Liver Transplant

Patient Education Class
Liver Transplant Education Class

The Purpose

The class is intended to provide you and your family with a general overview of the transplant experience. It will provide you with the information you need to make an informed decision regarding transplantation, and also prepare you for transplant and some of the changes that may lie ahead.

Who Should Attend

All patients MUST attend the class prior to being listed for a liver transplant, as the class is a requirement that must be met prior to listing. Family members and friends who have made a dedicated commitment to support you following transplant must also attend. You cannot be listed until you have completed the entire evaluation process, including attendance at this class.

What to Expect

The class is presented in three sections by Social Work, Nursing and Financial Coordinator staff members. The fourth section is the support group. Generally, social work staff discuss the process up to the surgical procedure; nursing staff discuss the process from the time of evaluation through life-long follow-up care; the financial coordinators discuss insurance and financial planning; and the previously transplanted patients attend the support group to answer questions. A friendly, relaxed and interactive environment encourages discussion among participants.
Transplant Evaluation Process

The process begins with extensive clinical testing and evaluation process. Attendance at this class is one of the requirements of the evaluation process. At the conclusion of the evaluation process, the Liver Transplant Committee will make a determination whether to list or not to list you. You will be notified in writing of the outcome of the decision, along with follow-up recommendations, if indicated.

Transplant List

Once the decision has been made to list you for a deceased donor liver, we will ask your insurance company for an authorization. When that approval is received, the transplant coordinator will take the steps to add you to the list.

When the Call Comes

Allocation of donor organs is based on MELD score, blood type and body size. Once a potential organ donor is identified, a transplant coordinator has only one hour to contact you by telephone and advise you to restrict your eating or drinking. You will be advised to come to the University of Michigan Medical Center in Ann Arbor as soon as possible. It is important that you arrange travel plans ahead of time to speed up your arrival to the hospital. For patients who live a great distance from University Hospital, the liver transplant social workers may assist with planning for transportation and nearby housing.

Liver Transplant Operation

Upon arrival at the hospital, you will have a brief examination, blood tests, an EKG and chest x-ray. Research coordinators may discuss with you and your family possible enrollment in liver transplant study protocols. Although all patients are encouraged to enroll in studies, participation is entirely voluntary and lack of participation will not impact the quality or type of care you receive at our Center.
Once the donor liver has been confirmed to be suitable, arrangements will be made to proceed with the operation at the University of Michigan. Most liver transplants take four to six hours to complete, however, some may take longer. The diseased liver along with the gallbladder will be removed in entirety and the new liver is placed in position. Many patients receive transfusions of blood products during and after the surgery. Once the operation is complete, the transplant surgeon will discuss the results with family members.

**Hospitalization**

Following the surgical procedure you will be taken to the Surgical Intensive Care Unit (SICU – 5D) and then will be transferred to the Transplant General Care floor. Overall, the average length of stay is eight to 15 days.

**Post-Transplant Care**

When you have met specific criteria, which the nurses will review in detail, you will be discharged from the hospital. All patients discharged from the hospital are scheduled for clinic visits within a week of their discharge.

**Anti-Rejection Medications**

It is necessary for a transplant recipient to take immunosuppressive medications for the rest of their life to prevent their immune system from rejecting the transplanted organ.

**Life-Long Follow-Up Care**

Transplant patients will need to have laboratory blood work for life. The frequency of clinic visits and blood tests will vary by patient and each patient may experience fluctuations in their frequency over time. Transplant centers are required to report statistical information on transplanted patients for life.
Manage Your Health Pre-Transplant

All patients who are attending this class have an underlying liver disease which has made it necessary for you to be evaluated for a liver transplant. The acronym below highlights ten points you will need to remember while you wait for a liver transplant.

T able salt
R emember
A cetaminophen
N o substance abuse
S hellfish
P hone call
L actulose
A nnual Testing
N urses
T eam

Manage Health: Table Salt

Patients with liver disease must limit their salt (sodium) intake to 2 grams per day. Two grams is equal to 1 teaspoon of salt. The salt you consume challenges the effectiveness of your diuretic. Your use of salt will be apparent in your weight and your lab results. To manage your usage of salt you need to become a “label reader” and maintain a mental tab of how much you’ve had each day. We recommend you have a scale at home to assist in monitoring your salt intake by monitoring your weight.

Manage Health: Table Salt

- Table Salt
  - Limit to 2 grams of sodium per day
  - 2 gms sodium = 1 teaspoon salt
  - Become a label reader. Keep a mental tab running all day.
  - Food suggestions and list recommendations
  - Diuretics
  - Scale for home use
Manage Health: Remember Your Support

Your support team is vital for YOU to successfully manage your health and your way through the transplant process. You must remember to bring your support person with you to clinic visits. You must remember to bring an up-to-date list of your medications (or your medications in their containers) to your clinic visits. Use your clinic visits as an opportunity to have the transplant physicians write refill prescriptions for your liver medications. You must obtain prescriptions for all other medications from your Primary Care Physician.

Manage Health: Acetaminophen (Tylenol®)

You may have 2 grams of Tylenol per day. Do not take Tylenol daily; limit your use to 2 grams up to four days each week. DO NOT TAKE ANY Motrin®/Advil® (Ibuprofen), Aleve, or aspirin because they irritate the lining of your stomach and might injure your kidneys. Liver disease causes your stomach lining to be very fragile, so further irritation could result in internal bleeding.

Manage Health: No Substance Abuse

Patients with liver disease who are waiting for a liver transplant can have NO substance abuse. You may not use marijuana. You may not use alcohol in any form. You may not have alcohol-free beer. You cannot have food cooked in alcohol – no cherries jubilee, no flaming cheese in Greek town.
If you need cough syrup, select an alcohol-free option such as Robitussin CF®, Delsym® 12 Hour cough relief, Nyquil® capsules. If you use mouthwash select an alcohol-free option such as Tom’s, Crest, Oral B®, or Listermint®.

Most patients are strongly encouraged to stop using all forms of nicotine – including smoking and chew materials. Some patients are required to stop using nicotine prior to transplant. The determination whether to require quitting is made on a case-by-case basis by the transplant physician. If your MD told you to stop smoking prior to transplant, you MUST do so. Tobacco cessation assistance is available.

**Manage Health: Shellfish**

Seafood is a great food choice as long as it is cooked. You should not eat uncooked shellfish or seafood, such as oysters, mussels, clams, scallops or shrimp. You may eat sushi as long as it is cooked.

**Managed Health: Phone Us...**

We can assist you in managing your health prior to transplant if you keep us informed. You must call us when you are admitted to another hospital. We can assist with transfer decisions and making necessary arrangements. You should call us when there are changes in your medical condition or your support arrangements. You should call us if you have lost or gained more than five pounds. You should call us if you have plans to travel outside the local area.
**Manage Health: Lactulose**

Your failing liver cannot filter the toxins (such as ammonia) from your body as it used to before you became ill. An accumulation of ammonia can cause confusion (encephalopathy). Lactulose is a liquid medication frequently prescribed which combines with the ammonia in your body and will pass from your body in a bowel movement. The goal is for you to have between two and four bowel movements per day, but not for you to have diarrhea. It is necessary for you to regulate this by increasing or decreasing the amount of lactulose you take each day to achieve the goal.

**Manage Health: Annual Testing**

You are completing the first round of testing in the evaluation process. You will need to have the imaging repeated every six months, or perhaps sooner if indicated. You will need to have your MRI testing performed at UMHS. It is necessary to have this particular test performed consistently at UMHS to allow a clear comparison of interval changes. They compare the new test to the previous test each time you have one. We recognize this may be inconvenient for some patients, but it is necessary to provide you the best possible assessments.
Manage Health: Nurses

The liver pre-transplant nursing team is here to assist you through the process toward a liver transplant and in helping you maintain optimum health while you are waiting. They are a resource for you. Please call them when you have questions or concerns.

Manage Health: Team

The Liver Transplant team thanks you for placing your confidence in us. Together, with your support, we hope to accomplish something extraordinary. Be encouraged!
Social Work Presentation
The Liver Transplant Team

This Patient Education Guide contains a section on the Transplant Team. The Transplant Team section can be used to record the names and contact numbers of the team members you come in contact with.

- **Transplant Coordinator**
  A professional who is responsible for managing each patient case to ensure each detail required for clearance to transplant has been reviewed and approved. Transplant coordinators are the primary communication link between the patients and the physicians through the process prior to transplantation.

- **Hepatologist**
  A physician who is an expert in liver disease. The hepatologist is responsible for determining the patient's medical need for a transplant, managing the patient medically prior to transplant, and managing the patient's medical care following transplant.

- **Transplant Surgeon**
  A physician who performs the liver transplant surgery. The surgeon is responsible for evaluating the patient's medical condition in preparation for transplant surgery; will discuss the transplant with the patient; will perform the surgery; and will provide post operative care for a defined period following surgery. Since the surgeons on the Transplant Team have a rotating schedule, the surgeon who performs the surgery may not be the same surgeon seen during the inpatient stay or at clinic visits.

- **Transplant Physician Assistant**
  Physician assistants (PAs) are licensed practitioners who work closely with the hepatologists and transplant surgeons to provide medical care to patients before and after transplant. Physician assistants may be involved in the initial diagnosis of a patient's liver disease, the transplant evaluation, the management of active medical problems and/or medication adjustments.
• **Pre-Transplant Nurse**  
A registered nurse who specializes in liver disease, and more specifically in patients preparing for transplantation. The RN assists the team in the evaluation, education and pre-transplant care of the patient. The RN maintains patient medical information, monitors labs and medications, and works closely with the transplant physicians on patient-care issues.

• **Post-Transplant Nurse**  
A registered nurse who specializes in liver disease, and more specifically in patients after transplantation. The RN assists the team in providing post-transplant care to the patient. The RN maintains medical information, monitors labs and medications and works closely with the transplant physicians on patient-care issues. Patients may have different transplant nurses during the different phases of post-transplant care.

• **Transplant Unit Staff Nurse**  
Nurses who work closely with the patient during the transplant inpatient stay. Responsible for providing patient care, education and training on tests, medications and follow-up care. Since unit nurses work as a team on a rotating schedule patients may have several nurses during their inpatient stay.

• **Transplant Social Worker**  
A professional who helps patients and their families understand and cope with a variety of problems (emotional, family, financial and work related) associated with liver disease and the transplant process. Social workers provide ongoing education and support throughout the transplant process and beyond.

• **Transplant Pharmacist**  
A pharmacist who has knowledge, training and experience in transplant medications is available to work with you, your family and the rest of the transplant team with regard to managing your transplant medications during your entire transplant journey.
• **Financial Coordinator**
  Financial coordinators work with patients and their families to help them understand the various financial aspects of transplantation. They work with the patient’s insurance carrier to verify coverage, assist in obtaining prior authorization for transplant services, and work with patients with limited insurance coverage to explore alternative funding opportunities.

• **Nutritionist**
  A nutritionist works with patients to determine their current nutritional status and then educates them regarding nutritional needs, restrictions and supplements that may be necessary to keep the patient as healthy as possible, before and after the transplant.

• **Clinical Research**
  The clinical research team manages the clinical research studies designed to improve the understanding of transplantation and enhance the outcomes for all patients. Research staff responsibilities include identifying eligible patients, informing patients about research options, enrolling patients in research studies, collecting research data and coordinating research care. The Research Team works closely with the Clinical Team to provide patients access to cutting-edge therapies before they are available everywhere.

• **Primary Care Physician (PCP) or Family Physician**
  A primary care physician is a title used by insurance companies to identify the physician who is responsible for providing the patient’s general medical care and to authorize patient referrals for specialty care. If the patient does not have a managed care insurance policy, the term “family physician” would be more appropriate.
Where are You Listed?

While the patient is listed once, the patient’s listing will be tracked at three levels: local, state and national. Waiting list information is confidential at all three levels.

- **Transplant Center**: The transplant center that is listing the patient, in this case the University of Michigan Transplant Center.

- **OPO**: Gift of Life Michigan is the organ procurement organization (OPO) that serves most of the State of Michigan. An OPO is a vital link between the donor and the recipient and is responsible for the identification of donors, and the removal, preservation and transportation of organs for transplantation. An OPO is the group that contacts a transplant center to notify them an organ is available.

- **National**: The United Network for Organ Sharing (UNOS) is a non-profit organization that administers and maintains the nation’s organ transplant waitlist under contract with the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The list is maintained by UNOS.

- **Multiple Listing**: Multiple listing allows a patient to be listed at two or more transplant centers in different donation service areas. If you are interested in multiple listings, refer to the evaluation portion of your patient education guide to learn more. There is no guarantee that multiple listing will shorten your time waiting for an organ, although it may afford more chances for an individual patient to receive an organ offer sooner. The University of Michigan will multi-list and will transfer your records to other centers upon your request.
Listing Information

A lot of information is required at the time a patient is listed for a deceased donor organ. Each piece of information is necessary and is used to make determinations. Below are four categories of information that are required at listing:

- **Model for End Stage Liver Disease (MELD) Score**
  - A mathematical method that attempts to assess the patient’s risk of dying before a transplant.

- **Blood Type**
  - Records the patient’s blood type and is used in the process of matching a donated organ to a recipient.

- **Weight Range**
  - Records the patient’s normal weight and is used in the matching process to ensure the donated organ will “fit” with the recipient’s size.

- **Demographics**
  - Records important information regarding the patient and is used in the matching process to ensure the donated organ and the recipient can get to the transplant center in time to be transplanted.

Model for End Stage Liver Disease (MELD) Score

The national allocation system, designed to allocate organs to patients, is an equitable system that gives patients with the greatest risk of mortality the first opportunity to receive a liver.
• MELD uses a mathematical method for determining the patient’s risk of dying before transplant.

• MELD scores can range from six to 40.

• MELD scores above 24 require weekly lab tests to remain actively listed.

• MELD scores of 19 to 24 require monthly lab tests to remain active.

• Patients with low MELD scores are often monitored, but not listed right away. Listing takes place when the Transplant Team determines the benefit for transplant surpasses the risks of the procedure.

• MELD score measures the function of the liver and kidneys using three lab tests:
  - **Total Bilirubin**
    - Bilirubin monitors liver function.
  - **PT/INR**
    - Prothrombin time monitors blood clotting, which predicts bleeding.
  - **Creatinine**
    - Creatinine is a measurement of kidney function.
      - The highest creatinine score used in calculating MELD is 4.0.
      - Patients on dialysis have an automatic creatinine score of 4.0.

• MELD scores are determined at the time a patient is listed.

• MELD scores are recalculated each time labs are drawn. MELD scores routinely fluctuate up and down.

• While the usual MELD score at the time of a transplant varies by blood type, often patients are transplanted with a MELD score in the low 20s.
Exceptions to MELD

There are exceptions to the MELD score that would result in a higher score than the standard calculation would determine. Some of the exceptions may occur prior to a patient’s first transplant and others may occur following a transplant. While exceptions are never guaranteed, the following conditions may warrant consideration for an exception.

- Some conditions listed below allow for a lump sum of extra points to a patient’s MELD score:
  - Liver (Hepatocellular) cancer (HCC)
  - Hepatopulmonary syndrome
  - Some metabolic diseases

- Status 1 – Pre-Transplant:
  Status 1 is not awarded to a patient with chronic liver disease. In patients without any previous history of liver disease the following situations may warrant a Status 1 designation:
  - Acute decompensating Wilson’s disease.
  - Sudden liver failure with death being imminent, occurring suddenly in an otherwise healthy individual.

- Status 1 – Post-Transplant:
  - Primary non-function of a transplanted organ within seven days of a liver transplant.
  - Clotting of the hepatic artery within seven days of a liver transplant.
You are Listed

Communication

Communication is vital for the Transplant Team. When an organ becomes available for you, the transplant coordinator has only ONE HOUR to reach you before the offer must move on to the next patient on the list. For the organ offer to be accepted, you must be prepared for the transplant. You should take the following actions when you are added to the list:

• Make a written list of important phone numbers. This should include the numbers given as contact numbers to the Transplant Team as well as numbers you will need should an offer be made.

• Make arrangements for a safe driver to take you and your family to the hospital. This should be someone other than a spouse or significant other. Always have a backup plan just in case the designated person is unavailable when the call comes in.

• Make arrangements for someone to care for children and/or pets. Again, have a backup plan just in case the designated person is unavailable when the call comes in. In developing your plans, remember that there is no way to predict the length of your hospital stay.

• Identify a spokesperson to communicate with the Transplant Team if you are unable to do so. The spokesperson needs to be someone consistently involved in your care plan – pre-, during and post-transplant.

• Pack a suitcase with the items you will want to take with you to the hospital. For your comfort, you are encouraged to bring loose fitting clothing to wear after the transplant. To be sure your family members are prepared, pack clothing and other items they may want while they wait through the surgery and are with you after the surgery.
Advance Directives

It is always a good idea for patients to discuss their wishes related to their care with their family before the family is under pressure to make decisions. Your wishes should be documented in a written advance directive, also called a Living Will. In addition to discussing patient care-related issues, it is advisable to discuss general issues related to daily living, such as finances.

Advance directives give written direction to health care providers about treatment choices for you in certain circumstances. There are two types of advance directives:

- **Durable Power of Attorney** – A durable power of attorney for health care allows a person to name a “patient advocate” to act for them and carry out their wishes.

- **Living Will** – A living will allows the patient to state their wishes in writing, but does not name a patient advocate.

You are encouraged to consider your wishes for how financial and routine daily life decisions will be handled in the event you have an extended hospital stay. For example: How will the regular bills get paid?

Protection of Privacy (HIPAA) ensures the privacy of a patient’s health information. It is important to understand that the Transplant Team cannot release medical information without explicit permission from the patient.
Communicate

It is imperative patients stay in regular contact with the Transplant Team.

• The **Transplant Coordinator** is the primary person who will contact you when an organ becomes available. Since the coordinator has only one hour to reach you, it is imperative the contact telephone numbers on file are current. You are encouraged to contact the transplant coordinator with new information.

• The **Social Worker** will assist you in planning for the transplant process and in developing a support team. The social worker should be contacted when any significant life changes occur for you or your support team.

• The **Financial Coordinator** works with you regarding insurance coverage and financial issues relating to transplantation. The financial coordinator should be contacted if you have any indication of a change in employment or insurance coverage.

• The **Pre-Transplant Nurse** team will stay updated on your medical condition while you wait for a transplant.

Communicate Changes in Health

It is imperative that you stay in regular contact with the Transplant Team regarding changes in your health.

Changes in your medical condition and/or the lab values affect MELD scores and the timing of transplantation. You are encouraged to communicate with the Transplant Team if you experience any of the following:

- Changes in medical condition and/or lab values affect MELD scores and the timing of transplantation
- Communicate with transplant team regarding ANY and ALL changes in your health
  - Infections, hospitalizations, kidney problems
  - Identify a spokesperson to communicate to the transplant team for times when the patient is unable to do so
  - DO NOT depend on local hospitals or physicians to contact the transplant team
• Infections
• Hospitalizations (outside UMHS)
• Kidney problems

You are encouraged to identify a spokesperson who can represent you if you are unable to do so yourself. The spokesperson should contact the Transplant Team if:

• You are too ill to do so.
• You are admitted to another hospital. Do not rely on another hospital to communicate with the Transplant Team about your care.
• You are receiving care from a local physician’s office which may involve the liver. Routine health issues, such as colds, earaches and the flu do not need to be reported unless antibiotics are prescribed.
• If a family member or someone on your support team is concerned about significant changes in your health.

On Hold

Patients who have been listed and are waiting for a deceased donor organ can be given a status of “on hold” which makes their listing inactive. Patients who are on hold are still on the waiting list, however, due to their on hold status will not be offered an organ should one become available. The on hold status is appropriate for the following situations:

• **Infections.** For the patient’s safety, a transplant cannot occur if there is an uncontrolled infection in any area of the body.

• **Insurance issues.** The patient’s insurance must have authorized the inpatient stay prior to a transplant admission. If insurance changes, we must obtain authorizations from the new insurance carrier.

• **Social issues.** Patients need a support system established and stabilized prior to the transplant which will be reliable and involved throughout the transplant process and beyond. The social support network also must remain very involved to assist the patient with many aspects of care after transplant, such as transportation, care at home and in clinics, help with medications, wound care, possible IV meds and emotional support.
• **Second thoughts.** Some patients have a period when they reconsider their decision to have a transplant. Being placed on hold provides them the time to determine whether they wish to proceed with transplantation. Patients are encouraged to discuss their concerns with their social worker who can listen, answer questions and assist them in making an informed decision.

• **Getting better.** Some patients begin to get better, are doing well and it is best not to proceed with transplant at the current time.

**Off the List**

Patients may be removed from the waiting list for one of the following reasons:

• **Complications** of liver disease, either medical or surgical, that render the patient too sick for transplantation.

• **Non-adherence to substance abuse policy:** Substance abuse will complicate the disease process prior to a transplant and will damage a transplanted liver. Substance abuse is an example of a patient’s lack of self care. Therefore, patients who do not comply with the substance abuse policy will be removed from the list.

• **Non-adherence to medication regimens, clinic appointments and lab tests:** Transplant patients need to take medications, see their physicians and have lab tests throughout their lifetime. Patients who cannot comply prior to transplantation by taking their medications, keeping their clinic appointments and getting their lab tests are not able to maintain a healthy liver following their transplant. Therefore, patients who do not comply in these ways will be removed from the list.

• **Liver disease improves.** Some patients experience improvements in their liver disease and they no longer need a transplant.
Getting a Liver

*When will I get the liver? Where am I on the list?* While these are the most frequently asked questions, there is no direct answer to these questions.

The MELD system was created to allocate livers to all patients listed in a consistent manner that provides livers to those patients who are at the greatest risk of dying before a transplant. The system is complex. There are many factors in determining to whom an organ will be offered.

Patients are encouraged NOT to focus too much attention on their MELD score. Some people believe that their MELD score is an indicator of when they will receive a liver. Unfortunately, a patient’s MELD score is not a predictor of when they’ll be offered an organ. The average MELD score at the time of transplant varies by blood type. Since your MELD score is based on your lab values on a given day, it will fluctuate up and down over time. It is important to remember that while your lab values (and MELD) are going up and down, so are the lab values (and MELD) for all the other patients on the list. The list is a constantly changing landscape.

Who Gets a Liver?

There are many factors that are significant in the allocation of livers to potential recipients. The major factors include:

- **Status 1** - Most patients on the list are allocated livers based on their MELD score. However, some patients who are inpatient with no previous history of liver disease and are in sudden liver failure, critically ill, and have a life expectancy of less than one week may be identified as “Status 1” on the list. The other situation that may qualify as Status 1 is a transplanted liver not working within seven days of the transplant. Status 1 patients are given priority and are offered the next available compatible organ.
• **Highest MELD Score** - If there are no Status 1 patients, patients with the highest MELD score are offered organs that are compatible. If two patients have the same MELD score, the time waiting at that MELD score will be the factor determining to whom the organ will be offered.

• **Blood Type** – Generally organs are offered to patients with the same blood type as the donor. Exceptions may be made for patients who are critically ill – those listed as a Status 1 or with a very high MELD score. The Transplant Team may choose to use an organ from a compatible blood type.

• **Recipient/Donor Weight and Height** – The size of a liver is a factor in the allocation of the organs. The donated liver must “fit” within the potential recipient and the Transplant Team must be confident the liver’s capacity will support the recipient.

• **Location of Donor/Location of Recipient** - Donated organs must be transplanted within a limited window of time following donation. If the distance is great between the locations of the donor and recipient, the organs will be offered locally. Most organs transplanted at the University of Michigan come from Michigan and neighboring states.

Some factors are not considered in the equation for allocating livers to potential recipients.

Factors that **DO NOT** matter include:

• **Age** – Once the patient is listed, the age of the recipient is not a data element in the allocation process.

• **Sex** – The sex of the recipient is not a data element in the allocation process.

• **Race** – The race of the recipient or donor are not data elements in the allocation process.

• **Cause of Liver Disease** – Once the patient is listed, the cause of the recipient’s liver disease is not considered in the allocation process.
When the Call Comes

The call advising of an available liver to be offered to you can come at any time. The first notification comes to the transplant coordinator, who works in collaboration with the surgeon.

Time Considerations

• For the Transplant Team:
  • Coordination of organ retrieval. The transplant coordinator activates a team to go to the location of the donor. The team meets at the donor hospital, participates in the donation process, the surgeon reviews the condition of the liver, and returns to University Hospital with the donated organ.
  • Organ preservation time. Donated organs remain viable for a specific period of time. Surgeons generally prefer to transplant a liver within eight hours after donation.
  • Coordination of recipient operation. The transplant coordinator makes the necessary arrangements for the recipient’s operation by coordinating the necessary facilities and medical teams.
  • Adequate travel time for the patient. The coordinator contacts the patient to extend the organ offer and considers the patient’s travel time in setting the time for the operation.

• For the Patient:
  • Do not speed to the hospital. Since your travel time has been considered in setting the operation time, it is not necessary to speed to the hospital. Drive safely. Wear a seat belt!
When You Get to University Hospital

- **Go directly to the unit of University Hospital identified by the transplant coordinator**

  The staff at the nursing desk on the inpatient unit you were sent to will be aware you are coming for a transplant. When you check in at the inpatient desk, the staff will notify the other members of the team that you have arrived. The transplant coordinator will give you directions to the inpatient unit and will have you write them down.

- **Do not check in at Admissions or Emergency Room**

  Arrangements have been made for you to check in on 5C though you may be put on another unit depending on bed availability. Going to the Admissions area or the Emergency Room will cause an unnecessary delay.

- **Patients arriving after 9 p.m.**

  The number of entrances available after 9 p.m. is limited. If you arrive after 9 p.m. you will need to park in Parking Structure A located next to the front entrance of University Hospital. It is likely security staff will ask your destination. Advise them you have been asked to go to 5C for a transplant and then proceed directly to 5C.
Patients and family members are encouraged to contact the Patient and Visitor Accomodations Program to assist in finding and making reservations. Many hotels give a better rate when reservations are made through this program. For assistance with reservations please call: (800) 544-8684 (toll free) or (734) 936-0135.

There are multiple lodging options available for family members while you are in the hospital or staying in the area.

- **Med Inn** is within the University Hospital complex. There is a high demand, there are limited rooms available which are reserved for patients and family members of ICU patients. The cost is approximately $95 per night for the least expensive room.

- **Local hotels** sometimes offer discounts for family members of patients. The cost of local hotels range from $50 to $110 per night.

- **Transplant House** may be an ideal option if the family plans to stay in the area for a night, or a week or more. Transplant House is a community living arrangement where the family has their own bedroom and they share the common areas of the home, such as the living room, dining room, kitchen and bathrooms. Advantages of Transplant House can be the relaxed home-like atmosphere and the opportunity to meet other families in similar circumstances. The cost is approximately $22-$25 per night for two people sharing one bedroom. Transplant House is located about six blocks from the Hospital and has bus shuttle availability each day from the North Ingalls building at the corner of North Ingalls and Catherine streets. Arrangements for a stay at the Transplant House must be made through your social worker.
Insurance Coverage for Lodging

Some insurances include coverage for the living expenses of family members while a patient is hospitalized. Patients should check with their insurance to determine if they have coverage and learn the requirements for being reimbursed.

Need Help?

Finding the lodging available and selecting appropriate lodging can be challenging. A social worker is available at all times to assist families in this endeavor. During the normal work week (Monday through Friday) call your transplant social worker for help.

If your family needs the assistance of a social worker at night or on the weekends, they can ask any staff member to call the paging operator (734) 936-6267 and ask to have the social worker on call paged.