A BRIEF SUMMARY

What You Should Know About Kidney and Pancreas Transplants
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Your Kidney Transplant Team

**Transplant Nephrologist**
A doctor who is an expert in kidney disease and transplant. Your transplant nephrologist is responsible for determining your medical need for a transplant, managing your transplant-related medical needs before transplant, participating in your care during your transplant admission, and seeing you during clinic appointments following your discharge.

**Transplant Surgeon**
A doctor who performs kidney and/or pancreas surgery. Your surgeon is responsible for evaluating your medical condition in preparation for surgery, discussing the transplant with you, performing the surgery, monitoring your immunosuppressive medications while you are inpatient, and providing post-operative care for a defined period of time following surgery.

**Triage Coordinator**
A registered nurse who is responsible for managing your new referral for a kidney or pancreas transplant. The triage coordinator will work with you to ensure a timely evaluation appointment is available to you and that you are prepared for your transplant journey to begin.

**Transplant Coordinator (Pre-transplant)**
A registered nurse who is responsible for managing your case to ensure you are approved for transplant. Transplant coordinators are the primary link between you and your doctors through the process before transplant. Close communication with your transplant coordinator is very important to getting listed, maintaining your listing and being transplanted.

**Transplant Physician Assistant or Nurse Practitioner**
Physician Assistants (PA) and Nurse Practitioners (NP) are licensed practitioners who work closely with the nephrologists and surgeons to provide medical care to you before and after transplant. They conduct physical examinations during the pre-transplant evaluation and waiting time. They also follow up with you in post-transplant clinic under the supervision of the nephrologists or surgeon.
**Transplant Social Worker**

A licensed social worker who helps you and your family understand and cope with a variety of issues related to your transplant experience such as emotional, family, financial and work concerns. The transplant social worker is available to help you at any point in your transplant care. Transplant social workers also provide a link to resources in your local community.

**Living Donor Advocate (LDA)**

Team member responsible to meet with potential donors during the evaluation process to represent, advise and protect the living donor, while promoting the best interests of the living donor. They provide education on organ donation, ensure the patient can make an informed decision, ensure they are free from pressure in making their decision, participate in team discussion about living donors, and are available to donors throughout the donation process and beyond. The LDA has the authority to exclude any living donor if they believe donation is not in the best interest of the potential donor. They do not participate in the care of transplant recipients.

**Transplant Financial Coordinator**

Financial coordinators work with you and your family to help you understand the various financial aspects of transplant. They work with your insurance carrier to verify coverage and help in getting prior authorization for transplant services. They also work with patients with limited insurance coverage to explore other funding opportunities and alert the transplant team of the situation.

**Transplant Dietitian or Registered Dietitian**

The registered dietitian is your kidney nutrition expert who will meet with you to assess your nutritional status and help you with meeting your lifestyle goals. To keep you healthy before and after your kidney transplant, the dietitian is available to discuss a variety of topics such as kidney diet, weight management, diabetes, cholesterol or blood pressure.

**Clinical Research Team**

The clinical research team manages the clinical research studies designed to improve the understanding of transplant 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.
Inpatient Nurse Educator

A registered nurse who works with you during your transplant admission, teaching you and your family about your medicines, wound care, lab schedule and your clinic follow-up plan after discharge.

Transplant Pharmacist

A pharmacist who has knowledge, training and experience in transplant medicines is available to work with you, your family and the rest of the transplant team with regard to managing your transplant medicines during your entire transplant journey.

Post-Transplant Nurse

A registered nurse (RN) who specializes in kidney and pancreas disease, and more specifically, in patients with kidney and pancreas transplants. An RN assists the team in providing your post-transplant care. The RN maintains medical information, monitors labs and medicines and works closely with the transplant doctors on patient care issues. You may have different transplant nurses during the different phases of care post-transplant.

Primary Care Physician (PCP) or Family Physician

A primary care physician is a title used by insurance companies to identify the doctor who is responsible to provide you general medical care and to authorize patient referrals for specialty care.

Local or Referring Nephrologist

The local nephrologist is the nephrologist you see near your home. This is often the doctor that you saw before transplant. You will continue to follow with a local nephrologist after transplant.

Interruption of Services

In the unlikely event that a change occurs in the transplant center’s ability to perform transplant or living donation, including CMS or OPTN inactivation, an extended period of unavailability of key medical or surgical staff, or internal or external emergency, limiting the center’s ability to accept organs or perform organ transplant or living donation, all patients within any phase of transplant, will be notified.
How Do Kidney Transplants Work?

All kidneys available for transplant are a result of a gift (donation) from one person (donor) to another (recipient). Kidneys can come from either living or deceased donors. In order to receive a kidney transplant, you will need to complete an evaluation. You will need to be considered a good medical and surgical candidate with mental wellness.

- Your transplanted kidney will be placed in your pelvic area above the groin (the groin is where the thigh meets the stomach).
- Original kidneys normally stay in the body.
- The incision for kidney transplant is approximately four to 12 inches long. It is located on the lower left or right side of the stomach.
- The process is usually between two and four hours long.
- On average, patients listed for a deceased donor kidney will wait about five to seven years.

After the transplanted kidney is connected to your blood supply, living donor kidneys usually begin to make urine. A deceased donor kidney can take some time before it makes urine. The transplanted ureter (the tube that carries urine from the kidney to the bladder) is attached to your bladder. As the new kidney begins to work on filtering waste products from your body, you will begin to feel better.

What is Living Kidney Donation?

A living kidney donation is a kidney from a living donor. Some advantages to receiving a living kidney transplant include:

- You do not have to wait as long for a transplant.
- Living donor transplants last longer than transplants from deceased donors.
- You have the chance to receive a transplant before debilitating complications of kidney disease.
- You receive transplant before becoming too ill to have a transplant.

Who are Living Donors?

Living donors may be related or unrelated to you. People who wish to be considered as a living kidney donor must contact the transplant center to show their interest. A donor coordinator will review the process with the interested donor before setting up an evaluation appointment.
How are the Kidney Donors Evaluated?

The donor team is very careful and thorough when deciding if a person can donate. The donor team will not allow donation if they feel that it is not medically, physically, socially, emotionally or financially safe for the living donor. If a living donor develops end-stage renal disease (ESRD) and needs a kidney transplant sometime in the future, the living donor will be put close to the top of the waiting list.

What is Paired Donation?

Paired kidney donation is an opportunity to provide you with a transplant when you do not match your potential donor (either by blood type or positive cross match). This program identifies pairs: where the donor from one pair donates his/her kidney to the recipient of the second pair and vice versa.

How Do Pancreas Transplants Work?

Pancreas transplants are usually performed on people with Type 1 diabetes mellitus so that complications can be avoided, halted or delayed. However, some people with Type 2 diabetes can receive pancreas transplants. Pancreas transplant can be performed in one of three different ways depending on your needs. These include:

- **Simultaneous Pancreas Kidney Transplant (SPK)**
  This includes kidney and pancreas transplants occurring during one operation. This option is selected when you have Type 1 diabetes mellitus and are at or near end-stage renal (kidney) failure.

- **Pancreas After Kidney (PAK)**
  This transplant is done after you have already had a successful kidney transplant. You must be stable and at least three months after your kidney transplant.

- **Pancreas Transplant Alone (PTA)**
  Patients who receive PTA do not have kidney disease. This is done when you have Type 1 diabetes mellitus with life threatening high or low blood sugar that does not respond to maximum medical management and insulin therapy.
What Happens During the Pre-transplant Evaluation Appointment?

This pre-transplant evaluation appointment will last eight hours. You will begin the day with testing followed by an educational class related to the transplant process. You will meet members of the transplant team during the second half of your day.

Meetings With Your Health Care Team

During this first pre-evaluation appointment, you will see a transplant coordinator, a physician assistant or nurse practitioner, a transplant nephrologist (kidney doctor), a transplant surgeon, a social worker, a registered nurse and a dietitian.

Education

On the day of the evaluation, you and your family will attend a patient education class with other potential kidney or pancreas recipients. We require a support person to be with you throughout the evaluation day to take notes and ask questions.

Testing

Testing is done in order to determine if you are an appropriate candidate for transplant. Many times, most of the initial testing can be completed on the day of the evaluation. Further testing might be needed depending on your medical history. Testing includes:

- A physical.
- Complete blood work, counts, blood work to show your blood type and tissue typing.
- A chest X-ray to determine the health of your lungs and respiratory track.
- An electrocardiogram (EKG) to check the electrical activity of your heart, with some further testing of the heart to follow.

Evaluation Decision

After all the test results are completed, the entire transplant team will meet to discuss whether transplant is an appropriate treatment option for you. It is important to remember that you are not listed for transplant at the end of your evaluation appointment. You will be notified within two weeks about the team’s decision and if any additional testing will be required to continue working toward transplant.
How Can I Remain a Good Candidate for Transplant?

Medication and Dialysis

It is important to be organized about your medications and understand why you are taking them. Transplant medicines must be taken on a strict time schedule, so you must get on a regular schedule with your current medicines.

Follow your dialysis treatment schedule as prescribed to maintain your best health. Attending all treatments and staying for your whole treatment is very important to stay as healthy as you can until you have the opportunity for transplant.

Social Support Plan

As part of being a candidate for transplant, you need to have family or friends to look after you during your recovery. You will work with your transplant social worker to complete a Care and Support Plan. This plan includes individuals identified as:

- On-call driver (24 hours a day, seven days a week)
- Support person during hospital stay
- 24/7 in-home support person for two weeks after discharge
- Driver to weekly clinic appointments

Drugs and Alcohol

If you are a candidate for transplant, it will either be required or recommended that you stop smoking or using any tobacco products. Alcohol and illegal street drugs can cause serious health problems for transplant recipients. People who have significant substance abuse issues will need to work with the transplant social worker to create an appropriate treatment plan. Insurance companies may deny coverage for your transplant if there is evidence of untreated alcohol or substance abuse (past or present).

Mental Health and Transplant

Kidney transplant recipients are prescribed medicine that may cause mood changes for a short time. If you are a person who is dealing with depression, anxiety or other mental health issues, the transplant team will discuss a plan for managing your symptoms. This plan may include counseling or seeing a psychiatrist.

Staying emotionally healthy is very important. Our transplant social workers are trained to help patients and their loved ones cope with the challenges of long-lasting (chronic) illness and the specific challenges of kidney transplant patients.
Remember to:

- Share your feelings with your family, friends and your dialysis or transplant team.
- Ask to be connected to a transplant peer mentor to learn about life after transplant.
- Stay involved in the activities you enjoy. Keep your life as normal as possible to help maintain stability during the waiting period.
- Find activities that help you relax and promote your spiritual well-being.

How Do I Remain Active on the Waiting List?

To remain active on the waiting list, you must keep up with the listing requirements which include:

- Yearly follow-up visits with the transplant team (some patients will need to be seen twice a year)
- Sending in your monthly blood sample
- If you have diabetes, yearly heart evaluation is required.
- If you are a female and over the age of 18, we strongly recommend yearly gynecologic clearance done by your local doctor.
- Active insurance coverage and prescription coverage

What Happens if I Do Not Keep Up With the Listing Requirements?

If you do not meet the requirements for active listing, you will be placed on hold. People on hold cannot receive donated organs, but will stay on the transplant list. It is in your best interest to keep your testing current when listed. It is your responsibility to make sure testing is completed and results are sent to our office. You should contact your transplant coordinator to review your results.

How Do I Stay Healthy While Waiting for my Transplant?

While waiting for your transplant, we encourage you to stay as healthy as possible, physically and emotionally.

- Follow your recommended diet.
  - A registered dietitian is available for consult.
- Stay active (at least 150 minutes of movement weekly).
- Quit smoking if you are a smoker.
- Women should avoid pregnancy.
- Talk to your transplant coordinator if you have any questions about maintaining a healthy lifestyle.
Who Do I Call if My Health Changes Before Transplant?

When your health changes occur while waiting for a transplant, it is very important to remain in contact with your transplant coordinator.

Pre-Transplant Kidney and Pancreas Coordinators
(800) 333-9013 Monday-Friday, 8 a.m. - 4:30 p.m.

Call your coordinator if:
• You are hospitalized outside of Michigan Medicine
• Your medical condition changes
• Your telephone number changes
• Your medical insurance changes
• You need to travel out of town
• You or your family have questions or concerns
• Your support people are no longer available
• Your dialysis center changes
• You have changes with your insurance coverage
• You have any questions

What Happens When an Organ Becomes Available for You?

The call about an available organ can come at any time. The first notification comes to the transplant coordinator, who then has one hour to accept or decline the organ offer. When a kidney or pancreas becomes available, they need to be able to find you and review current information with the surgeon. To ensure the organ can be considered for you, take the following steps:
• Keep the transplant team informed about how to reach you (24 hours a day).
• Answer a call even if you don’t recognize the number.
• If you plan to leave home for business or vacation, provide the transplant office with your destination so that we can contact you if an organ is available.
• It’s important to realize that even after you arrive at the hospital, the transplant team may determine that the donor organ is not suitable.

You will have adequate time to travel to the hospital. Your travel time has been considered in the arrangements for the operation. Drive safely and wear a seat belt.
What Happens After My Transplant?

Contact Information:

If you have questions after discharge, please call our clinic during business hours at 800-333-9013. After business hours, holidays and weekends, please call Hospital Paging at (734) 936-6267 and ask for the transplant on-call physician.

Social Support Plan

Friends and family need to be ready to provide support during your transplant recovery. Their hands-on help and emotional support is really important. Your caregivers will support you during your recovery by learning your new medications along with you, help at home for two weeks after discharge and drive you to clinic visits and the lab when you cannot drive. Social work is available to help you and your caregivers as you adjust to lifestyle changes as a new transplant patient.

Medication Schedule

Transplant patients start taking many new medicines after surgery. You will learn about your medicines and begin taking them in the hospital according to a personalized schedule. It is very important to never stop taking your transplant medicines. Skipping or decreasing doses of any medicine may cause harm to your new kidney or pancreas. If you have problems paying or getting your medicines, please call the Transplant Center at (800) 333-9013 so we can help you. Plan ahead so that you always have your transplant medicines when you need to take them.

What Medication Will I be Taking?

There are three classes of medicine that you will be taking:

- **Anti-rejection** - also called immunosuppressive, these weaken your immune system without eliminating it. Immediately after transplant, you will start taking a combination of anti-rejection medicines. *Tacrolimus, mycophenolate* and *prednisone* are most commonly used. Each medicine works differently in the body to prevent rejection of the kidney or pancreas.

- **Anti-infective** - usually only taken for the first one to six months after transplant because you will be at high risk for infection due to having a decreased immune system. Since you take anti-rejection medicines that lower the resistance to fight infections, some medicines are given to help prevent infections.

- You may need to continue some medicines to treat your other medical conditions that are not related to kidney failure or start new medicines to treat the side effects of the anti-rejection medicines.
The success of your transplant depends on the proper use of the anti-rejection medicines. You and your caregiver will be expected to pass a quiz on the medicines before being released from the hospital. For your prescriptions, remember to call your transplant nurse two weeks before they run out to get a refill.

Transplant Specialty Pharmacy

The Transplant Specialty Pharmacy is dedicated to serving only transplant patients. The pharmacy staff have ongoing and timely access to their medicines. For questions about the pharmacy, call (866) 946-7695.

Note:
- You must contact the transplant team before you take any prescription or over-the-counter medicine.
- Pregnancy after transplant is considered high risk. It increases the risk of rejection to your transplanted organ and also causes complications with the pregnancy. You should discuss any planning of pregnancy with your transplant nephrologist.

Returning to Local Nephrologist/Primary Care Physician

The University of Michigan Transplant Center requires that all patients have a local nephrologist. Six months after transplant you will return to your local nephrologist and continue to see them on a regular basis. Having a strong relationship with your nephrologist allows us and them to keep you and your kidney healthy. It is also important that you have a primary care doctor who you should see for non-transplant issues.

Diet and Food Safety After Transplant

After transplant, you will take immunosuppressant (anti-rejection) medicine. The suppression of the immune system makes it difficult to fight off infection. Your risk is highest one to six months after transplant. Food can cause an infection if proper food safety guidelines are not followed. Your diet after kidney transplant will be different than before your transplant.
- Continue to limit salty foods.
- Drink two liters of water, eat six to eight ounces of protein, and eat four to five servings of fruits and vegetables daily.
- Avoid eating undercooked meat, fish and eggs.
- Avoid salad bars and buffets. The transplant dietitian is available to help you meet diet needs.
Clinical Studies

Advances In Organ Transplantation Begin With You

The current success of transplantation has been built on research. While transplantation has come a long way, there is still much to do. Researchers at the University of Michigan Transplant Center are working hard to improve therapies in organ transplantation, but we can’t do it alone. Patients play a central role in improving transplantation by participation in research studies – also known as clinical trials. We have made many improvements in transplant surgery, post-transplant care and transplant medication. Nevertheless, there is still a need for better therapy and medications.

When Should You Consider a Clinical Trial?

The best time to consider a clinical trial is while you are waiting for a transplant. Each trial has strict eligibility requirements that participants must meet. Talk with your doctor to find out whether any studies are available to you, call (800) 333-9013 or visit www.UMHealthResearch.org.

You are not required to participate with research studies.

How Do I Plan for the Cost of My Transplant?

Transplant is an expensive treatment. Throughout the process, a transplant financial coordinator will work with you on coverage, insurance and financial issues. They may help you in many areas including:

• Determining your current coverage
• Identifying additional coverage you may need
• Making sure an authorization is in place for your transplant
• Providing the documentation necessary to allow you to apply for end-stage renal disease (ESRD) Medicare after your transplant (if you didn’t have Medicare before transplantation)
• Providing resources such as the National Kidney Foundation, the American Kidney Fund and Help Hope Live

Planning for Your Financial Obligations

There are many phases of transplant, with each having a different level of coverage. There may be maximum allowable limits or exclusions for certain services. To help you through this process, your financial coordinator will contact your insurance company. Having a financial plan is the key to minimizing the financial strain and stress to you and your family as you go through the transplant process.
Once it has been determined what your insurance covers, you will have a better understanding of the out-of-pocket medical expenses you should expect. In addition, you may need to pay for other expenses often considered “non-medical” such as transportation. If your insurance changes while you are on the transplant list, it is important to call the transplant financial coordinator to report the change. Many patients will also need to take an antiviral medicine called Valcyte® for three to six months following transplant. Your transplant coordinator will verify your co-pay before your transplant.

Medicare Coverage

Medicare health insurance is for:

- People age 65 and older
- People of any age with a disability: Inability to work for 24 months
- People of any age with end-stage renal disease (ESRD): Being on dialysis or kidney transplant

If you have Medicare only for end-stage renal disease (ESRD), coverage will end three years after a successful transplant. If you are uncertain about qualification, you should call (800) 772-1213 or go to www.medicare.gov for more information.

Inpatient Hospital Stay- Medicare Part A

Medicare Part A covers your inpatient hospital stay and all costs associated with it.

- Medicare Part A is free but has a deductible.
- If you have primary coverage through an employer, Medicare Part A covers costs that your primary insurance doesn't during your hospital stay. Medicare then becomes your secondary coverage.

Doctor Bills and Outpatient Medical Expenses

- Medicare Part B will cover 80 percent of all inpatient and outpatient doctor bills and 80 percent of outpatient medical expenses (if Medicare is primary).
- Part B also covers 80 percent of anti-rejection medicines as long as the Medicare effective date covers the month your transplant took place.
- Medicare Part B can help you pay for prescription co-pay, annual deductibles and cost shares that you may otherwise need to pay.
- There is a monthly premium for Part B coverage.
- To avoid enrollment delays, it is important that you work with your financial coordinator to figure out the best time for you to sign up for both Medicare Part A and B.
Prescriptions

• Medicare Part D helps with coverage for your prescriptions.

• You can enroll in Medicare Part D three months before and after the effective date when you are first approved for Medicare coverage or during the open enrollment period.

• If you have group prescription coverage, you do not need to enroll in Part D.

• Monthly premiums can range from $25 to $60 plus co-pay amounts that you need to pay.

• Once you’ve totaled a certain amount of prescription costs, there is a period known as the “donut hole” where you will need to pay 25 percent of your prescriptions covered by Medicare. Once you reach the out-of-pocket maximum, you will then have catastrophic coverage where Plan D covers at 95 percent.

• Premiums, co-pays and out-of-pocket amounts change each year. You must be prepared to cover those out-of-pocket costs.

We recommend that you apply for the Extra Help benefits when applying for Medicare Part D. Learn more by calling (800) 633-4227, contacting your local Social Security office or visiting www.medicare.gov. Extra Help benefits are based on your income and can greatly reduce your out-of-pocket cost.

If you are on Medicare Part A and B at the time of your transplant, Medicare Part B will pay for 80 percent of the anti-rejection (immunosuppressive). Part D only pays for non-immunosuppressive medicines.

If you are not on Medicare at the time of transplant, but get it later with Part D, then Part D would pay for both medicines. This is a very important point to understand about Medicare coverage for medicines. Please see the table below for additional explanation.

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<td>Medicare Part D or regular prescription coverage</td>
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Is Secondary Insurance Necessary?

Medicare coverage alone is not sufficient to cover the cost of transplant. If you have Medicare, you will need to apply for an additional policy to help cover the cost for the 20 percent Medicare will not pay. You must have Medicare Part A and B, because after 30 months Medicare becomes primary over the group health plan (if you had one). Your transplant financial coordinator is knowledgeable about Medicare coverage and is available to help you when making decisions about applying for Medicare.

Children’s Special Health Care Services (CSHCS)

The CSHCS program is part of the Michigan Department of Public Health. It provides healthcare benefits to residents of Michigan under the age of 21 with qualifying chronic disease. Benefits may include transportation, lodging and payment of medical expenses, including transplant services. Contact your transplant social worker for more information and for help with the application process.

Are There Donation Costs for Living Kidney Donors?

Those who generously offer to be evaluated as kidney donors are not responsible for any medical bills for their donation work-up, surgery, prescriptions or follow-up care related to donation. Contact your transplant financial coordinator immediately if a donor mistakenly receives a bill.

Fundraising Opportunities

There are two main groups that we recommend our patients use to help in fundraising efforts.

- **Help Hope Live**
  (800) 642-8399
  www.helphopelive.org

- **National Foundation for Transplants (NFT)**
  (800) 489-3863
  www.transplants.org

**Who Do I Contact if I Have Questions?**

If you have any questions at any point during the kidney transplant process, please contact your transplant coordinator or the Transplant Call Center at (800) 333-9013.
Want to Learn More or Share Resources With Your Family and Friends?


Michigan Medicine Patient Portal

*What is MyUofMHealth.org?*

**MyUofMHealth.org** offers patients personalized and secure online access to portions of their medical records. It enables you to securely use the internet to help manage and receive information about your health. With **MyUofMHealth.org**, you can use the internet to:

- Request medical appointments.
- View your health summary from the **MyUofMHealth.org** electronic health record.
- View test results.
- Request prescription renewals.
- Access trusted health information resources.
- Communicate electronically and securely with your medical care team.

*How Do I Sign Up?*

Patients who wish to participate will be issued a **MyUofMHealth.org** activation code. There are two ways to get an activation code. Patients can get an activation code after their clinic visit or they can request an activation code by completing the online request form located on the **MyUofMHealth.org** website. This code will enable you to login and create your own username and password.

*Who Do I Contact if I Have Further Questions?*

You may e-mail **HIM-PatientPortal@med.umich.edu**, or you can call the Health Information Management Department at **(734) 615-0872**, Monday–Friday, 8 a.m.–5 p.m.
Parking and Getting to Appointments

Our patients and visitors may park in the convenient patient and visitor parking structure (P2 and P3) attached to the Taubman Center outpatient building and University 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 $3 if parked for more than eight hours. Less than eight hours is $3 and does not require validation.

Parking information can be found online at www.UofMHealth.org/parking.

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).

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 doctor’s office or appointment location. In addition, help telephones are located throughout the hospital. 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 Rogel Cancer Center, Frankel Cardiovascular Center, and C.S. Mott Children’s Hospital and Von Voigtlander Women’s Hospital.

For more information, please call Michigan Medicine at (734) 936-4000.

Michigan Medicine Patient and Visitor Accommodations Program

Patients and family members are encouraged to contact the Patient and Visitor Accommodations Program for help 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, and there are limited rooms available, which are reserved for patients and family members of ICU patients. The cost is $80 for one bed, $85 for two beds or $99 for a suite.
• **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 $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.

More details on available accommodations can be found at [www.med.umich.edu/hotels/profiles](http://www.med.umich.edu/hotels/profiles).

**Transplant-related Websites**

• **University of Michigan Transplant Center**  
  The official website 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.

• **Scientific Registry of Transplant Recipients (SRTR)**  
  [www.srtr.org](http://www.srtr.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](http://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.

• **National Living Donor Assistance Center**  
  [www.livingdonorassistance.org](http://www.livingdonorassistance.org)  
  A federal grant program that provides reimbursement for travel, lodging and meals for people being evaluated for or undergoing living organ donation.
• **Gift of Life Michigan (GOLM)**  
  [www.giftoflifemichigan.org](http://www.giftoflifemichigan.org)  
  Gift of Life Michigan (GOLM) is the only non-profit full-service organ and tissue recovery agency in Michigan since 1971. As an organization, Gift of Life Michigan 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](http://www.transplantliving.org)  
  Transplant Living is a website 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.transplant.hrsa.gov](http://www.optn.transplant.hrsa.gov)  
  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 Kidney Foundation of Michigan**  
  [www.nkfm.org](http://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](http://www.organtransplants.org)  
  This site weaves together information about donation and transplantation with real world stories of transplant recipients, donors and healthcare professionals.
MLabs offers adult and pediatric blood drawing services through Michigan Medicine. No appointment is necessary for routine services; please call ahead to schedule glucose tolerance testing. Hours are subject to change without notice. Please do not contact the specimen collection facility or blood drawing station for test result information. Questions? Call 800.862.7284 or visit mlabs.umich.edu
Quit Tobacco: Keys to Success

What is the affect of tobacco use in the U.S.?
Tobacco is to blame for 438,000 early deaths each year. In 2009, the American Cancer Society called tobacco use the most avoidable cause of early death. Tobacco accounts for at least 30 percent of all cancer deaths. Almost half of those who continue to smoke will die from a smoking related death. The best way to reduce your risk of getting cancer, or living a shorter life is to not start using tobacco. If you do smoke or chew, it is never too late to quit, no matter how long you have used tobacco.

If I plan to quit, what should I do?
You can quit on your own with a strong desire and by following a plan.

- Talk with your doctor.
- Set a quit date.
- Throw away lighters, ashtrays, or other items that remind you of tobacco.
- Ask family and friends for support.
- Keep busy.
- Exercise.

Did you know that using quit-smoking aids like the patch will double your chances of quitting?
Nicotine is found naturally in the tobacco plant. When you smoke a cigarette, nicotine releases chemicals in your brain within 7-10 seconds of the puff. These chemicals may cause you to feel good, more awake, and calmer. Nicotine does not cause cancer, unlike nail polish remover, lead, and rat poison which also are found in cigarette smoke.

What do I need to do to take care of myself?
 Quitting is hard. Remember to:
- Get enough sleep.
- Eat healthy foods.
- Drink water.
- Exercise.
- Reward yourself.
- Take your medicine as prescribed by your doctor or nurse.

Using quit-smoking aids like nicotine gum can help ease the unpleasant feelings people can have when they quit tobacco. A quitter may feel moody, experience headaches, hunger, and urges to smoke. The following is a list of approved quit aids.

**Prescriptions**
- Nicotine Nasal Spray
- Nicotine Inhaler
- Chantix
- Zyban

**Over-the-Counter**
- Nicotine Patch
- Nicotine Gum
- Nicotine Lozenge
What might make me start again?
Below is a list of high risk times and ideas to deal with them:
1. Stress
   • Breathe deeply a few times, in through the nose and out through the mouth.
   • Use positive statements such as: “I am strong” or “I can get through this.”
2. After meals
   • Be active. Take a walk, wash the dishes, or play with your children or pets.
   • Brush your teeth or use mouthwash.
3. Alcohol
   • Find different ways to hang out with friends.
   • Choose not to go to the bar or drink alcohol the first 3-4 weeks after quitting.
4. Driving
   • Clean the inside of your car.
   • Put your list of reasons to quit where you can see them.
5. Morning Routine
   • Change the order of how you get ready for the day.
   • Eat breakfast if you usually don’t.

What are some benefits of quitting smoking?
No matter how long you’ve been smoking, you can benefit from quitting.
• Quitting smoking increases your blood flow, energy level, and your general health.
• Your risk for heart disease is cut in half after only one year without smoking.
• Quitting smoking lowers the chance of breathing problems, as well as lung and other cancers.

Smoking Hurts Others
Each year secondhand smoke is to blame for as many as 3,000 lung cancer deaths and another 35,000 deaths due to heart disease in nonsmokers. Secondhand smoke can cause problems like chronic bronchitis, asthma attacks, and ear infections in both adults and children. Secondhand smoke can also cause sudden infant death syndrome (SIDS).

For Help:
The University of Michigan Health System’s MHealthy Tobacco Consultation Service (TCS) works with employees, students, patients, and community members who wish to be free of tobacco. TCS offers support programs which address the physical, social, mental, and emotional issues accompanying tobacco use. We focus on unlearning tobacco habits and learning how to live tobacco-free again. Our services are free to U-M employees and UMHS patients with a doctor’s referral. A fee is required for all others.
• Web site: www.mhealthy.umich.edu/tobacco
• Email: quitsmoking@med.umich.edu
• Phone: 734-998-6222 (99 T-OBAC)
Weight Loss

Successful weight loss requires a healthy diet, regular exercise, and behavior change. While this may sound overwhelming, it doesn’t have to be. The key is making small changes that become a lifestyle.

Potential transplant recipients may be asked to lose weight before becoming active on the kidney transplant list. Your transplant team will determine if you are required to lose weight. Sometimes recipients are able to be transplanted at their current weight, but gaining weight would make surgery difficult. They may be told that they cannot gain weight and can be placed on hold if they do gain weight.

Successful Weight Management Tips

Set Healthy Realistic Goals

You are more likely to succeed in reaching realistic goals when you make changes step-by-step.

• Start with one or two specific, small changes at a time.

• Track progress by keeping a food and activity log (‘myfitnesspal’ app or other calorie count apps for your phone, can be very helpful). Record keeping is to determine what is working!

• Start with small weight loss goals to help you gain confidence, maybe 10% of weight loss at a time to encourage success. A fifty-pound weight loss goal can be too overwhelming.

• Lifestyle changes are more successful than diets.

Eat a Balanced Plate with a Variety of Foods

• Half your plate should be filled with low potassium fruits and vegetables, about one fourth with lean meat, poultry or fish, and one fourth with grains.

• Key in diabetes management.

• Improves cardiovascular health.

• Assists in managing weight.

Benefits of Eating Four to Five Daily Servings of Vegetables and Fruit

• Has fiber and takes time to chew, giving your brain a chance to realize you are full.

• Great source of important nutrients and assists your body in fighting inflammation.

• Promotes good bowel health and helps get rid of extra fluid, potassium, and phosphorous.

• Naturally low in phosphorous.

• Sucking on frozen fruit can help control thirst.

• Helps control blood pressure.
150 minutes of weekly exercise will help with weight loss
• Can be broken down into 10-minute intervals.

Weight Loss Options
• Individual counseling with dietitian. Will stress lifestyle changes to incorporate physical activity, healthy fat intake, portion control and increased consumption of vegetables and fruit. Dietitians are available at transplant center, dialysis unit and local health system.
• Bariatric surgery. This can be performed at Michigan Medicine or a variety of healthcare institutions. It is beneficial for patients with BMI greater than 35 to 40.
• Group classes such as Weight Watchers®, local health centers and mindful eating.

Self-monitoring – Observe and record what you eat and when you exercise. This helps you to become more aware of your behaviors and how they keep you on track for weight loss success.

Setbacks will happen – Don’t let an overindulgence force you off track. Instead:
• Use it as a learning opportunity. What can you do to prevent this from happening again?
• Keep a positive attitude. Making lifestyle changes is not easy – give yourself some credit!
• Focus on the progress and changes you have made and continue to find strategies that work best for you.