

## Transplant Clinic

Patients who have had a kidney and/or a pancreas transplant are seen frequently in the clinic on the first floor of Taubman Center. Individual plans are developed for each patient.

Physician Name: \_\_\_\_\_

Nurse Coordinator: \_\_\_\_\_

Nurse Partner: \_\_\_\_\_

### Office Hours and Contact Information

Our office is open Monday through Friday from 8:00 a.m. to 5:00 p.m. The office is closed on weekends and holidays. Our office contact information is:

- **(800) 333-9013** (toll free)
- **(734) 998-1453** (fax)

A doctor is always available “on call” if you are ill after normal business hours, on weekends or holidays. Patients who are ill (such as fevers greater than 100.5°, vomiting, pain or tenderness over the transplant site, etc.) should contact the on call doctor. To do so, call the direct paging service at **(734) 936-6267** and ask for the transplant nephrology fellow on call. Please do not call the on call doctor for routine requests, such as prescription refills or for lab results.

If at any time you have a life-threatening emergency, call 911.

## On the Day of Your Appointment

On the morning of your clinic visit, take all of your regular medications **except** envarsus, cyclosporine, tacrolimus, sirolimus or everolimus. Please note that if you take any of these medications before your blood is drawn, we cannot test for these levels. **You may eat breakfast unless instructed otherwise, especially if you have diabetes.**

Your first clinic visit can take several hours. You will see several professionals, including a nephrologist, transplant surgeon, nurse, pharmacist and medical assistant. Social workers are also available for support and resources when requested. Be prepared for a long morning and bring what you will need to be comfortable.

### You Should Know

On the morning of your clinic visit, take all of your regular medications **except** envarsus, cyclosporine, tacrolimus, sirolimus or everolimus.

### *What to Bring to Your Clinic Visit*

- Your *Patient Education Guide* (this book)
- Your daily dose of envarsus, cyclosporine, tacrolimus, sirolimus or everolimus. After your blood draw, you can take your transplant medicines.
- The list of medications you received in the hospital and all your bottles of medications
- Daily record of weights, temperatures, etc.
- Note of any medications for which you will need new prescriptions
- Pain medication and a snack
- A list of questions you have
- Any paperwork given to you at discharge
- Your support person

### *Blood Draw Check-in Procedures*

When you arrive at the hospital for an appointment in the Transplant Clinic go directly to the blood drawing station on the first floor of the Taubman Center. The laboratory orders (requisitions) you will need will be waiting for you there. **Always use the lab orders provided by the transplant team.**

It is important to have your labs drawn 12 hours after your evening dose of cyclosporine (Neoral® or Gengraf®), tacrolimus (Prograf®) or everolimus. If you are taking envarsus (extended release tacrolimus or sirolimus), it should be 24 hours after your last dose. After you have your blood drawn, you may take your transplant medications.

If you are on a clinical research trial protocol, follow the blood draw directions for your study medication.

You will also need to give a urine sample. Therefore, we recommend you do not stop at the restroom on your way into the medical center.

### **Blood Drawing Station Hours in the Taubman Center**

- 1st Floor: 7:00 a.m. to 6:00 p.m.
- 2nd Floor: 8:30 a.m. to 3:30 p.m.
- 3rd Floor: 7:00 a.m. to 6:00 p.m.

### *Proceed to Clinic Visit*

After you have your blood drawn, go to the Transplant Clinic in Taubman Center, Floor 1, Reception Area G and check in.

**Always bring a list of your current medications to every visit. Your medications are a very important and essential part of your care.** We strongly recommend that you write down any medication changes or new instructions given to you during your visit.

### *Trough Levels*

A trough level is the measurement of the drug level in the blood at the time when it is the lowest. It occurs just before your next dose is due.

**Once-a-day medications:** If you take the medication once a day (envarsus or sirolimus), you will get a 24-hour trough level.

- Best time: 24 hours
- Acceptable time: 23-25 hours

**Twice-a-day medications:** If you take medication twice a day (cyclosporine, tacrolimus or everolimus), we will want a 12-hour trough. Example: Joe takes his medication twice a day at 9 a.m. and 9 p.m. He comes to clinic for an appointment. He doesn't take his morning dose, but brings it with him. He gets his blood drawn at 9:30 a.m. This would be a 12½-hour trough.

- Best time: 12 hours
- Acceptable time: 11-13 hours

### *Blood Work Between Clinic Visits/Lab Draws Near Home*

You will need to locate a blood drawing lab near your home. You will need to have labs drawn between office visits.

Your routine lab schedule for the first three months after transplant is defined below. You can eat breakfast unless you have been directed not to do so.

- If you are seen in clinic on Tuesday, you will get labs in clinic and on Thursday at a lab of your choice.

- If you are seen in clinic on Thursday, you will get labs in clinic and on Monday at a lab of your choice.
- **For weeks you are not seen in clinic, get labs on Monday and Thursday at a lab of your choice.**
- If you receive a call from the transplant staff to repeat labs sooner than the routine day, please check with your transplant nurse coordinator to confirm the instructions.

### *Lab Schedule*

For the first month after transplant, you will need to have your labs drawn twice a week. The frequency of your lab draws will gradually change over time. Eventually you will get labs drawn once a month.

DAYS	FREQUENCY OF LAB TESTING
0-30	Twice a week (or until stable)
31-180	Once a week
181-365	Every two weeks
Year 1-3	Once a month
Year 3+	Every three months

You may select a University MLab or another blood drawing lab near your home. A list of MLab blood drawing locations can be found in the Resources section.

If you choose a University MLab, the lab orders will be entered into the computer for you. If you choose a non-U-M lab, the transplant team will provide you a standing lab order with your name, date of birth and hospital ID on them. These items are necessary to ship samples of your blood levels of cyclosporine, tacrolimus, sirolimus and/ or everolimus to U-M for processing. Be sure the label is correctly marked for the drug test needed and that it is placed securely around the tube of blood. You will also need FedEx mailers and labels. This will identify you as the patient and the test that needs to be performed when the vial is received at U-M lab.

#### **You Should Know**

For transplant related labs - remember to always use only lab requisitions issued by the transplant team.

When you need additional FedEx mailers please ask when you come to clinic, or call the transplant office and they will be mailed to you. Your local lab will perform all other tests ordered and will fax the results to our office.

### *Medication Adjustments Following Lab Results*

Medication dosages are frequently adjusted when the transplant team reviews your most current lab results. We can only discuss your lab results and medications with YOU, unless you give us written consent to leave a message on an answering machine or with a family member. We strongly recommend having a reliable answering machine. We request you call our office to confirm that you have received the message. We also suggest you provide an alternate number where we can contact you if you are not at home.

### *Patient Portal*

Communicating with you through the patient portal is another option. We strongly recommend that you sign up for the patient portal ([www.myuofmhealth.org](http://www.myuofmhealth.org)) for communication with your transplant team. It's important to read messages in a timely manner and send back a reply.

For a more comprehensive explanation of medications, please refer to the Medication section of this manual.

### *Hydration/Drinking Fluids*

After the transplant you are easily prone to dehydration, so you need to drink plenty of fluids each day with a goal of 2 liters of non-caffeinated beverages. ***More fluid intake may be necessary in the first few months after your transplant.*** You can drink a variety of fluids. However, drinks that contain caffeine may cause you to lose fluids and don't count toward the recommended two liters of fluid each day.

Keep in mind that drinking more fluids will cause you to urinate more. It is very important that you do not allow large volumes of urine to collect in your bladder. To avoid this, ***you need to empty your bladder frequently, at least every two hours, even if you do not feel the urge to do so.***

## **Communication**

We need to be able to communicate with you. Please be sure to set up voice mail and keep mailboxes clear so that you can accept messages. It's also important to return phone calls when requested. Frequent changes in medications or treatments are necessary and we need to be able to contact you. If you move or change phone numbers, please notify our clinic as soon as possible.

## Monitoring Yourself at Home

From the moment you receive your new kidney and/or pancreas, you assume responsibility to care for that organ. To ensure the continued success of your transplant you will need to track your progress by recording specific health information daily. Tracking your specific health information is crucial to the early detection of issues – such as infection, rejection or complications. Record the following information on the “Track Your Progress” form provided at the end of this section.

### You need to do the following and record the results:

- Check your temperature twice every day for the first six weeks, at the same time in the morning and evening. Notify the transplant nurse coordinator or fellow on call if your temperature is greater than 100.5° F.
- Weigh yourself on the same scale every morning. Notify the transplant nurse coordinator if you have sudden weight gain (e.g., two to three pounds overnight or five pounds in a week).
- If you received a pancreas, check your blood sugar twice daily (before breakfast and before dinner). Notify the transplant nurse coordinator or fellow on call if your blood sugar is greater than 140.
- Check your blood pressure twice a day, after sitting quietly for five minutes. If your blood pressure is higher/lower than it usually is, notify your transplant nurse coordinator.

Remember that your recorded entries show how your body has responded to the transplant and medications. This information is very valuable to the care providers in identifying and resolving any issues before they become severe. Be diligent in tracking your progress. Bring your completed *Track Your Progress* reports to your clinic visits.

## Care Concerns – Soon After Transplant

### *Incision and Wound Care*

Clean your incision by showering daily. If there is any redness, swelling or drainage, notify the nurse coordinator or your healthcare practitioner.

Drainage from the incision may be a small amount or it may be a very large amount. This is not unusual. If you have drainage, **DO NOT PANIC**. Use clean, absorbent material (such as towels, gauze, feminine pads or baby diapers) to absorb the fluid. Note what the fluid looks like, and odor, if any. Call the clinic or the on-call transplant nephrology fellow for further directions.

Small openings in the incision can occur. Keep the area clean and dry. If the incision opens, **DO NOT PANIC**. Please call the clinic or the on call transplant nephrology fellow for further directions.

Do not take a bath (in a bathtub), use spas or hot tubs, or swim in swimming pools, lakes or ponds until your incision is completely healed.

### *Constipation*

Constipation is often a problem for patients in the post-operative time period. Colace (stool softener) can be used to help keep stools soft. If you do not have a bowel movement within five days of your operation, a tap water or Fleet's enema may be used for relief. Call your transplant nurse coordinator if you do not get results, or continue to feel worse.

### *Infection*

While you are on immunosuppressive medications you will need to watch for signs and symptoms of infection:

- Sores or rashes in mouth or on skin
- Redness, swelling, or drainage from incisions
- Pain or burning with urination and frequent urination of small quantities
- Persistent headaches
- Eye pain in bright light
- Sore throat
- Nausea
- Vomiting
- Diarrhea
- Productive cough
- Earache
- Any feelings of being "sick" that you cannot explain
- Blood in your urine or stool



If you develop any of these signs or symptoms, contact your transplant nurse coordinator.

### *Viral Infections*

Some of the viral infections that are of particular concern are CMV, BK Virus, and varicella viruses (chicken pox). Notify the nurse coordinator if you have any of the signs and symptoms noted above or if you have been exposed to chicken pox or shingles.

### *Rejection*

“Rejection” is the body’s natural response to try to fight off “foreign bodies,” for example, your new kidney and/or pancreas. Despite the drugs you take to suppress your immune system, it is not uncommon for transplant patients to have a rejection episode. Many times, you may feel well but your blood tests indicate a potential rejection episode. Therefore, be prepared for the possibility of being admitted to the hospital any time. It is important not to panic if you are diagnosed with a rejection episode. There are medications to effectively treat rejection. Most of the time, rejection has no signs or symptoms. This is why it is so important to get your labs drawn as requested and have protocol biopsies as scheduled.

Below are the signs and symptoms that may indicate a rejection episode (although there are many other possible reasons for them):

- Fever
- Muscle aches (flu-like symptoms)
- Decrease in urine output
- Increase in weight
- Swelling in the feet or legs
- Pain or tenderness in your new kidney
- Abdominal swelling and/or pain
- Blood in your urine
- Elevated blood sugar
- Increased tiredness

If you have any of these symptoms, contact the nurse coordinator or fellow on call.



The treatment for a rejection episode depends upon the type of rejection found.

- You may receive a three-day treatment of oral or IV steroids as an outpatient in our Infusion Center.
- You may receive a course of IV Thymoglobulin® over several days. The first few days of the Thymoglobulin® treatment is done as an inpatient. This allows us to monitor your treatment and provide appropriate medications in the event of an allergic reaction or side effect. The remaining days of treatment are usually managed on an outpatient basis. Side effects include high fevers, achy bones and joints, decreased white blood cells, diarrhea, high blood pressure, nausea or vomiting, and decreased platelets and infections. Patients are given Benadryl® to prevent an allergic reaction and Tylenol® to keep fevers down.

### *Schedule for Biopsies*

We do periodic biopsies in the first year of transplant to evaluate the condition and health of your transplanted organ. A biopsy will be performed in the operating room at the time of transplant and then three, six and 12 months after transplant.

A biopsy is the best way to detect early problems with your kidney transplant. Treatment plans can then be developed for identified issues. Biopsies can be performed at any time if there is a question of kidney function.

### *Stent Removal*

**When should the stent be removed?** The stent should be removed between two and six weeks after the transplant surgery. If you notice that the stent passes with your urine before stent removal, please save the stent and call the clinic.

**How is the stent removed?** The stent is removed by a doctor through a cystoscopy procedure in an outpatient clinic. Depending on where you live, you may be scheduled to have this procedure in Ann Arbor, Livonia or Brighton. A cystoscopy involves placement of a small flexible tube through the urethra (the opening where urine exits the body). The procedure usually takes only a few minutes and causes little discomfort. Immediately before the procedure sterile lubrication containing a local anesthetic (lidocaine) is instilled into the urethra. Since no intravenous line is inserted and there is no anesthesia, you do not have to be accompanied by anyone for this procedure. You can eat normally before and after the procedure.

You will be scheduled for this procedure by the urologist's office. If you have questions about this appointment, please call your transplant nurse coordinator.

### *Hemodialysis Catheter*

If you were previously on hemodialysis and have a dialysis catheter, it may be removed before you are discharged from the hospital. If it is not removed before discharge, arrangements will be made to have it removed.

### *Tenckhoff Peritoneal Dialysis Catheter*

If you were previously on peritoneal dialysis you should continue your care of the catheter site as instructed before your transplant. If there is any redness, swelling, or drainage at the site call the nurse coordinator or your healthcare practitioner.

You will be discharged with a minicap on your Tenckhoff catheter. This cap does not need to be changed every day. If your kidney transplant is working, you will be scheduled to have the Tenckhoff catheter removed within two to four weeks after your discharge.

### *Fistula/Graft Patency*

Check your dialysis fistula or graft daily to make sure it is still working. If it stops working, notify your nurse coordinator or healthcare practitioner.

### *Dental Care*

Since many infections start in the mouth and you are immunosuppressed following transplant, you should do the following:

- Maintain good dental hygiene
- See your dentist every six months or as directed.
- Inform your dentist about your medications and your transplant(s).

You do not need antibiotics before a dental appointment unless you have had an artificial heart valve, inflammation or infection around the heart, heart transplant, or you were born with heart problems. If you need antibiotics, your dentist or family doctor can prescribe the medications. Do not take erythromycin.

### *Your Primary Care Doctor*

It is necessary to have a primary care physician to see you for routine medical issues other than your kidney and/or pancreas transplant. The transplant team cannot provide routine healthcare for you, such as for colds, flu, pain management and routine health maintenance services. It is important to continue your routine health maintenance activities (mammograms, prostate screenings) through your primary care physician.

We do not prescribe antibiotics for symptom management over the telephone. In the event you do not establish a relationship with a primary care physician and you become ill, you will be sent to your local urgent care or emergency room. Always contact our office with any health status changes and to review any medications prescribed by non-transplant doctors before taking the first dose.

Always make sure you inform us if you change your primary care physician since we will be keeping in touch with him/her every time you come to the Kidney Transplant Clinic or are hospitalized.

Be sure to inform your primary care physician of all the medications you are taking as some drugs cannot be taken with immunosuppressive medications.

### *Your Local Nephrologist (Kidney Doctor)*

We will partner with your local nephrologist in managing your care after transplant. It is a requirement of our program that you have a local nephrologist that will collaborate with us in taking care of you. Between 6 and 12 months after transplant, we will help you make an appointment to reestablish care with your local nephrologist.

### **Other steps you should take to monitor your health following transplant:**

- Because your immune system is suppressed, you need to avoid people (both adults and children) with colds, the flu or other contagious illnesses.
- Wash your hands frequently.
- Urinate frequently, at least every two hours, even if you do not feel the urge to do so.
- Continue to watch for signs and symptoms of infection. Notify the nurse coordinator if you have any of the following:
  - Sores or rashes in mouth or on skin
  - Redness, swelling or drainage from incisions
  - Pain or burning with urination and frequent urination of small quantities
  - Persistent headaches

- Eye pain in bright light
  - Sore throat
  - Nausea
  - Vomiting
  - Diarrhea
  - Productive cough
  - Earache
  - Any feelings of being “sick” that you cannot explain
  - Blood in your urine or stool
- Watch for problems related to the medications you are taking. Notify the nurse coordinator if you have any of the following:
    - Easy bruising
    - Rash, itching, redness
    - Back pain
    - Severe stomach pain
    - Vomiting, diarrhea
    - Black tarry stool
    - Swelling of the lips, tongue, face or any body part
    - Breathing problems or respiratory distress
    - Any new or different symptom
- Continue to watch for signs and symptoms of rejection. Notify the nurse coordinator if you have any of the following:
    - Fever
    - Flu-like symptoms
    - Muscle aches
    - Decrease in urine
    - Swelling in your feet or legs
    - Pain or tenderness around the kidney and/or the pancreas
    - Abdominal swelling/pain
    - Blood in your urine
    - Elevated blood sugar
    - Increased tiredness

Please call the nurse coordinator with any questions, concerns, or problems you may have.

## Resuming Activities Following Transplant

You are encouraged to resume normal activities as tolerated, with the following recommendations:

- By the time you are discharged from the hospital, you may move at your own pace climbing stairs without causing any harm to your incision(s).
- Be very careful in complying with medication schedules and laboratory studies. Please refer to the Medicines section of this guide.
- Call the Transplant Office regarding all medication or herbal supplements you intend to take UNLESS they were prescribed by your transplant team or referring nephrologist.
- You may resume driving approximately three weeks after surgery and when you are no longer taking narcotic pain medications. Until that time, your reflexes may not be quick enough for you to drive safely. Check with your transplant doctor before resuming driving. You should always wear a seat belt for protection.
- Do not lift anything heavier than 10 pounds for approximately six weeks after surgery. Until that time, your abdominal muscles are not completely healed.
- You may resume sexual relations when you feel comfortable to do so. Female patients need to understand it is possible for you to get pregnant after a kidney and/or pancreas transplant. To prevent pregnancy barrier methods of birth control (condom or diaphragm), oral contraceptives or Depo-Provera® can be used. For protection from sexually transmitted diseases (STDs), condoms should be used. If you are considering getting pregnant, please consult with your transplant doctor.
- You may return to school or work, with the transplant team's permission.
- Call the Transplant Office if you are exposed to chicken pox. Avoid exposure to individuals who have developed a rash following vaccination with the chicken pox vaccine or the small pox vaccine.
- Patients taking immunosuppressive drugs are at increased risk of developing skin cancer. We suggest that you take precautions, including using sunscreen (SPF 30 or greater), wearing hats and long sleeves. Avoid tanning salons and repeated long unprotected exposure to the sun.
- Wear leather gloves when gardening.

### *Physical Exercise*

Physical exercise is important to your recovery and your long-term health. Physical therapy may have been started soon after your transplant to help prevent some of the side effects of spending lots of time in bed and to begin strengthening and retraining your muscles and joints. It is up to you to continue a program of physical exercise after you leave the hospital. We recommend a daily walking regimen.

However, for six to eight weeks after your surgery, you should avoid strenuous activity or activities that may cause stress, strain, or pulling across your incision. Examples of these are bowling, push-ups, sit-ups, golf, strength training, and contact sports. When you are ready to do more vigorous exercise, please discuss it with your transplant doctor.

### *Pregnancy After Transplant*

Pregnancy after transplant consists of many uncertainties including the risks that it may present to your new organ, your personal health, and the health of your fetus (immediate and long term). Although successful pregnancies have occurred after transplantation, there are higher rates of fetal complications when compared to non-transplant patients including premature delivery, low birth weight, toxemia (preeclampsia), etc. In addition, pregnancy is associated with a higher frequency of rejection of the transplanted organ both during and immediately following delivery. Therefore, **all pregnancies in transplant recipients should be considered high-risk, and planned and managed by both a transplant doctor and a high-risk obstetrician.**

#### **You Should Know**

Contact your transplant nephrologists or transplant nurse as soon as you know you are pregnant or are planning to get pregnant.

Please notify your transplant team immediately if you are pregnant or planning to get pregnant so an individualized medication plan can be developed for you.

Exposure of infants to some immunosuppressive medications may cause fetal harm. For example, the use of mycophenolate (CellCept® or Myfortic®) during pregnancy has been associated with pregnancy loss and fetal malformations. However, discontinuing these medications can result in rejection or loss of the transplanted organ. **Patients should not discontinue any transplant medications without consulting with their transplant physician.** There are alternative immunosuppressive medications that are used during pregnancy.

Some of the commonly used contraceptive methods may be less effective in combination with immunosuppressive medications or have an increased risk of infectious complications in transplant patients. Therefore, female transplant recipients should use **two methods of effective contraception.**

For more details on pregnancy after transplant, please refer to page 14 in the Medicines section.

## Immunizations and Vaccines

Immunizations and vaccines consist of viruses – either “live” or “dead.” Most vaccines are made from a killed or “dead” virus and are safe for patients to take themselves or to be around a recently immunized person. Common examples of vaccines made from “dead” **viruses safe for you** include:

- Tdap
- Hepatitis A
- Hepatitis B
- Flu (injectable)
- Tetanus
- Pneumococcal
- Polio (It is safe for you to be around family or household members who have received the Salk polio vaccine injection because it is an injection and the virus is not shed.)
- Pneumonia – Prevnar 13® and Pneumovax®
- Shingles – Shingrix (dead virus and safe)



All transplant recipients are encouraged to receive a flu vaccine every fall. We also recommend you receive a Pneumovax vaccine for pneumonia every five years.

Some vaccines are made from a “live” virus. The vaccine from a “live” virus can rarely cause the actual disease in the person. Patients who are immunosuppressed are less able to fight the disease and can become sicker. Patients who have had a transplant should not have vaccines from a “live” virus and should avoid direct contact with persons who have received any “live” virus vaccines for a period of six to eight weeks. This includes changing diapers, sharing food or utensils, or any exchange of body fluids.

Examples of live virus vaccines to avoid include:

- MMR (measles, mumps and rubella)
- Small pox
- Chicken pox
- Shingles – Zostavax®
- Flu mist

An immunization protocol is provided in the Resources section. ***To be safe you should always contact your transplant nurse coordinator or transplant doctor before receiving an immunization.***

### *Infusion Centers*

There are many infusion center locations available for our patients. Services include blood draws, IV medications and blood transfusions.

## **Long-term Complications of Transplantation**

### *Rejection*

Rejection is a natural response by the immune system when the body sees something it considers foreign. Rejection can happen at any time after the transplant, even years later. Treatment for rejection will be individualized.

Refer to page 8 of this section for signs and symptoms of rejection and the treatments available.

### *Skin Cancer*

Skin cancer is a greater risk due to the immunosuppressive medications. Patients are encouraged to use safety precautions in the sun. Limiting sun exposure, wearing protective clothing and applying sun block (SPF 30 or greater) are encouraged. In addition, yearly skin evaluation by a dermatologist for moles, spots and lesions is recommended.

### *Diabetes Mellitus*

Post-transplant diabetes mellitus (PTDM) is a common and severe complication following kidney transplantation. New onset of high blood sugar and diabetes mellitus after a kidney transplant are associated with an increased cardiovascular risk. Early detection and appropriate treatment have the potential of improving long-term cardiovascular risk, thus providing a survival advantage. We have established a screening protocol to detect these and other health issues early.

We screen all kidney transplant recipients who do not have a diagnosis of diabetes mellitus and do not take insulin or oral hypoglycemic agents before their kidney transplant. Each patient meeting the criteria will follow this regimen:

- Hemoglobin A1C is performed at the first clinic visit as a baseline measurement.

#### **You Should Know**

An **HbA1C** blood test is a simple way to measure average glucose levels over the past two to three months.

An **oral glucose tolerance test (OGTT)** measures the body's ability to use a type of sugar, called glucose, that is the body's main source of energy.



- An oral glucose tolerance test (OGTT) and hemoglobin A1C are performed once at three months for non-diabetic patients.
- Patients who have abnormal fasting glucose levels will need close monitoring.
- Patients who have abnormal OGTT (impaired and/or diabetic) will need interventions such as diabetes education, a consultation with a dietitian and medication.

### *Recurrence of Disease*

Transplant does not cure the underlying disease process that damaged your kidney. The disease that caused your kidney failure can recur in the transplanted kidney.

## **Impact of Transplant on Disability Status**

Your disability status may change after you have had a transplant. The purpose of a transplant is to restore you to a healthier life. Transplantation does not qualify as a disability status. Each patient must be evaluated individually to determine their disability status.

## **Your Compliance is Crucial**

One of the most important aspects of success with your transplant is your willingness and ability to follow the healthcare advice of your transplant team. Your transplanted organ was a gift. Following the medical advice of the transplant team allows you to care for that gift and honor the organ donor. Take good care of your new organ by taking your medications as directed, get labs drawn when instructed and go to your clinic appointments.

