Call the Kidney Transplant Clinic at (615) 343-1064 any time:

• you have any symptoms you are worried about
• you have questions for the nurse
• you need to make an appointment
• you need to have a prescription filled.

Call 911, or go immediately to the ER if:

• you have stools that are black or bloody
• you have chest pain
• you have shortness of breath
• you have a fast heart beat.
Vanderbilt Transplant Center

Vanderbilt Transplant Center in Nashville, Tennessee, is one of the South’s main providers of solid organ and stem cell transplantation. We offer programs in heart, kidney, liver, lung, pancreas, and bone marrow transplantation, and our outcomes are among the best in the country. Our specialists strive to return every patient to a full and active life. Our mission is to provide end-stage organ failure patients the opportunity to lead extraordinary lives. Thank you for trusting us with your care.

As we treat you, we promise to:

• include you as the most important member of your health care team
• personalize your care with a focus on your values and needs
• work with you to coordinate your care
• respect your right to privacy
• communicate clearly and regularly
• serve you and your family with kindness and respect.
About This Book

This book explains how the kidney and pancreas transplant process works and what you can expect after surgery, including the medicines you will take for the rest of your life, the type of diet you will need to eat, guidelines you’ll need to follow to stay healthy, and what you can expect as you recover.

For you to stay healthy after transplant, you must take responsibility for your own care for the rest of your life. There is a lot for you to learn. We don't expect you to know it all at once, but we do expect you to make your best effort to be independent. We will help you. But remember: the most important person in your health care team is YOU.

Some things you need to do:

• Take your medicines exactly like your doctor tells you.
• Keep all of your scheduled doctor and blood work appointments.
• Develop or keep your healthy habits. This means you need to eat healthy, exercise on a regular basis, and develop healthy ways to cope with stress.
• Communicate well with your family and the transplant team.
• Make sure you have someone who can be your caregiver. This is required for transplant.
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- Eat less sodium (salt).
- Never eat grapefruit or drink grapefruit juice!
- Get enough calcium in your diet.
- Practice food safety.
- Watch your potassium levels if your doctor says to.
- Increase the phosphorus in your diet if your doctor says to.
- Increase the magnesium in your diet if your doctor says to.

**More Recommendations for Staying Healthy**

- Stay active.
- Prevent infection.
- Take care of your skin.
- Get your regular check-ups and screenings.
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- Writing to your donor family.
- Places to stay in Nashville.
- Call the Kidney Transplant Clinic at (615) 343-1064 if.
- Call 911, or go immediately to the ER if.
After Surgery: At the Hospital

**Pain**

After surgery, it is common to have some pain and discomfort. Previous transplant recipients have described this pain as very manageable.

- For the first 24 hours after surgery, we will most likely give you pain medicine through your IV.
- When you are able to drink fluids by mouth again, we will likely switch you from IV pain medicine to oral pain medicine.

**Your incision**

It is normal for fluids to drain from your incision for some time after your surgery. We will check the dressing on your incision often and will change it as needed.

**Tests and measurements**

- We will do daily blood tests while you are in the hospital.
  - We will do blood tests every morning to follow your progress and adjust your daily medicines as needed.
  - The most important kidney function blood tests are creatinine and B.U.N. (blood urea nitrogen).
  - With pancreas transplants, you will have blood tests to check serum glucose, amylase, and lipase.
- We will measure and test the amount of body fluids your body is making.
- Other tests, such as X-rays, will be done when and if they are needed.
- If your new kidney does not make urine right away, we may do a painless test called an ultrasound. It is done to make sure there are no problems with the blood vessels or ureter of your new kidney.
- We will regularly check your vital signs. This includes checking your blood pressure, your breathing, your heart rate, and your temperature.
  - We may wake you at night to check your vital signs. This helps us know how your body is responding to your new kidney.
  - We will encourage you to take your vital signs as soon as you are able, so you can participate in your own care.
**Foley catheter**

For at least 3 days after surgery, you will have a Foley catheter tube in your bladder. This helps us know how much urine you are making. Don’t be alarmed if you see clots and blood-tinged urine in the tube. This is normal after surgery.

- We will measure your urine every hour.
- Occasionally your catheter will need to be irrigated or changed to remove clots that could clog the tube.
- You may have bladder spasms while the catheter is in place. We will give you medicine if you need it to lower the pain and discomfort of these spasms.

**After your catheter is removed**

After your catheter is removed, we will continue to measure how much urine your body makes. At first, the nurses on the floor will measure this for you. Later, we will teach you how to do this by yourself.

Keep in mind that until your bladder stretches back out to hold larger amounts, you may find you have to get up to go to the bathroom more often in the night to pass urine.

**Exercising your lungs**

We will expect you to begin coughing and doing deep breathing exercises while you are still in the recovery room after surgery. We will show you what you need to do. Exercising your lungs can help keep you from getting pneumonia—a common problem after any kind of surgery. If you have some discomfort around your incision when you cough, you can lower it by holding a pillow with some pressure over your incision when you cough.

**Checking your weight**

We will weigh you every morning before breakfast. It is important that you are weighed at the same time each day, on the same scale, and while wearing similar clothes. This is a habit you need to continue after you leave the hospital. Weight gain may be one of the first signs that your body is rejecting your new kidney, especially if you also have less urine output.

**Sleeping**

Some people have trouble sleeping in the hospital. And some people have strange dreams that seem very real. Many transplant recipients also say they have memory problems after the surgery. These problems are temporary and should not worry you.

**Walking**

As soon as the first day after surgery, we will encourage you to get out of bed and walk around. Our goal is for you to walk around your room and down the hall at least 3 times a day. Walking increases your blood circulation, helps relieve gas pains, and helps keep your muscles toned.
Learning about your care

While you are in the hospital, we will teach you how to care for yourself once you are at home. You will have many things to remember. Taking an active role in your self-care and developing a daily routine while you are in the hospital will help you better care for yourself once you get home.

As you know, getting a new kidney or kidney and pancreas is a life-long commitment. Your new organ will need a lot of care, attention, and monitoring to do its job. Your role as a member and a partner of the transplant team becomes more important than ever after surgery.

The role of your caregiver

As you learned when you were first being evaluated for transplant, a reliable, committed support person is necessary for you to successfully go through the transplant process.

During your time at the hospital, your designated caregiver will learn how to help care for you. He or she will:

• be with you when we give you your medicines

• learn what your medicines do and learn about their side effects

• learn to check your blood sugars and give you insulin injections if you need them

• learn how to care for your transplant incision as you heal.

By the time you leave the hospital, your support person will:

• know all about the medicines you will take and their side effects

• be able to help you take your medicines exactly how you are supposed to

• be able to help you keep track of the medicines you take by writing down in a daily medicine log the times you take your medicines and the doses you take

• be ready to go with you to your lab and clinic appointments and your other medical visits to discuss your condition with the doctor and report any issues you are having

• have learned about (and be able to help you watch for) signs and symptoms of organ rejection, medicine side effects, or any other medical issues after you have left the hospital

• be ready to help you with your personal care, such as bathing or shaving

• continue helping you with your insulin injections and blood sugar checks.
The length of your hospital stay

The average stay after a kidney transplant is 3 to 4 days. The average stay for pancreas transplant or a kidney and pancreas transplant is 5 to 10 days.

How long you will be in the hospital depends on:

• your personal situation and history
• how soon your new organ starts working
• how your body responds to your new organ
• how your body responds to your new medicines.

Visitors

You may have visitors while you are at the hospital at Vanderbilt. One person 18 or older may even stay with you in your room. Cots may be available on request.

Tips for a faster recovery

We will work with you while you are in the hospital to help you get stronger faster. Here are some of the ways you can feel better faster:

1. Keep walking!

Walking before and after transplant will help keep your muscles strong and also help you recover faster. At first, you may need our help, but as you build up your strength you will be able to walk by yourself.

2. Eat healthy!

When you first begin to eat after surgery, we will give you clear liquids. If that goes well, you will be moved to more solid foods until you are eating normally. Your body will need extra calories while you heal. It is important that you eat. The dietitian will meet with you after your transplant to talk with you about your diet.

3. Make it a priority to relax!

It is important that you relax while you recover. Any quiet activity that you enjoy can help you pass the time and keep you relaxed. Needlepoint, reading, playing cards, or puzzles are some good examples. Activities like these can also help minimize any pain you may have.
After the Hospital: Your Recovery

Know when to call us!

When you first leave the hospital, you will still be recovering. You and your caregiver need to follow all the home care instructions we give you. Make sure you know the signs of organ rejection, infection, and other problems.

You can reach us at (615) 343-1064 at any time—day or night. If it’s after hours or on the weekend, an operator will answer your call. Ask to speak to the kidney transplant doctor. The operator will get your message to the on-call doctor, who will return your call as soon as possible.

Call us at (615) 343-1064 if you have:

- a temperature higher than 100.5°F (38°C)
- blood pressure higher than 160/100
- flu-like symptoms such as chills, aches, joint pain, headache, and fatigue
- a sick stomach or begin to vomit
- diarrhea or bad stomach cramps
- increased pain, redness, or tenderness over your transplant site
- abnormal drainage from or around your incision
- changes in your urine, including urine that is very dark or tea-colored, less urine or no urine at all, or pain or burning when urinating
- frequent urination
- light or clay-colored stools
- yellowing of the eyes or skin
- a 6-pound weight gain in less than 3 days
- abnormal blood sugars
- a sore throat.

Also, call us if:

- you cannot or did not take your anti-rejection medicines
- your drainage tube comes out
- you are short-of-breath or have chest pain
- you have stomach pain or indigestion that won’t go away
- your urine is cloudy, bloody, or has a bad smell
- you have been exposed to someone with the chicken pox, measles, German measles, or mumps
- you lose 3 or more pounds in less than 1 day
- you have increased swelling in your hands or feet
- another doctor changes one of your medicines or prescribes new medicine
- you have sores or blisters in your mouth
- you see white spots on your tongue or in your mouth.

Please call us any time you have a question and even if you "just don't feel right."
Track your daily numbers

Every day you will need to write down your blood pressure, your weight, your urine output, and your blood sugar levels.

- Record your blood pressure and temperature every morning and evening at about the same time.
- Weigh every morning.
  - Use the same scale each time.
  - Every time you weigh, wear clothes that weigh about the same.
- Measure and write down how much urine your body makes each day. Do this every day until your first appointment after surgery.

Track your blood sugar levels

If you have diabetes, we will talk to you about keeping track of your blood sugar. It is important for you to do this. Any sudden change to your blood sugar levels may mean there is a problem with your new kidney or pancreas.

If you’ve had a pancreas transplant, you’ll need to monitor both your fasting and your non-fasting blood sugars.

- Take your fasting blood sugars at least 8 hours after you last ate or drank anything but water.
- Take your non-fasting blood sugars at least 2 hours after you last ate or drank anything but water.

Drink enough fluids

- For most patients, we recommend drinking 2 to 3 liters (65 to 100 ounces) of fluids each day.
- Your fluids should be mostly water and non-caffeinated drinks.
- Limit caffeinated drinks to 1 or 2 a day.

Take care of your incision

Keep your incisions clean and dry as they heal. If there is an open area, your doctor may ask you to shower to help clean the wound. DO NOT scrub your incision. Sometimes patients leave the hospital with a small drain that removes extra fluid from the surgical site. If you leave the hospital with a drain in place, the nurses will teach you how to empty the drain and record the amount of drainage that you have.

It is OK for you to take showers once you are home. But avoid taking baths until the staples are removed from your incision and the incision is completely healed.

Stay healthy while caring for pets

After surgery and for the rest of your life, do not clean birdcages or change litter boxes. The medicines you take to prevent rejection mean that bacteria around animal waste are now more likely to make you sick. You could breathe in the bacteria or get it on your hands or clothing and eventually get an infection.
Keep up with your care

Your doctor will follow your health for the rest of your life to make sure your transplanted organs are working like they should. It is important that you keep all of your follow-up appointments.

For the first couple months after your transplant, most of your transplant care will be here at Vanderbilt. After that, you are encouraged to follow-up with your local kidney doctor and involve him or her in your long-term care.

- The kidney (nephrology) clinic at Vanderbilt is called the Medical Specialties Clinic. It is located at 2501 in the Vanderbilt Clinic. If you need to talk to someone between your appointments there, please call us at (615) 343-1064.

- For the first month or so, you will also see a transplant surgery nurse practitioner in the Renal and Liver Transplant Clinic at Vanderbilt. Your nurse practitioner works closely with your transplant surgeon. The Renal and Liver Transplant Clinic is located in room 2501A at the Vanderbilt Clinic.

Going back to work

- If you work, we encourage you to go back to work as soon as possible after transplant. Most working patients go back to their jobs 2 to 3 months after transplant. Of course, this depends on the type of work you do.

- Your social worker will help you make plans for going back to work. We also have a return-to-work specialist who will be happy to help you get back to work or even change to a new kind of job.
**Sexual activity**

You may have sex as soon as you are ready after your transplant. Sexual activity will not hurt your kidney; your kidney is well protected. We do recommend that you stay safe when you have sex. Safe sex is defined as using a condom and avoiding high risk behaviors such as having multiple sexual partners.

**Sex drive**

If you feel that you do not have your normal sex drive, if intercourse is painful, or if you have any problems regarding your sexuality, please talk to your transplant team. We are concerned about your overall health and well-being and that includes sexuality.

**If you are a woman**

**Birth control**

If you are a woman of child bearing age and you have not been surgically sterilized, it is important for you to use birth control after transplant. You may be taking medicines that could harm a fetus; it is important you don't become pregnant while taking such medicines.

Do not use any kind of birth control (except condoms) without talking to your doctors. Talk to your gynecologist about your birth control. You, your gynecologist, and your transplant doctor must all agree on the kind of birth control you plan to use. All medicines, including birth control medicines, affect your liver. Some of these medicines can harm someone who has had a transplant. These medicines may also interact with other medicines you take.

**Gynecology appointments**

Stay up to date with your gynecology appointments and your yearly pap smears.

**Pregnancy**

It is best to wait at least 1 year after transplant before becoming pregnant. Talk with your transplant team before trying to become pregnant.

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**If you are a man**

Impotence can be caused by kidney disease, diabetes, or by some of the medicines you take after transplant. If this is a problem for you, talk to your transplant team. They will suggest further treatment.
Potential Complications of Kidney Transplant

Common complications after a kidney transplant are:

- rejection
- infection
- high blood pressure
- diabetes
- delayed kidney function
- ureter complications
- bleeding
- thrombosis
- recurrence of original disease
- dehydration.

**Transplant rejection**

Organ rejection is a complication of kidney transplant. Rejection happens when the body’s immune system recognizes the new organ as something foreign in the body and tries to destroy it.

Organ rejection can happen at any time throughout the life of your new organ. There are two major types of kidney transplant rejection—acute rejection and chronic rejection.
**Acute kidney rejection**

Acute rejection is a sudden reaction of your immune system against your new kidney. As many as 1 in 5 transplant patients may have this type of rejection at some point in time. Acute rejection causes kidney function to decrease. If acute rejection is not treated, the transplanted kidney will be destroyed by your immune system.

- Acute rejection usually happens during the first year after transplant. But acute rejection can happen at any time.
- An acute rejection episode will require you to return to the hospital.
- If treated early, kidney function will almost always improve.
- If your body totally rejects your new kidney, you will need dialysis. The new kidney may or may not need to be taken out of your body.

**Signs of acute kidney rejection**

- increase in temperature
- sudden weight gain
- sudden ankle swelling
- decrease in how much urine you make
- pain, tenderness, or swelling of the new kidney
- elevated creatinine levels.

Sometimes, the only sign of acute kidney rejection is an increase in creatinine noted in your blood work. That is why it is so important to follow up in the transplant clinic and have your routine blood work done. For the first 2 months after your transplant, you will have your labwork done at least once a week as your doctor directs.

**Treating acute kidney rejection**

There are several ways to treat an acute rejection episode. The goals of treatment are to stop your immune system from rejecting your kidney and to prevent any further damage.

- One treatment is to give you large doses of steroids through an IV. This treatment may cause you to feel agitated and restless. This feeling is temporary and will usually go away in a few hours.
- Other strong immunosuppressive drugs may also be given to you through IV.
**Chronic kidney rejection**

Chronic kidney rejection is when there is a gradual decrease in overall kidney function. This type of rejection usually happens months or years after the transplant. Because this rejection is a slow process, dialysis may not be needed for quite some time, possibly years.

**Treating chronic kidney rejection**

The cause of this type of rejection is not clearly understood. Treatment with medicine does not work as well as it does with cases of acute rejection.

If your body shows signs of a rejection episode, you may have a kidney biopsy and ultrasound. If tests confirm chronic kidney rejection, the amount of anti-rejection medicine you take will be increased or a different combination of anti-rejection medicines may be prescribed.
Infection after transplant

Infection is the most common complication of transplant. The anti-rejection medicines that you take after transplant lower your body's ability to fight infection. This puts you at greater risk for developing an infection.

Common infections after transplant

The most common infections after transplant are from viruses you already had in your body before surgery that were previously dormant. It is also possible for a dormant virus in the donor kidney to cause an infection in your body.

Other common infections are:
- lung infections
- infections of the surgical incision
- bladder or urinary tract infections.

Signs of infection

- fever
- tiredness
- diarrhea or vomiting
- redness or drainage around your incision
- a cough or sore throat.

Treating infection

If you get an infection, it will be treated with antibiotics, anti-viral medicines, or anti-fungal medicines. When needed, the infectious disease team at the medical center will consult with the transplant team about your case.

Preventing infection with medicine

After your transplant, you may take anti-bacterial, anti-viral, and anti-fungal medicines for a certain period of time to help prevent infection. If you get an infection after leaving the hospital, you will probably be given antibiotics and treated as an outpatient. Sometimes, however, people do need to come back to the hospital to be treated with IV medicines.

Handwashing to prevent infection

One of the best ways to prevent infection is to keep your hands clean.
- Always wash your hands with soap and water before you eat.
- Always wash your hands with soap and water after you go to the bathroom.
- When you are out, you may also use antibacterial gels to clean your hands.
- When people come to visit you, make sure they are well. Your visitors should also always wash their hands when they come to visit you to prevent the spread of germs.
High blood pressure

Some patients develop high blood pressure after transplant. If you develop high blood pressure after your kidney transplant, your doctor will prescribe you medicine to regulate it. If you already take blood pressure medicine, your doctor may change your dose or type of medicine.

Diabetes

Some of anti-rejection medicines can cause diabetes.

• Diabetes is an increase in the level of sugar in your blood.

• Symptoms of diabetes include:
  – increased thirst
  – increased urination
  – blurred vision.

You can help control your blood sugar by eating a healthy diet, exercising, and keeping a healthy weight. If needed, a medicine called insulin may be prescribed to help control your blood sugars. If you do develop diabetes, we will give you special instructions for managing it.

If you have to start taking insulin to control your blood sugar, we will teach you how to give yourself the injections.

Delayed kidney function

If you get a kidney from a donor who has died, it can sometimes take longer for it to start working in your body. To get an idea of why this happens, it helps to think of your new kidney as being “asleep” (this is called acute tubular necrosis, or ATN). This condition can last a few days or for as long as 2 to 3 weeks. If function in your new kidney is delayed, you may need dialysis until the kidney starts to work on its own.

Ureter complications

The new kidney ureter that was attached to your bladder during surgery may leak or become blocked after surgery.

• A sudden decrease in urine output or pain can be a sign that this is happening.

• An ultrasound will usually show us if you are having this problem.

• If the new ureter becomes disconnected, blocked, or begins to leak, you will likely need surgery to fix it. A stent was put inside your new ureter during surgery to help keep this from happening. This stent will be taken out 3 to 5 weeks after your transplant. You will go to the Urology Clinic to have the stent removed.
Bleeding

Sometimes, a new kidney may begin to bleed. This may require a blood transfusion. On rare occasions, a second surgery may be required to control the bleeding.

Thrombosis

In about 1 percent of patients, the blood vessels to the kidney clot after transplant. This is called thrombosis. If this happens, the kidney cannot work and must be removed. You will need to return to dialysis. You may be listed for another kidney transplant.

Recurrence of disease

In some cases and over time, the original disease that caused your kidney to fail can develop in your new kidney as well. Examples of such diseases are:

- MPGN (membranoproliferative glomerulonephritis.)
- FSGS (focal segmental glomerulosclerosis)
- IgA nephropathy
- diabetes.

If you had any of these diseases before transplant, your transplant doctor will monitor your lab work and urine closely for any signs of recurrence.

Dehydration

After your transplant, you will need to drink more fluids than you did when you were on dialysis. It is common for people with kidney transplants to sometimes become dehydrated.

Dehydration can make you:

- feel dizzy or light-headed
- develop low blood pressure
- have elevated creatinine levels.

You may have times when you have to check-in to the hospital for a brief stay to get fluids through an IV.
The most common complications after a pancreas transplant are:

- rejection
- infection
- bleeding
- blood clotting in the pancreas
- enteric leak (when pancreatic digestive juices leak into the place where the pancreas is connected to the intestine)
- pancreatitis (inflamed pancreas)
- dehydration.

It is not uncommon for pancreas transplant recipients to be re-hospitalized with complications during the first 6 months after surgery.

**Transplant rejection**

If you have rejection, it is a sign that your immune system has identified your new pancreas as unknown tissue and is trying to get rid of it. Preventing rejection with immune-suppressing medicines is the first priority.

**Signs of rejection**

It can be more difficult to detect early-stage rejection with pancreas transplants than with kidney transplants.

- Measuring blood amylase and lipase levels and being aware of belly or back pain and fever are ways of detecting pancreas rejection.
- Blood sugar levels are not a useful tool for detecting pancreas rejection because blood sugar levels rise only when much of a pancreas’s functions have been lost.

If you have signs of possible rejection after you have left the hospital, you may need to come back to the hospital for more tests or medicine.
**Infection**

The anti-rejection medicines that you take after transplant lower your body’s ability to fight infection. This puts you at greater risk for developing an infection.

**Common infections after pancreas transplant**

The most common infections after transplant are from viruses that you already had in your body but were previously dormant. It is also possible for a dormant virus in the donor pancreas to cause infection in your body.

Other infections are:

- urinary tract infections
- wound infections
- pneumonia
- the collection of fluid or an abscess around the pancreas.

**Signs of infection**

- fever
- tiredness
- diarrhea or vomiting
- redness or drainage around your incision
- a cough or sore throat.

**Checking for infection**

If we think you might have an infection, we will do tests to find out for sure if you have one. Possible samples we might test include blood, urine, or sputum (the substance coughed up from your lungs).

**Treating infection with medicines**

If you develop an infection, we will treat you with a medicine that specifically targets that infection. The infectious disease team at the medical center will consult with the transplant team when necessary.
Preventing infection with medicines

After your transplant, you may take anti-bacterial, anti-viral, and anti-fungal medicines for a period of time to help prevent infection. If you get an infection after leaving the hospital, you will probably be given antibiotics and treated as an outpatient. Sometimes, however, people do need to come back to the hospital for treatment with IV medicines.

Handwashing to prevent infection

One of the best ways to prevent infection is to keep your hands clean.

- Always wash your hands with soap and water before you eat.
- Always wash your hands with soap and water after you go to the bathroom.
- When you are out, you may also use antibacterial gels to clean your hands.

Blood clotting

Blood circulation in the pancreas is relatively slow. Because of this, clotting of blood in the pancreas is a possible complication of a transplant. Approximately 5 to 10 percent of pancreas transplants fail within the first week after surgery because of clotting. We will probably give you a mild blood thinner to lower the chances of this happening.

Bleeding

Blood thinners (heparin, lovenox, aspirin) are used after transplant to prevent clotting of the pancreas. These medicines do raise the risk of bleeding around the pancreas. This might require a blood transfusion or even another surgery to stop any bleeding. If this happens, it is usually within the first 2 to 3 days of surgery.
Enteric leak

Occasionally, pancreatic juices leak from where the new pancreas is connected to your intestine. This is known as an enteric leak. If this happens, you may get severe stomach pains. The leak can be treated with a tube (drain) that is put in place by a radiologist during a CT scan or with another surgery.

Pancreatitis

Pancreatitis is when your new pancreas becomes inflamed or swells. It may be caused by trauma that happened to your new pancreas at any point from the time of the donor's death to the time of organ retrieval, storage, or implantation. Signs of pancreatitis include belly or back pain with abnormal lab results.

Pancreatitis usually happens within the first several days after surgery. It generally improves with the use of IV fluids alone.

Dehydration

After your transplant, you will need to drink more fluids than you did when you were on dialysis. It is common for people with kidney transplants to sometimes become dehydrated.

Dehydration can make you:
• feel dizzy or light-headed
• develop low blood pressure
• have elevated creatinine levels.

You may have times when you have to stay in the hospital for a short time to get fluids through an IV.
Understand Your Medicines

Learn about your medicines and take them as prescribed

• One of the leading causes of organ rejection is not taking medicines correctly.

• Do not crush or cut a tablet unless you are advised to do so.

• If you are unable to take any of your medicines because you are vomiting, contact your doctor immediately.

• You should discuss any new medicine with your transplant team BEFORE you take it. Many medicines can interact with your anti-rejection medication, including all over-the-counter and herbal medicines.

• Do not leave your medicines in your car. Store your medicines in a cool, dry place and away from direct sunlight. Do not allow liquid medicines to freeze.

• Store your medicines in their bottles or in a medicine organizer (pillbox).

• Be safe: Always keep all your medicines in a place where children and animals cannot get to them.

• Do not drive or operate dangerous machinery within 24 hours of taking narcotic pain medicine.

Keep track of your medicines

Keep a current list of your medicines with you at all times, including all non-prescription and herbal medicines.

Make sure you do not run out of your medicines

Make sure you always refill your medicines before you run out! Missing 1 or 2 doses of one of your medicines, or even taking your medicines late, can cause your body to reject your new kidney or pancreas.

Let your social worker know right away if you ever have any trouble paying for your medicines

If you ever have problems paying for your medicines, your copays, or problems resulting from changes to your insurance coverage, call your social worker. Your social worker can help you.

Keep track of your medicines when you travel

• Take your medicines with you if you are away from home for a long time.

• If you fly, carry your medicines with you.

• Do not check your medicines with your luggage.

• Take an extra 3 to 4 days of medicines in case you are delayed getting back home.
**Tips to help you remember when to take your medicines:**

- Get a pill box with days of the week and times on it.
  - Fill your pill box once a week.
  - Keep your pill box in a place where you will see it often during the day.

- Make a chart of your medicines with the name of each drug, time of day you take each pill, and the number of pills you take at each dose. Then mark off the chart when you have taken each dose.

- If you have a smart phone, you can download and use a medication reminder app.

- Set an alarm clock, kitchen timer, or alert on your smart phone to remind you when to take your medicines.

- It may be easier to remember to take your medicines at the right time if you take them when you are doing things you do every day, like with meals or when a certain TV show starts or ends.
Common medicines for transplant recipients

As a transplant recipient, you will need to take various medicines for the rest of your life. The medicines listed in this section are ones transplant recipients commonly take.

**Special instructions**

- Take your dose at the same time each day, spaced 12 hours apart.
- Do not eat grapefruit or drink grapefruit juice at any time when you are taking this medicine.
- Take this medicine with food.

### Prograf

- Prograf is also known as:
  - tacrolimus
  - FK506.
- This is an anti-rejection medicine used to stop your body from rejecting your new organ.

**Important**

Do not take your regular morning dose on days when you have transplant follow-up appointments.

**Possible side effects**

- headache
- hand tremor
- hair loss
- high blood pressure
- increased blood sugar
- infection
- decrease in kidney function

### Neoral, Gengraf, Sandimune

- This medicine is also known as cyclosporine.
- This is an anti-rejection medicine used to stop your body from rejecting your new organ.

**Important**

Do not take your regular morning dose on days when you have transplant follow-up appointments.

**Possible side effects**

- high blood pressure
- headache
- increased hair growth
- hand tremor
- gum over-growth
- infection
- decrease in kidney function
Special instructions

- Take your dose at the same time every day, spaced 12 hours apart.
- Do not eat grapefruit or grapefruit juice at any time with this medicine.
- Do not store capsules outside original dose package for more than seven days.
- Take this medicine with food.

Rapamune

- Rapamune is also known as sirolimus.
- This is an anti-rejection medicine used to stop your body from rejecting your new organ.

Important

Do not take your regular morning dose on days when you have transplant follow-up appointments.

Possible side effects

- anemia
- higher cholesterol levels
- decreased wound healing
- mouth ulcers
- edema

Special instructions

- Take your dose at the same time each day.
- Do not eat grapefruit or drink grapefruit juice any time with this medicine.
- Take this medicine with food.

Zortress

- Zortress is also known as everolimus.
- This is an anti-rejection medicine used to stop your body from rejecting your new organ.

Important

Do not take your regular morning dose on days when you have transplant follow-up appointments.

Possible side effects

- anemia
- higher cholesterol levels
- decreased wound healing
- mouth ulcers
- edema

Special instructions

- Take your dose at the same time each day, spaced 12 hours apart.
- Do not eat grapefruit or drink grapefruit juice any time with this medicine.
- Take this medicine with food.
This medicine is also known as mycophenolate.

This is an anti-rejection medicine used to stop your body from rejecting your new organ.

**Possible side effects**
- diarrhea
- feeling sick to your stomach or throwing up

**Special instructions**
- Pills should always be swallowed whole.
- Never crush, chew, or open these pills.
- This medicine can cause birth defects when used during pregnancy or by the father at the time his sexual partner becomes pregnant.
- Use 2 different types of birth control to avoid pregnancy when you are using this medicine and for 6 weeks after stopping this medicine, unless you or your partner has an IUD, tubal ligation, or vasectomy. The 2 methods of birth control you can choose are:
  - two different barrier methods at the same time (a condom and a diaphragm)
  - one barrier method along with a hormonal method.
- Take this medicine with food.

**CellCept, Myfortic**

This is an anti-rejection medicine used to stop your body from rejecting your new organ.

**Possible side effects**
- anxiety and mood swings
- difficulty sleeping (insomnia)
- acne, thin skin, or rash
- weight gain
- higher blood sugar levels
- swelling of face or feet
- stomach ulcers

**Special instructions**
Take this medicine with food.

**Prednisone**
**Bactrim**

- Bactrim is also known as:
  - trimethoprim/sulfamethoxazole
  - TMP/SMZ

- This medicine is used to prevent bacterial infections

**Possible side effects**

- rash
- greater sensitivity to sunlight

**Special instructions**

- If you get any skin rashes, tell your doctor.
- Take this medicine with food.

**Valcyte**

- Valcyte is also known as valganciclovir.

- This medicine is used to prevent viral infections.

**Possible side effects**

- feeling sick to your stomach
- vomiting

**Special instructions**

- Swallow tablets whole; do not crush.
- This medicine can cause birth defects when used during pregnancy or by the father at the time his sexual partner becomes pregnant.
- Use 2 different types of birth control to avoid pregnancy while you are using this medicine and for 6 weeks after stopping this medicine, unless you or your partner has an IUD, tubal ligation, or vasectomy. The two methods of birth control you can choose are:
  - two different barrier methods at the same time (a condom and a diaphragm).
  - one barrier method along with a hormonal method.
- Take this medicine with food.

**Dapsone**

This medicine is used to prevent bacterial infections.

**Possible Side Effects**

- anemia
- rash

**Special Instructions**

Take this medicine with food.
**Mag-Ox**

This medicine contains magnesium in the form of magnesium oxide. It is used to raise the levels of magnesium in your body.

**Possible side effects**

- diarrhea
- feeling sick to your stomach

**Special instructions**

Take this medicine with food.

---

**Pepcid**

- Pepcid is also known as famotidine.
- This medicine is used to prevent acid reflux.

**Possible side effect**

headache

**Special instructions**

Take this medicine on an empty stomach.

---

**K-Phos Neutral**

This medicine contains phosphorus in the form of potassium phosphate. It is used to raise the levels of phosphorus in your body.

**Possible side effects**

- feeling sick to your stomach
- throwing up (vomiting)
- diarrhea

**Special instructions**

Take this medicine with food.
<table>
<thead>
<tr>
<th>Prilosec</th>
<th>Senokot-S</th>
</tr>
</thead>
</table>
| • Also known as: omeprazole  
• This medicine is used to prevent acid reflux. | • Senokot-S is also known as sennosides or docusate.  
• This medicine is used to soften your stools and prevent constipation. |

**Possible side effect**  
headache

**Special instructions**  
Take this medicine on an empty stomach.

**Possible side effects**  
• diarrhea  
• crampy or achy stomach pains

**Special instructions**  
Don't take this medicine if you have diarrhea.
Stay safe when taking over-the-counter medicines

After transplant, you need to be very careful about the medicines you take, including over-the-counter medicines. Many of these medicines ARE NOT safe! Read these pages and make sure you and your caregiver know exactly which medicines are safe and which medicines are not safe.

Herbal supplements

Remember: herbals are medicines too. Avoid any herbal supplement unless it has been approved by your transplant doctor.

Call the kidney transplant office if:
- you are sick and have fever or chills
- you are sick and have symptoms that last longer than 5 days.

Remember:

The most acetaminophen (Tylenol) you can take in any single day is 3,000 mg!
For a cold or congestion, you may take:

- Tylenol Chest Congestion (contains acetaminophen and guaifenesin)
- Ocean Nasal Spray
- Dimetapp Long Acting Cough and Cold (chlorpheniramine and dextromethorphan)
- Tavist (clemastine)
- Zicam (zincum aceticum; zincum gluconicum)
- Coricidin HBP
- Vicks Vaporub
- Afrin Nasal Spray (oxymetazoline), but do not use for any longer than 3 days

For allergies, you may take:

- Tylenol Severe Allergy (acetaminophen and diphenhydramine)
- Claritin or Alavert (loratidine)
- Zyrtec (cetirizine)
- Allegra (fexofenadine)
- Benadryl (diphenhydramine)

For cough or sore throat, you may take:

- Tylenol Cough and Sore Throat (acetaminophen and dextromethorphan)
- Tylenol Cough and Sore Throat Nighttime (acetaminophen, dextromethorphan, and doxylamine)
- Delsym or Robitussin (dextromethorphan)
- Mucinex (guaifenesin)
- Mucinex DM or Robitussin DM (guaifenesin and dextromethorphan)
- Cloraseptic spray and lozenges

For a headache, you may take:

- Tylenol (acetaminophen) or Tylenol Extra Strength (Never take more than 3,000 mg of acetaminophen a day!)
- Tylenol PM (acetaminophen and diphenhydramine)

For arthritis, you may take:

- Tylenol Arthritis
- Capsaicin Cream

The medicines on this page are safe.
For diarrhea, you may take:

- Immodium (loperamide)
- Immodium Advanced (loperamide and simethicone)
- Metamucil
- Fiber-Con

For constipation, you may take:

- Colace (docusate)
- Dulcolax or Correctol (bisacodyl)
- Metamucil
- Fiber-Con
- Miralax
- Senna

For insomnia, you may take:

- Benadryl (diphenhydramine)
- Tylenol PM (acetaminophen and diphenhydramine)

For intestinal gas, you may take:

- Mylanta Gas (simethicone)
- Gas X (simethicone)

For indigestion or heart burn, you may take:

- Zantac (ranitidine)
- Pepcid (famotidine)
- Axid (nizatidine)
- Prilosec OTC (omeprazole)
- Prevacid OTC (lansoprazole)

The medicines on this page are safe.
**Do not take these decongestants:**
- Sudafed (pseudoephedrine)
- Sudafed PE (phenylephrine)
- Alka-seltzer Cold

**Do not take these stomach or bowel medicines:**
- Maalox or Mylanta (magnesium hydroxide, aluminum hydroxide, and simethicone)
- Milk of Magnesium (magnesium hydroxide)
- Magnesium Citrate
- Fleets (sodium phosphate)
- Pepto Bismol
- Tagamet (cimetidine)

**Do not take these pain relievers:**
- Motrin, Advil, Midol (ibuprofen)
- Aleve (naproxen)
- Aspirin for pain relief (a baby aspirin for heart protection is OK)
- Excedrin (acetaminophen, aspirin, and caffeine)
- Anacin (aspirin and caffeine)
- BC Powder (aspirin, caffeine, and salicylamide)
- Goody’s Powder (acetaminophen, caffeine, and aspirin)
- Doans (magnesium salicylate)
- Orudis KT (ketoprofen)

The medicines on this page are NEVER safe!
Eat Right and Keep a Healthy Weight

Good nutrition is key!

One of your goals after transplant is to establish and keep good eating habits. Good nutrition is essential to your recovery after transplant. Good nutrition is also necessary to preserve the function of your newly transplanted organs. A good diet will help keep you healthy for life.

A good diet will also:

• help you keep a healthy weight.
• help you avoid some of the side effects of the anti-rejection medicines you will take. Potential side effects of these medicines (especially, Cyclosporine [Neoral, Gengraf] and Tacrolimus [prograf, FK-506]) include:
  – weight gain
  – protein loss
  – elevated blood sugar
  – high cholesterol
  – high triglyceride levels
  – high blood pressure
  – swelling
  – thinning of the bones (osteoporosis)
  – increased infection risk, including sickness from bacteria in foods.

Building a nutrition plan

• You will be scheduled for an appointment to see the transplant dietitian 6 weeks after your surgery.
• If you are on Medicare, you will have nutrition coverage for 3 years after kidney transplant. This will make it possible for you to have a nutrition plan that focuses on your unique, personal needs and medical condition.
## Eat a variety of foods every day

<table>
<thead>
<tr>
<th>Food Group</th>
<th>Foods Included</th>
<th>Servings a Day</th>
<th>Serving Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains</td>
<td>Whole grain bread, pasta, oatmeal, brown rice, unsweetened breakfast cereals, tortillas, grits</td>
<td>6 to 8 servings, based on age and activity level</td>
<td>1 slice of bread; 1/2 hamburger bun, hotdog bun, or English muffin; 1 cup dry cereal; 1/2 cup cooked rice, pasta, or cereal</td>
</tr>
<tr>
<td>Vegetables</td>
<td>Any vegetable or 100 percent vegetable juice</td>
<td>3 to 5 servings</td>
<td>1/2 cup cooked or 1 cup raw vegetables; 6 ounces of juice.</td>
</tr>
</tbody>
</table>
| Fruits        | Fruit or 100 percent fruit juice, except grapefruit.  
**IMPORTANT:** no grapefruit juice or grapefruit products! | 2 to 4 servings of fruits.  
Limit juice to no more than 1 serving a day | 1/2 cup sliced fruit, 1 medium-sized whole fruit; 6 ounces juice.  
1/4 cup dried fruit. |
| Dairy         | Skim or 1 percent milk, low-fat yogurt, and cheese                           | 3 servings              | 1 cup milk or yogurt; 1/2 ounces of cheese.                                                         |
| Protein       | Lean meat, poultry, fish, dried beans, peas, eggs, nuts, seeds, peanut butter, cholesterol-free egg substitute | 6 to 9 ounces (3 servings of 2 to 3 ounces each) | 1 ounce meat, fish, poultry; 1/4 cup dried beans or peas; 1/4 ounce nuts or seeds; 2 Tbs peanut butter. |
| Fats and sweets | Oils, margarine, butter, mayonnaise, salad dressing, sugar                    | 1 to 3                  | 1 tsp butter, margarine, oil, or sugar.                                                            |
A visual tool to help you eat a balanced diet...

ChooseMyPlate.gov
To keep from eating too much, follow these tips:

• Eat more low-calorie foods like whole fruits and vegetables instead of high-fat foods and sweets.

• Have a bowl of clear soup or broth before lunch or dinner.

• Add a salad with 1 tablespoon of dressing or oil to your lunches and dinners.

• Add fiber-rich foods to your diet. Foods with a lot of fiber help slow down your digestion, leaving you feeling full longer. Fiber-rich foods include:
  – whole fruits and vegetables
  – 100 percent whole-grain products, such as bread, pasta, cereals, and brown rice
  – popcorn.

Keep a healthy weight

Your healthy body weight is a range of _______ to _______ pounds.

The number of calories you need each day is ________________ calories.

Stay active

Regular exercise will help you control your weight. We suggest 30 to 60 minutes of physical activity every day.

Don't eat more food than you need

Be aware that prednisone and some of the other medicines you will take can cause you to feel hungry even though you have already eaten as much food as you need.

Eat enough protein

• Eat at least 6 ounces of meat or fish every day along with an additional serving of another source, such as low-fat cottage cheese, beans, unsalted nuts, or peanut butter.

• Eat or drink 3 servings of skim or low-fat dairy foods every day for more protein.
Limit the sugary foods and desserts you eat

If you already have diabetes, remember that having a transplant will not cure pre-existing diabetes. Also, some medicines, such as prednisone, tend to raise blood glucose levels, even in people who do not have a history of diabetes. Over time, high blood sugar can damage the kidneys and lead to a decline in kidney function. For this reason, you should limit foods containing a large amount of sugar. Limiting your sugar will help you keep your blood sugar levels in the normal range.

Carbohydrates

All carbohydrates raise your blood sugar levels. This includes all grains, corn, peas, potatoes, milk, yogurt, beans, and fruit. If you have limited your sugars and your desserts, but your sugar levels are still high, make sure you are only eating the amount of carbohydrates suggested in the chart on page 32.

It will also help if you eat carbohydrates consistently. For example, have foods with carbohydrates at every meal instead of only eating them at 1 or 2 of your meals. This will help your blood sugar levels stay regulated.

<table>
<thead>
<tr>
<th>Avoid or limit</th>
<th>Substitute with</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sugar, honey, syrup</td>
<td>Splenda, Sweet N’ Low, NutraSweet, Equal, Light syrup, Stevia</td>
</tr>
<tr>
<td>Jam, jelly</td>
<td>Sugar-free and light products</td>
</tr>
<tr>
<td>Candy, cookies, doughnuts, pastries, cake</td>
<td>Vanilla wafers, angel food cake</td>
</tr>
<tr>
<td>Sodas, colas, sugary drinks, sweetened teas</td>
<td>Water, tea sweetened with sugar substitutes</td>
</tr>
<tr>
<td>Fruit sweetened in syrup</td>
<td>Fruit packed in its own juice</td>
</tr>
<tr>
<td>Jello, pudding, custard</td>
<td>Sugar-free jellos, puddings, and custards</td>
</tr>
</tbody>
</table>
Eat a low-fat diet

A diet low in saturated fat, cholesterol, and trans fats along with regular exercise can help you keep healthy cholesterol levels.

- Choose foods that contain less than 2 grams of saturated fat per serving. Saturated fats are found in:
  - animal products such as meats, whole milk, and cheeses
  - palm oil
  - coconut oil.

- Choose foods that do not have trans fats in them. Processed and pre-packaged foods that contain the term “partially-hydrogenated” products on the label contain trans fats.

Cooking tips for a low-fat diet

- Braise, boil, steam, poach, or use an outdoor grill because these cooking methods require no added fat.
- Roast meats on a rack to let fats drip off.
- Use tomato sauce to keep fish or poultry moist while baking. Or dip in skim milk and roll in seasoned bread crumbs or cornflakes and bake for a crunchy finish.
- Use plain, nonfat yogurt, fat-free mayonnaise, or sour cream as a base for salad dressings or in recipes.
- Make stews, gravies, and soups a day ahead. This allows you to skim off hardened fat after they have cooled. Making them in advance also gives the flavors time to blend and develop.
- Always trim the extra fat off meat or the skin off chicken both before and after you cook them.
- When you cook with hamburger meat, choose extra lean ground beef that has less than 10 percent fat.
- Use non-stick sprays and non-stick pans to lower the fat in your cooking.
**What to eat when you go out**

Though it is best to eat home-cooked food as much as you can, it is possible to make good choices when you go out to eat, even when you go to fast food restaurants. Some tips:

- Go for the salad bar.
  - Choose fresh fruits or vegetables.
  - Use no more than a small portion of salad dressing (1 tablespoon, or about the size of a ping-pong ball).
  - Avoid mayonnaise-based salads such as potato or macaroni salad.
- If you have meat, choose fish or chicken. Make sure it is baked not fried.
- If you choose chicken, make sure the skin has been removed.
- Do not add mayonnaise or salad dressing to sandwiches.
- If you have a hamburger, choose a small burger. Add onion, lettuce, and tomato.
- Skip the cheese on sandwiches and hamburgers.
- Avoid French fries and onion rings. Choose a baked potato instead. Ask for toppings on the side and use only small amounts of them.
- Do not order foods with any raw or undercooked meat, poultry, seafood, sprouts, or eggs.
Eat less sodium (salt)

Sodium is a mineral found in many foods. Salt is the term commonly used when people talk about sodium. Your body needs some sodium to work properly, but most Americans eat 3 to 4 times more than they need every day!

Restrict your sodium intake to 2,000 to 4,000 milligrams each day.

The effects of too much sodium

Too much sodium can cause high blood pressure. This is because sodium:

- makes your heart work harder
- can cause your artery walls to thicken, which causes them to narrow. When arteries narrow, they may eventually become clogged.

If your arteries become narrow and become clogged, then:

- your heart must work even harder to pump blood through your body
- extra fluid may stay in your lungs, and make it hard for you to breathe
- if you are still eating too much sodium, your kidneys will then have to work harder as they try to get rid of the extra sodium.

Sodium and swelling

Too much sodium may also cause swelling. Usually, this swelling is in the feet and ankles. Remember that being swollen does not automatically mean you should drink less fluid. Drink less fluid only if your doctor tells you to.
Use food labels to make low-sodium choices

Always read the nutrition labels on foods. This way you can make good choices and control how much sodium you eat.

• Look for how much sodium there is in the food.
  – First, check the serving size amount.
  – Second, see how much sodium is in one serving.
  – Finally, think about how much you will eat of that food. For example, if you think you will eat 2 servings, the amount of sodium would double.

• Use the "% Daily Value" section on the right-hand side of the food label as a quick sodium guide.
  – Less than 5 percent sodium means a food is low in sodium, and it is a good choice.
  – More than 20 percent sodium means a food is high in sodium, and it is NOT a good choice.
**Watch out for processed foods!**

According to the Centers for Disease Control and Prevention, 77 percent of sodium in the American diet comes from processed foods.

**The top 10 processed food sources, are:**

- breads and rolls
- cold cuts and cured meats
- pizza
- enhanced poultry
- soups
- sandwiches
- cheese
- pasta dishes
- meat dishes
- snack foods.

---

**Make eating a low-sodium diet easier**

- Do not add salt to your food.
  - About one half of table salt is made up of sodium.
  - Remember: Just one teaspoon of table salt contains 2,300 mg of sodium!
- Take the salt shaker off your table.
- Don’t add salt to your food when you cook.
- Don’t use seasonings that contain the word “salt.”
- Don’t use spices that are labeled as salt substitutes. They are very high in potassium. Too much potassium can be dangerous for some people after transplant.
- Experiment with herbs, spices, and fruit juices to add flavor to foods.

---

**Remember: Sea salt is still salt!**
Low-sodium seasoning ideas

Blend #1 (for vegetables and meat)
1 teaspoon thyme
¾ teaspoon rosemary
1 teaspoon marjoram
½ teaspoon sage

Blend #2 (for vegetables, poultry, and meat)
¾ teaspoon marjoram
½ teaspoon oregano
½ teaspoon rosemary
½ teaspoon thyme
½ teaspoon sage

Blend #3 (for fish)
¾ teaspoon parsley flakes
½ teaspoon sage
¼ teaspoon paprika
¼ teaspoon onion powder
¼ teaspoon marjoram

Blend #4 (for meat, potatoes, and vegetables)
1 teaspoon dry mustard
½ teaspoon thyme
½ teaspoon sage
¼ teaspoon marjoram

Blend #5 (For meat, potatoes, and vegetables)
½ teaspoon garlic powder
½ teaspoon onion powder
¼ teaspoon ground celery seed
½ teaspoon dry mustard
¼ teaspoon thyme
½ teaspoon paprika
½ teaspoon white pepper
Try using these spices and herbs to add extra flavor to your food.

**Beef:** Dry mustard, marjoram, nutmeg, sage, thyme, pepper, bay leaf, basil, caraway seed, curry, dill, rosemary, savory onion, garlic.

**Roast beef:** Rub with pepper and ginger.

**Goulash:** Onions, bay leaf, tomato, paprika.

**Pork:** Sage, basil, caraway seed, thyme, marjoram, rosemary, chives, onion, garlic. Serve with applesauce or spiced apples.

**Lamb:** Mint, rosemary, curry, dill, whole cloves, sage, marjoram, garlic, onion. Rub chops with pepper and ginger before broiling. Serve with broiled pineapple rings.

**Veal:** Bay leaf, ginger, marjoram, curry, basil, savory, sage, thyme, garlic, onion. Rub chops with pepper and saffron.

**Chicken:** Paprika, thyme, sage, parsley. Serve with cranberry sauce or baked apples.

**Special sausage:** Mix fresh ground pork with sage and freshly ground black pepper.

**Fish:** Dry mustard, paprika, curry, bay leaf, lemon juice, lemon, margarine.

**Egg:** Black pepper, dry mustard, paprika, curry, green pepper, onion. Serve with jelly.

**Asparagus:** Lemon juice, French dressing, grated nutmeg.

**Cabbage:** Mustard dressing, dill seed, margarine with lemon and sugar, vinegar.

**Carrots:** Parsley, mint, nutmeg, tarragon, chives.

**Cauliflower:** Nutmeg, bitters.

**Cucumbers:** Serve thinly sliced, raw. Combine with raw onion in vinegar.

**Eggplant:** Cook with tomatoes, bay leaf, oregano.

**Green beans:** Marjoram, lemon juice, nutmeg, dill seed, onion.

**Sweet potatoes:** Glaze with margarine and sugar or orange juice, sugar and cornstarch.

**White potatoes:** Mash and add freshly grated onion and nutmeg or chives. Or toss sliced potatoes with olive oil, rosemary, garlic powder, and black pepper and bake.

**Rice:** Cook and serve with honey or fresh fruits.

**Squash:** Onion, ginger, mace.
**Tips for low-sodium grocery shopping**

### Avoid these high-sodium foods:

- baking soda
- biscuit mix
- bouillon
- canned soup
- canned vegetables
- cheese products
- chips, pretzels, nuts,
- popcorn
- corned beef
- country ham
- crackers
- fast-food meals
- fat back
- frozen dinners
- hot dogs
- meat tenderizer
- olives
- onion or garlic salt
- pickled foods
- pickles
- pork and beans
- pot pies
- potted meats (like Spam)
- prepared foods
- processed cheeses
- processed lunch meats
- sauerkraut
- sausages
- seasoned salts
- self-rising flour
- soy sauce
- salt pork

### Choose these low-sodium foods:

- angel food cake
- club soda
- cooked cereals, pastas,
  - rice without salt
- dried beans and peas
- eggs
- fish
- fresh or canned fruit
- fresh or frozen meats
- fresh or frozen vegetables
- without sauce
- honey
- lemonade
- low-fat pudding
- tea
- unsalted peanut butter
- unsalted pretzels, popcorn,
  - or nuts
- vinegar

### Avoid these ingredients:

- baking powder (sodium pyrophosphate)
- baking soda (sodium bicarbonate)
- brine
- disodium
- monosodium glutamate (MSG)
- sodium metabisulfite
- sodium nitrate
- sodium nitrite
- sodium phosphate
- sodium propionate
Never eat grapefruit or drink grapefruit juice!

Avoid all of these products that contain grapefruit or grapefruit juice extract

<table>
<thead>
<tr>
<th>Coca Cola products</th>
<th>Dr. Pepper/7-Up products</th>
<th>Pepsi products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fanta Grapefruit</td>
<td>Ruby Red Squirt</td>
<td>Citrus Blast</td>
</tr>
<tr>
<td>Fanta Grapefruit Lemon</td>
<td>Squirt and Diet Squirt</td>
<td>IZZE Sparkling Grapefruit</td>
</tr>
<tr>
<td>Fanta Grapefruit Lemon-Lime</td>
<td>Sun Drop and Diet Sun Drop</td>
<td>IZZE Fortified Sparkling Grapefruit</td>
</tr>
<tr>
<td>Fanta Grapefruit Pineapple</td>
<td></td>
<td>Ocean Spray Ruby Red Grapefruit Juice Drink</td>
</tr>
<tr>
<td>Fanta Grapefruit Raspberry</td>
<td></td>
<td>Season’s Harvest Grapefruit Juice Beverage</td>
</tr>
<tr>
<td>Fresca and Diet Fresca</td>
<td></td>
<td>Tropicana Pure Premium Golden Grapefruit Juice</td>
</tr>
<tr>
<td>Fuze Tangerine Grapefruit</td>
<td></td>
<td>Tropicana Pure Premium Golden Grapefruit Juice with Vit D</td>
</tr>
<tr>
<td>Minute Maid Grapefruit Juice</td>
<td></td>
<td>Tropicana Pure Premium Ruby Red Grapefruit Juice</td>
</tr>
<tr>
<td>Simply Grapefruit</td>
<td></td>
<td>Tropicana Ruby Red Grapefruit Juice and Drink</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tropicana White Grapefruit Juice</td>
</tr>
</tbody>
</table>

Avoid all of these products that possibly contain grapefruit or grapefruit juice extract

<table>
<thead>
<tr>
<th>Coca Cola products</th>
<th>Dr. Pepper/7-Up products</th>
<th>Pepsi products</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada Dry Citrus Blend</td>
<td>7-Up (all flavors)</td>
<td>Lipton Diet Green Tea with Citrus</td>
</tr>
<tr>
<td>Full Throttle Citrus Blend</td>
<td>Country Time Lemonade</td>
<td>Propel-Citrus Punch with Calcium</td>
</tr>
<tr>
<td>Nestea Citrus Green Tea</td>
<td>Crush (all citrus flavors)</td>
<td>Sierra Mist (multiple flavors)</td>
</tr>
<tr>
<td>Nestea Grapefruit Honey Green Tea</td>
<td>Orangina</td>
<td>Sobe Energy Citrus Flavor</td>
</tr>
<tr>
<td>Powderade Citrus Blend</td>
<td>Snapple (all citrus tea flavors)</td>
<td></td>
</tr>
<tr>
<td>Vitamin Water Tropical Citrus</td>
<td>Stewart’s (all citrus flavors)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sunkist (all citrus flavors)</td>
</tr>
</tbody>
</table>
Get enough calcium in your diet

You need 1,200 to 1,500 mg calcium each day. Use the table below to calculate how much calcium you get from foods every day. You may need to take a supplement if you are not getting the recommended amount through foods.

<table>
<thead>
<tr>
<th>Food</th>
<th>Serving size</th>
<th>Milligrams (mg) of calcium</th>
</tr>
</thead>
<tbody>
<tr>
<td>2% milk</td>
<td>1 cup</td>
<td>297</td>
</tr>
<tr>
<td>Skim milk</td>
<td>1 cup</td>
<td>302</td>
</tr>
<tr>
<td>Plain low-fat yogurt</td>
<td>1 cup</td>
<td>415</td>
</tr>
<tr>
<td>Fruit low-fat yogurt</td>
<td>1 cup</td>
<td>314</td>
</tr>
<tr>
<td>1% Cottage cheese</td>
<td>1 cup</td>
<td>138</td>
</tr>
<tr>
<td>2% Cottage cheese</td>
<td>1 cup</td>
<td>155</td>
</tr>
<tr>
<td>Mozzarella cheese, part skim</td>
<td>1 ounce</td>
<td>183</td>
</tr>
<tr>
<td>Ricotta cheese, part skim</td>
<td>1/2 cup</td>
<td>337</td>
</tr>
<tr>
<td>Light n’ Lively, Sharp cheddar</td>
<td>1 ounce</td>
<td>192</td>
</tr>
<tr>
<td>Light n’ Lively, Swiss</td>
<td>1 ounce</td>
<td>214</td>
</tr>
<tr>
<td>Pink salmon, canned with bones</td>
<td>3 ounces</td>
<td>212</td>
</tr>
</tbody>
</table>
Practice food safety

After your transplant, you need to take extra care to prepare food safely. This will help prevent illness caused by unsafe food.

Use the "Food Safety for Transplant Recipients" booklet we give you to learn what you need to do to lower your risk of getting foodborne illness or food poisoning.
Watch your potassium levels if your doctor says to

If your medicine causes your potassium levels to be high, you will need to avoid foods high in potassium. Your doctor will tell you if you need to eat a low-potassium diet. Information about potassium is not always listed on food labels. Use the information on the next 2 pages to learn which vegetables and fruits are high and low in potassium.

Potassium levels in vegetables

A serving of vegetables is ½ cup, unless otherwise specified.

Vegetables that are low in potassium (less than 200 mg per serving)

| Asparagus   | Corn       | Kale       | Rhubarb       |
| Beets       | Cucumber   | Lettuce    | Summer squash |
| Cabbage     | Eggplant   | Mushrooms  | Tomato, ½ small |
| Carrots     | Green beans| Mustard greens | Turnip greens |
| Cauliflower | Green peas | Okra       | Turnips       |
| Celery      | Green pepper| Onion     | Wax beans     |
| Collard Greens | Hominy   | Radishes   |               |

Vegetables that are high in potassium (more than 200 mg per serving)

| Baked beans | Great northern beans | Pumpkin      | Sweet potato |
| Black-eyed peas | Lentils   | Restaurant french fries | Tomato sauce |
| Broccoli   | Lima beans   | Restaurant potato salad | Tomato juice |
| Brussels sprouts | Navy beans | Sauerkraut  | V-8 juice    |
| Butter beans | Pinto beans | Soy beans   | Winter squash |
| Chickpeas  | Potato       | Spinach     | Yams         |
| Crowder peas | Potato chips | Split peas  |              |

Food tip: Lower the potassium in your potatoes when you cook them at home

To lower the potassium in white and sweet potatoes, first peel and cut them into small slices. Next, put the potato slices in a large pot or bowl, and fill the pot or bowl up with water. Fill it up all the way. Soak the potato slices for at least 2 hours. Drain and rinse. Finally, boil the potatoes in a large amount of new water. When they are done, drain and continue preparing the potatoes the same way you normally do.
**Potassium levels in fruits**

**Fruits that are low in potassium (less than 200 mg per serving)**

<table>
<thead>
<tr>
<th>Food</th>
<th>Cup/med</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple, 1 med</td>
<td></td>
</tr>
<tr>
<td>Apple juice, ⅓ cup</td>
<td></td>
</tr>
<tr>
<td>Applesauce, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Berries, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Canned fruit cocktail</td>
<td></td>
</tr>
<tr>
<td>Canned fruit nectars</td>
<td></td>
</tr>
<tr>
<td>Canned mandarin oranges, ½ cup</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Food</th>
<th>Cup/med</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canned pears, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Canned plums, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Canned peaches, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Cherries, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Grape juice, ⅓ cup</td>
<td></td>
</tr>
<tr>
<td>Grapes, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Lemon, 1 med</td>
<td></td>
</tr>
<tr>
<td>Lime, 1 med</td>
<td></td>
</tr>
<tr>
<td>Peach, 1 med</td>
<td></td>
</tr>
<tr>
<td>Pear, 1 med</td>
<td></td>
</tr>
<tr>
<td>Pineapple, 1 cup</td>
<td></td>
</tr>
<tr>
<td>Pineapple juice, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Plum, 1 med</td>
<td></td>
</tr>
<tr>
<td>Strawberries, ½ cup</td>
<td></td>
</tr>
<tr>
<td>Tangerine, 1 med</td>
<td></td>
</tr>
</tbody>
</table>

**Fruits that are high in potassium (more than 200 mg per serving)**

<table>
<thead>
<tr>
<th>Food</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Avocado</td>
<td>Dried dates</td>
</tr>
<tr>
<td>Banana</td>
<td>Dried figs</td>
</tr>
<tr>
<td>Cantaloupe</td>
<td>Honeydew</td>
</tr>
<tr>
<td>Dried apricots</td>
<td>Kiwi</td>
</tr>
<tr>
<td>Mango</td>
<td>Nectarine</td>
</tr>
<tr>
<td>Orange juice</td>
<td>Papaya</td>
</tr>
<tr>
<td>Prune juice</td>
<td>Raisins</td>
</tr>
<tr>
<td>Watermelon</td>
<td></td>
</tr>
</tbody>
</table>

**Potassium levels in other foods**

All foods contain potassium, but fruits and vegetables are the biggest sources. Other foods such as dairy products, nuts, seeds, and bran are good sources of phosphorus and magnesium, but are also good sources of potassium.

Work with your transplant dietician or nurse practitioner to keep all your minerals balanced by making the right food choices.
Increase the phosphorous in your diet if your doctor says to

Your doctor will tell you if you need to add more phosphorous to your diet. Information about phosphorous is not always listed on food labels. Use the information on this page to learn which foods are high in phosphorous.

**These foods are high in phosphorous**

<table>
<thead>
<tr>
<th>Food</th>
<th>Phosphorous (mg)</th>
<th>Food</th>
<th>Phosphorous (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All-bran cereal, ½ cup</td>
<td>345</td>
<td>Oatmeal, 1 cup</td>
<td>178</td>
</tr>
<tr>
<td>Almonds, ¼ cup</td>
<td>184</td>
<td>Pancake, plain, 2 4-inch</td>
<td>254</td>
</tr>
<tr>
<td>Beef, 3 oz.</td>
<td>225</td>
<td>Peanut butter, 2 Tbsp</td>
<td>120</td>
</tr>
<tr>
<td>Beef liver, 3 oz.</td>
<td>412</td>
<td>Pork chop, 3 oz</td>
<td>215</td>
</tr>
<tr>
<td>Brazil nuts, 1 oz. (6 to 8 nuts)</td>
<td>206</td>
<td>Salmon, 3 oz</td>
<td>214</td>
</tr>
<tr>
<td>Buttermilk, 1 cup</td>
<td>218</td>
<td>Sesame seeds, 2 Tbsp</td>
<td>124</td>
</tr>
<tr>
<td>Cheddar cheese, 1 oz.</td>
<td>145</td>
<td>Shrimp, 3 oz</td>
<td>174</td>
</tr>
<tr>
<td>Chicken, 3 oz</td>
<td>216</td>
<td>Soy milk, 1 cup</td>
<td>118</td>
</tr>
<tr>
<td>Cottage cheese (low fat), 1 cup</td>
<td>302</td>
<td>Sunflower seeds, 2 Tbsp</td>
<td>200</td>
</tr>
<tr>
<td>Crab, 3 oz.</td>
<td>240</td>
<td>Tuna, 3 oz</td>
<td>139</td>
</tr>
<tr>
<td>Crowder peas, 1 cup</td>
<td>268</td>
<td>Turkey, 3 oz</td>
<td>214</td>
</tr>
<tr>
<td>Crystal light &quot;classic orange,&quot; 1 cup</td>
<td>100</td>
<td>Vitamin water, &quot;revive fruit punch,&quot; 1 cup</td>
<td>261</td>
</tr>
<tr>
<td>Great northern beans, 1 cup</td>
<td>292</td>
<td>Waffles, plain, 2 4-inch</td>
<td>278</td>
</tr>
<tr>
<td>Halibut, 3 oz.</td>
<td>244</td>
<td>Whole-grain cereal, 1 oz</td>
<td>100</td>
</tr>
<tr>
<td>Lentils, 1 cup</td>
<td>356</td>
<td>Whole-wheat bread, 1 slice</td>
<td>64</td>
</tr>
<tr>
<td>Lima beans, ½ cup</td>
<td>105</td>
<td>Whole-wheat muffin</td>
<td>167</td>
</tr>
<tr>
<td>Milk (skim), ½ cup</td>
<td>247</td>
<td>Yogurt (low-fat), 1 cup</td>
<td>250</td>
</tr>
<tr>
<td>Oat bran (cooked), 1 cup</td>
<td>261</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Oat bran muffin, 1</td>
<td>214</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Increase the magnesium in your diet if your doctor says to

Your doctor will tell you if you need to add more magnesium to your diet. Information about magnesium is not always listed on food labels. Use the information on this page to learn which foods are high in magnesium.

*These foods are high in magnesium*

<table>
<thead>
<tr>
<th>Food</th>
<th>Magnesium (mg)</th>
<th>Food</th>
<th>Magnesium (mg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almonds, 2 Tbsp</td>
<td>86</td>
<td>Multigrain cereal, ⅓ cup</td>
<td>16</td>
</tr>
<tr>
<td>Apricots, 3 medium</td>
<td>8</td>
<td>Oatmeal, 1 cup</td>
<td>55</td>
</tr>
<tr>
<td>Artichoke, 1 medium</td>
<td>180</td>
<td>Okra, 1 cup</td>
<td>41</td>
</tr>
<tr>
<td>Avocado, 1 medium</td>
<td>71</td>
<td>Oysters (cooked), 3 oz</td>
<td>19</td>
</tr>
<tr>
<td>Banana, 1 medium</td>
<td>33</td>
<td>Peanut Butter, 2 Tbsp</td>
<td>51</td>
</tr>
<tr>
<td>Black-eyed peas, ½ cup</td>
<td>43</td>
<td>Plantain, 1 medium</td>
<td>49</td>
</tr>
<tr>
<td>Bran muffin</td>
<td>60</td>
<td>Potato, 1 medium</td>
<td>55</td>
</tr>
<tr>
<td>Brazil nuts, 2 Tbsp</td>
<td>4</td>
<td>Pumpkin seeds, 2 Tbsp</td>
<td>152</td>
</tr>
<tr>
<td>Broccoli, ½ cup</td>
<td>19</td>
<td>Scallops, 3 oz</td>
<td>23</td>
</tr>
<tr>
<td>Brown Rice, ⅔ cup</td>
<td>57</td>
<td>Sesame seeds, 2 Tbsp</td>
<td>101</td>
</tr>
<tr>
<td>Cashews, 2 Tbsp</td>
<td>74</td>
<td>Soy milk, 1 cup</td>
<td>46</td>
</tr>
<tr>
<td>Cereal, whole grain, 1 oz</td>
<td>50</td>
<td>Soybeans, ½ cup</td>
<td>74</td>
</tr>
<tr>
<td>Chicken 3.5 oz</td>
<td>27</td>
<td>Spinach, ½ cup</td>
<td>78</td>
</tr>
<tr>
<td>Chickpeas, ½ cup</td>
<td>40</td>
<td>Sunflower seeds, 2 Tbsp</td>
<td>100</td>
</tr>
<tr>
<td>Halibut, 3 oz</td>
<td>90</td>
<td>Swiss chard, ½ cup</td>
<td>76</td>
</tr>
<tr>
<td>Kiwi fruit, 1 medium</td>
<td>23</td>
<td>Tofu, ½ cup</td>
<td>118</td>
</tr>
<tr>
<td>Lentils, ½ cup</td>
<td>35</td>
<td>Whole-wheat bread, 1 slice</td>
<td>24</td>
</tr>
<tr>
<td>Lima beans, ½ cup</td>
<td>40</td>
<td>Whole-wheat English muffin</td>
<td>47</td>
</tr>
<tr>
<td>Mackerel, 3 oz</td>
<td>65</td>
<td>Whole-wheat pasta, 1 cup</td>
<td>42</td>
</tr>
<tr>
<td>Milk, 1 cup</td>
<td>34</td>
<td>Yogurt (low-fat), 1 cup</td>
<td>26</td>
</tr>
</tbody>
</table>
More Recommendations for Staying Healthy

Stay active

Regular exercise after transplant is as important as eating a healthy, balanced diet. Exercise will help you:

• control any weight gain
• keep your heart and body healthy
• increase your energy
• lower your stress
• improve your sleep
• feel good emotionally
• improve your digestion
• have good posture.

Exercising safely

• After your surgery, you need to take things slowly. Pace yourself. Rest when you are tired.
• For the first 6 weeks after surgery, do not lift anything that weighs more than 5 pounds. This includes children, pets, and groceries.
• For the first 2 months after surgery, avoid hard exercise. This includes contact sports like football, basketball, and hockey, as well as jogging, tennis, and weight lifting.
• Avoid any activity that causes discomfort to your incision or could possibly result in a blow to the area of your new organ.
• Always talk to your doctor or nurse before you start any new exercise plan.
• Exercise you might consider includes biking, swimming, and walking.

As you recover, it may seem as if there is a fine line between doing enough to get your body fit and doing too much. If you have any questions or concerns about your level of activity, talk with your transplant team.
Building strength and endurance

Your transplant team will give you an exercise plan. Follow this plan to help you regain both your muscle strength and your endurance. In addition to these exercises, you should gradually increase your activity.

- When you first leave the hospital, try to walk for 5 to 10 minutes a day. When that becomes easy for you, gradually increase the time that you walk until it reaches at least 30 minutes a day.
- As you heal completely, you should plan to exercise at least 3 to 4 times a week for at least 30 minutes each time.

These exercise guidelines are the same that are given to everyone to stay healthy.

Staying motivated

Some things you can try:

- Find organized programs designed specifically for transplant patients.
- Find a friend or support person who will exercise with you.
- Try an exercise video.
- Join the YMCA or a gym.
- Talk to us about any questions about your personal exercise plan or any issues you have about exercising.
Prevent infection

The medicines you will take for the rest of your life will make you more prone to getting infections. The good news is that you can help prevent infection with simple, good habits.

Some of these things you will need to do for the rest of your life. Others may be lifted in time. Your transplant doctor or nurse practitioner will tell you when some of these restrictions may be lifted.

Tips for preventing infection:

• Stay away from people who are obviously sick with the flu or a cold.
• Try to avoid children with chicken pox or strep throat.
• Wash your hands with soap and water before you eat and after you go to the bathroom. This is one of the best ways to prevent infection. When you are out of the house, you may also use anti-bacterial gels to clean your hands.
• Shower or bathe regularly.
• Clean cuts and scrapes right away with soap and water; then apply an antiseptic and a bandage.
• Do not, under any circumstances, change the litter in the cat box or birdcage without wearing gloves. This could cause a serious infection. Avoid cat scratches.
• For 8 weeks after your transplant, do not garden, dig in the dirt, or mow the lawn without wearing gloves. Doing any of these activities without gloves could cause serious infection.
• Keep your fingernails and toenails clean and trimmed. If your toenails are hard to manage or are ingrown, see a foot specialist.
• Talk to your doctor about getting the flu and pneumonia vaccines. Neither vaccine contains live viruses. After 3 months, both vaccines will be safe for you to have.
• Do not get any vaccine that contains a live virus, such as the smallpox or polio vaccine.
• Talk to your doctor if someone in your house will get a live virus vaccination for a virus you have not already been vaccinated against, such as chickenpox, zoster, oral polio, or diphtheria
• Do not smoke. And do not expose yourself to second-hand smoke.
• Avoid community whirlpools.
• Avoid swimming in lakes or ponds.
Take care of your skin

Transplant patients have a higher risk of getting skin and lip cancers. This risk increases with time. You must always protect your skin from the ultraviolet rays of the sun that cause skin cancers.

- Always use sunscreen (at least SPF 35) before going outside. Every 2 hours while you are outside, apply sunscreen again.
- Do not use tanning beds.
- Regularly check your skin for any unusual skin or mole changes.
- We recommend that you visit a dermatologist once a year.

Get your regular check-ups and screenings

See your primary care doctor regularly, and have the routine screenings he or she recommends for you.

Take care of your eyes

Visit your eye doctor once a year.

Take care of your teeth and gums

- Brush your teeth after each meal and at bedtime.
- Floss your teeth gently every day.
- Examine your mouth every day, and call your doctor or nurse if you have sores, blisters, or white spots.
- Visit your dentist every 6 months.
- Make sure the dentist knows what anti-rejection medicines you take before they do any dental work.
- Do not plan any routine dental work until 3 months after your transplant.
- To prevent infection, you may need to take an antibiotic before having some types of dental work. Regular dental cleanings usually do not require you take an antibiotic. Talk to your kidney doctor about this. He or she will tell you what you should do.
  - Amoxicillin is usually the antibiotic of choice.
  - If you are allergic to amoxicillin, you can take clindamycin (Cleocin) instead.
  - If you are taking Prograf or Neoral, you should not take erythromycin, clarithromycin (Biaxin), or dirithromycin (Dynabac).

- The medicine Neoral can cause an overgrowth of your gum tissue that can become swollen and painful. Ask your dentist to suggest oral hygiene measures to relieve the discomfort.
If you are a man

Do a testicle self-exam every month. Call your doctor if you see or feel any abnormal or unusual lumps.

If you are older than 50

- Get screened for prostate cancer once a year.
- Talk to your doctor about having a screening colonoscopy.

If you want to have a child

Although men may father children at any time after transplant, talk to your doctor before you try to conceive. It is important for you to be sure that the medicines you are taking, such as CellCept, will not harm a fetus.

If you are a woman

- Have a pap smear once a year.
- Do a breast self-exam every month. The best time to do this is one week after your period ends.
- Talk to your transplant doctor or nurse about your method of birth control. Your body may begin making eggs again 2 to 6 months after your transplant surgery and even before your regular menstrual periods return. This is why birth control is highly recommended.

If you decide to become pregnant

If you decide to become pregnant after your transplant, it is very important to discuss this with your transplant doctor or nurse practitioner in advance. Some of the medicines you will be on may not be safe for you to take during pregnancy.

- Avoid pregnancy for at least 1 year after your transplant.
- If you are taking the medicine CellCept, it is important that you avoid pregnancy at all times while you are taking it.

If you use tampons

Choose the smallest size needed to meet your needs. Change tampons often to avoid getting an infection.

If you are older than 50

Talk to your doctor about having a colonoscopy screening.
Take care of your emotional health

It is common and even healthy for transplant recipients and their loved ones to have many different emotions throughout the transplant process. These feelings will vary from person to person. Everyone’s responses are different. It is important to understand some of the reasons for your stressors and how to successfully manage them.

How physical stress may affect your emotions

It is common for emotional distress, like sadness or frustration, to increase during times of physical discomfort or when medical symptoms are present. This will improve as you get better.

Depression

It is very unlikely that you will develop clinical depression following your transplant. (A person who is clinically depressed often loses interest in most activities and may have difficulty concentrating, have feelings of sadness, have less energy, sleep badly, and have a low appetite.)

However, it would not be uncommon if you feel sad or let down for a short period of time following your transplant.

Anxiety

You may also experience anxiety, worry, and fear during the transplant process. Such emotions are normal, and even healthy. Many patients, for example, have a fear that their bodies will reject their new organs. They also worry about what their lives and futures after transplant will be like. Again, keep in mind that these are normal thoughts and emotions.
**Stress**

Stress is a natural part of our daily lives; it is both healthy and necessary. But too much stress can be harmful. Emotions brought on by the stress of having a transplant include sadness, frustration, and anger.

To help lower your stress:

- get enough sleep
- don’t smoke, use any form of nicotine, drink alcohol, or do illicit drugs
- do things that relax you, such as meditation, yoga, baths, reading, and listening to music.

**Coping techniques**

Coping refers to the way people react in the face of a challenge (such as getting a transplant) and how they comfort themselves in response to stress. Of course, not all ways of coping are healthy. Before your surgery, think of ways you have of coping that are healthy. Try to use these healthy coping techniques instead of unhealthy ones.
**Learn as much as you can**

It often helps to get as much information as you can about your medical condition. The more you know about what to expect and what you will need to do throughout the transplant process, the more prepared you will be. Knowing more will also help you have more realistic expectations, which can often lower stress.

**Find support**

Spend time with friends you can talk with about your feelings. You can also find support groups to join. It is important to have a place where you can talk about how you feel. Resources to help you find support are listed in the next section of this book, on page 59.
Patient Tools and Resources

Helpful organizations

There are many national and local organizations dedicated to providing information, support, referrals to other recipients, and financial help to transplant recipients. We encourage you to get as much information as you can as you go through this difficult time in your life.

The following is only a sampling of the resources available to you, and one resource will likely lead you to another.

National Kidney Foundation
(615) 383-3887, Nashville office
(800) 622-9010, National office
www.Kidney.org

State Renal Program (TN)
(615) 741-5259

Children’s Organ Transplant Association
(800) 366-2682
www.COTA.org

American Association of Kidney Patients (AAKP)
(800) 749-2257
www.AAKP.org

Polycystic Kidney Research Foundation
(800) 753-2873
www.PKDCare.org

Transplant Recipients International Organization, Inc.
www.TrioWeb.org

American Kidney Fund
(800) 638-8299
Writing to your donor family

Tennessee Donor Services is a non-profit organization that was chosen by the federal government to manage organ donation in Middle Tennessee. The organization helps transplant recipients and donor families communicate in writing. All communication is completely anonymous and all identities are kept confidential.

The decision to write to your donor's family is a very personal one. Whether or not you decide to write to the donor family is your choice.

General information you might include if you decide to write a letter

- the state in which you live (not city)
- your job
- your family situation such as marital status, children, or grandchildren (do not include any last names)
- your hobbies or interests

Don't make any assumptions about your donor family's religious beliefs

Since you do not know anything about your donor family’s religious beliefs (or if they have any religious beliefs at all), please consider this if you are including religious comments.

Talk about your experience

Some things you might include:

- your gratitude for the family and their gift
- how long you waited for a transplant
- what the wait was like for you and your family
- how the transplant has improved your health and changed the life of you and your family, for example:
  - things you can do now that you couldn't do before your transplant
  - trips you are able to take or traveling you can do that you couldn't do before your transplant
- what has happened in your life since your transplant, for example:
  - Did you celebrate another birthday?
  - Did you, your son, or your daughter marry?
  - Did you become a parent or grandparent?
  - Did you return to school or accept a new job?

Closing your card or letter

- Sign your first name only.
- Do not include your address, city, or phone number.
- Do not include the name or location of the hospital or your doctor(s).
Preparing your card or letter

- Place your card or letter in an unsealed envelope
- Include a separate piece of paper with your full name and date of your transplant written on it.
- Place these items in another envelope, and mail everything together.

Mailing your letter

Send the letter and the sheet with your name and transplant date to your social worker at Vanderbilt Transplant Center:

912 Oxford House
Nashville, TN 37232-4753

When we get your letter, we will forward it to Tennessee Donor Services:

- A Tennessee Donor Services coordinator will read your letter to ensure confidentiality and will then contact the family to offer them the option of receiving the letter.
- If the family wishes to receive your card or letter, Tennessee Donor Services will mail it to them.

Allow for extra mailing time

Since your card or letter must be mailed to the Transplant Center first, and then forwarded to Tennessee Donor Services, please allow extra time for it to reach the donor family. It may take a few weeks after you have mailed your card or letter for the donor family to get it.

If you write a letter, you may or may not hear back from your donor family

Some donor families have said that writing about their loved one and their decision to donate helps them in their grieving process. Other donor families, though they are appreciative of your card or letter, prefer privacy and choose not to write to the transplant recipients. Some donor families may not even want to read your card or letter.
Places to stay in Nashville

Hospital Hospitality House
(615) 329-0477

The Hospitality House provides accommodations for patients and family members of patients staying in Nashville area hospitals at a minimal cost. Private rooms and bath accommodate 2 people, community kitchen and living space, free parking, Vanderbilt shuttle service, a stocked kitchen, and laundry facilities. Family members older than 14 can stay here. Reservations cannot be made in advance, only on the first day of the patient’s or family’s stay. Initial referral has to be made by the transplant staff or transplant social worker.

Scarritt Bennett Center
(615) 340-7500

Near Vanderbilt Hospital and offers discount rates. Vanderbilt shuttle service available. Referral has to be made from the transplant office. No kitchenettes. Microwave and refrigerator in common living room. Children can stay with an adult. Private room with a common bathroom that is adjoined to another guest room. Two people per room.

Homestead Suites
(615) 316-9020

Located near the airport, offers discount prices for short or long term stay for Vanderbilt transplant patients. No shuttle service provided.

Extended Stay America
(615) 383-7490
(800) 398-7829

Located near Vanderbilt on West End Avenue, offers short and extended stays. Shuttle service provided.

Best Western Music Row Inn
(615) 242-1631
(800) 937-8376

Located near Vanderbilt at the intersection of I-40, I-65, and I-24 on Music Row.
Holiday Inn Express  
(615) 244-0150  
(800) 465-4329

Only 2 minutes from the hospital, Holiday Inn Express provides a complementary continental breakfast and free shuttle service to and from the hospital.

The Hotel Preston  
(615) 324-9826

Centrally located near the airport, Opryland, downtown Nashville and Cool Springs. Discounted transplant rates and shuttle service available.

Comfort Inn  
(615) 255-9977  
(800) 424-6423

Located at 1501 Demonbreun Street. Within 1-mile radius of Vanderbilt.

The Village At Vanderbilt  
(615) 320-5600

403 Village at Vanderbilt, Nashville, off 21st Avenue. Near the Vanderbilt campus.

* Call for current rates and availability *
Call the Kidney Transplant Clinic at (615) 343-1064 if:

- you have any symptoms you are worried about
- you have any questions for the nurse
- you need to make an appointment
- you need to have a prescription filled.

If it's after hours, call the same number, wait for the operator to answer, and then ask to speak to the kidney transplant doctor. The operator will take your message, and the on-call doctor will call you back as soon as possible.

Call 911, or go immediately to the ER if:

- you have stools that are black or bloody
- you have chest pain, shortness of breath, or a fast heart beat.