

Kidney Transplant Education Session

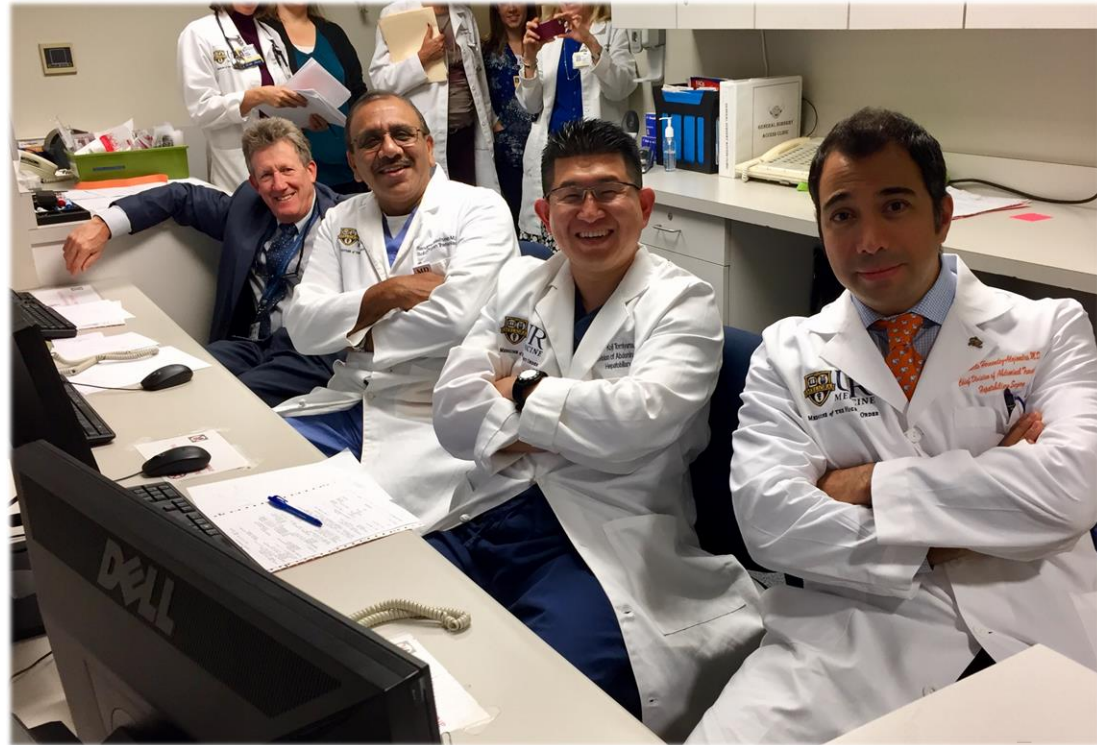
Solid Organ Transplant Service Line

University of Rochester Medical Center

MEDICINE *of* THE HIGHEST ORDER



Our Transplant Physician Team



MEDICINE *of* THE HIGHEST ORDER



Overview:

Benefits of Transplant

Health Maintenance

Social Work/Nutrition/Finance

Listing Process

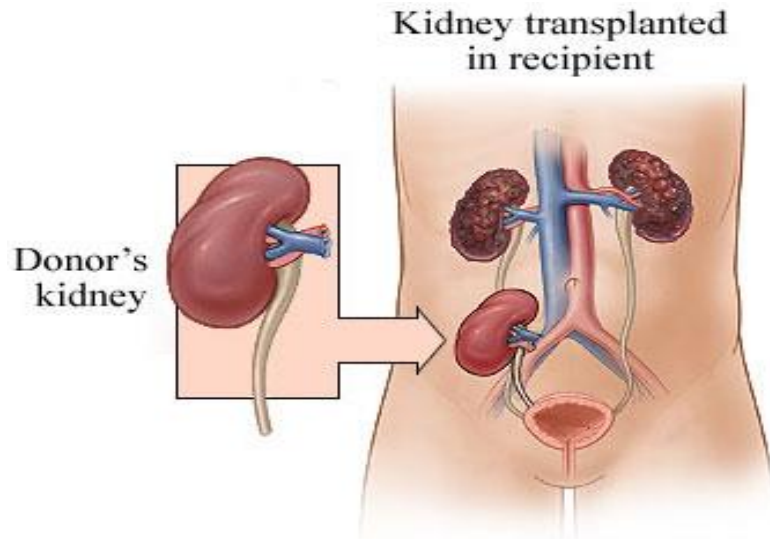
Waiting for a Transplant

Living Donation/Paired Donor Exchange

Transplant Offers

Post Transplant Care

Benefits of Kidney Transplant:



Transplant vs. Dialysis

Better quality of life

Increased life expectancy

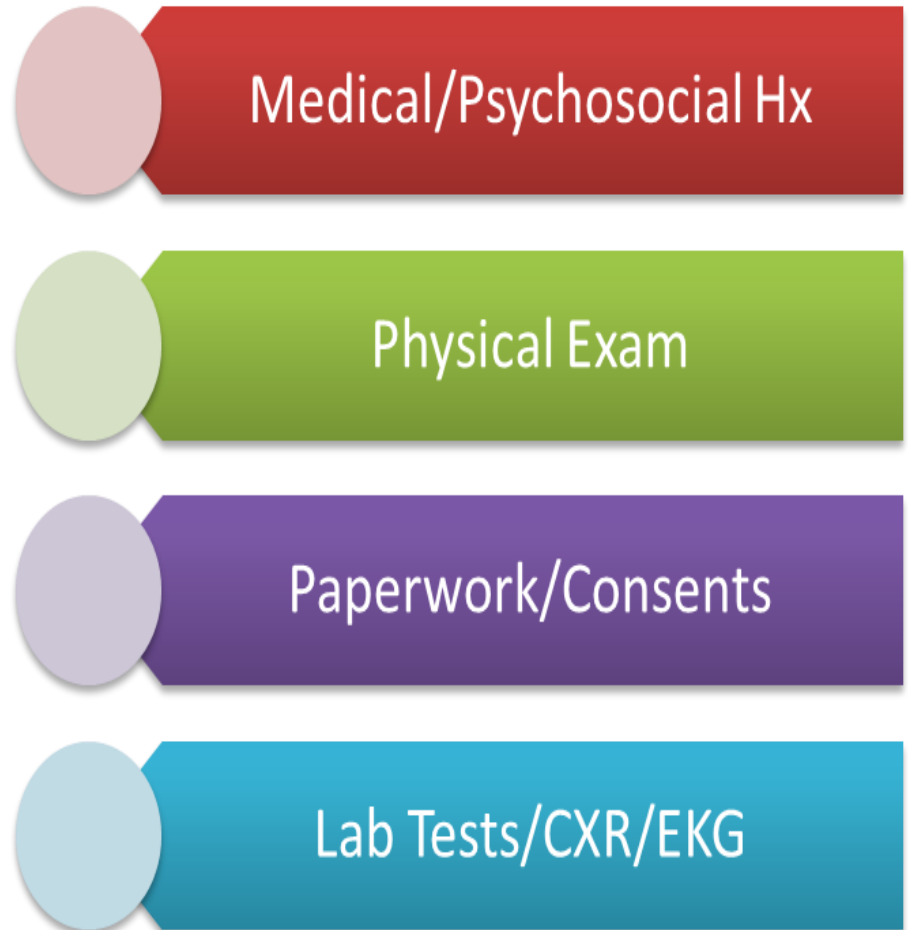
Less restrictive

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



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 a 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 50 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:

- Pneumococcal pneumonia
- Seasonal Influenza
- Hepatitis B Series
- Zoster/Shingles if age 50 or older



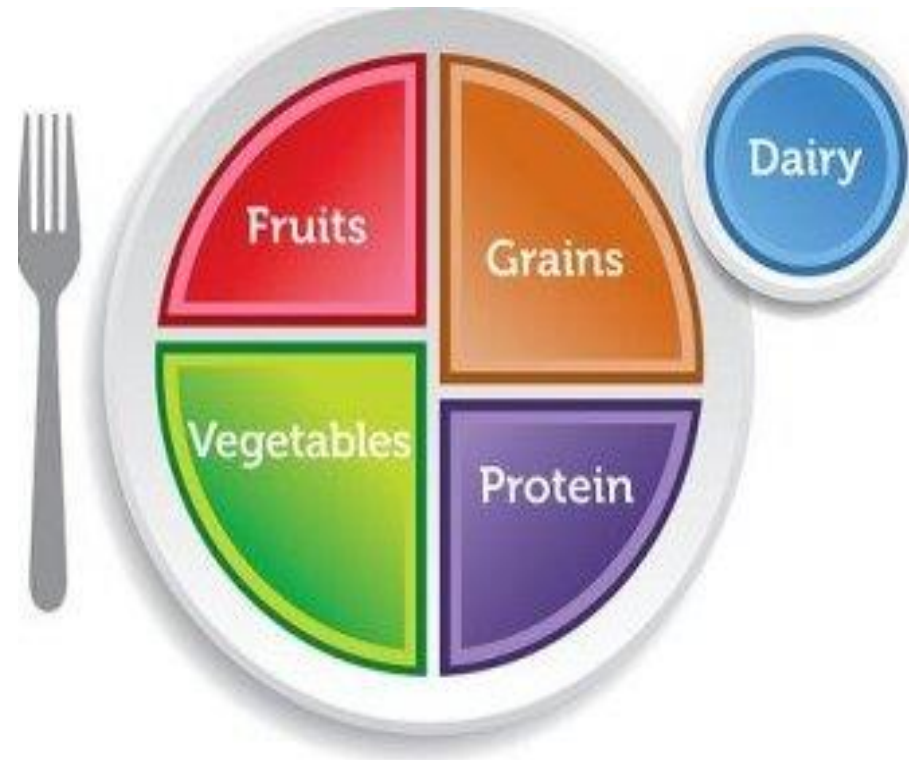
Social Work – Criteria for Transplantation:

- **Support** persons to assist after the transplant
- **Adherence** to treatment including appointments, medications, diet, dialysis, etc.
- No tobacco or substance use/abuse
- Well controlled or in treatment for any mental health issues

Nutrition:

Interview will include:

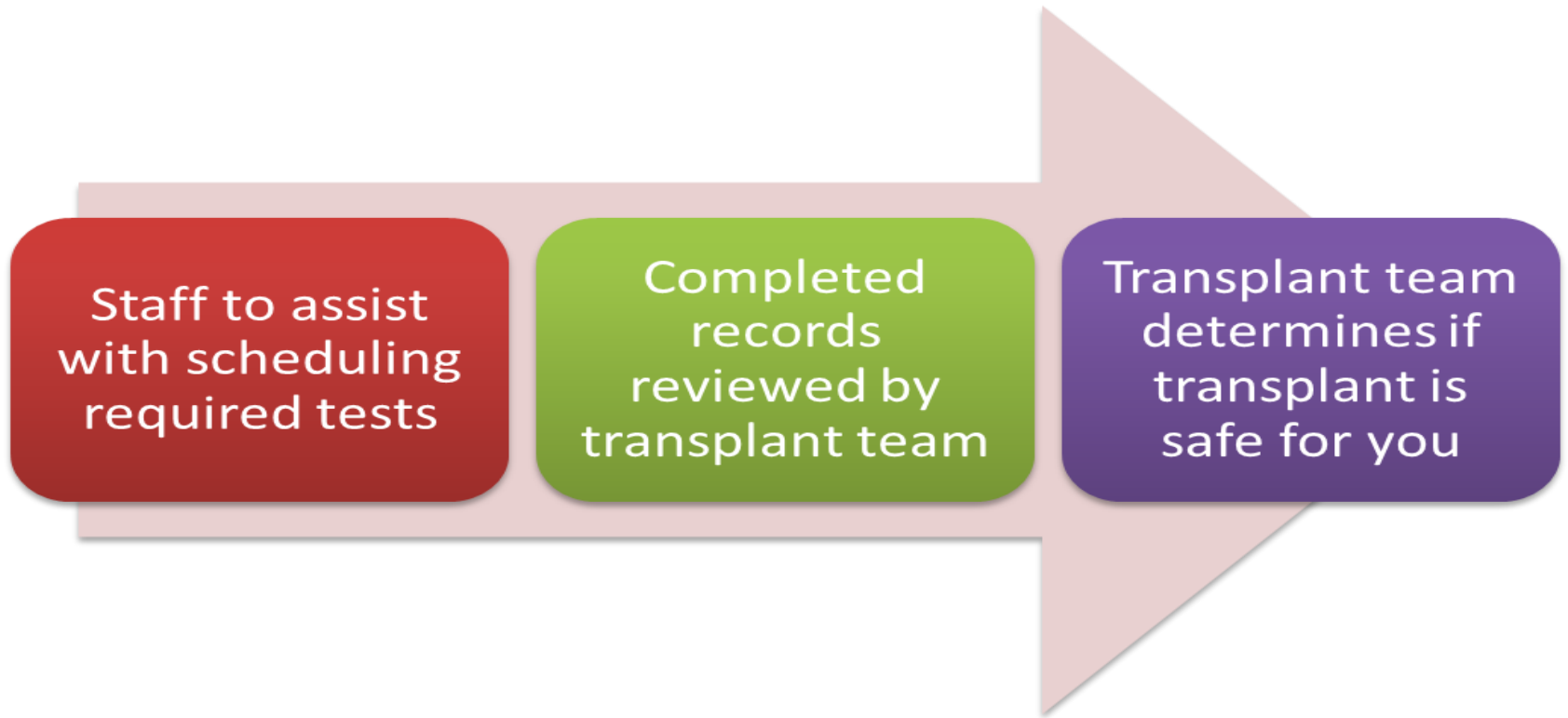
- Weight hx, diet plan, eating habits, food allergies/intolerances
- Nutrition goals to stay healthy
- Weight goals (gain if underweight/ weight loss if BMI >35)
- Diet after transplant



Financial:

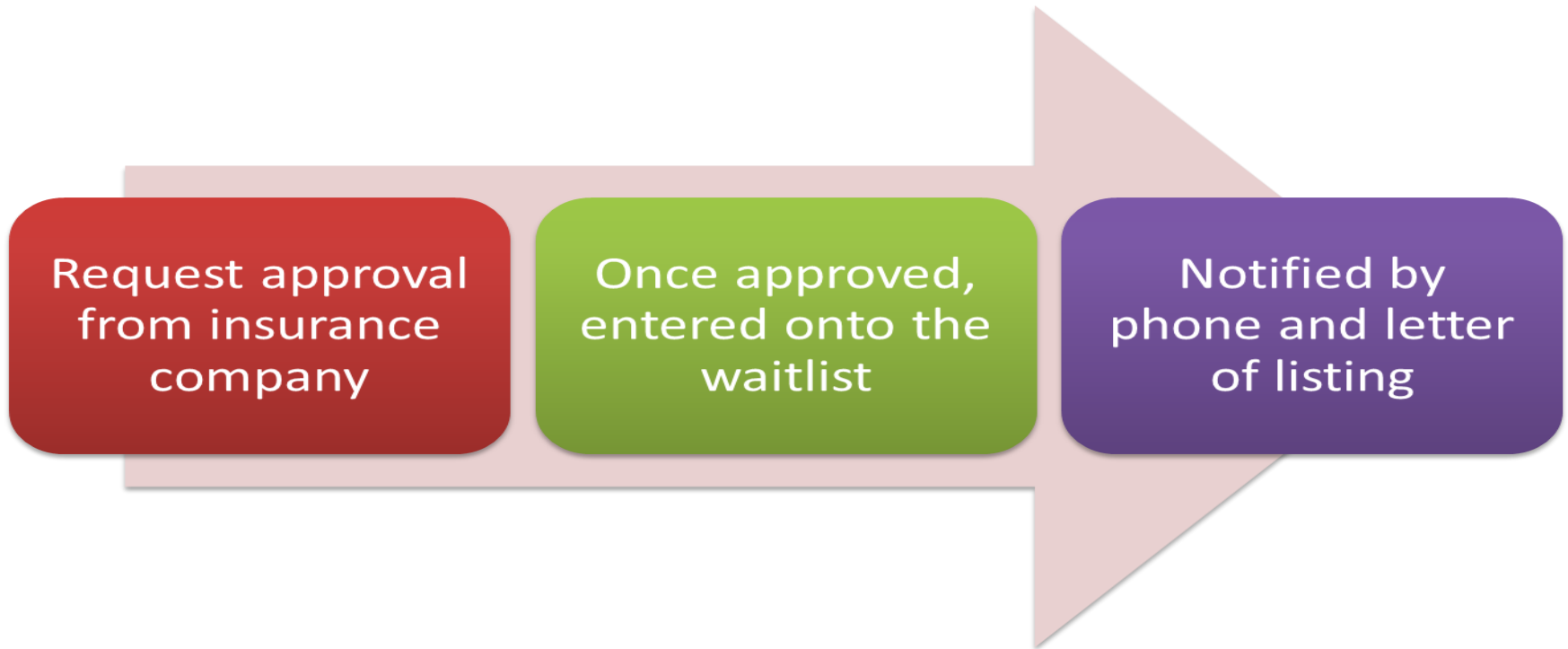
- The financial counselor (FC) will meet and discuss your insurance coverage, medication costs, and potential other out of pocket costs
- It is important to call the FC prior to any changes or potential changes to your insurance coverage
- If your insurance becomes inactive, you will not be eligible 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:



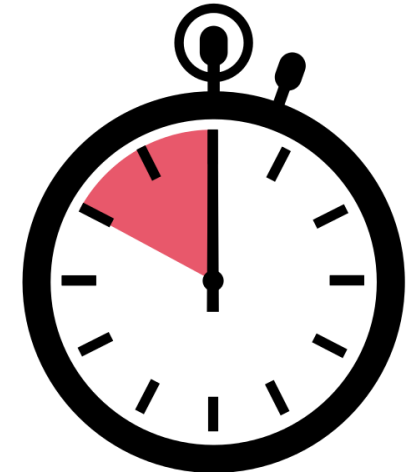
- If it is determined that you are **NOT** appropriate to be placed on the transplant waitlist, you will also be notified by phone and letter explaining why

After the Evaluation/Listing Process:

- If you have not completed all the required items within one year, your evaluation may be closed and your nephrologist would need to refer you again
- Throughout the evaluation process, your APP/RN Coordinators 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 (But only one in New York State)
- You are able to transfer your wait time to another center if needed

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
Wait Time	3-6 months	5-6 years
Surgery Date	Known in advance	Unknown
Average Organ Survival	15-20 years	10-15 years
Efficiency	Work quicker	Potential for delay

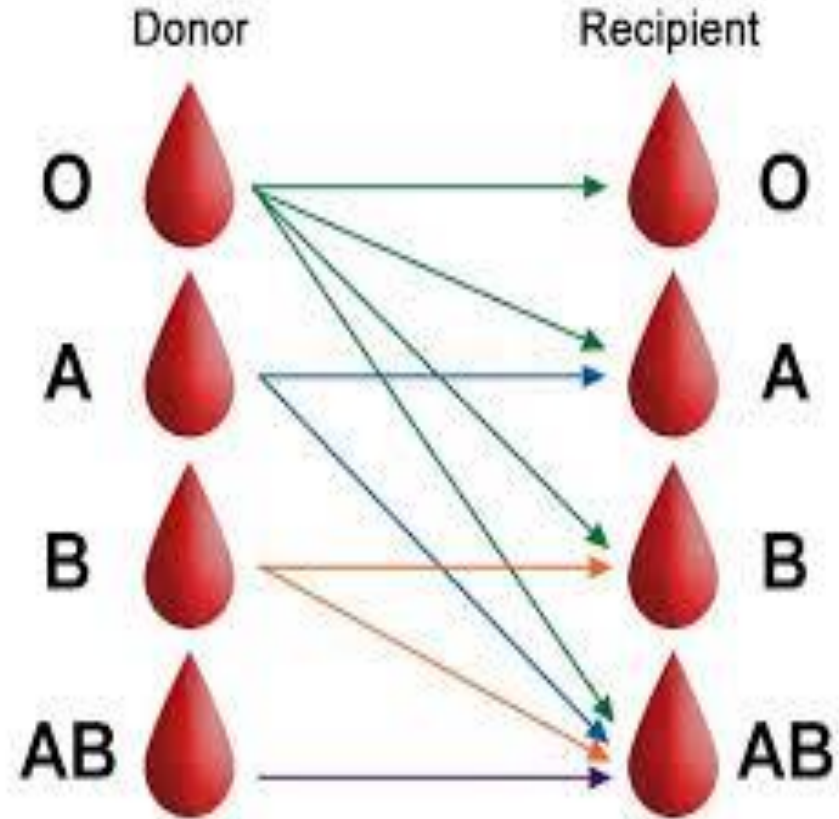
Living Donation:

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

- ✓A member of the transplant team will contact the donor
- ✓Initial step consists of basic blood work and compatibility testing
- ✓The donor must be a compatible blood type and HLA testing in order to donate directly to the recipient

ABO Incompatible Transplants:

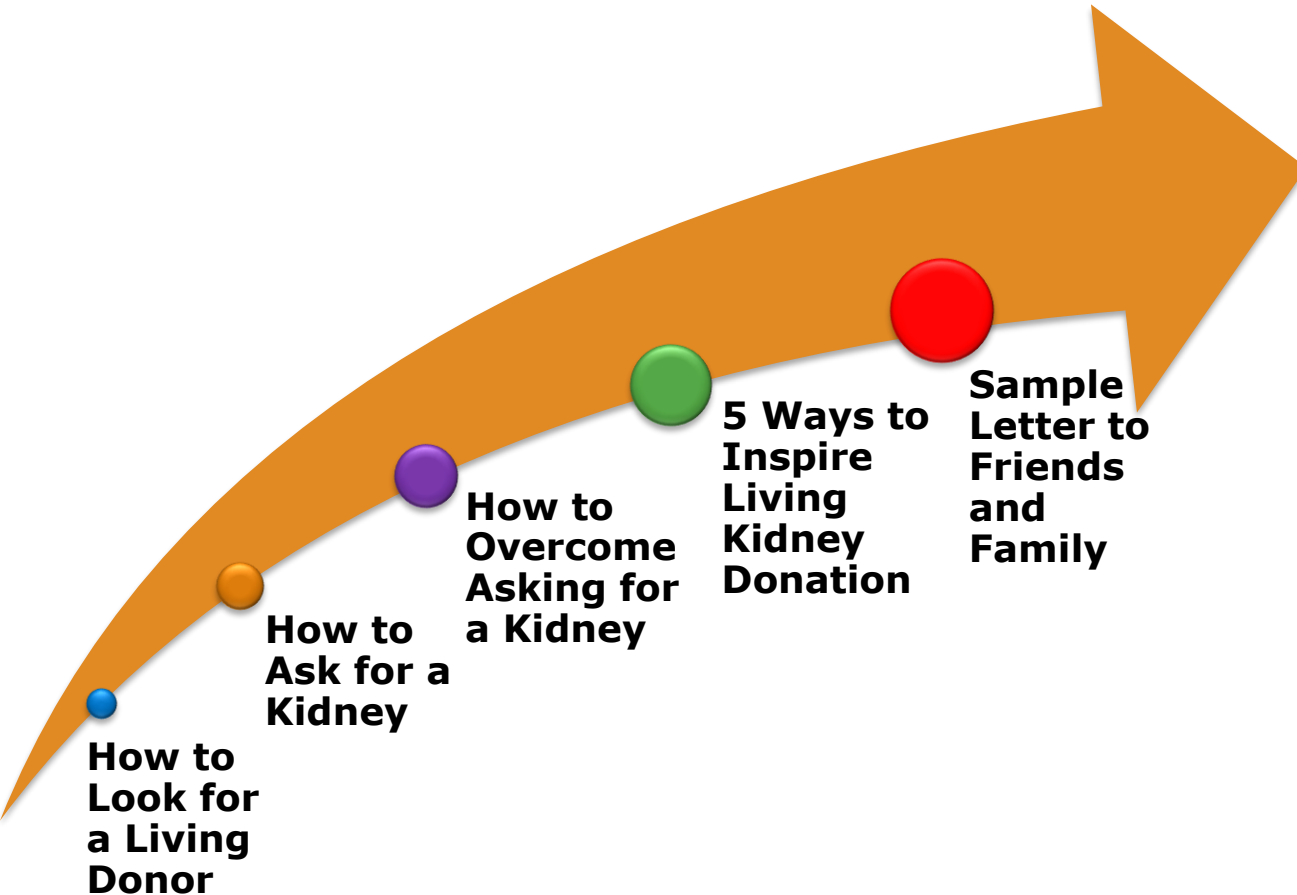
- Sometimes blood types are not compatible
- In certain cases, we can do the transplant if the risk of reaction/rejection is low
- This would require special medications before and after the transplant



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)
- URMC participates in two PDE programs:
 - United Network of Organ Sharing (UNOS)
 - National Kidney Registry (NKR)

National Kidney Foundation Website Resources for Living Donation



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

24

Deceased Kidney Transplant Offers and KDPI:

- UNOS 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 in to one of two categories: 0-20% and 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 HIV, HBV, HCV
- 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 ≥ 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 4-5 days after the surgery
- 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
 - Some people require diabetic 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



Immunosuppression Medications:

Prednisone

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



After Transplant:

- Long-term side effects of immunosuppression medications
 - Infection
 - Cancer (highest risk is skin cancer)
- Infection
 - Fever in a transplant patient is considered an emergency
 - Need to contact PCP/transplant office to be seen immediately
- Cancer
 - Strongly encourage routine cancer screening
 - Colonoscopy as instructed every 10 years
 - Mammogram/PAP/PSA yearly
 - Yearly skin checks with dermatology

After Transplant:

- Seen by the transplant nephrologist twice a week (Mondays and Thursdays) 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 after transplant 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

United Network of Organ Sharing (UNOS):

www.unos.org

National Kidney Foundation (NKF):

www.kidney.org

National Kidney Registry (NKR):

www.kidneyregistry.org

Finger Lakes Donor Recovery Network:

www.donorrecovery.org

Questions?





MEDICINE *of* THE HIGHEST ORDER