

Preparing for Transplant: Kidney, Kidney-Pancreas or Pancreas



Jodi, kidney recipient (transplanted April 2018)



THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Welcome

The Ohio State University Wexner Medical Center Comprehensive Transplant Center's doctors and staff welcome you as a possible kidney, kidney-pancreas or pancreas transplant candidate.

Our Comprehensive Transplant Center has one of the largest solid organ transplant programs in the nation and is a preferred provider for all major insurance companies. We perform more than 600 liver, kidney, pancreas, heart and lung transplants each year. Since our program began in 1967, we've performed more than 13,000 lifesaving transplants, including more than 8,500 kidney, 1,000 kidney-pancreas and 175 pancreas transplants.

As you begin this journey, you and your family may have many questions and concerns. We hope this information will help you learn about the process for kidney, kidney-pancreas and pancreas transplant, so you know what to expect.

The goal of a transplant is to allow you to live a more normal life. But there are changes you'll need to make after transplantation to have the best outcome.

For More Information

It's common to feel both concerned and excited as you consider a transplant. Please call to talk with a pre-transplant coordinator to get more information and to address your questions and concerns.

Phone: 614-293-6724
Monday through Friday
8 a.m. to 4 p.m.

After hours, follow the prompts in the phone tree to leave a message.

Ohio State Kidney, Kidney-Pancreas and Pancreas Transplant Program
Abdominal Transplant Clinic
300 W. 10th Ave., 11th Floor
Columbus, OH 43210
Fax: 614-293-6710

About the Kidney and Pancreas



Summer, kidney recipient (transplanted October 2021)



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About the Kidney



The kidneys are two bean-shaped organs, each about the size of a fist. They're located just below the rib cage, one on each side of your spine.

Each kidney acts as a filter to:

- Remove waste products and extra fluid from the body
- Remove drugs from the body
- Balance the body's fluids
- Release hormones that regulate blood pressure
- Produce an active form of vitamin D that promotes strong, healthy bones
- Control the production of red blood cells

Your kidneys also remove acid produced by your body's cells and maintain a healthy balance of water, salts and minerals — such as sodium, calcium, phosphorus and potassium — in your blood. Without this balance, nerves, muscles and other tissues in your body may not work normally.

Healthy kidneys filter about a half cup of blood every minute, removing wastes and extra water to make urine. The urine flows from the kidneys to the bladder through two thin tubes of muscle called ureters, one on each side of your bladder. Your bladder stores urine. Your kidneys, ureters and bladder are part of your urinary tract.

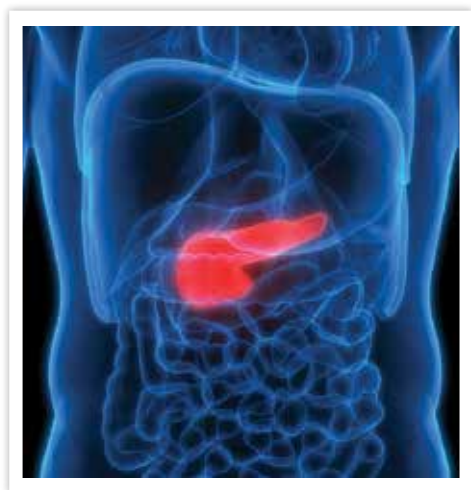
What Is Kidney Disease?

Chronic kidney disease, as defined by the National Kidney Foundation, is having some type of kidney abnormality, such as protein in the urine and having decreased kidney function for three months or longer.

Common causes of kidney disease include:

- Diabetes (leading cause of chronic kidney disease)
- High blood pressure
- Glomerulonephritis, a disease that causes inflammation of the kidney's tiny filtering units called the glomeruli. Glomerulonephritis may happen suddenly, for example, after strep throat, and the individual may get well again. However, the disease may develop slowly over several years and may cause progressive loss of kidney function
- Polycystic kidney disease, the most commonly inherited kidney disease, which is characterized by the formation of cysts on the kidney that enlarge over time and cause serious damage
- Kidney stones
- Urinary tract infections
- Congenital diseases that occur in the urinary tract when a baby is forming in the mother's uterus
- Drugs and toxins including common NSAIDs (non-steroidal anti-inflammatory drugs like ibuprofen, aspirin, naproxen) and street drugs such as heroin and crack

About the Pancreas



The pancreas is an organ 6–8 inches long, that extends horizontally across the upper abdomen behind the stomach. The pancreas is part of the digestive system and has two main functions:

- 1.** Enzyme production. About 95% of the pancreas is tissue that produces enzymes to help digest proteins, fats and carbohydrates before they can be absorbed in the intestine.
- 2.** Hormone production. The remaining 5% of the pancreas is grape-like cells called the islets of Langerhans. These cells produce hormones, the most important of which is insulin, which controls how the body uses and stores sugar (glucose) as its main source of energy.

What Is Diabetes?

Diabetes is a chronic (long-lasting) health condition that affects how the body turns food into energy.

Your body breaks down most food you eat into sugar (glucose) and releases it into your bloodstream. When your blood sugar rises, it signals your pancreas to release insulin. Insulin acts like a key to let the blood sugar into your body's cells for use as energy.

With diabetes, your body doesn't make enough insulin or can't use it as well as it should. When there isn't enough insulin or cells stop responding to insulin, too much blood sugar stays in your bloodstream. Over time, that can cause serious health problems, including kidney disease.

There are three types of diabetes:

- 1.** **Type 1** – Thought to be caused by an autoimmune reaction that stops the body from making insulin. About 5%–10% of people with diabetes have type 1, and it's usually diagnosed in children and young adults. People with type 1 diabetes need to take insulin every day for life in order to survive.
- 2.** **Type 2** – About 90%–95% of people with diabetes have type 2, in which the body doesn't use insulin well and can't keep sugar at normal levels. Usually developing over many years, type 2 can be prevented or delayed with healthy lifestyle changes such as weight loss, eating a healthy diet and exercise.
- 3.** **Gestational** – Occurs in women during pregnancy and goes away after the baby is born, but with increased health risks to the both the mother and child to develop type 2 later in life.

Diabetes and Kidney–Pancreas Transplant

People whose kidneys have failed because of **type 1** diabetes may be best served by a combined kidney–pancreas transplant. Under these circumstances, the person with diabetes usually receives both a kidney and a pancreas from a single deceased donor, often avoiding the need for dialysis.

Kidney–pancreas transplantation is generally not an option for the majority of people with **type 2** diabetes because their tissues are not able to use insulin effectively. However, a kidney transplant is an option for people with type 2 diabetes who experience kidney failure. In select people with type 2 diabetes (insulin dependent) and kidney failure, kidney–pancreas transplantation is an option.



Julie, kidney recipient (transplanted February 2019 as part of a 3-way kidney chain) pictured with chain donors and family members.

Transplant Process: Kidney, Kidney-Pancreas or Pancreas



John, living kidney donor recipient (transplanted August 2022)



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Transplant Process

We require you to have a support person attend all your transplant office visits and education sessions with you. The transplant process can seem very complicated with a lot to learn and remember, so your support person can be a second set of eyes and ears to help you.

Transplant Process Steps

The journey through the process of organ transplant requires a number of steps:

- 1. Referral for Transplant**
- 2. Transplant Education**
- 3. Testing**
- 4. Evaluation Day**
- 5. Patient Selection Committee Review**
 - 5b. Ohio Solid Organ Transplantation Consortium (OSOTC) Approval**
(Only for kidney-pancreas and pancreas recipients)
- 6. Transplant Wait List**
- 7. Getting the Call**

Step 1: Referral for Transplant

Your doctor may have talked to you about having a kidney, kidney–pancreas or pancreas transplant because of the amount of damage your kidneys and/or pancreas have sustained.

Nephrologist

If you want to consider a kidney transplant, you'll be seen by a nephrologist, a doctor who treats patients with kidney disease. The nephrologist will review your records and may do other testing to determine the amount of damage your kidneys have and if transplantation may be a good treatment option for you.

If you're a candidate for transplant, your nephrologist will refer you to **Ohio State's Comprehensive Transplant Center** for more information and testing, and continue to work with the transplantation team. Your nephrologist will manage your kidney disease treatment and medicines, whether or not you become a transplant candidate.

Endocrinologist

If you want to consider a kidney–pancreas or pancreas transplant, you'll be seen by an endocrinologist, a doctor who treats patients with pancreas disease. The endocrinologist will review your records and may do other testing to determine the amount of damage to your pancreas and if transplantation may be a good treatment option for you.

If you're a candidate for kidney-pancreas or pancreas transplant, your endocrinologist will refer you to **Ohio State's Comprehensive Transplant Center** for more information and testing, and continue to work with the transplantation team. Your endocrinologist will manage your pancreas disease treatment and medicines, whether or not you become a transplant candidate.

Before the Referral Visit

Multiple documents will need to be faxed to our Transplant Office before your referral visit:

- Physician referral form
- Medicare 2728 Form (if on dialysis)
- Copy of insurance card (front and back) and photo ID
- Medical release consent form
- Current medical history and physical (within past 12 months)

If available, to expedite referral, please also provide:

- Recent stress test (less than one year old)
- Recent cardiac echocardiogram (less than one year old)
- Recent labs
- Psychosocial evaluation

Our Abdominal Transplant Office fax number is: **614-293-6710**.

Step 2: Transplant Education

The second step in the transplant journey is to watch a 30-minute education video:
go.osu.edu/KidneyTrxEducation.

IMPORTANT: You can't attend the "Step 4: Evaluation Day" appointment in our clinic until you've watched the entire 30-minute video. If you don't have internet access, please speak with your transplant coordinator to make alternate arrangements.

Topics reviewed during the education video include:

- Reasons for transplant
- Types of kidney transplants (deceased donors and living donors)
- What to expect during evaluation and testing
- Reasons someone would not be a good transplant candidate
- Expectations of the transplant Patient Selection Committee (PSC)
- Wait-listing procedures
- Organ offers with *risk criteria identified*
- Surgery
- Anti-rejection medicine
- Care at home and follow-up care after transplantation

Step 3: Testing

Throughout the process, you'll be scheduled for testing to check your current health and whether you would be able to have transplant surgery. These tests may be scheduled at Ohio State or you may be able to have some of the testing done at your primary care doctor's office or a local lab. Your pre-transplant coordinator will discuss with you which tests are required.

Tests may include:

- Abdominal imaging by ultrasound, CT scan or MRI imaging
- Blood tests
- Electrocardiogram (EKG or ECG) to check your heartbeat patterns
- Cardiac echo to check the pressure in your heart and lungs and to check blood flow through your heart
- Pulmonary function testing to check how well your lungs are working
- Arterial blood gas (ABG) to check oxygen levels in your blood
- Six-minute walk test to check your heart and lungs when you're active
- Chest X-ray
- Dental clearance (within one year)
- Cancer screening that may include:
 - Colonoscopy if older than 50
 - Mammogram for women over 40
 - PSA for men
 - Pap smear for women



Beth, kidney recipient (transplanted 2017 as part of a 5-way kidney chain)

Step 4: Evaluation Day

Once education is completed, you'll be scheduled for an Evaluation Day. You're also expected to **bring at least one support person with you to this appointment.**

You should expect to meet with members of the transplant team, such as:

- **Pre-transplant coordinator** will meet to review your medical history.
- **Nephrologist or surgeon** will talk with you about the plan for the kidney, kidney–pancreas or pancreas transplant and review the results of your tests. You'll have a physical exam, and the risks and benefits of the surgery will be reviewed with you.
- **Dietitian** will review your current diet and nutrition status to create a plan to keep you healthy. Changes to cooking and food prep and use of nutritional supplements may be discussed.
- **Financial coordinator** will talk about your health insurance benefits and other financial resources, including your income and savings. This person will help you to create a financial plan to cover the cost of the transplant and follow-up care, as needed.
- **Social worker** to check your living situation, mental health, social system, work history and any issues with drug or alcohol abuse. Based on this review, you may also need to meet with a psychologist. You must have a support person with you for this review.
- **Dietitian** to review your current diet and nutrition status to create a plan to keep you healthy. Changes to cooking and food prep and use of nutrition supplements may be discussed.

Based on the findings from your evaluation, you may need additional tests or you may be given other guidelines that you need to meet before you're able to proceed to the committee review. Once your evaluation is complete, your case will be presented to the transplant **Patient Selection Committee.**

Evaluation day may be scheduled prior to education to allow the transplant team to review and discuss pertinent medical information with a patient before proceeding.



Ashley, non-directed kidney donor (donated July 2014)

Step 5: Patient Selection Committee Review

When your testing and evaluations are completed, you'll be presented as a kidney, kidney–pancreas or pancreas transplant candidate at the Patient Selection Committee (PSC) meeting. This is a multidisciplinary team of physicians and non-physicians, some of whom you've met throughout your evaluation process. The committee has the responsibility of thoroughly reviewing each patient case and determining not only if you're an acceptable candidate for transplant, but also if there's any other intervention possible before proceeding with transplant.

All aspects of your evaluation will be discussed, and a decision will be made about your candidacy. There are four possible results:

1. You're approved for the transplant wait list.
2. You're approved for living donor only.
3. No decision is made about your candidacy, and you may be asked to complete additional testing.
4. You're not approved for the transplant wait list. This may be a permanent or temporary decision. Continue your care with your nephrologist and/or endocrinologist. You may be referred back for transplant evaluation in the future.

While your physician will advocate on your behalf, it's important to know that the decision made about your candidacy in the PSC meeting is a group decision, not an individual one.

Your pre-transplant coordinator will contact you to let you know the decision from the PSC about your case. A letter stating the decision will also be mailed to you.

Step 5b: OSOTC Approval

(Only for kidney–pancreas and pancreas recipients using Medicaid)

If you're accepted for the kidney–pancreas or pancreas transplant wait list, your medical information will be sent to the Ohio Solid Organ Transplantation Consortium (OSOTC) for approval prior to being listed for transplant. Established in 1984 and unique to Ohio, the OSOTC helps ensure that all people have equal access to solid organs. Once your medical information is submitted, you can expect to hear a result back in approximately 48 hours.

In the rare circumstance that the OSOTC requires clarification or additional information about your medical history, a physician phone call may be required and will delay the response time.

The OSOTC has criteria specific to alcohol and substance use disorders. Some individuals may be required to complete additional counseling or testing prior to approval. If the consortium requests additional information or declines you for transplant, your social worker and psychologist will work closely with you.

Step 6: Transplant Wait List

Once you've been approved by the PSC and the OSOTC and authorization has been received from your insurance, you'll be added to the national waitlist for kidney, kidney-pancreas or pancreas transplantation, maintained by the United Network for Organ Sharing. You'll also receive a letter and a phone call from your transplant team.

Approximately 90,200 people in the United States are waiting for a kidney, 2,200 for a kidney-pancreas and 850 for a pancreas (updated October 2024). Several factors determine your rank and placement on the wait list:

- Donor type (kidney only)
- Blood type
- Tissue type

Donor Type (Kidney Only)

A kidney may come from a living donor or a deceased donor, which can affect how long you wait.

- **Living kidney donor transplant** – If you plan to receive a kidney from a living donor, your wait time can be shortened from years to months. Ohio State's median wait from donor approval for donation to surgery is approximately two months. For more information on living kidney donation, visit wexnermedical.osu.edu/KidneyDonor.
- **Deceased donor transplant** – If you plan to receive a kidney from a deceased donor, there'll be a waiting period until the right match is found. It may be several years, or it may be sooner. The average median wait time for a deceased donor kidney transplant is approximately 22 months.

Blood Type

There are four blood groups on the transplant wait list: A, AB, B and O.

- O and A are the most common blood types and have a longer wait list, but they also have more donors available.
- AB and B groups have shorter lists, but there are fewer donors in these groups.

Tissue Type

Samples of your blood and tissue are tested and compared with the donor's tissue to screen for antibodies. Since antibodies fight off foreign substances in your body like viruses and bacteria, antibody screening is important to lessen the chance of organ rejection.

Panel reactive antibody (PRA) lab value measures how sensitive your body is to rejecting a donated organ. A high PRA is more likely to reject an organ. If you have an antibody level greater than 80%, the United Network for Organ Sharing recognizes it's harder to find an organ match for your body. Because of this, you're given extra points in your kidney score for the wait list.

While Waiting

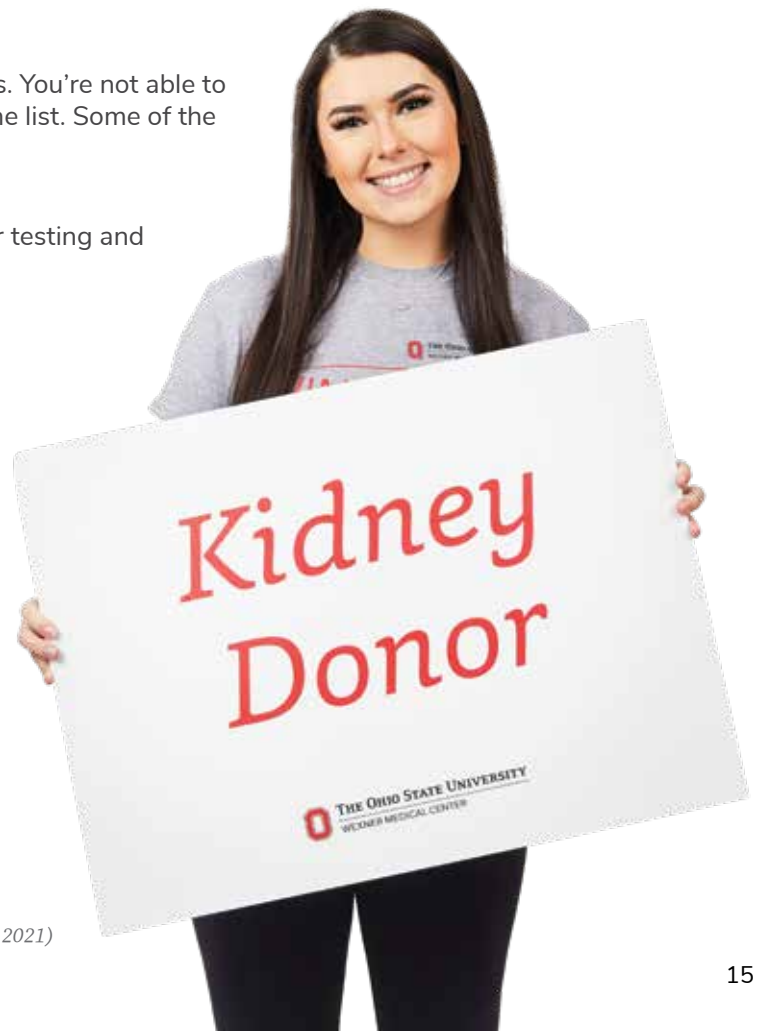
- **Make sure that you're available by phone, check your messages and respond right away.** You need to return the call within one hour to determine if you're well enough to transplant. If you don't return the phone call in that time, the coordinator will contact the next person on the transplant list and you'll miss the opportunity.
- Be sure to **stay in close contact with your transplant coordinator.** Let the coordinator know right away if you have:
 - Changes in your health, especially if you're seen at a hospital outside of the Ohio State Wexner Medical Center system
 - Changes to any of your medicines
 - Changes to your contact information or your family contact information, if you listed them as a contact for you
 - Plans to leave the state on vacation or for other reasons. You may be placed on hold if you're out of range
 - Any changes to your support system
 - Any changes in your insurance
- You should have plans ready for child and pet care, if needed, as well as transportation arranged, so you're ready if you get a call.
- **You're expected to abstain from using drugs or alcohol while you're on the transplant list.** You may be required to get random drug screenings while you're on the transplant list.
- You'll need to have **ongoing lab work.**
- You also need to have yearly dental exams, heart testing or other imaging tests, and you must update your psychosocial form each year.
- Be sure to keep all of your appointments with your primary care doctor and kidney-pancreas specialist(s) and have your needed lab work completed.

Wait List Hold

You may be placed on a wait list hold for many reasons. You're not able to receive organ offers while on hold, but you're still on the list. Some of the reasons to be placed on hold include:

- You're too sick to be safe for transplant surgery.
- You haven't been current with your lab work or other testing and appointments.
- You had a positive drug screen.
- Your doctor or the Patient Selection Committee has placed you on hold because you're not following through with required care.

If you're removed from the transplant wait list, you'll receive a phone call and a letter of notification.



Jenna, kidney donor (donated September 2021)

Step 7: Getting the Call

You'll receive a call from a transplant coordinator when an organ has been accepted for transplant. The phone number that the coordinator is calling from will not always show as an Ohio State number on your caller ID. Please do not decline calls, as you may miss the call for an organ offer. Please note that if the coordinator can't reach you by phone, they'll call the emergency contact or your support person.

Upon receiving the call, you should be prepared to leave home within 30 minutes.

The transplant coordinator might ask you these questions:

- Have you had any abnormal bleeding?
- Do you have any signs of infection?
- Are you on antibiotics?

Hospital Admission Reminders

- Bring photo ID and insurance card
- Bring current list of all medicines
- Bring Power of Attorney for Health Care or Living Will documents, if new to your medical record
- Don't bring jewelry or other valuables with you to the hospital

Organs With Risk Criteria Identified

Organs with *risk criteria identified* refers to organs from donors who participated in an activity or circumstance that could have exposed them to an infectious disease, such as hepatitis or HIV. You'll learn more about organs with *risk criteria identified* during the education video in Step 2.

If you're offered an organ(s) with *risk criteria identified*, this will be discussed with you during the initial phone call. It's important to note that the transplant team wouldn't accept the organ unless they believed the benefits of transplant outweigh the risks. The reason the organ has *risk criteria identified* won't be shared with you when you get the call. If you agree to accept the organ, you'll receive more information from the surgeon upon your arrival to the hospital and will sign an additional consent form.

Transplant Surgery: Kidney, Kidney-Pancreas or Pancreas



Nathan (left), a non-directed kidney donor (donated June 2018), pictured with his partner, Michael.



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Transplant Surgery

Arriving to the Hospital

After you receive the call from your transplant coordinator, you will be instructed to report directly to either the Emergency Department entrance or the University Hospital – Rhodes Hall admissions office, depending on the time of day. Each entrance is located on the main campus at The Ohio State University Wexner Medical Center, and there is valet parking at each entrance.

Before Surgery

Deceased donor recipients: After you receive the call from your transplant coordinator, you'll be given instructions to report to the Rhodes Hall admissions office located at the University Hospital entrance to the Ohio State Wexner Medical Center. Valet parking is available, or you can park in the SAFEAUTO Garage. Your transplant coordinator will set up your admission prior to arrival, and you'll be escorted to your hospital bed to be prepared for surgery.

The transplant coordinator will attempt to estimate the time when you'll go to surgery; however, this information may be unavailable at the time of the initial phone call.

Living kidney donor recipients: Since your surgery date will be set ahead of time, you'll be admitted to the Transplant Unit on the 10th floor of Rhodes Hall within University Hospital at The Ohio State University Wexner Medical Center. Valet parking is available or you may park in the SAFEAUTO Garage.

Before Surgery

Upon arrival, you'll have multiple lab tests done to ensure you're ready for transplant. You'll be given a number of medications, including antibiotics, antifungals and immunosuppression medications, to prevent you from rejecting your newly transplanted organ(s).

Some things to expect during surgical preparations:

- Blood work
- Urine studies
- X-rays
- Shaving of surgical area
- Anesthesiology
- Consent for surgery
- Multiple IV drips

Possible Risks or Problems From Surgery

The doctor will talk with you about risks and benefits of transplant surgery before you sign the surgery consent form. There may be other risks, based on the donor organ and other factors. Ask questions if you don't understand the risks as the doctor explains them to you. The major risks include:

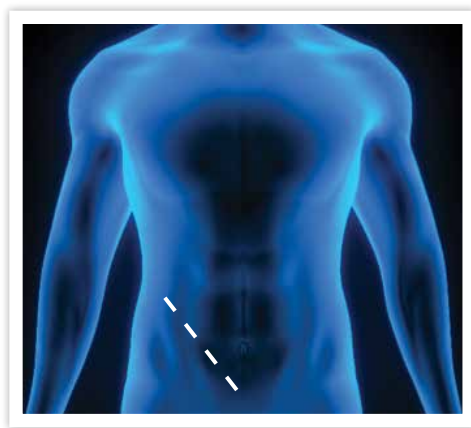
- Bleeding
- Infection
- Pneumonia
- Heart complications
- Blood clots
- Death

Surgery Can Take Four to Six Hours

Ideally, surgery is performed as soon as the organ(s) is available. However, using the latest perfusion techniques, we're able to transplant kidneys as long as 48 hours after recovery.

When you're taken to the operating room, you'll have general anesthesia, so you won't be awake during the surgery. The doctors will make an incision on your lower abdomen and attach the new kidney to your blood vessels and to the ureters connected to the bladder. In a kidney-pancreas transplant, usually the kidney is placed on the lower left side and the pancreas on the lower right side.

In most cases, your existing kidneys aren't removed unless there's repeated infection that can affect your newly transplanted kidney, or if you have problems with urine backing up in the kidneys. Your existing pancreas is also not removed because it can still help with digestion.



Incision for Kidney Transplant



Incision for Kidney-Pancreas or Pancreas Transplant

In-Hospital Recovery

After surgery, you'll go to a recovery room on the Transplant Unit of 10 Rhodes Hall. Your pain levels will be managed, and you'll have a thin flexible tube, called a catheter, to help drain urine. IVs will give you fluids and medicine.

Our goal is for you to get out of bed the day after surgery. This helps with bowel function, core strength and blood circulation in the new organ.

We'll talk with you about your medicines and the care you need after transplantation. We'll help you learn about the care of your incision(s), and how to take your blood pressure, temperature, heart rate and weight.

Plan to be in the hospital for three to seven days for surgery and after-care.

When you go home, you'll need to have a blood pressure monitor, thermometer and scale to take your vital signs each day. Lab work will also be needed twice a week at first, so tell us of your transportation plans.

We'll schedule a four-week follow-up visit with your transplant surgeon. Incision staples will be removed at that time. You'll also visit the Transplant Clinic every week the first month after transplant and follow up several times after that. Additional information about clinic visits is detailed in the next section.

Possible Short- and Long-Term Risks and Problems

After surgery, some kidneys start to work right away while others may take several days or weeks to function fully. You may need dialysis and have other restrictions after your transplant surgery.

Other possible problems include:

- Rejection, or your body not accepting the new kidney (this can occur at any time after the transplant)
- Infection
- High blood pressure
- Cancer
- Diabetes



Robert, two-time kidney recipient (February 2013 and January 2015) pictured with his mom, Kay.

Care After Surgery



Mary (left), kidney recipient (transplanted July 2017), pictured with her daughter and living donor, Abby.



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Care After Surgery

Most kidney, kidney–pancreas or pancreas patients go home three to seven days after surgery. The unit staff will teach you and your support person about your care with an organ transplant, such as:

- Your immunosuppression medicines to prevent rejection of the transplant
- How to prevent infections
- How to care for your surgical incision
- Problems that you should watch for and whom to call

Immunosuppression Medicines

Your immune system helps protect your body from infection. After your organ transplant, your immune system will know the transplanted kidney and/or pancreas is foreign to your body. Your immune system's natural reaction is to reject it, similar to how your body fights an infection. Immunosuppression medicines (also called anti-rejection medicines) must be taken after transplant surgery to reduce your body's chances of rejecting your newly transplanted kidney or kidney–pancreas.

- **You'll need to take these medicines two to three times each day, every day, for the rest of your life.**
- As a transplant recipient, you need to learn the names of the medications, their purpose, when to take them and their possible side effects.
- You'll also need to have **lab work done often to check the levels of your medicines** to be sure they're in the right range to work best for you.
- **DON'T EVER STOP TAKING YOUR MEDICINES OR CHANGE A DOSE WITHOUT PHYSICIAN INSTRUCTION!**
 - Medicine doses will change frequently. You'll work closely with your post-transplant coordinator to be sure you understand your instructions.
 - Only an Ohio State transplant doctor should be making changes to your transplant medicines.

Protect Yourself From Infections

Because immunosuppression medicines weaken your body's immune system to fight off illnesses, you need to take extra steps to stay healthy. You'll be taught about how to protect yourself, such as good hand washing and avoiding others who are sick.

Working With Your Post-Transplant Coordinator

You'll get a call from a post-transplant coordinator within 48 hours after you leave the hospital after your transplant surgery. The coordinator is your contact for any questions you may have about your care. The coordinator will also work with you to coordinate lab work and manage your medicines.

Appointments After Transplant

- **Lab Tests:**

You'll visit a lab for testing **two times a week for the first three months after transplant**. Labs are evaluated by your post-transplant coordinator and transplant surgeon.

- **Outpatient Clinic Visits:**

You'll be seen in our outpatient clinic **weekly for the first month after transplant, then again at 8 weeks, 12 weeks, 6 months, 9 months and 1 year post-transplant (and at any other time in between, if warranted)**. After your first year, you will be seen annually, unless more frequent visits are required.

- We will communicate with your referring physician at the beginning and end of each hospitalization, as well as with each outpatient clinic visit.
- Because of the many interactions of other drugs with immunosuppressive medication, please check with your post-transplant coordinator prior to filling any prescription.
- Once your kidney function stabilizes, you may be eligible to transition back to a nephrologist closer to home. This transition is dependent on your kidney function and overall health at that time. Please discuss this option with your post-transplant coordinator.

Can I Contact the Deceased Donor Family?

This is your decision. Every donor family and situation is different. Some donor families want to share about their loved one, while others find it too difficult.

Please remember that your donor family will still be recovering from a sudden loss in the months following your transplant.

Please call Lifeline of Ohio at 800-525-5667 or go to lifelineofohio.org to find out more about contacting your donor family.

If you received your kidney from an anonymous living donor, your transplant coordinator can help set up a meeting after surgery, if the living donor is willing to meet.



Brian, kidney–liver recipient (transplanted December 2018), pictured with his wife and kids.

Other Treatment Options



Kristy, kidney donor (January 2019)



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What if Transplant Isn't Right for Me?

Our goal is to ensure that you receive extensive education about kidney, kidney-pancreas or pancreas transplantation and fully understand the required commitments for the surgery to be successful. Transplant is not the right fit for everyone, and if you choose not to proceed, we will support your decision with alternative options.

There is no cure for end-stage kidney or pancreas disease, other than an organ transplant. If transplant surgery is not for you for whatever reason, other treatments may benefit you. Some of these treatments may be used to manage your condition while you wait for a transplant. Talk to your nephrologist (doctor) or endocrinologist (doctor) about treatments to manage your disease.

Treatment Options

- **Dialysis (for kidney patients)**
- **Insulin Supplementation (for pancreas patients)**
- **Medical Therapy** – Continue with current therapy, such as oral medications.
- **Palliative Care** – Some patients decide that transplant is not right for them and have different treatment goals. Palliative care can help you determine how you want to treat your disease for the rest of your life. Do you want treatments to prolong your life, or do you want to be kept comfortable until your death? Palliative care can help you with your comfort, health care goals and end-of-life care. We encourage all patients and their families to meet with a palliative care, regardless of the path they choose.



From left to right: Peggy (living donor), Tanya (living donor) and Julie (kidney recipient) were part of a 3-way chain in February 2019, pictured with Tanya's daughter, Tori (in black).

For additional information, visit our Kidney Transplant Education Hub at wexnermedical.osu.edu/KidneyEducation.

Preparing for Transplant: Kidney, Kidney-Pancreas or Pancreas

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