

Parking and Getting to Appointments

Our patients and visitors may park in the convenient patient and visitor parking structure attached to the Taubman Center outpatient building, University Hospital and C.S. Mott Children's Hospital. Handicapped parking spaces are clearly marked and available on each level of the structure near the patient elevators. The parking structure is staffed 24 hours a day, seven days a week. Multiple day parking passes are available for family members staying with us for an extended period of time. Patients can validate their parking ticket in any outpatient clinic or at the nurses station on any inpatient unit to qualify for a reduced daily parking fee of \$2.

Patients and primary caregivers whose income falls below federal poverty guidelines may qualify for a lesser parking fee. This program is administered by the Guest Assistance Program [University Hospital, Room 2B203, telephone: **(734) 764-6893** or **(800) 888-9825**]. If a guest qualifies, they are issued a Discount Parking form (pink slip) for a specific period of time. Patients should continue to have their parking ticket stamped by the outpatient clinic or inpatient unit to identify them as patients or guests. To receive the reduced rate, guests should present their validated parking ticket along with their pink slip to the parking attendant.



Reception and information centers are located at all entrances to the hospitals and outpatient clinic areas. When you arrive, customer service personnel at these stations will gladly show you how to get to your physician's office or appointment location. In addition, help telephones are located throughout the Health System. If you or your family members require special assistance, wheelchairs, child strollers, stretchers, escorts, or valet parking are available at the main entrance and drop off areas at University Hospital, the Cancer and Geriatrics Center, and C.S. Mott Children's Hospital.

For more information please call the University of Michigan Health System at **(734) 936-4000**.

Wireless Internet Connection

At the request of our patients and families, we have begun to provide, at no cost, wireless access to the Internet. To use this service, visitors must bring in their own WiFi-enabled device with a browser, such as a laptop computer.

This brochure will provide you with directions and tips to access and use this wireless network. We hope that you will find this information helpful.

Getting Connected

A guest connects to the wireless network, also known as the “guest” WLAN by having a wireless network card. Your device must have a wireless network card to access the system.

1. Open a browser by clicking on the start menu and select your internet browser (Internet Explorer for example).
2. Go to any website (**www.google.com** for example).
3. You will be redirected to a simple page detailing the network policies that asks for your last name and an e-mail address. Choose the “accept” button on that page.
4. Another page will open stating the authentication is successful, with a “continue” button.
5. Select “continue” and you will be redirected to the UM public website **www.med.umich.edu**

You are now using the Visitor Access Wireless Computer Network provided by the University of Michigan Health System.

Frequently Asked Questions

Q: What is the wireless network?

A: The UMHS wireless network is a free wireless Internet service offered by the University of Michigan Health System for patients, families and visitors.

Q: What do I need to access this wireless network?

A: All you need to access this wireless network is a WiFi-enabled device with a browser, such as a laptop computer.

Q: Where is this service available?

A: The service is available throughout all areas of the Health System including University Hospital, the Cardiovascular Center, Taubman, Maternal Child Health Center, Emergency Department, Hospital Cafeteria and all public areas within the U-M medical center.

Q: What is the Sign-On ID (SSID) for the U-M wireless network?

A: The SSID for the wireless network is “guest.”

Q: Do I need an account to access this wireless network?

A: No, you do not need an account to access this wireless network.

Q: Is this wireless network supported by the UMHS IT Department?

A: Support is limited to verification that the wireless network is operational. UMHS will provide no support for end-user devices.

Q: Are there any access restrictions?

A: Our wireless network restricts access to certain inappropriate websites using industry standard web filtering software.

Q: Is my connection secure?

A: No. This wireless network is not secure. Please use VPN to access your company resources and please do not send your passwords in clear-text format.

Q: I am a health center employee and I cannot access certain health center resources from this network. Why is that?

A: Even though you are on UMHS premises, the patient visitor network is separate from the UMHS faculty and staff network. You do not have access to UMHS internal resources when you use this network.

Need Hardware Help?

Contact your computer manufacturer or either of the following computer service companies:

- Ann Arbor Computer Systems
(734) 971-6900 or visit their website at www.a2computers.com
- Computer Medic
(734) 662-1228 or visit their website at www.cmedic.com

Please be aware there is usually a cost associated with these help services, which you should confirm before you request repairs or assistance.

Other Important Facts

- At this time, we cannot provide laptops or network cards.
- UMHS does not assist in configuring your laptop. We also do not provide any troubleshooting support.
- This network is being used to provide wireless Internet access to the patients and families visiting the U-M health system. This is not the UMHS clinical network.
- The University of Michigan Health System is not responsible for laptops or any other personal computer hardware and software items that are lost, damaged or stolen.

MLabs Blood Drawing Stations

MLabs offers adult and pediatric blood drawing services through the University of Michigan Health System and Health Centers. Upon arrival, the patient must present a completed MLabs requisition to the receptionist. No appointment is necessary for routine services; please call ahead to schedule glucose tolerance testing. Sites marked with an asterisk (*) are recommended for pediatric patients. Hours are subject to change without notice. Laboratory results are available only through your physician's office. Please do not contact the specimen collection facility or blood drawing station for test result information.

Ann Arbor

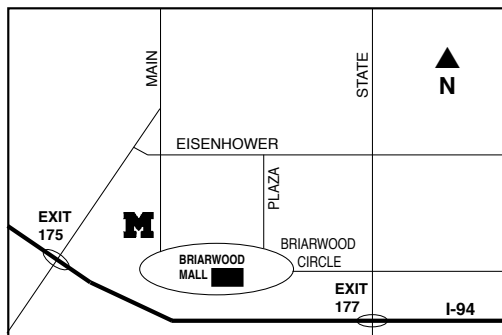
U-M Briarwood Health Center Building 2
 Briarwood Center for Cardiology & Diabetes
 400 E. Eisenhower, Ste B
 Phone: **(734) 998-4413**
 Hours: Monday - Friday, 8 a.m. - 4:45 p.m.

U-M Briarwood Health Center Building 3
 Briarwood Medical Group
 375 Briarwood Circle
 Phone: **(734) 998-0284**
 Hours: Monday - Friday, 7 a.m. - 5:45 p.m.

(Closed first Tuesday of each month, 8 - 10:30 a.m.)

U-M Briarwood Health Center Building 10*
 Briarwood Family Practice
 1801 Briarwood Circle
 Phone: **(734) 913-0167**
 Hours: Monday - Friday, 8 a.m. - 4:45 p.m.
 Saturday, 8 - 11:45 am

(Closed second Wednesday of each month, 8 a.m. - 1 p.m.)



Other Locations

U-M Medical Center Cancer & Geriatrics Center*
 1500 E. Medical Center Dr., Level B2
 Phone: **(734) 647-8913**
 Hours: Monday - Friday, 7 a.m. - 6 p.m.

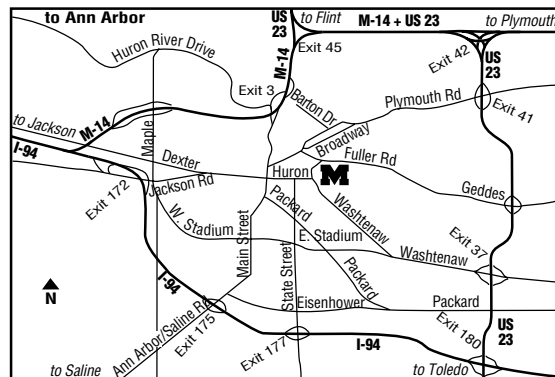
U-M Medical Center Taubman Center *
 1500 E. Medical Center Dr.

Level 2

Phone: **(734) 936-6781**
 Hours: Monday - Friday, 8:30 a.m. - 3:30 p.m.

Level 3

Phone: **(734) 936-6760**
 Hours: Monday - Friday, 7 a.m. - 6 p.m.

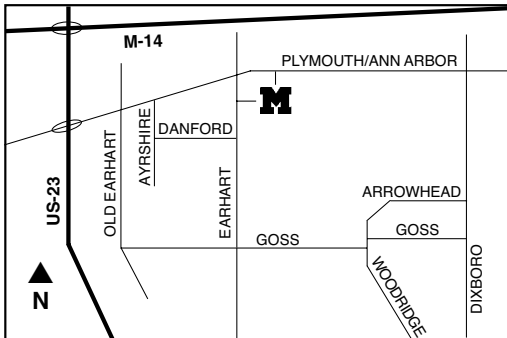


* Site recommended for pediatric patients.

Other Locations (cont.)

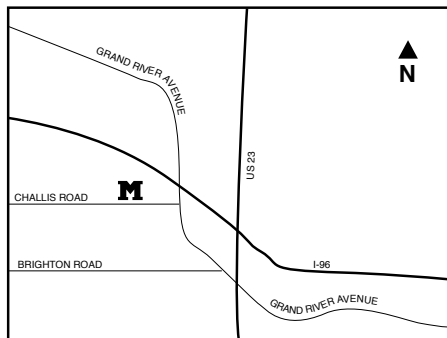
U-M East Ann Arbor Health Center*

4260 Plymouth Rd.
 Phone: **(734) 647-5685**
 Hours: Monday - Thursday, 7 a.m. - 7:30 p.m.
 Friday, 7 a.m. - 5:30 p.m.
 Saturday, 8 a.m. - 12:30 p.m.



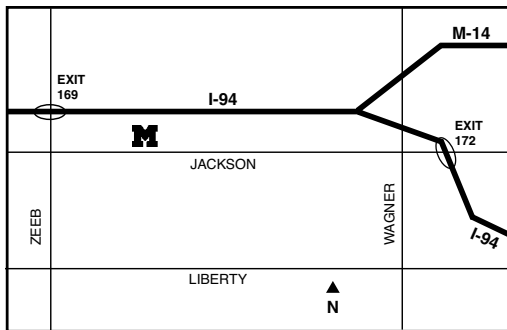
U-M Brighton Health Center*

8001 Challis Rd.
 Phone: **(810) 494-2649**
 Hours: Monday - Thursday, 7 a.m. - 7 p.m.
 Friday, 7 a.m. - 5:30 p.m.
 Saturday, 8 a.m. - noon



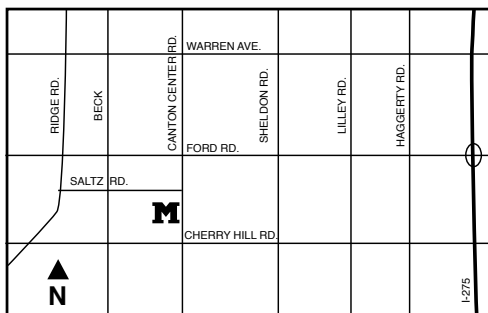
U-M West Ann Arbor Health Center

4900 Jackson Rd., Ste A
 Phone: **(734) 998-7036, ext. 226**
 Hours: Monday - Friday, 8 a.m. - 4 p.m.
 (Closed second Wednesday of each month, 8 - 9:30 a.m.)



U-M Canton Health Center*

1051 North Canton Center Rd.
 Phone: **(734) 844-5280**
 Hours: Monday - Thursday, 7:30 a.m. - 7:30 p.m.
 Friday, 7:30 a.m. - 5 p.m.
 Saturday, 8 a.m. - noon



* Site recommended for pediatric patients.

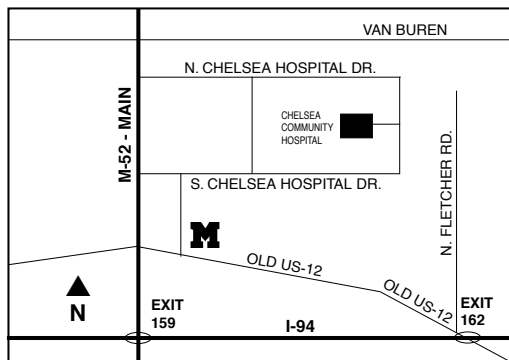
Other Locations (cont.)

U-M Chelsea Health Center

14700 E. Old U.S. 12

Phone: **(734) 475-4483**

Hours: Monday - Friday, 8:15 a.m. - 4:45 p.m.



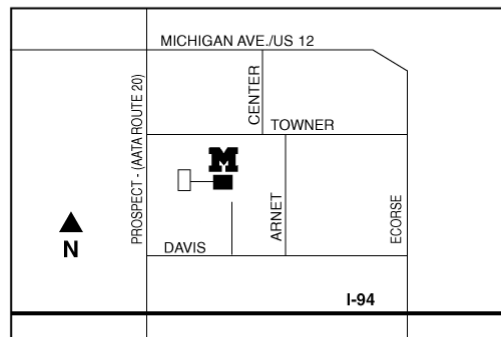
U-M Ypsilanti Health Center *

200 Arnet St.

Phone: **(734) 544-3277**

Hours: Monday - Friday, 8 a.m. - 5 p.m.

Saturday, 8 a.m. - noon

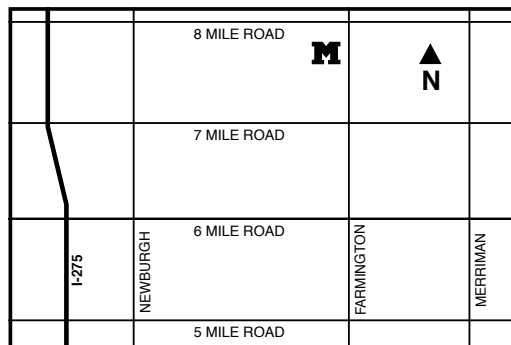


U-M Livonia Health Center

20321 Farmington Rd.

Phone: **(248) 888-0893, ext. 254**

Hours: Monday - Friday, 8:30 a.m. - 4:30 p.m.



* Site recommended for pediatric patients.

Selection Criteria

Kidney Transplant

Indications	Selection Criteria	Relative Contraindications	Absolute Contraindications
<p>End Stage Renal Disease</p> <p>Stage 4 or 5 Chronic Kidney Disease</p>	<ul style="list-style-type: none"> • Pediatric patients should weigh minimum of 7 kg. • Adult patients have no defined age limit. The acceptance of the patient is based on the clinic condition of the patient, not on age. • The patient or patient’s guardian must have a clear understanding of the risks and benefits of the procedure along with a reasonable expectation of the result of a successful renal transplant. • Social stability • Consideration of the relative and absolute contraindications listed below. • Appropriate financial resources. • Health maintenance surveillance is recommended, but unless otherwise specified need not delay evaluation or transplantation. 	<ul style="list-style-type: none"> • Extremes of age • Significant coronary artery disease • Severe vascular-occlusive disease • Hepatitis B surface antigenemia • Unstable medical conditions not amenable to treatment • History of non-compliance with current medical care or previous transplant regimen • History of recurrent substance abuse 	<ul style="list-style-type: none"> • Recent history of primary or metastatic cancer (except for minor skin cancer and carcinoma in situ) • Severe disabling cardio vascular, pulmonary or hepatic disease not amenable to treatment • Active infection with tuberculosis • Other chronic infection unresponsive to treatment • Active substance abuse

Simultaneous Pancreas Kidney (SPK) Transplant

Indications	Selection Criteria	Relative Contraindications	Absolute Contraindications
<ul style="list-style-type: none"> • Type 1 diabetes mellitus • At or near end stage renal failure • Reasonable expectation that quality of life will be improved 	<ul style="list-style-type: none"> • Type 1 diabetic physiology • 18 to 60 years of age • Nephropathy (at or near end stage) • Thorough understanding of risks and benefits of procedure • Social stability to provide assurance the patient will cooperate with follow-up and immuno-suppression regimen • Reasonable expectation that quality of life will be improved 	<ul style="list-style-type: none"> • Creatinine clearance > 40 ml/min • Significant uncorrectable coronary artery disease 	<ul style="list-style-type: none"> • Active infection • Peripheral vascular occlusive disease severe enough to preclude successful arterial anastomosis • Cancer, unless cured or without recurrence • Ongoing substance abuse

Pancreas After Kidney (PAK) Transplant

Indications	Selection Criteria	Relative Contraindications	Absolute Contraindications
<ul style="list-style-type: none"> • Successful kidney transplantation stable > 3 months • Type 1 diabetes mellitus • Reasonable expectation that quality of life will be improved 	<ul style="list-style-type: none"> • Type 1 diabetic physiology • Creatinine clearance > 40 ml/min • Successful kidney transplantation stable for >3 months • 18 to 60 years of age • Thorough understanding of risks and benefits of procedure • Social stability to provide assurance the patient will cooperate with follow-up and immuno-suppression regimen • Reasonable expectation that quality of life will be improved 	<ul style="list-style-type: none"> • Significant uncorrectable coronary artery disease 	<ul style="list-style-type: none"> • Active infection • Peripheral vascular occlusive disease severe enough to preclude successful arterial anastomosis • Cancer, unless cured or without recurrence • Ongoing substance abuse

Pancreas Transplant Alone (PTA)

Indications	Selection Criteria	Relative Contraindications	Absolute Contraindications
<ul style="list-style-type: none"> • Type 1 diabetes mellitus with life threatening hypo or hyper-glycemic episodes unresponsive to maximum medical management and exogenous insulin therapy • Reasonable expectation that quality of life will be improved 	<ul style="list-style-type: none"> • Type 1 diabetes mellitus • 18 to 60 years of age • Thorough understanding of risks and benefits of procedure • Social stability to provide assurance the patient will cooperate with follow-up and immuno-suppression regimen • Reasonable expectation that quality of life will be improved 	<ul style="list-style-type: none"> • Creatinine clearance < 70 ml/min • Chronic renal insufficiency • Significant uncorrectable coronary artery disease 	<ul style="list-style-type: none"> • Active infection • Peripheral vascular occlusive disease severe enough to preclude successful arterial anastomosis • Cancer, unless cured or without recurrence • Ongoing substance abuse

Track Your Progress – Bring Report to Clinic

Date	Temperature		Weight	Blood Pressure			Blood Sugar			
	A.M.	P.M.		1st	2nd	3rd	Breakfast	Lunch	Dinner	Bedtime

Summary of Tests for Kidney and Pancreas Transplant Patients

The charts below provide some basic information about blood and other tests that may be required related to transplantation.

Summary of Tests for Kidney and Pancreas Transplant Patients

Lab Test	Abbreviation	What They Are Used For
Cyclo levels	CsA	Monitors level of cyclosporine (Neoral) in blood, necessary to prevent rejection and avoid side effects
Tacro levels	Tacro	Monitors level of tacrolimus (Prograf) in blood, necessary to prevent rejection and avoid side effects
Rapa levels	Rapa	Monitors level of rapamycin (Sirolimus) in blood, necessary to prevent rejection and avoid side effects
Sodium	Na+	Monitors electrolyte balance
Potassium	K+	Monitors electrolyte balance
Chloride	Cl-	Monitors kidney function
Carbon Dioxide	CO ₂	Monitors acid levels
Blood Urea Nitrogen	BUN	Monitors kidney function related to protein intake and metabolism
Creatinine	Creat	Monitors kidney function
Glucose	GLUC	Monitors blood sugar
Protein	PROT	Monitors the combination of albumin and immunoglobulins (antibodies) in your blood
Albumin	ALB	Monitors the main protein made by the liver
Calcium	Ca ⁺⁺	Monitors metals needed for muscle function
Phosphorus	PO ₄	Monitors bone formation
Magnesium	Mg ⁺	Monitors muscle function

Summary of Tests for Kidney and Pancreas Transplant Patients

Lab Test	Abbreviation	What They Are Used For
Amylase	Amyl	Monitors pancreatic enzymes
Lipase	Lip	Monitors pancreatic enzymes
Conjugated (Direct) Bilirubin	Cbili	Monitors liver function
Unconjugated (Indirect) Bilirubin	Ubili	Monitors liver function
Total Bilirubin	TBili	Monitors liver function
Alkaline Phosphatase	Alk Phos	Monitors liver function
Aspartate Aminotransferase	AST	Monitors liver function
Alanine Aminotransferase	ALT	Monitors liver function
Cholesterol	Chol	Monitors risk for heart disease
Triglycerides	Trig	Monitors levels of fat related molecules
High Density Lipid (good cholesterol)	HDL	Measures the level of lipids
Low Density Lipid (bad cholesterol)	LDL	Measure the level of lipids
Uric Acid	Uric	Measure the level of uric acid
Prothrombin Time	PT	Monitors blood clotting
International Normalized Ratio	INR	Ratio used to compare PT tests
Partial Thromboplastin Time	PTT	Monitors blood clotting
White Blood Cell Count	WBC	Monitors for infection and rejection
Hemoglobin	HGB	Monitors for blood loss, evaluates for anemia
Hematocrit	HCT	Monitors for blood loss, evaluates for anemia
Platelet Count	PLAT	Monitors bleeding tendencies

Frequently Asked Questions

Q: When can I return to work?

A: You can and should resume working as soon as you are physically able to do so. Most individuals can return to work between six and 12 weeks following transplant. You may ask the physician when in clinic for specifics based on how you are doing and your job duties.

Q: When can I drive?

A: You may begin driving after you are off narcotic pain medications, you feel well enough to do so, and it has been at least three weeks since your operation. You should always wear your seatbelt for protection.

Q: When can I have sex?

A: You may resume sexual activity as soon as you feel comfortable doing so, keeping in mind the limitations on strenuous activity.

Q: When can I travel?

A: It is recommended that you do not travel for 12 weeks following surgery. It is imperative that you maintain your schedule of follow-up appointments and lab draws. Be mindful that the transplant team may need to communicate with you following their review of your lab results. Limited travel may be permitted if special arrangements are made prior to the travel.

Q: When can I have a baby?

A: Female transplant recipients are able to get pregnant and have a baby. Pregnancy is not recommended for the first two years after transplantation. All pregnancies in transplant recipients should be considered high-risk and planned and managed preferably by both the transplant physicians and high-risk obstetrician. For more information, please refer to Pregnancy After Transplantation on page 15.

Q: When can I adopt a baby?

A: There are no restrictions on adoption, however, you may require assistance during the first six weeks following transplant due to lifting restrictions for the first six weeks.

Q: Are there foods I should not eat?

A: All patients should follow a low-salt, heart-healthy diet. No other restrictions apply, unless they are given specifically by the transplant team (e.g., low potassium). All patients should be aware that uncooked seafood or undercooked meat pose risks of disease. Do not eat raw fish, such as sushi or raw meat.

Q: Can I have grapefruit or grapefruit juice?

A: No, you cannot consume these if you are taking cyclosporine, tacrolimus or sirolimus because grapefruit interferes with blood levels of the medications. You should also avoid mixed fruit juices if they contain significant amount of grapefruit juice concentrate.

Q: What about other fruits or fruit juices?

A: You may drink orange, lemon, lime, tangerine, apple and cranberry juices. You should not eat star fruits because they may cause kidney toxicity in patients with poor kidney function. You should not eat pomelo because it is in the same family as grapefruit and it increases drug levels. For other fruits, very limited information is available. Some studies suggest that the following fruits may also cause fluctuations in drug levels: papaya, pomegranate and star fruit.

Q: What about citrus sodas?

A: Many citrus sodas include grapefruit juice concentrate at unknown quantity. It is hard to say how that will affect your medications. If they contain minimal amount of grapefruit juice for flavor only (such as grapefruit-flavored Sun-Drop and Fresca), they are unlikely to interfere with blood levels of cyclosporine, tacrolimus or sirolimus. However, if they contain significant amount of grapefruit juice concentrate, it is best to avoid them.

Q: Can I drink alcohol?

A: The use of alcohol is a personal decision. Although recent studies suggest that alcohol may have some health benefit if used in small amounts, drinking alcohol can be harmful for some people. Those who have heart failure, cardiomyopathy, high blood pressure, diabetes, arrhythmia (irregular heart rhythm), a history of sudden cardiac death or stroke, obesity, high triglycerides, or are taking medications should speak to their doctor before drinking alcohol. Also, if you are pregnant or have a history of alcoholism, you should not drink alcohol. If you do not already drink alcohol, you should not start drinking. If you drink alcohol, do so in moderation. Moderate drinking is defined as no more than one drink per day for women or lighter weight persons and no more than two drinks per day for men. One drink is equal to 2 oz. of hard liquor, 5 oz. of wine or 12 oz. of beer.

Q: What pets can I not have?

A: There are no absolute restrictions. As a general rule, cats, dog and horses cause no concern. Be aware that intimate contact with cat or bird feces poses a risk of infection and these activities should be avoided or a mask worn, followed by washing your hands.

Q: Do I need to limit my activities?

A: For the first six weeks you should not lift anything over 10 pounds, which is approximately the weight of a gallon of milk. Do not do any straining or participate in sports for six weeks. In most cases, there are generally no restrictions after six weeks following surgery.

Q: Can I play sports?

A: Yes. There are no restrictions after the initial six week post operative period.

Q: Are there jobs I should not have?

A: You are encouraged to return to work and there are no restrictions regarding the type of work that can be done. We do recommend you follow universal health precautions, such as hand washing, if you work with small children who may be ill or work with animals in a pet shop or other setting.

Q: Can I be around children following their vaccination?

A: Transplant patients should avoid direct contact with persons who have received any live virus vaccines. Patients should also avoid direct contact with the body fluids (such as changing diapers) from a recently vaccinated individual. Examples of live virus vaccines include MMR (measles, mumps, rubella), small pox and chicken pox.

Q: Can I be around a person who has received the flu-mist vaccine?

A: The flu-mist vaccine is a live virus vaccine, therefore, transplant recipients should not be around a person who received the flu-mist vaccine for 21 days following the vaccination.

Q: How long do I have to drink 2 liters of fluids per day?

A: We recommend you drink two liters of fluid each day for four weeks, after which you should drink as thirsty.

Q: Do I need antibiotics before I see my dentist?

A: Organ transplantation is not an indication for antibiotics prior to dental care. Antibiotics may be appropriate if you have a prosthetic valve, a history of endocarditis, congenital heart disease, or a cardiac transplant with valvular disease. If you require antibiotics they will be prescribed at the discretion of your dentist.

Q: Can I do gardening?

A: Gardening is acceptable. We do recommend you wear gloves and wash your hands when finished.

Q: I am an organ donor. Can I get pregnant and is it acceptable?

A: Female organ donors are able to become pregnant. Pregnancy following organ donation is not a problem after the initial recovery period.

Q: Can I use deodorant?

A: Yes. Some trace aluminum can be found in antiperspirants which has caused some concern in specific patient populations. If you are concerned, please ask your physician in clinic.

Q: Can I use the same hand towels as my family?

A: Yes. However, if a member of your family is ill you are advised to use universal health precautions.

Q: Can I use the same bar soap as my family?

A: Yes. However, if a member of your family is ill you are advised to use universal health precautions.

Q: Can I drink milk and have other dairy products?

A: Yes. You need to include milk and eat dairy products in your daily diet.

Q: Do I need to wear a mask at all times following transplantation?

A: For more information on when a mask is recommended, please ask your transplant nurse coordinator.

Q: Can I take over-the-counter cold or cough medications?

A: Please contact your transplant nurse coordinator if you have questions.

Understanding Your Insurance Coverage — Questions to Ask Your Insurance Representative

Name of Representative _____ Date _____

BENEFITS/COVERED SERVICES	YES/NO	NOTES
Does my plan cover hospital charges?	Yes No	
Does my plan cover professional charges (also known as doctor fees)?	Yes No	
Does my plan cover prescription drugs?	Yes No	
Does my plan cover solid organ transplantation?	Yes No	
<p>Does my plan have a “pre-existing condition” clause?</p> <p>If yes: How is the clause defined?</p> <p>If yes: Would my illness be considered a pre-existing condition?</p>	<p>Yes No</p> <p>Yes No</p>	

BENEFITS/COVERED SERVICES	YES/NO	NOTES
<p><i>For liver and kidney transplant only:</i></p> <p>Does my plan cover <i>living related</i> solid organ transplant?</p> <p>If yes, does my plan cover the donor medical charges?</p> <p>If yes, are there limits on the coverage for donor medical charges?</p> <p>If yes, what are the limits?</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	
<p>Does my plan limit the number of transplants payable in a lifetime?</p> <p>If yes, what is the limit?</p> <p>If yes, does that limit apply for each organ?</p>	<p>Yes No</p> <p>Yes No</p>	
<p>Does my plan have a maximum <i>annual</i> amount it will pay out each year?</p> <p>If yes, what is the maximum amount?</p>	<p>Yes No</p>	
<p>Does my plan have a maximum <i>lifetime</i> amount it will pay out over a lifetime?</p> <p>If yes, what is the maximum amount?</p>	<p>Yes No</p>	
<p>Are there coverage exclusions in my plan?</p> <p>If so, what are the exclusions?</p> <p>What period of time applies to the exclusion?</p>	<p>Yes No</p>	

BENEFITS/COVERED SERVICES	YES/NO	NOTES
<p>Does my plan cover any travel, meals and lodging expenses?</p> <p>If yes, does it cover for a family member as well as the patient?</p> <p>If yes, how much does it cover?</p>	<p>Yes No</p>	
OUT-OF-POCKET COSTS	YES/NO	NOTES
<p>Does my plan have deductible amounts?</p> <p>If yes, what are they?</p>	<p>Yes No</p>	
<p>Does my plan have copayment amounts?</p> <p>If yes, what are the amounts?</p> <p>If yes, what services do they apply to?</p>	<p>Yes No</p>	
<p>Is there a maximum out-of-pocket amount that I would be responsible for each year?</p> <p>If yes, what is the limit?</p>	<p>Yes No</p>	
REFERRALS/AUTHORIZATIONS	YES/NO	NOTES
<p>Does my plan have any restrictions on which medical centers I can use (designated provider network)?</p> <p>If yes, is the University of Michigan Health System an approved provider?</p>	<p>Yes No</p> <p>Yes No</p>	

REFERRALS/AUTHORIZATIONS	YES/NO	NOTES
<p>Will my plan cover my services at an out-of-network provider?</p> <p>If yes, will my out-of-pocket expenses be higher?</p>	<p>Yes No</p> <p>Yes No</p>	
<p>Does my plan utilize a network for managing transplant services?</p> <p>If yes, is the UMHS Transplant Center an approved provider?</p>	<p>Yes No</p> <p>Yes No</p>	
<p>Does my plan cover a consultation at one or more transplant center?</p>	<p>Yes No</p>	
<p>Is a referral or authorization required for:</p> <p>Consultations?</p> <p>Transplant Evaluation/testing?</p> <p>Medical Procedures?</p>	<p>Yes No</p> <p>Yes No</p> <p>Yes No</p>	
<p>Who will be my case manager?</p> <p>How can I contact the case manager?</p>		

PHARMACY	YES/NO	NOTES
<p>Does my plan cover outpatient prescriptions?</p> <p>If so, how much are the copays?</p>	<p>Yes No</p>	
<p>Are prescriptions available by mail order?</p> <p>If so, how much are the copays?</p>	<p>Yes No</p>	
<p>Is there an approved list of covered medications?</p> <p>Will the plan ever approve use of medications as exceptions to the list?</p> <p>If yes, how is an exception requested?</p>	<p>Yes No</p> <p>Yes No</p>	

Raising Funds to Cover Medical Expenses

If the out-of-pocket costs seem to be more than you would be able to afford, you may wish to consider raising funds to help cover the medical costs. Organizations are available to assist you and your family with fund raising for medical treatments. They often have information designed to help families with the process. The contact information for some of the organizations that work with transplant patients and families is shown below.

- **National Transplant Assistance Fund**
3475 W. Chester Pike, Suite 230
Newtown Square, PA 19073
(800) 642-8399 toll-free
www.transplantfund.org
- **Children's Organ Transplant Association**
2501 COTA Drive
Bloomington, Indiana 47403
(800) 366-2682 toll-free
www.cota.org
- **National Foundation for Transplants**
1102 Brookfield, Suite 200
Memphis, Tennessee 38119
(800) 489-3863 toll-free
www.transplants.org

Transplant-related Web sites

- **University of Michigan Transplant Center**
www.michigantransplant.org

The official web site of the University of Michigan Transplant Center geared to provide patients with information regarding the Transplant Center and the transplant process for all solid organ programs.

- **Transweb**
www.transweb.org

A nonprofit educational web site serving the world transplant community based at the University of Michigan Health System.

- **Scientific Registry of Transplant Recipients (SRTR)**
www.ustransplant.org

The Scientific Registry of Transplant Recipients (SRTR) provides ongoing research to evaluate information and tracks all transplant patients from the time of transplant through discharge, then annually, until graft failure or death.

- **United Network for Organ Sharing (UNOS)**
www.unos.org

United Network for Organ Sharing is a non-profit, scientific, and educational organization that administers the Organ Procurement and Transplantation Network (OPTN) collects and maintains its data, and serves the transplant community.

- **Gift of Life**
www.tsm-giftoflife.org

Gift of Life (GOL) is the only non-profit full-service organ and tissue recovery agency in Michigan since 1971. As an organization, Gift of Life acts as an intermediary between the donor hospital and the recipient transplant center providing all the services necessary for organ, tissue and eye donation.

- **Transplant Living**
www.transplantliving.org

Transplant Living is a web site supported by the United Network for Organ Sharing and is promoted as your prescription for transplant information.

- **Organ Procurement and Transplantation Network (OPTN)**

www.optn.org

The Organ Procurement and Transplantation Network (OPTN) is a unique public-private partnership that is committed to improving the effectiveness of the nation's organ procurement, donation and transplantation system.

- **National Transplant Assistance Fund**

www.transplantfund.org

The National Transplant Assistance Fund is a tax exempt non-profit organization that assists the transplant community by fund raising, providing grants for eligible transplant candidates, and by exploring matching gift opportunities from corporations or foundations.

- **Children's Organ Transplant Association**

www.cota.org

The Children's Organ Transplant Association is a tax exempt non-profit organization that assists families of patients under the age of 21, and some older patients with a diagnosis of cystic fibrosis. The organization will work with providers, hotels and airlines to obtain the lowest possible costs for services rendered and may be able to match donated funds to a limit of \$10,000.

- **National Foundation for Transplants**

www.transplants.org

The National Foundation for Transplants is a tax exempt non-profit organization that assists patients and their families with fund raising activities when the estimated costs the patient is responsible for (not covered by insurance) is \$10,000 or more. The National Foundation for Transplants funds its activities by assessing a 5 percent fee for all donated dollars.

- **National Kidney Foundation of Michigan**

www.nkfm.org

The National Kidney Foundation of Michigan is the local chapter of a national organization that exists to prevent kidney disease and to improve the quality of life for those living with kidney disease.

- **The Gift of a Lifetime; Organ and Tissue Transplantation in America**

www.organtransplants.org

This site weaves together information about donation and transplantation with real world stories of transplant recipients, donors and health care professionals.

DURABLE POWER OF ATTORNEY FOR HEALTH CARE

I, _____ (*print or type your full name*),

am of sound mind, and I voluntarily make this designation.

I designate _____ (*insert name of patient advocate*),

my _____ (*spouse, child, friend, etc.*), living at

_____ (*address of patient advocate*)

as my patient advocate to make care, custody and medical treatment decisions for me in the

event I become unable to participate in medical treatment decisions. If my first choice cannot

serve, I designate _____ (*name of successor*)

living at _____ (*address of successor*)

to serve as patient advocate.

The determination of when I am unable to participate in medical treatment decisions shall be made by my attending physician and another physician or licensed psychologist.

In making decisions for me, my patient advocate shall follow my wishes of which he or she is aware, whether expressed orally, in a living will, or in this designation.

My patient advocate has authority to consent to or refuse treatment on my behalf, to arrange medical services for me, including admission to a hospital or nursing care facility, and to pay for such services with my funds. My patient advocate shall have access to any of my medical records to which I have a right.

Optional

I expressly authorize my patient advocate to make decisions to withhold or withdraw treatment which would allow me to die and I acknowledge such decisions could or would allow my death.

(Sign your name here if you wish to give your patient advocate this authority.)

My specific wishes concerning health care are the following: (if none, write “none”)

I may change my mind at any time by communicating in any manner that this designation does not reflect my wishes.

It is my intent that my family, the medical facility, and any doctors, nurses and other medical personnel involved in my care shall have no civil or criminal liability for honoring my wishes as expressed in this designation or for implementing the decisions of my patient advocate.

Photostatic copies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

I sign this document after careful consideration. I understand its meaning and I accept its consequences.

Signed: _____ Date: _____

Address: _____

Notice Regarding Witnesses

You must have two adult witnesses who will not receive your assets when you die (whether you die with or without a will), and who are not your spouse, child, grandchild, brother or sister, an employee of a company through which you have life or health insurance, or an employee at the health care facility where you are a patient.

Statement of Witnesses

We sign below as witnesses. This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this designation voluntarily, without duress, fraud or undue influence.

Signed by Witness: _____

Print (or type) Full Name: _____

Address: _____

Signed by Witness: _____

Print (or type) Full Name: _____

Address: _____

Acceptance by Patient Advocate

- (A) This designation shall not become effective unless the patient is unable to participate in treatment decisions.
- (B) A patient advocate shall not exercise powers concerning the patient's care, custody and medical treatment that the patient, if the patient were able to participate in the decision, could not have exercised in his or her own behalf.

- (C) This designation cannot be used to make a medical treatment decision to withhold or withdraw treatment from a patient who is pregnant that would result in the pregnant patient's death.
- (D) A patient advocate may make a decision to withhold or withdraw treatment which would allow a patient to die only if the patient has expressed in a clear and convincing manner that the patient advocate is authorized to make such a decision, and that the patient acknowledges that such a decision could or would allow the patient's death.
- (E) A patient advocate shall not receive compensation for the performance of his or her authority, rights, and responsibilities, but a patient advocate may be reimbursed for actual and necessary expenses incurred in the performance of his or her authority, rights, and responsibilities.
- (F) A patient advocate shall act in accordance with the standards of care applicable to fiduciaries when acting for the patient and shall act consistent with the patient's best interests. The known desires of the patient expressed or evidenced while the patient is able to participate in medical treatment decisions are presumed to be in the patient's best interests.
- (G) A patient may revoke his or her designation at any time or in any manner sufficient to communicate an intent to revoke.
- (H) A patient advocate may revoke his or her acceptance to the designation at any time and in any manner sufficient to communicate an intent to revoke.
- (I) A patient admitted to a health facility or agency has the rights enumerated in Section 20201 of the Public Health Code, Act No. 368 of the Public Acts of 1978, being section 333.20201 of the Michigan Compiled Laws.

I understand the above conditions and I accept the designation as patient advocate for

_____ (*insert name of patient*)

Signed: _____ Date: _____

LIVING WILL

I, _____, am of sound mind, and

I voluntarily make this declaration.

If I become terminally ill or permanently unconscious as determined by my doctor and at least one other doctor, and if I am unable to participate in decisions regarding my medical care, I intend this declaration to be honored as the expression of my legal right to consent to or refuse medical treatment.

My desires concerning medical treatment are _____

My family, the medical facility, and any doctors, nurses and other medical personnel involved in my care shall have no civil or criminal liability for following my wishes as expressed in this declaration.

I may change my mind at any time by communicating in any manner that this declaration does not reflect my wishes.

Photostatic copies of this document, after it is signed and witnessed, shall have the same legal force as the original document.

I sign this document after careful consideration. I understand its meaning and I accept its consequences.

Signed: _____ Date: _____

Address: _____

This declaration was signed in our presence. The declarant appears to be of sound mind, and to be making this declaration voluntarily without duress, fraud or undue influence.

Signed by Witness: _____

Address: _____

Signed by Witness: _____

Address: _____

Glossary of Terms

Absorption – The degree and speed at which a drug enters the bloodstream from the small intestine.

Acute rejection – The body’s attempt to destroy the transplanted organ. Acute rejection usually occurs in the first year after transplant.

Acute renal failure – Reversible kidney damage.

Acute tubular necrosis (ATN) – Reversible kidney damage resulting in delayed kidney function. Among other factors, it may be caused by the quality of donor organ, the time the organ was stored before transplantation, or medications used to prevent rejection.

ADA – Americans with Disabilities Act of 1990.

Administrative fee – An amount of money charged by an organization handling fundraising money.

Adverse reaction – An unintended side effect from a drug.

Advocacy organization – A group that helps someone get what they need or want, promotes a certain point of view, or pleads the case of another.

Albumin – A protein made by the liver.

Alkaline Phosphatase – An enzyme that may be increased in some liver and bile duct diseases.

Allocation – The process of determining how organs are distributed. Allocation includes the system of policies and guidelines that are followed to ensure that organs and tissues are distributed fairly to those waiting for them.

Allograft – An organ or tissue that is transplanted from one creature to another of the same species, such as human to human. An example would be a transplanted kidney.

ALT (SGPT) – The abbreviation for alanine aminotransferase, an enzyme found in high levels in the blood when the liver is inflamed.

Anesthetic – Medication that reduces pain by dulling sensations.

Antibody – A substance produced by the body in response to an infection. Antibodies help fight infections, thus producing immunity to the infecting organism.

Antigen – A foreign substance, such as a transplanted organ, that triggers the body to try to destroy (reject) it.

Antigen match – The process of comparing the blood from the donor and recipient to ensure they are compatible.

Anti-rejection drugs (immunosuppressive drugs) – Drugs that reduce the body's ability to reject the transplanted organ.

Arteriogram – An x-ray of an artery after a dye has been injected.

AST (SGOT) – The abbreviation for aspartate aminotransferase, an enzyme found in high levels in the blood when the liver is inflamed.

Asymptomatic – Free of symptoms.

Bacteria – Small organisms (germs) that can cause disease.

Beneficiary – The person who receives the benefits of an insurance policy.

Benefits – Services that are paid for by an insurance policy.

Bioavailability – A measure of how much of an administered drug is absorbed into the bloodstream, actually reaching the intended site of action in the body. For example, medicine is absorbed from the GI tract, travels through the bloodstream, and reaches the organ tissues, where it works to fight infection, prevent rejection, etc.

Biopsy – A procedure where a sample of tissue is removed from the body by a needle so it can be examined under the microscope.

Bladder – The part of the urinary tract that receives urine from the kidneys and stores it until urination.

Blood vessels – The veins, arteries, and capillaries through which blood flows. Blood vessels can be donated and transplanted.

Brain death – When the brain has permanently stopped working, as determined by the physician. Machines may maintain functions such as heartbeat and breathing for a few days, but not permanently.

BUN – BUN stands for Blood Urea Nitrogen, a waste product normally secreted by the kidney. BUN values represent how well the kidneys function.

Cadaver – A dead body.

Cadaveric – Refers to things about, or relating to, a dead body.

Cadaveric donor (deceased donor) – An individual who has recently died of causes that do not affect the function of an organ to be transplanted. Either the person or the person's family has generously offered organs and/or tissues for transplantation.

Calcium – A silvery, moderately hard metallic element that is found in the earth's crust and is a basic component of most animals and plants.

Cardiac – Having to do with the heart.

Cessation – The act of ceasing; halt.

Cholesterol – A pearly fat-like substance found within the body.

Chronic – A condition that develops slowly and lasts for a long time, perhaps for the rest of the patient's life, for example, kidney failure.

Chronic rejection – Slow failure of the transplanted organ.

CMV (Cytomegalo Virus) – A virus infection that is very common in transplant recipients; it can affect the lungs and other organs as well; a member of the family of herpes viruses.

Coagulation – Blood clotting.

Coalition on Donation – A non-profit alliance of health and science professionals, transplant patients and voluntary health and transplant organizations. The Coalition works to increase public awareness of the critical organ shortage, to create a greater willingness and greater commitment to organ and tissue donation.

Co-insurance – A percentage of money insured persons must pay toward a service insurance will cover. A typical amount is 20% -- patients pay 20% of the doctor's bill and insurance pays 80%.

Cold ischemia time – The time an organ is without blood circulation – from the time of removal of the organ from the donor to the time the organ is transplanted into the recipient.

Continuous Ambulatory Peritoneal Dialysis (CAPD) – A form of dialysis using an abdominally placed catheter with a glucose solution the patient performs at home.

Co-payment (co-pay) – A flat fee that a person pays for healthcare services in addition to what the insurance company pays, for example, a \$10 co-payment for each visit to the doctor.

Corticosteroid – A hormone produced by the body but given as a synthetic (manufactured) medicine to suppress the body's normal reaction (immune response) to infection and foreign tissue, such as a transplanted organ. Prednisone is an example of a synthetic hormone.

Coverage date – The day insurance benefits begin.

Covered benefit – A service that an insurance company will provide payment toward.

Creatinine – A substance found in blood and urine; it results from normal body chemical reactions; high blood creatinine levels are a sign of depressed kidney function.

Criteria (medical criteria) – A set of standards, or conditions, that must be met.

Crossmatch – A test to see if the recipient has developed antibody against the donor to ensure the recipient's immune system would not attack the transplanted organ. The crossmatch must be negative for the transplant to be done.

Deductible – A fixed amount of money that must be paid for covered healthcare expenses before the insurance company starts to pay. This is usually a yearly amount of \$250, \$500, \$1,000 or more.

Delayed function – A condition in which the transplanted organ does not work well right after the transplant. Many kidneys have a delay before they begin to function well. Kidneys can sometimes take as long as three weeks to “wake up.” Sometimes a kidney recipient needs dialysis until the kidney starts to work.

Department of Health and Human Services (HHS) – The department of the Federal Government is responsible for health-related programs and issues, including overseeing the OPTN and SRTR contracts and developing organ, tissue and bone marrow donation programs.

Dependents – Those persons who also receive insurance benefits on an insurance policy, for instance, a spouse or child.

Diabetes – A disease in which patients have high levels of sugar in their blood.

Dialysis – The use of a machine to correct the balance of fluids and chemicals in the body and to remove wastes from the body when kidneys are failing. (See hemodialysis.)

Diastolic blood pressure – The bottom number in blood pressure (80 in a blood pressure of 120/80), which indicates the pressure in the arteries when the heart is at rest.

Dietitian – An individual who has training in the areas of diet and nutrition.

Disability (disabled) – A considerable limitation in major life activity that cannot be helped with the use of a corrective device or medication. A disabled person is someone who is unable to perform the necessary functions of many jobs with or without reasonable modification.

Disability Determination service – A state agency that reviews eligibility for vocational rehabilitation.

Disability insurance – A type of insurance that provides an income if illness or injury prevents a person from being able to work for an extended period of time.

DNA – The abbreviation for deoxyribonucleic acid, the substance that is the building block of all living things.

Donor – Someone from whom an organ or tissue is removed for transplantation.

Donor card – A document that indicates a person's wish to be an organ donor.

Donor pool – A group of people eligible to donate an organ.

Durable power of attorney – A legal document in which someone is named to make medical decisions for a person when they are unable to speak for themselves.

Edema – Swelling caused when the body retains too much fluid, also called “water weight.”

Electrocardiogram – A recording of the electrical activity of the heart.

Electrolyte – Any of various ions, such as sodium, potassium or chloride required by cells to regulate the electric charge and flow of water molecules across the cell membrane.

ELISA – A blood test used to measure the presence of hepatitis C antibodies in blood.

Encephalopathy – Damage to the brain and central nervous system cause by toxins not filtered out of the blood by the liver.

End-stage organ disease – A disease that leads to permanent failure of an organ.

End-stage renal disease (ESRD) – kidney disease that is not reversible.

Enzyme – Cellular proteins that begin or assist chemical reactions within the body.

Epivir HBV – Also known as Lamivudine for treatment of hepatitis B.

Evidence of insurability – Proof that a person is healthy enough for a particular insurance company to insure them.

Exclusion – Medical services that are not paid for by an insurance policy.

Experimental – New treatments, procedures or drugs that are being tested. Insurance companies usually do not pay for anything considered experimental.

Federally mandated – Required by Federal law.

Fibrosis – Scarring.

Focal Segmented Glomerulosclerosis (FSGS) – A type of kidney disease where patients can present with edema (fluid retention), proteinuria (protein in the urine), low serum albumin and high serum cholesterol.

Foreign body – An entity that enters the body that is not supposed to be there, such as a germ, a piece of glass, a splinter, or a transplanted organ or tissue. The body normally attacks or tries to reject a foreign body to prevent further injury.

Foundation – An institution that provides funds for causes, issues, groups, people, etc. A foundation often has a particular interest or interests and solicits donations from those who support these interests. Some foundations help patients and their families with medical expenses.

Fulminant – Happening very quickly and with intensity, for example, fulminant liver failure or fulminant infection.

Fungal disease – An infection that usually occurs in patients during treatment with steroids or immunosuppressants. Examples of fungal infections include candida, aspergillus, and histoplasmosis, which tend to be systemic infections.

Gallbladder – A muscular sac attached to the liver which stores bile.

Gender – The particular sex of an individual; male or female.

Genetic – Referring to heredity, birth or origin.

Gingival Hypertrophy – The enlargement of the gums, a common side effect of cyclosporine therapy, which can be managed with good oral hygiene.

Glucose – A type of sugar found in the blood.

Graft – A transplanted organ or tissue.

Graft survival rate – The percentage of patients who have functioning transplanted organs (grafts) at a certain point in time. The data are usually measured in 1-, 3- and 5-year time periods.

Grant - An amount of money given as a gift, usually for a specific use.

Group insurance – Typically offered through employers, although unions, professional associations and other organizations also offer group insurance. Most, if not all, of the premium is paid by the employer.

Gynecology – A medical specialty focusing on a woman's reproductive organs.

Health maintenance organization (HMO) – An insurance plan where employers pay a fixed monthly fee for services, regardless of the level of care. Patients must usually see a primary care physician, then be referred to a specialist.

Hemoglobin – The oxygen carrying the pigment in red blood cells.

Hematocrit – A measure of the red blood cell content of blood.

Hemodialysis – A treatment for kidney failure whereby the patient’s blood is passed through a machine to remove excess fluid and wastes. The procedure usually takes about 3 to 4 hours per session and is usually done three times per week.

Hemorrhage – A rapid loss of a large amount of blood; excessive bleeding.

Herpes – A family of viruses that infect humans; herpes simplex causes lip and genital sores; herpes zoster causes shingles.

High blood pressure (hypertension) – High blood pressure occurs when the force of the blood pushing against the walls of the blood vessels is higher than normal because the blood vessels have either become less able to stretch or have gotten smaller. High blood pressure causes the heart to pump harder to move blood through the body. High blood pressure can cause kidney failure and heart disease if not treated.

Hirsutism – An excessive increase in hair growth. It is a common side effect of some drugs and can be controlled with waxing, hair removal creams or shaving.

Human immunodeficiency virus (HIV) – A virus that destroys cells in the immune system, resulting in the eventual inability of the body to fight off infections, toxins, poisons, or diseases. HIV causes AIDS (acquired immunodeficiency syndrome), a late stage of the HIV infections that can include serious infections, blindness, some types of cancers and neurological conditions such as senility.

Hydronephrosis – A back flow and accumulation of urine in the kidney.

Hyperglycemia – An abnormally increased content of sugar in the blood.

Hypertension – See high blood pressure.

Hypoglycemia – An abnormally diminished content of sugar in the blood.

Immunity – The ability of the body to recognize harmful or foreign substances and eliminate them without injury to itself.

Immune System – A system within the body that continually monitors for harmful or foreign substances that may damage the body.

Immunosuppression – The artificial suppression of the immune response, usually through drugs, so that the body will not reject a transplanted organ or tissue. Drugs commonly used to suppress the immune system after transplant include Prednisone, azathioprine (Imuran), cyclosporine (Sandimmune, Neoral), OKT3 and ALG, mycophenolate mofetil (Cellcept) and tacrolimus (Prograf, FK506).

Immunosuppressive – Relating to the weakening or reducing of the immune system's response to foreign material. Immunosuppressive drugs reduce the immune system's ability to reject a transplanted organ.

Infection – A condition that occurs when a foreign substance enters the body, causing the immune system to fight the intruder. Transplant recipients can get infections more easily because their immune systems are suppressed. It is more difficult for them to recover from infection, such as a urinary tract infection, colds and the flu.

Inflammation – A tissue reaction to irritation, infections or injury marked by localized heat, swelling, pain, redness, and sometimes loss of function.

Informed consent – The process of reaching an agreement based on a full disclosure and full understanding of what will take place. Informed consent often refers to the process by which one makes decisions regarding medical procedures, including the decisions to donate the organs of a loved one.

Inpatient treatment – Treatment in the hospital involving at least one overnight stay.

Insurance benefits – Services paid for by an insurance company.

Intensive care unit (ICU) – A unit in the hospital that has highly technical and sophisticated monitoring devices and equipment for seriously ill patients. The staff is specially trained to take care of these patients who are often critically ill or recovering from surgery.

Interventional Radiology – An area in the hospital where certain procedures are done.

Intravenous (IV) – Within a vein or veins; usually refers to medication or fluids that are infused into a vein through a plastic catheter (narrow tube) or “line” inserted into the vein.

Investigational – A drug or procedure that is in a research phase and has not yet been approved for patient use by the Federal Drug Administration (FDA). Insurance companies normally do not pay for investigational drugs or procedures.

Kidneys – A pair of organs that remove wastes from the body through the production of urine. The blood supply in the body passes through the kidneys about 20 times every hour. Kidneys can be donated from living or deceased donors and transplanted into patients with kidney failure.

Kidney Toxicity – Pertains to substances that would be poisonous or damaging to the kidneys.

Leukocyte – A white blood cell.

Lifetime maximum – The total amount of money an insurance company will pay out for covered expenses during the insured's lifetime. Typical amounts are \$150,000, up to \$5,000,000. Once the insured has reached the lifetime maximum, they no longer have insurance benefits. It is important for patients to know how their insurance dollars are being spent.

Liver – The liver is located in the upper right abdomen and is a spongy mass of wedge-shaped lobes. The liver secretes bile which aids in digestion, helps process proteins, carbohydrates and fats, and stores substances like vitamins. The liver also removes wastes from the blood. The liver can be donated and transplanted. Living donors can give part of their liver.

Liver enzymes – Substances produced by the liver and released into the blood; these are measured to assess liver function.

Liver Failure – A condition in which the liver no longer carries out, or adequately carries out, its functions in the body. Liver failure may present as fatigue, jaundice, swelling (retention of fluid in the legs and abdomen), bleeding from the stomach and mouth, confusion, and decreased levels of consciousness (encephalopathy).

Living related donor (LRD) – A family member who donates a kidney or part of a lung, liver, or pancreas to another family member, such as a sister, or a parent to a child.

Living unrelated donor – A person who is not related by blood, who donates a kidney or part of a lung, liver, or pancreas to another person, such as a husband who donates to a wife.

Managed care – A term used to describe insurance programs that try to control health costs by limiting unnecessary treatment. Health maintenance organizations (HMOs), preferred provider organizations (PPOs) and point-of-service (POS) plans and utilization review are all forms of managed care.

Match – The degree of compatibility, or likeliness, between the donor and the recipient.

Medicaid – A partnership between the Federal Government and individual States to share the cost of medical coverage for welfare recipients and to allow States to provide the same coverage to low-income workers not eligible for welfare. Programs vary greatly from State to State.

Medically necessary – A specific healthcare service or supply that your insurance company has determined is required for your medical treatment and is also the most efficient and economical way to provide that service. Examples would be having a minor surgical procedure performed in the doctor's office instead of staying overnight in a hospital, or renting rather than buying a piece of medical equipment.

Medicare – The Federal Government program that provides hospital and medical insurance through Social Security taxes to people aged 65 and over, those who have permanent kidney failure, and certain people with disabilities.

Medicare – approved facility – A facility that meets Medicare standards for the number of transplants they do and the quality of patient outcomes.

Medigap policy (MedSupp, Medicare supplementary) - Private insurance that helps cover some of the gaps in Medicare coverage.

Metabolism – A general term applied to the chemical processes taking place in the body.

Mortality – Death (mortality rate = death rate).

Multiple listing – Being on the organ transplant waiting list at more than one transplant center.

National Organ Transplant Act (NOTA) – Passed by Congress in 1984, NOTA initiated the development of a national system for organ sharing and a scientific registry to collect and report transplant data. It also outlawed the sales of human organs.

Nephrologist - A medical doctor that specializes in kidney disease.

Nephropathy – Disease of the kidneys.

Nephrotic syndrome – A group of symptoms including protein in the urine, low blood protein levels, and swelling.

Noncompliance – Failure to follow the instructions of the medical team, such as not taking medicines properly or not attending clinic appointments. Noncompliance can lead to the failure of a transplanted organ.

Nonfunction – A condition in which a transplant organ fails to “wake up” (work) after being transplanted into a recipient. In the case of a kidney transplant, the recipient will return to dialysis and/or undergo another transplant.

Non-Steroidal Anti-Inflammatory Drug (NSAID) – A group of pain relievers that should not be used by kidney patients.

OPO service area – Each OPO provides organ procurement services for transplant centers throughout the United States. An OPO service area can include a portion of a city, a portion of a State or an entire State. OPOs distribute organs according to established allocation policy.

Orally – By mouth.

Organ – A part of the body, made up of various types of tissues, that performs a particular function. Transplantable organs are the heart, liver, lungs, kidneys, pancreas and intestines.

Organ donation – To give an organ, such as a kidney, to someone in need of that organ, or to have organs removed for transplantation after death.

Organ preservation – Donated organs require special methods of preservation to keep them viable between removal and transplantation. Without preservation, the organs will deteriorate. The length of time organs and tissues can be kept outside the body vary depending on the organ, the preservation solution and the preservation method (pump or cold storage). Common preservation times vary from 2 to 4 hours for lungs to 48 hours for kidneys.

Organ procurement or organ recovery – The act of surgically removing an organ from a donor for transplantation.

Organ Procurement and Transplantation Network (OPTN) – In 1987, Congress passed the National Organ Transplant Act (NOTA) that mandated the establishment of the OPTN and Scientific Registry of Transplant Recipients. The purpose of the OPTN is to improve the effectiveness of the Nation’s organ procurement, donation and transplantation system by increasing the availability of and access to donor organs for patients with end-stage organ failure. OPTN members include transplant centers, OPOs, histocompatibility laboratories, voluntary healthcare organizations and the public. UNOS contracts with the Federal Government to operation OPTN.

Organ procurement organization (OPO) – OPOs serve as the vital link between the donor and recipient and are responsible for the identification of donors and the removal, preservation and transportation of organs for transplantation. OPOs also collect data on deceased donors for the Scientific Registry. As a resource to the community, OPOs engage in public and professional education on the critical need for organ donation. Currently, there are 59 OPOs around the country. All are OPTN members.

Organ rejection – An attempt by the immune system to reject or destroy what it recognizes to be a “foreign” presence (for example, a transplanted liver).

Osteoporosis – A disorder in which the bones become increasingly porous, brittle and subject to fracture from the loss of calcium.

Out-of-pocket expenses – The portion of health costs that must be paid by the insured person per year, including deductibles, co-payments and co-insurance.

Outpatient care (ambulatory care) – Medical testing or treatment done without an overnight hospital stay, performed in a hospital setting or doctor’s office.

Pancreas – A large elongated internal organ situated behind the stomach which produces digestive enzymes and insulin.

Pancreas After Kidney (PAK) – This designation refers to receiving a pancreas transplant after the recipient has previously received a kidney transplant.

Pancreas Transplant Alone (PTA) – This designation refers to a patient receiving a pancreas transplant who is not planned to receive a kidney transplant.

Peritoneal dialysis – A method of purifying the blood by flushing the abdominal cavity with a prescribed solution.

Placebo (Dummy) – An inactive substance with no direct medical benefits. Often used in clinical trials to determine if the test drug is safe and effective.

Platelet – A small blood cell needed for normal blood clotting.

Polycystic Kidney Disease – An inherited disorder characterized by lesions throughout the kidney which can lead to kidney failure.

Pool – A group of people or objects with a similar characteristic or function.

Potassium – An electrolyte that is essential to muscle and other cells in the body.

Potential transplant recipient – A transplant candidate who has been ranked by the OPTN computer match program as the person to whom an organ from a specific deceased organ donor is to be offered.

PRA (panel reactive antibody) – A panel reactive antibody screening test tells which antibodies a recipient has that would cause a reaction against certain donors.

Pre-authorization (pre-certification) – The process of notifying and getting approval from your insurance company before you proceed with an elective (non-emergency) medical procedure. If the insurance plan requires pre-certification and it is not obtained, the insured will be responsible for a larger portion of the cost.

Pre-existing condition – Any disease, illness, sickness or condition that was diagnosed or treated by a provider (insurance company) in the 12 months before the start date of insurance coverage; also, anything that caused symptoms in those 12 months that causes the insured to seek medical care.

Preferred provider organization (PPO) – A group of hospitals or physicians who have signed a contract with a particular insurance company to provide care to their members, usually at a discount. With a PPO plan, the cost of care is usually lower if the insured uses one of the designated providers.

Premium – Amount paid to an insurance company for providing medical or disability coverage under a contract.

Private health plan – An insurance policy obtained by an individual, not through an employer.

Procurement – The surgical procedure of removing a donated organ or tissue.

Prophylactic medication – Medication that helps prevent disease.

Protein – The fundamental building blocks of all living things.

Pulmonary – Having to do with, or pertaining to, the lungs.

Recipient – A person who has received a transplant.

Recovery or retrieval – The surgical procedure of removing an organ or tissue from a donor.

Rejection – When the body attacks a transplanted organ or tissue because it reacts to the organ or tissue as a foreign object. Anti-rejection (immunosuppressive) drugs help prevent rejection.

Renal – Have to do with, or referring to, the kidneys.

Re-transplantation – Due to rejection or failure of a transplant organ, some patients receive another transplant after having returned to the waiting list.

Risk pools – High-risk health insurance plans, called risk pools, have become an important safety net for individuals who are denied health insurance because of a medical condition. About 30 States operate risk pools to provide health coverage for individuals who, because of their physical condition, are unable to purchase health insurance at any price.

Routine referral – Hospitals are required on or before each death to call the OPO in order to determine suitability for organ, eye and tissue donation. The OPO, in consultation with the patient’s attending physician or his or her designee, will determine the suitability for donation.

Sarcoidosis – A systemic disease of unknown origin; involves inflammation that produces lumps of cells in various organs of the body.

Scientific Registry of Transplant Recipients (SRTR) – In 1987, Congress passed the National Organ Transplant Act that mandated the establishment of the Organ Procurement and Transplantation Network and SRTR. The purpose of the SRTR is to provide ongoing research to evaluate information about donors, transplant candidates and recipients, as well as patient and graft survival rates. The SRTR contains historical data from October 1, 1987 to the present. The registry tracks all transplant patients from the time of transplant through hospital discharge, and then annually for up to 3 years or until graft failure or death. URREA (University Renal Research and Education Association) operates the SRTR under contract with the Federal Government.

Second opinion - A medical opinion provided by a second physician or medical expert after one physician has provided a diagnosis or recommended treatment to an individual.

Sensitized – Being immunized, or able to mount an immune response, against an antigen by previous exposure to that antigen.

Seroconversion – The loss of an antigen and the development of detectable antibodies to the antigen.

Shingles – A herpes infection (Herpes Zoster) that usually affects a nerve, causing pain in one area of the body.

Side effect – An unintended reaction to a drug.

Simultaneous Pancreas Kidney (SPK) – This designation refers to a patient who is receiving a pancreas and a kidney transplant in the same surgical session.

Social Security Administration – A Federal Government program best known for its retirement benefits. The Social Security Administration also administers disability benefits. The monthly benefit is determined by the salary of the individual and the number of years covered by the program.

Sodium – A component of table salt (sodium chloride) an electrolyte that is the main salt in blood.

Spend down – For disabled people who have higher incomes but cannot pay their medical bills. Under this program, a person pays part of his or her monthly medical expenses (the spend down), then Medicaid steps in and pays the rest. Eligibility is determined on a case by case basis.

Status – Indicated the degree of medical urgency for patients on the waiting list for a liver transplant.

Stent – A small expandable tube used for inserting into a blocked vessel or other part of the body.

Stricture or stenosis – A narrowing of passage in the body.

Supplemental policy (Medigap policy) – An insurance policy offered by private insurance companies, not the Government, designated to pay for some of the costs that Medicare does not cover. These policies have limited coverage for medications.

Survival rates – Survival rates indicate what percentage of patients are still living or grafts (organs) still functioning after a certain amount of time. Survival rates are used in developing organ allocation policy. Because survival rates improve with technological and scientific advances, policies that reflect and respond to these advances are expected to improve survival rates.

Systolic blood pressure – The top number in blood pressure readings; the 120 in a blood pressure of 120/80. It measure the maximum pressure exerted when the heart contracts.

Termination of benefits – Health insurance benefits stop when an individual has reached the lifetime maximum amount or when an individual is no longer eligible for the plan to nonpayment of premiums or leaving his or her job.

Thoracic – Referring to the heart, lungs or chest.

Thrush – A fungus infection in the mouth.

Tissue – An organization of similar cells that perform a special function. Examples of tissues that can be transplanted are blood, bones, corneas, heart valves, ligaments, veins and tendons.

Tissue typing – A blood test (performed prior to transplantation) to evaluate the closeness of tissue match between the kidney donor's organ and the kidney recipient's HLA antigens.

Transmission – The transfer of an infection from one person to another.

Transplant, transplantation – To transfer a section of tissue or complete organ from its original position to a new position, for example to transfer to a healthy organ from one person's body to the body of a person in need of a new organ.

Transplant candidate – An individual who has been identified as medically suited to benefit from an organ transplant and has been placed on the waiting list by the transplant program.

Transplant physician – A physician who provides non-surgical care and treatment to transplant patients before and after transplant.

Transplant program – A component within a transplant hospital which provides transplantation of a particular type of organ.

Transplant recipient – A person who has received an organ transplant.

Transplant surgeon – A physician who provide surgical care to transplant recipients.

Triglycerides – A form of fat that the body makes from sugar, alcohol, and excess calories.

Ultrasound – The use of ultrasonic waves for diagnostic or therapeutic purposes, specifically to image an internal body structure.

United Network for Organ Sharing (UNOS) – A nationwide umbrella for the transplant community; a non-profit organization that administers and maintains the Nation’s organ transplant waiting list under contract with the Health Resources and Services Administration of the U.S. Department of Health and Human Services. Located in Richmond, Virginia, UNOS also brings together medical professionals, transplant recipients and donor families to develop organ transplantation policy.

Urinary tract infection (UTI) – An infection of one or more parts of the urinary tract.

Usual and customary (U&C) fee – The fee that providers, of similar training and experience, charge for a service in a particular geographical area. If a provider charges more than the U&C fee, insurance companies may limit their payment to the level of the U&C, leaving the patient responsible for the balance due.

Vaccine – A preparation given to simulate immunity to infections organisms such as bacteria and viruses.

Vascular – Referring to blood vessels and circulation.

Ventilator – A machine that forces air into the patient’s respiratory system when the patient is not able to breathe properly.

Virus – A microscopic particle that can only survive by invading other living things, usually causing illness.

Wagener’s Disease – A form of vasculitis that affects the lungs, kidneys and other organs which can lead to kidney failure.

Waiting list (waiting pool) – After evaluation at the transplant center, a patient is added to the national waiting list by the transplant center or organ procurement organization. Lists are specific to each organ type: heart, lung, kidney, liver, pancreas, intestines. Each time a donor organ becomes available, the UNODS computer generates a new list of potential recipients.

White blood cell – White blood cells are the basic building blocks of the body’s immune system.

Wilson’s Disease – An inherited disorder in which excessive amounts of copper accumulate in the body.

Prednisone Taper - 5 mg tablets

Date	Dose	Schedule	Amount of Tablets
/ /	30 mg	Once a day	Take 6 tablets
/ /	25 mg	Once a day	Take 5 tablets
/ /	20 mg	Once a day	Take 4 tablets
/ /	17.5 mg	Once a day	Take 3½ tablets
/ /	15 mg	Once a day	Take 3 tablets
/ /	12.5 mg	Once a day	Take 2½ tablets
/ /	10 mg	Once a day	Take 2 tablets
Stay on 10 mg EVERYDAY			

Any questions? Call your Kidney and Pancreas transplant team:

1-800-333-9013

Nurse

Date

Nurse

Date

