do not know who is on the deceased donor list. This type of donation is made purely out of selfless motives.

### **ABO Incompatible Living Donor**

This happens when a living kidney donor's blood type does not match the kidney recipient's blood type. Since there are medications and treatments that decrease the risk of kidney rejection this type of donation can now be done at St. Joseph's Healthcare Hamilton.



## **Deceased Donors**

A deceased donor is a person who is close to dying or has died and has indicated that he or she would like to donate kidneys. A person's Substitute Decision Maker or Power of Attorney is involved in this decision.

The next section describes 3 types of deceased donors:

- Heart beating deceased donor
- Non-heart beating deceased donor
- Expanded criteria deceased donor

### **Heart Beating Deceased Donor**

This donor is a healthy person who has an irreversible brain injury. For example, this can happen after a car accident, heart attack or stroke.

### **Non Heart Beating Deceased Donor**

This is when a kidney comes from a person who is pronounced dead after his or her heart stops beating. The kidney must meet special criteria before it can be used.

Many research studies show that using a non-heart beating donor kidney has similar results as using a heart beating deceased donor kidney.

### **Expanded Criteria Deceased Donor**

Donors can now include older people and people who have certain medical conditions or other factors that are linked with decreased kidney function. For example, a kidney can come from a person with diabetes or high blood pressure.

Research studies have shown that getting this type of kidney is better than waiting for an ideal donor kidney.

**If you would like to read more about living kidney donation, ask a member of the team for the book called 'When You Are Thinking About Donating Your Kidney'.**

**What tests will I need to have done before having a kidney transplant?**

You will need to have several tests done. If you have any questions, please feel free to talk to the transplant coordinator. Your nephrologist will arrange some of the testing before your appointment with the transplant nephrologist.

**Blood tests:**

Blood tests such as blood type are done to make sure you are healthy and to help find a good match.

**Abdominal Ultrasound:**

This test is done to check for gallstones and any other problems in your abdomen. This test uses sound waves and is painless. It is done in the Diagnostic Services Department.

You must not eat or drink the night before the test and you cannot have any breakfast until after the test is done. The test takes about 30 minutes. If the test shows that you have gallstones or other problems, your nephrologist may arrange treatment.

**Chest X-ray:**

A chest x-ray is done to check if your heart and lungs are healthy. This test must be done at St. Joseph's Healthcare in Hamilton. It will be done in the Diagnostic Services Department.

**Cystoscopy:**

This test is done to make sure that your bladder is working properly. The urologist will do the test. A soft, thin tube, about the size of a pencil, will be placed through your urethra and into your bladder. This will let the doctor see inside your bladder. It is important to have a healthy bladder, so that it will work properly after your transplant.

After the test, both men and women may feel a bit of irritation and have pinkish urine when urinating. This will only last a few days at the most.

### **Echocardiogram:**

This test is done to check your heart using sound waves. It is a painless test done in the Electro-Diagnostic Service Department. It takes about 30 minutes.

### **Electrocardiogram (ECG):**

The electrocardiogram test is also called an ECG and is done to check the health of your heart. It shows the pattern of your heartbeat. Small pads are placed on your chest to pick up your heartbeat and the pattern is printed on paper. The ECG is painless and takes about 15 minutes. If there is a problem with your heart pattern, you may need to see a heart specialist called a cardiologist.

### **Stress Test:**

The stress test checks your heart. It is done in the Nuclear Cardiology Department. You are given an injection in your arm. Pictures of your heart are then taken. You will wait and have more pictures taken. This test takes about 6 hours to complete. Your transplant coordinator will give you more details if you are going to have this test.

### **Skin Test for Tuberculosis (TB):**

This skin test is done to check if you have been exposed to tuberculosis. You will get a small injection under the skin of your arm. It will be checked in 48 hours. It will be repeated again within 1 to 3 weeks. During either test, if this area swells, you may have been exposed to TB. If this happens to you, you will see one of our specialists. You will also get special medication after your transplant to protect you from TB.

### **Who will arrange these tests?**

Your transplant coordinator will arrange the tests listed above for you.

If you live outside the Hamilton area, as many tests as possible will be done in your dialysis centre. Some tests still need to be done in Hamilton and the transplant coordinator will send you a letter with these instructions.

## What is the transplant listing process?

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After all of your tests are done, your transplant nephrologist and transplant coordinator will review the results. If everything is stable you will be registered in the waiting list database managed by Trillium Gift of Life Network (TGLN). Everyone on the waiting list is put into categories according to factors such as blood and tissue type, health status and length of time waiting. When you are entered into the TGLN database, you receive a letter from your transplant coordinator. This letter will tell you that you have been placed on the waiting list.

After you are added to the database, you may get a kidney that day or you may wait many years. Factors affecting how long you wait include how well you match with a donor, how sick you are and how many donors are available compared to the numbers of patients waiting.

### **What happens when a kidney becomes available?**

Your transplant coordinator keeps a list of telephone numbers where you can be reached. This may include family and friends.

When you have changes in telephone numbers or addresses, please let the coordinator know. It is very important that we are able to contact you at any time.

When you are called to get a kidney, the coordinator will explain to you the next steps you need to follow. This may include whether or not you are allowed to eat or drink, and if you need to come to the hospital.

### **Remember:**

- **It is your responsibility to make sure you have drug coverage.**
- **Do not wait to apply for coverage, because when you go on the transplant waiting list, you can be called to receive a kidney at any time.**

**What do I bring to the hospital?**

- New toothbrush and toothpaste
- Personal items, such as hairbrush, housecoat and non-slip slippers with full backs for safe walking
- List of allergies
- Current list of medications and the doses you take

**Bring all medications that you are taking in the containers they came in.**

**Remember:**

- **Leave all valuables at home.**

**Where do I go?**

When you arrive at the hospital, go directly to the Renal Transplant Unit, 7<sup>th</sup> floor Juravinski Tower, unless told otherwise by the pre-transplant coordinator on the phone.

After you are admitted, your transplant team will assess you. A transplant nurse will take your blood for testing, and check your blood pressure, temperature, pulse, respirations, and weight.

Your doctor will then take your medical history and do a physical exam.

**What tests will I need to have done when I am admitted to the hospital?**

You will have many blood tests to make sure you are healthy for the operation. If you have a fistula or graft, do not allow anyone to take blood from your access arm without written permission from the doctor.

After the results of your blood tests are back, you may need to have dialysis or other treatments before surgery.

If you are able to pass urine, a sample will be sent to the lab. Your nurse will take some swabs from your nose and rectum.

You will have a chest x-ray.

These tests are done to make sure that you are infection free. If you do have an infection, your kidney transplant will have to be cancelled.

You will have an electrocardiogram/ECG test to check the health of your

heart.

### **Do I sign any consent forms?**

You will sign these forms:

- consent to the surgery to receive a kidney
- consent for a central venous catheter (CVC) to be put in

The CVC is a tube that the Doctor puts into a vein in your neck.

The catheter monitors the amount of fluid you get after the transplant.

It is used to give you medications, monitor the pressure in your heart, and take blood. Your doctor puts the catheter in right before your surgery starts in the operating room. The catheter can be stitched to your skin and you will be able to walk around with the catheter in. It stays in for 7 to 10 days or until you go home.

### **Is there anything else before surgery?**

A nurse will start an intravenous called an IV in your hand or arm.

You will have a general anaesthetic for the surgery. This means that you will be asleep. Because of this, **you must not eat, drink or smoke for at least 8 hours before your surgery.**

You will be asked to leave your dentures, eyeglasses and any jewellery on the Renal Transplant Unit. Your nurse will help you put on a hospital gown.

A porter will then take you to the operating room on a stretcher or bed.

## What happens during surgery?

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The doctor will tell you before surgery what will be done. The kidney transplant is placed in your lower abdomen. The new kidney has an artery, vein and ureter. These carry blood into your kidney and out to the rest of your body. The kidney's vein and artery are joined to blood vessels your body already has.

The ureter joined your bladder. The ureter is a tube that carries urine from your kidney to your bladder.

During surgery, a catheter will be put into your bladder. The catheter drains away the urine you produce. It is put in while you are asleep and will be there when you wake up. It usually stays in for 3-5 days.

### **How long is the surgery?**

The surgery takes about 3 to 4 hours including 1 hour of preparation time at the start of the surgery.

While you are in surgery your family and supports may wish to wait in the surgical waiting room. They can also go to the hospital chapel, gift shop, coffee shop or cafeteria.

If your family prefers to wait at home, they may call the Renal Transplant Unit at any time for a progress report an update.

## After Your Transplant

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This section is included to help you know what will happen.

After surgery, you will get a patient education binder called 'After Your Kidney Transplant' with more information.

Members of the health care team on the Renal Transplant Unit will help you learn what you need to know.

### **What happens when the surgery is over?**

When the surgery is over, you will go to the recovery area. A transplant nurse and recovery nurse will be there. They will look after you when you wake up. Your doctor will talk to your family to tell them how you are doing.

The nurses will check on you until you are fully awake. They will take your blood pressure, pulse, and check your breathing. Some blood samples will be taken as well. You will have an oxygen mask on. You will be given pain control medication while you are in the recovery room.

You may wake up very thirsty because of the medications you have been given. It is not safe for you to drink at this time. You would be in danger of choking. Later, you will be able to have ice chips when your nurse says you can.

The ultrasound technician will come to your bedside. He or she will do an ultrasound of your new kidney. This is done by placing a probe on the skin above the kidney using a gel. This may feel cool. This will help the doctor to see the kidney. Your stay in recovery will be about 2 hours.

After you are awake you will be taken back to the Renal Transplant Unit. You will have a dedicated nurse with you for the first 24 hours after surgery. The resident, and transplant nephrologist will also be close by.



**Where will the incision be?**

Your new kidney will be put into your lower abdomen. The incision is about 25 centimetres (10 inches) on the left or right side of your lower abdomen.

**How do I know my kidney is working?**

You may make urine as soon as your new kidney is connected. Some people take time to adjust to the new kidney and do not produce urine for hours or days after surgery.

When you do begin to produce urine, the nurses will measure it. A record will be kept of the amount you make.

At first, your urine may be a little bloody due to the surgery. This is normal, do not worry.

As your new kidney starts to work, it will clear waste products from your blood. Creatinine is a waste product your body makes. Measuring the creatinine level in your blood shows how well your kidney is working.

Your blood creatinine level will go down. If your creatinine level goes up, do not worry. This often happens. You may need dialysis treatments for a short while, until your new kidney is working well.

Hemodialysis may be done in your room on the Renal Transplant Unit.

**What else can I expect after my surgery?**

The urine catheter will drain all the urine from your bladder. The urine will collect in a bag attached to the catheter. It will be measured every hour and a record will be kept. Your nurse may have to flush the catheter at times to make sure it does not get blocked.

You may have some spasms or pain while the catheter is in your bladder. Tell your nurse if this happens. You will be given medication for the pain.

### **How much pain or discomfort will I have?**

After the surgery, your incision may be painful. You will receive medication as needed to control pain and discomfort.

At first you will not be able to have anything by mouth. You will be given medication through your IV. Later, you will be given medication in pill form.

At first, it is a good idea to have some pain control medication about 30 minutes before your physiotherapist comes to see you.



### **Can I have visitors?**

When you return to the unit, your nurses help you to settle in and make sure you are stable. You will need some time to wake up. You need to rest to recover from your surgery.

You may have 1 close friend or relative visit on the day of the surgery. On the day after, your close family can visit.

Try not to have too many visitors. This is important to make sure you do not get an infection.

### **Remember:**

- **No one with an infection should visit you. This includes runny noses, cold sores, vomiting, diarrhea, and chicken pox. You should tell all your friends and family about this for your safety.**

All visitors should wash their hands before coming into your room. The nurses will also explain any other precautions visitors may need to take when they arrive.



### **When will I begin moving around again?**

You need to start moving around as soon as you can for a healthy recovery. Moving around helps your circulation, prevents constipation, breathing problems and keeps your muscles strong. The day after your surgery, your nurse will help you get up. At first, you may feel dizzy, but this will pass. You can sit on the side of your bed and dangle your legs or you may sit in a chair.

Moving may be uncomfortable at first. Your nurse will help you and show you the best way to move. Moving will get easier each day. You should exercise while lying in bed. You can move your toes up and down, circle your feet and bend your knees.

Your urine catheter and IV may still be in place. These tubes should not stop you from getting up. A few days after surgery, the physiotherapist will help you climb stairs. This will help keep your leg muscles strong.

### **When do I do my breathing exercises?**

Your nurse and physiotherapist will help you with your coughing and deep breathing exercises. They will go over how to do it with you. You will practice together.

You should practice your exercises every hour you are awake, for at least 3 days after surgery. You may find it easier to cough if you hold a pillow against your incision. You may also find it easier if you are sitting up.

### **What complications should I know about?**

About 25% of patients have to be readmitted after their transplant. It is common to come to a Post-Transplant Clinic visit and be admitted to the hospital. Bring a small overnight bag with you to your first few Post Transplant Clinic visits in case you have to come back into the hospital for treatment.

These are the main problems that can happen after a kidney transplant:

- Delayed kidney function
- CMV: Cytomegalovirus
- Rejection

We carefully monitor for these problems and they can be treated.

**What is delayed kidney function?**

Delayed kidney function is called Acute Tubular Necrosis or ATN. This happens when your new kidney is in shock or sleeping. It is a painless condition and is usually temporary.

ATN means that your new kidney is taking time to get used to your body. It may take a little while for you to begin to produce urine. This happens in 5 to 10% of transplant patients.

**What is CMV?**

As a transplant patient, you are on many medications to prevent rejection. These medications will leave you with less defence against viruses and other illnesses. CMV is Cytomegalovirus. This is a virus that can make you quite ill with flu like symptoms.

There are treatments to prevent a CMV infection if you are at risk.

There are also treatments for CMV if you are affected by it. You will take medication for 6 months after your transplant to prevent CMV infection.

**What is rejection?**

Your body often works to fight things that do not belong. This includes bacteria and germs. These things come from outside your body. They are called foreign.

Rejection happens when your body thinks that your new kidney is foreign. It tries to fight your new kidney and prevent it from working.

It may take some time for your body to get used to your new kidney.

Rejection happens to about 20% of transplant patients.

## **What are the signs of rejection?**

It is important to watch for signs of rejection. You may be rejecting your kidney if your kidney area feels tender.

Other signs of rejection are:

- An increase in temperature
- An increase in weight
- An increase in creatinine levels
- Changes in blood pressure
- A decrease in amount of urine
- Anxiety and restlessness

## **Medications**

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After your transplant, you must take anti-rejection medications every day to keep your kidney working. If you miss doses or don't take the medications properly, the body starts attacking the new kidney. It will be rejected and will no longer work.

The medications can have some unpleasant side effects. The side effects can be distressing, but don't be discouraged. There are things you can do to help manage the side effects. Most people tolerate the medications very well. The team in the transplant clinic will help you monitor for side effects and they will address any concerns.

Always carry an up to date medication list with you wherever you go.

### **Intravenous Medications in Hospital**

While in hospital you might receive intravenous medication to prevent immediate rejection of the kidney. Depending on your risk of rejection, you may be given Thymoglobulin or Simulect.

### Oral Anti-rejection Medications

You will be prescribed three anti-rejection medications after your kidney transplant. These three medications work in different ways to prevent rejection. You must take all three medications for the rest of your life.

1. Tacrolimus ER (Advagraf): This is taken once a day to prevent rejection. The dose will be adjusted based on your blood work results. On days you are due for blood work, take this medication AFTER the blood is drawn. Side effects include increased risk of high blood sugar and diabetes, high blood pressure, hand tremors, headache, and hair thinning. It interacts with grapefruit.
2. Mycophenolate sodium (Myfortic) or Mycophenolate mofetil (CellCept): This is taken twice a day to prevent rejection. Side effects include diarrhea, nausea, vomiting, stomach pain and heartburn. It can also cause the number of white blood cells to go low, so this will be monitored in your blood work. This medication causes birth defects. If you are considering becoming pregnant, please speak with your transplant doctor first.
3. Prednisone: This is taken once a day. It will be a high dose right after your transplant, and then will slowly be decreased to a low dose. Side effects include increased risk of high blood sugar and diabetes, high blood pressure, too much fluid, “puffy” ankles or face, weight gain, increased appetite, mood changes, difficulty sleeping, weakening of bone, cataracts, and easy bruising.

All of these medications can increase your risk of infection and put you at higher risk of cancer.

If you will be receiving a kidney transplant from a living donor, you may be asked to start some of these anti-rejection medications 1-2 weeks prior to the booked transplant surgery date.

### **Medications to Prevent Infection**

You will be prescribed an antibiotic to prevent a type of pneumonia called PJP. The antibiotic is sulfamethoxazole/trimethoprim, but can also be called Septra or Sulfatrim. You will need to take this antibiotic for the rest of your life. It can cause a rash and it makes your skin more sensitive to the sun. It will be important to always wear sun protection such as sunscreen and a wide-brimmed hat. If you are allergic to Septra, you will be prescribed another medication called Dapsone.

Depending on your risk of a viral infection called CMV, you may need to take an antiviral medication called valganciclovir (Valcyte). If you need it, it will be prescribed for 6 months after your transplant. It can cause the number of white blood cells or platelets to get low, so this will be checked in your blood work.

### **Medications for other Medical Conditions**

Medications for other medical conditions such as diabetes, blood pressure, and cholesterol may need to be adjusted after the transplant. Your transplant team will monitor these conditions and will adjust the medications as needed.

### **Cost of Medications**

Transplant medications are very expensive. Anti-rejection medications can cost \$10,000-\$20,000 per year without drug insurance. You will meet with a Social Worker to discuss drug coverage.

## When do I go home?

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You can plan to be in the hospital for about 5 to 7 days. This will give you time to learn about your new kidney and how to take care of yourself.

When you go home, you will take your patient education binder with you so that you and your family and support people can refer to it any time.

### **What happens to my dialysis access?**

A fistula or graft may become clotted with blood after surgery. It may be cleared or your doctor may decide to leave it alone.

A peritoneal catheter may be removed at the time of your transplant surgery. This decision will be made by your transplant surgeon.

A central venous catheter will be left in place until after the kidney transplant surgery.

### **Before you go home**

You should be given an appointment with the Transplant Clinic and know when to have your blood tests done next.

### **We are here to help**

Your transplant team cares about you and your family. We want you to get home as soon as you can and start living with your new kidney. We are always here to help you.

We hope this book has answered some questions you had about having a kidney transplant. Please feel free to talk to any member of the transplant team if you have more concerns. We are here to help you get ready.

We hope your wait is a short one.



**Contact Information: St. Joseph's Healthcare Hamilton:  
905-522-1155**

Transplant Coordinators Office	ext. 33161 & 33715
Transplant Unit	ext. 33189
Nurse Manager	ext. 33469

**Departments:**

Diabetes Services	ext. 34985
Diagnostic Imaging	ext. 36009
Electro-Diagnostic Services	ext. 36082
Firestone Chest and Allergy Clinic	ext. 36000
Nutrition Services	ext. 33604
Nuclear Cardiology	ext. 36073
Occupational Therapy	ext. 33306
Social Work	ext. 33101

**A Note about the Standards We Follow**

St. Joseph's Healthcare Hamilton Renal Transplant Program follows the Canadian Standards Association's guidelines for cells, tissues, and organs for transplantation as well as the Trillium Gift of Life Network guidelines.

These include guidelines for:

- determining the suitability of potential transplant candidates and
- criteria for listing candidates on the waiting list

For more information go to:

- Trillium Gift of Life Network: [www.giftoflife.on.ca](http://www.giftoflife.on.ca)
- Canadian Standards Association Group: [www.shop.csa.ca](http://www.shop.csa.ca)

You can also talk to your nephrologist and/or transplant coordinator.

## Where can I find more information?

### Kidney Foundation:

The Kidney Foundation of Canada has a lot of information to offer on this subject and much more.

#### National Office

The Kidney Foundation of Canada  
310-5160 Decarie Blvd.  
Montreal, QC H3X 2H9  
Telephone: 514-369-4806 or 1-800-361-7494  
General information: [info@kidney.ca](mailto:info@kidney.ca)  
Website: [www.kidney.ca](http://www.kidney.ca)

### Ontario Branch (Hamilton and District Chapter and Niagara Branch)

1599 Hurontario Street,  
Suite 201,  
Mississauga, ON L5G 4S1  
Telephone: 905: 278-3003 or 1-800-387-4474  
Email: [kidney@kidney.on.ca](mailto:kidney@kidney.on.ca)  
Website: [www.kidney.ca/ontario](http://www.kidney.ca/ontario)

### Trillium Gift of Life

To learn more about PRELOD visit the Trillium Gift of Life Network website at [www.giftoflife.on.ca](http://www.giftoflife.on.ca)

If you have any further questions or comments, please contact the PRELOD Administrator at: [www.PRELOD@giftoflife.on.ca](mailto:www.PRELOD@giftoflife.on.ca)

or call: 1-888-9-PRELOD / 416-619-2342.

