

# Welcome to AU Kidney Transplant

Orientation Class for Patients, Family, and Friends

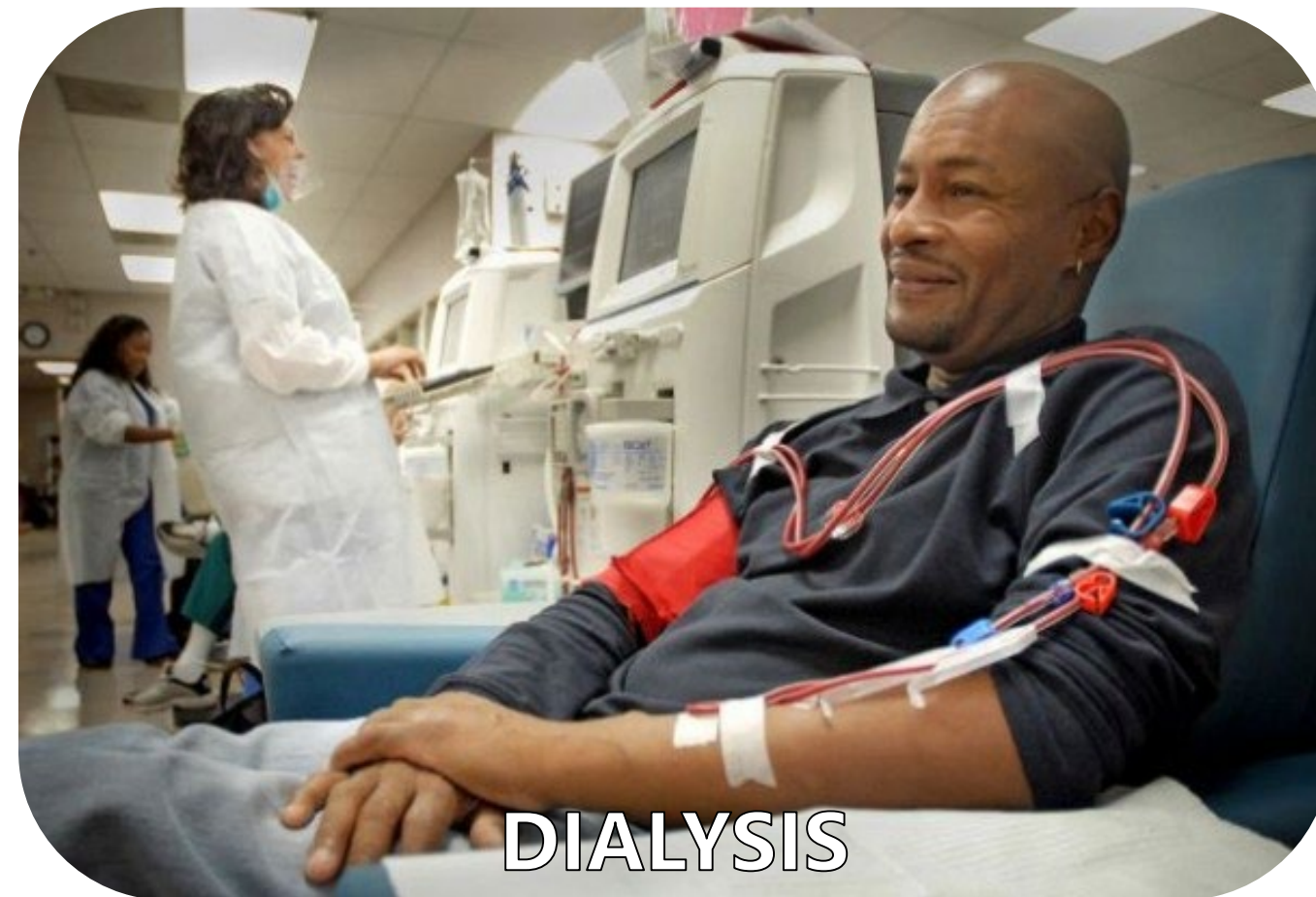


# Agenda

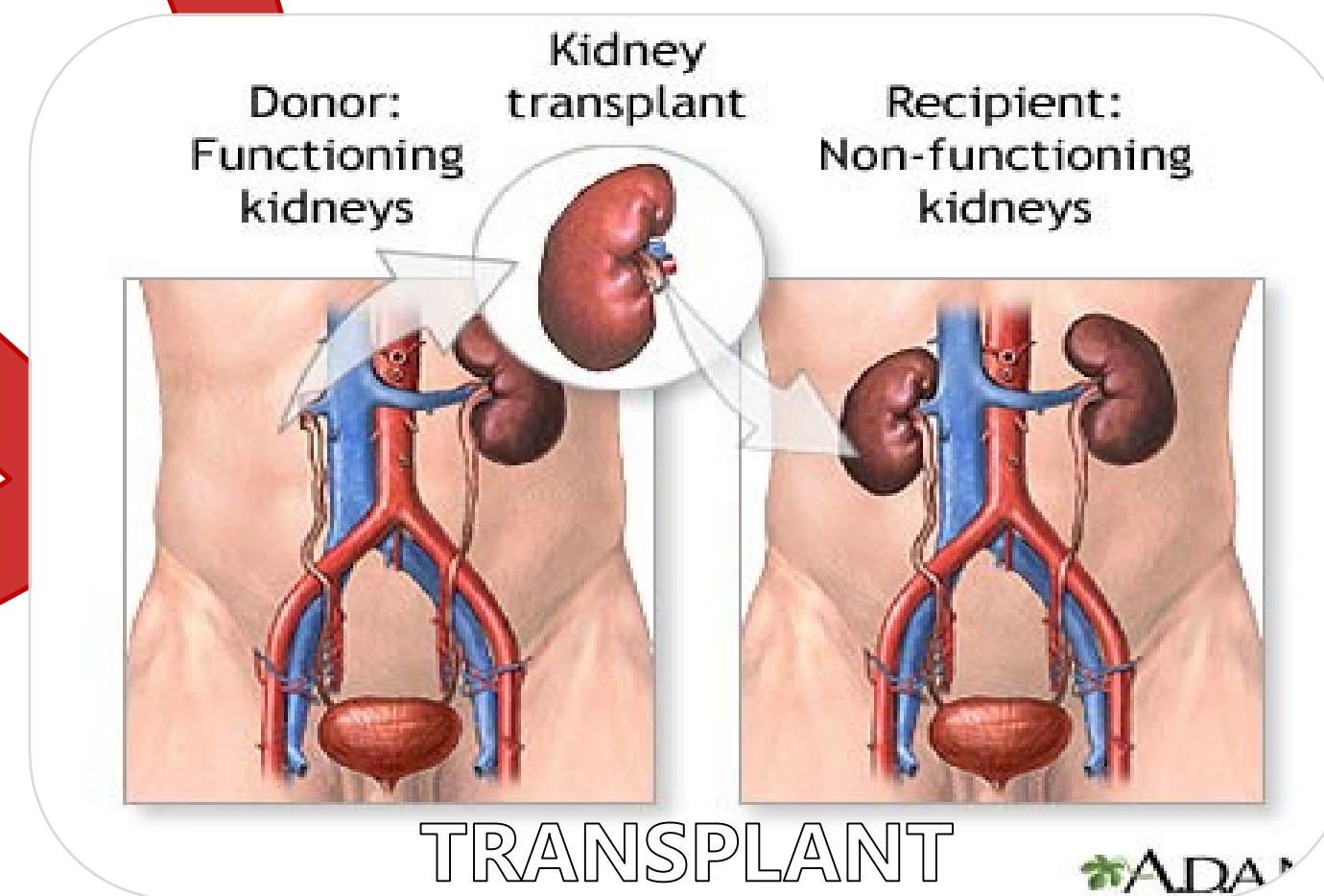
- Treatment Options – Dialysis vs. Transplant
- Transplant Evaluation – overview
- Planning Ahead – Preparing for Transplant
- The UNOS waitlist
- Living donation/Paired donation
- The Transplant Surgery
- Transplant Outcomes and Follow-up
- Financial Considerations
- Questions



# Treatment Choices for ESRD



NO TREATMENT



# Transplant-Related Quality of Life Benefits

- Relatively unrestricted diet
- Freedom to travel
- Ability to become pregnant and bear children
- Ability to engage in training for athletic competition
- Lifestyle free of dialysis constraints
- Lower risk of cardiac events
- Longevity

# Steps in the Evaluation Process

## Step 1

- Referral
- Initial Evaluation including Orientation Video
- Testing/Consults
- Exam and interview with a transplant physician
- Begin talking to family and friends about your interest in transplant. Try to find a living donor.

## Step 2

Depending on your accrued waiting time and blood type:

If you are nearing transplant, your workup will be completed with the help of your transplant coordinator.

If you still need to accrue wait time, you will be listed and evaluated in depth at a later date (generally in 2 to 4 years).

## Step 3

- Re- evaluation generally every 2 years

# Why do we evaluate patients this way?

- Waiting time for a deceased donor organ varies depending on blood type and dialysis time
- We do not want to put you through repetitive testing unnecessarily
- We will do the most testing closest to the time you are expected to be transplanted
- Even if we determine that you are a candidate now, you may no longer be a candidate several years from now.
- Living donation is the fastest way to get transplanted!

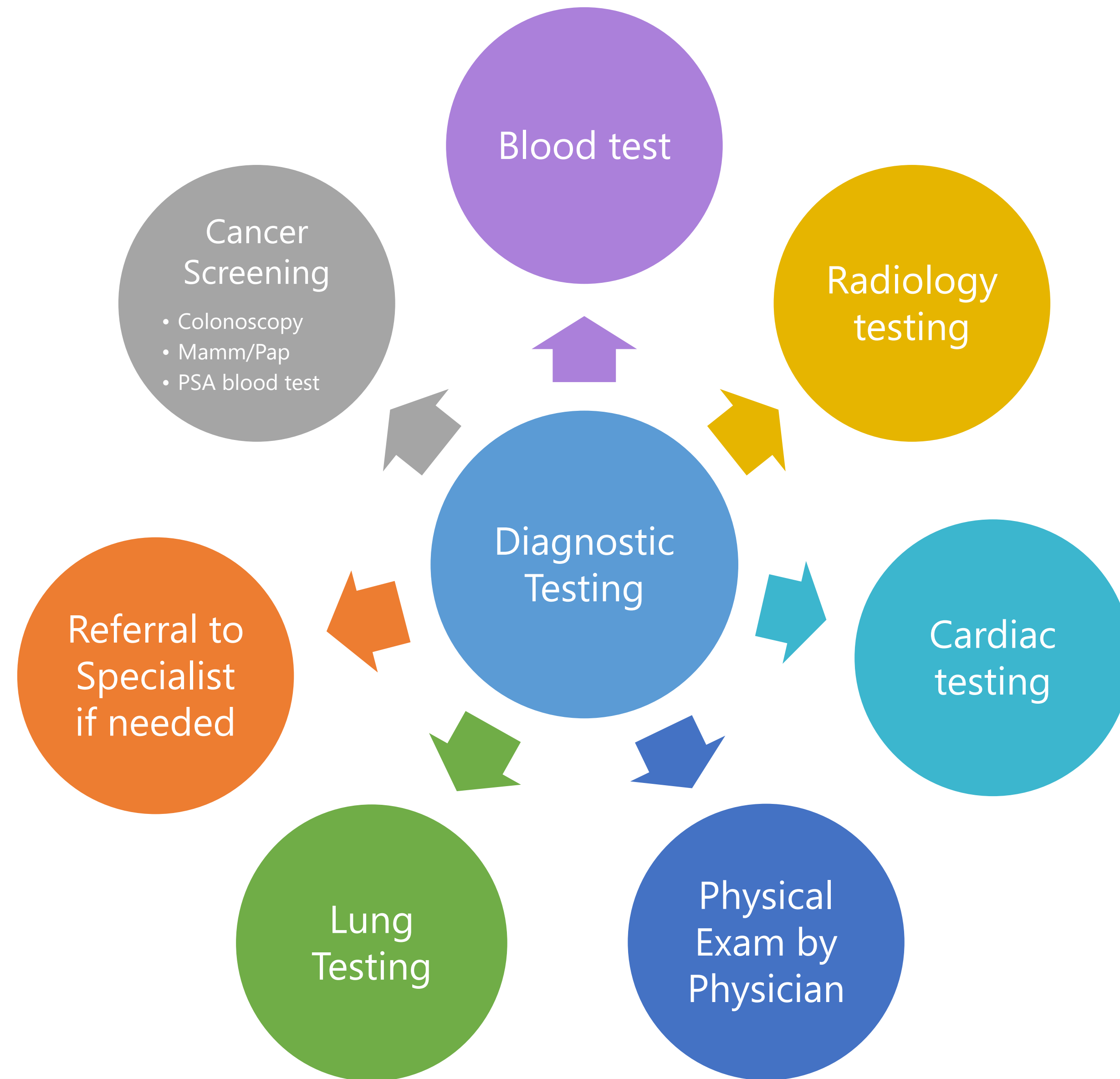
**After you are evaluated, we may determine:**

You are not a candidate. Your risks outweigh the benefits

You are a candidate based on preliminary testing. You will be listed to accrue more time and re-evaluated later

You are a candidate and you are likely near transplant. You will undergo further testing and be listed quickly.

A decision cannot yet be made. We must do some additional testing to determine candidacy.





### **PHARMACY**

Review of your medications and allergies

### **DIETARY**

Review of your current dietary habits, your weight and BMI

### **SOCIAL WORK**

A review of your overall preparedness for transplant, including a discussion of your transportation and support person plans

### **NURSING**

Meeting your nurse coordinator and contact information  
An opportunity to ask questions

### **FINANCIAL**

Individual financial obligations are reviewed.  
Review of your insurance coverage and potential expenses



# Transplant Planning



- Identify a primary care physician (PCP) to assist with routine health maintenance items
- Ensure you have transportation to the hospital
  - Medicaid transport should not be your primary source when being called in for transplantation
  - The transplant team is not responsible for transportation to the hospital
  - Ensure you have a back-up transportation plan for the surgery and follow-up appointments

# Transplant Planning



- Identify a support person
  - Responsible family member or friend
  - Assists you with activities of daily living following transplant
    - Cooking
    - Bathing
    - Changing dressings
    - Driving you to appointments
    - Medication management

# Listing

What does that mean?



- You are placed on the national kidney waitlist managed by The United Network for Organ Sharing (UNOS)
- You will be notified via phone call and letter
- Your nephrologist and dialysis center will be notified by letter
- Time to transplant is driven by the length of time you are on list and blood type Length of time on the list will include any time that you have spent on dialysis.
- You have responsibilities to remain on waitlist- Please get a Primary Care Physician!

# Types of Kidneys for Transplant

## Living Kidney Donor

### Given by:

A healthy volunteer who wishes to give a kidney to a family member, friend or stranger

How long will it last?  
On average 10 -30 years

How soon will I be transplanted?  
As soon as you and your donor complete evaluation

## Deceased Kidney Donor

### Given by:

Someone who chooses to donate a kidney after they die

How long will it last?  
On average 5 - 10 years

How soon will I be transplanted?  
Our average wait time is 6-8 years



# Longevity Matching (Deceased donor kidneys)

EPTS = estimated post transplant survival

KDPI = kidney donor profile index

EPTS  
(Recipient)

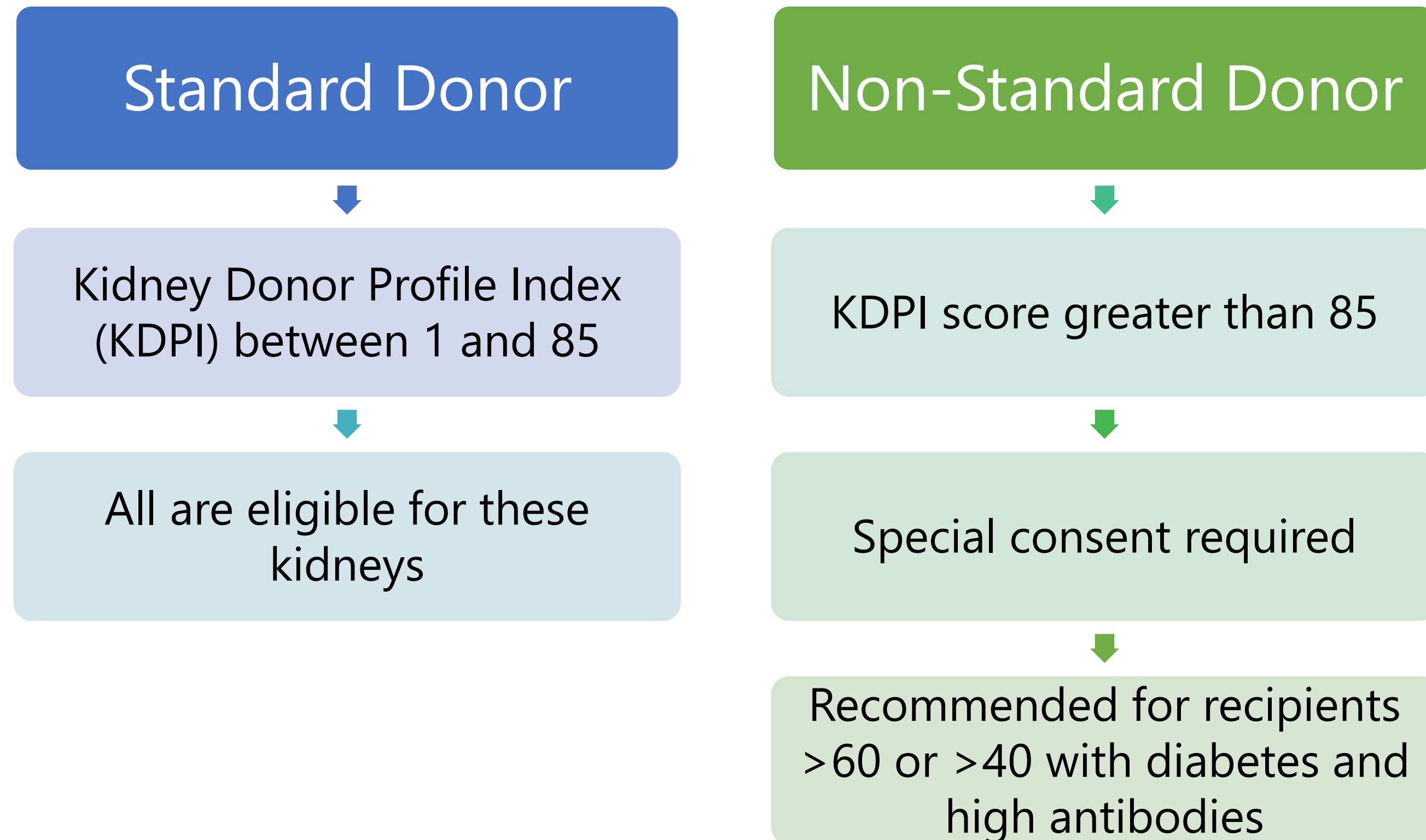
- Age
- Prior Transplant
- Diabetes Status
- Time on Dialysis

KDPI  
(Deceased Donor)

- Age
- Height
- Weight
- Ethnicity
- Hypertension
- Diabetes
- Cause of death
- Serum Creatinine
- Hepatitis C Viral Status
- DCD (donor after cardiac death)

Range: 0% (good) – 100% (less good)

# Deceased Donor Kidneys



# KDPI (Kidney Donor Profile Index)

- Why would you want a kidney with a high KDPI (>85%) score?
  - There are not enough high quality kidneys to go around
  - KDPI system assigns kidneys that are expected to work for a long time to patients who are expected to live a long time
  - You still are eligible for lower KDPI kidneys
  - Accepting high KDPI kidney offers could result in you being transplanted faster and getting off dialysis sooner.
- Who might want a kidney with a higher KDPI score?
  - Patients who are 60 years of age or older
  - Diabetic patients who are 40 years of age or older
  - Patients with elevated antibody levels when there is a very good match with a donor.

# Donors with Risk Criteria

- Standard national guidelines are used.
- This is not the same thing as a high KDPI kidney.
- Donors with risk criteria mean that the donor has some behaviors that could put you at risk for getting a virus from the donor.
- Every offer is always reviewed for safety prior to acceptance.
- You may decline any kidney offers with risk criteria. If you decline an offer, you will remain on the list and you are not penalized in any way.



# How AU Transplant Center Decreases Risk



- All donor blood is screened for infectious diseases and types of cancer
  - HIV, Hepatitis, CMV, EBV
- If the donor was exposed to an infectious disease within the last seven days, it may not show on testing
- Donors or donor families are asked many questions prior to donation in order to screen for risk behaviors

# Living Donor Options

Find a potential living donor

Donors can be related or non-related. Your living donor can be family, friend or even a stranger

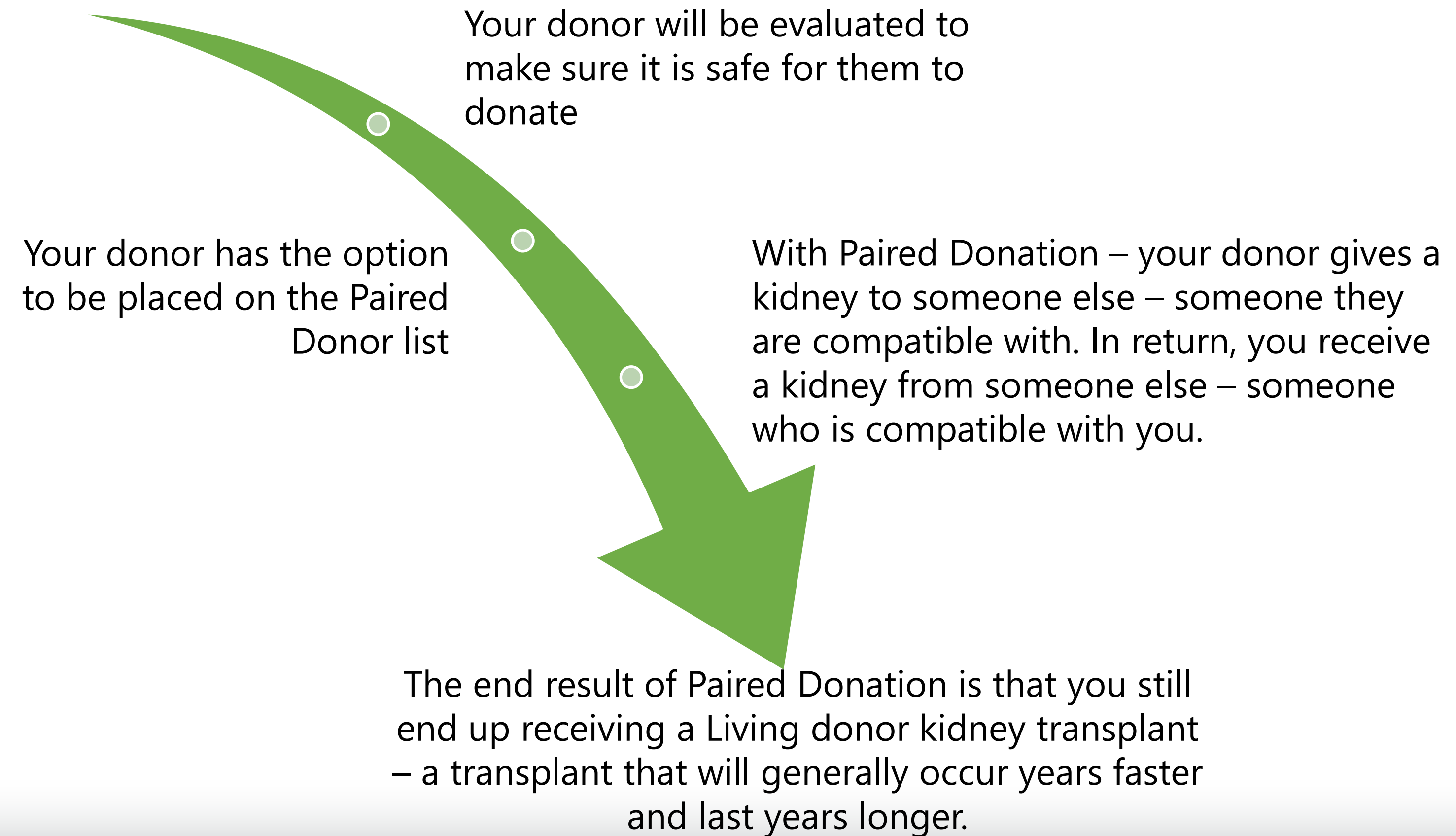
Blood type and tissue type are evaluated. Blood types must be compatible. Blood type does not always have to be the same.

Donors are thoroughly evaluated to make sure it is safe for them to donate

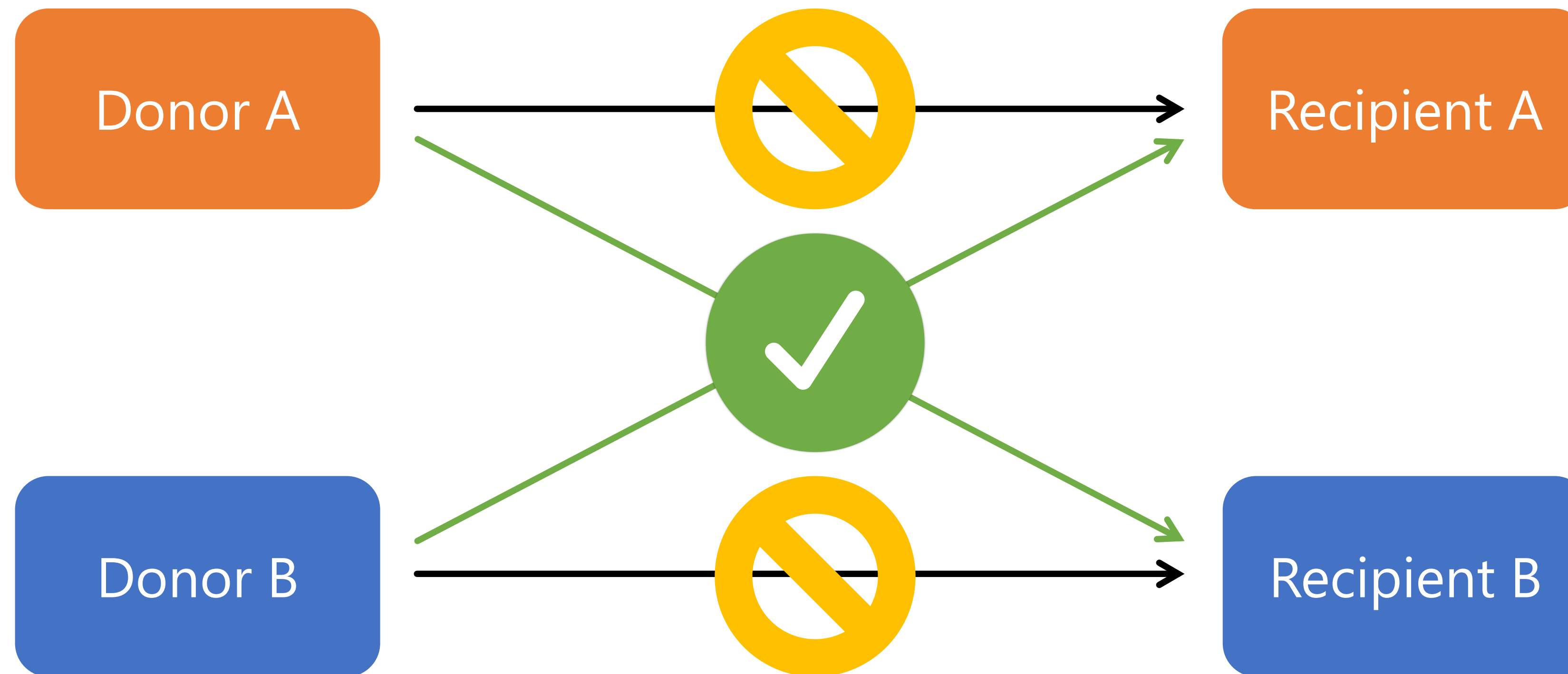
If found to be suitable, your donor can donate directly to you.

# Living Donor Options: Paired donation

What if your donor's blood type is not compatible?

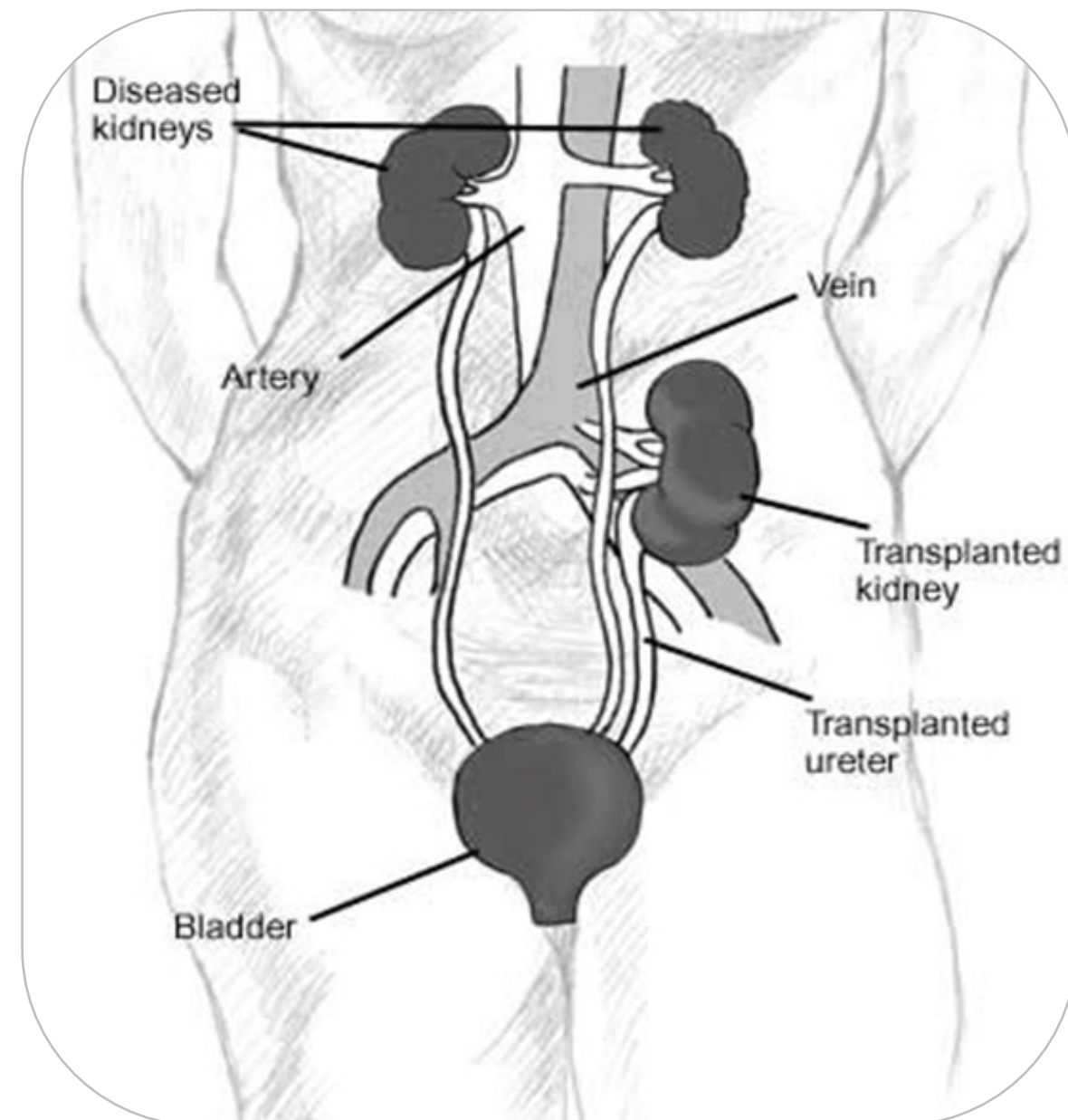


# Kidney Paired Donation



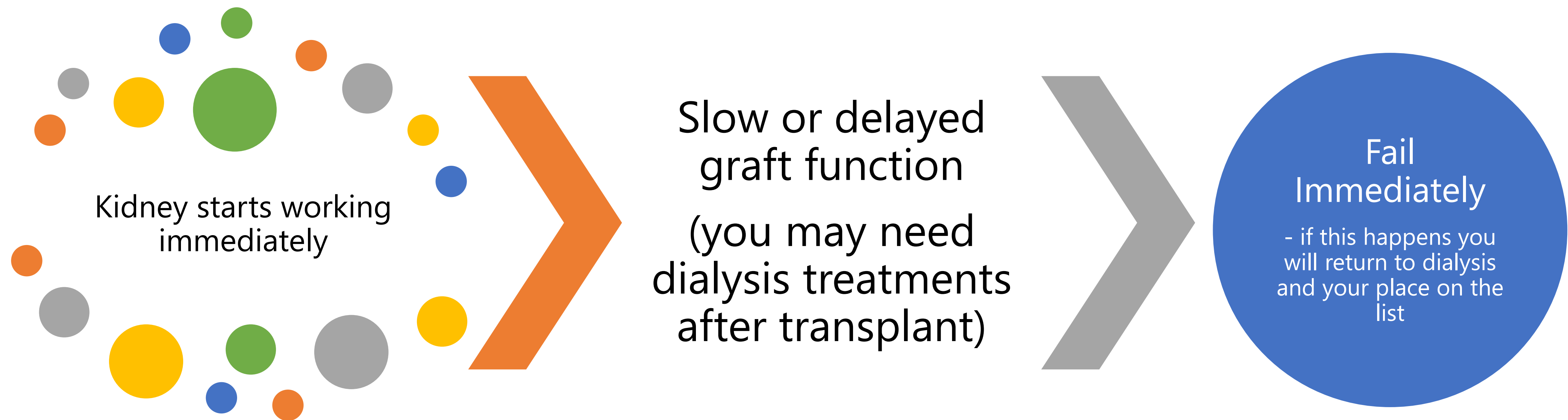


# The Transplant



- 4 hour surgery
- Kidney attached in the front of body, near the bladder
- Usual hospital stay is 4-5 days
- Up and moving day of surgery
- A stent is placed between the kidney and bladder
  - Will be non-surgically removed approximately 4 weeks after transplant

# Possible Outcomes of Transplant



# Post-Transplant Outcomes

- Outcomes of kidney transplantation are measured for transplant centers and reported by the Scientific Registry of Transplant Recipients (SRTR)
- Transplant center specific reports are available at [www.srtr.org](http://www.srtr.org)
- A copy of current outcomes are in your Transplant folder
- If you need assistance interpreting this information, please contact our offices.

# Post-Transplant Outcomes

How to use the SRTR website

1 Choose Organ

2 Enter postal code or any program name

3 Press Search

SRTR SCIENTIFIC REGISTRY OF TRANSPLANT RECIPIENTS

FIND & COMPARE TRANSPLANT PROGRAMS

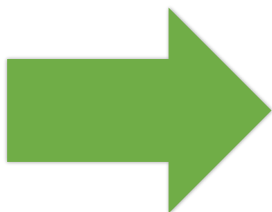
Select Organ  
Select Organ  
Liver  
Kidney  
Pancreas  
Kidney-Pancreas  
Heart  
Lung  
Heart-Lung  
Intestine

GAMC

SEARCH

ABOUT SRTR | ABOUT THE DATA | NEWS & MEDIA | REQUESTING SRTR DATA | FAQs | CONTACT US

In 2019 almost 40,000



4 Scroll down page to review data

Home | Transplant Centers | AU Medical Center, Inc. (GAMC)

## AU Medical Center, Inc. (GAMC)

1120 15th Street  
Augusta, GA 30912-7700  
706-721-0211  
[Visit Website](#)

Map Satellite

KIDNEY KIDNEY-PANCREAS PANCREAS

### Program Summary

Adult

TRANSPLANTS FROM DECEASED DONORS IN A YEAR	TRANSPLANTS FROM LIVING DONORS IN A YEAR	GETTING A DECEASED DONOR TRANSPLANT FASTER	SURVIVAL FOLLOWING TRANSPLANT
62	20		



# Potential complications from Transplant

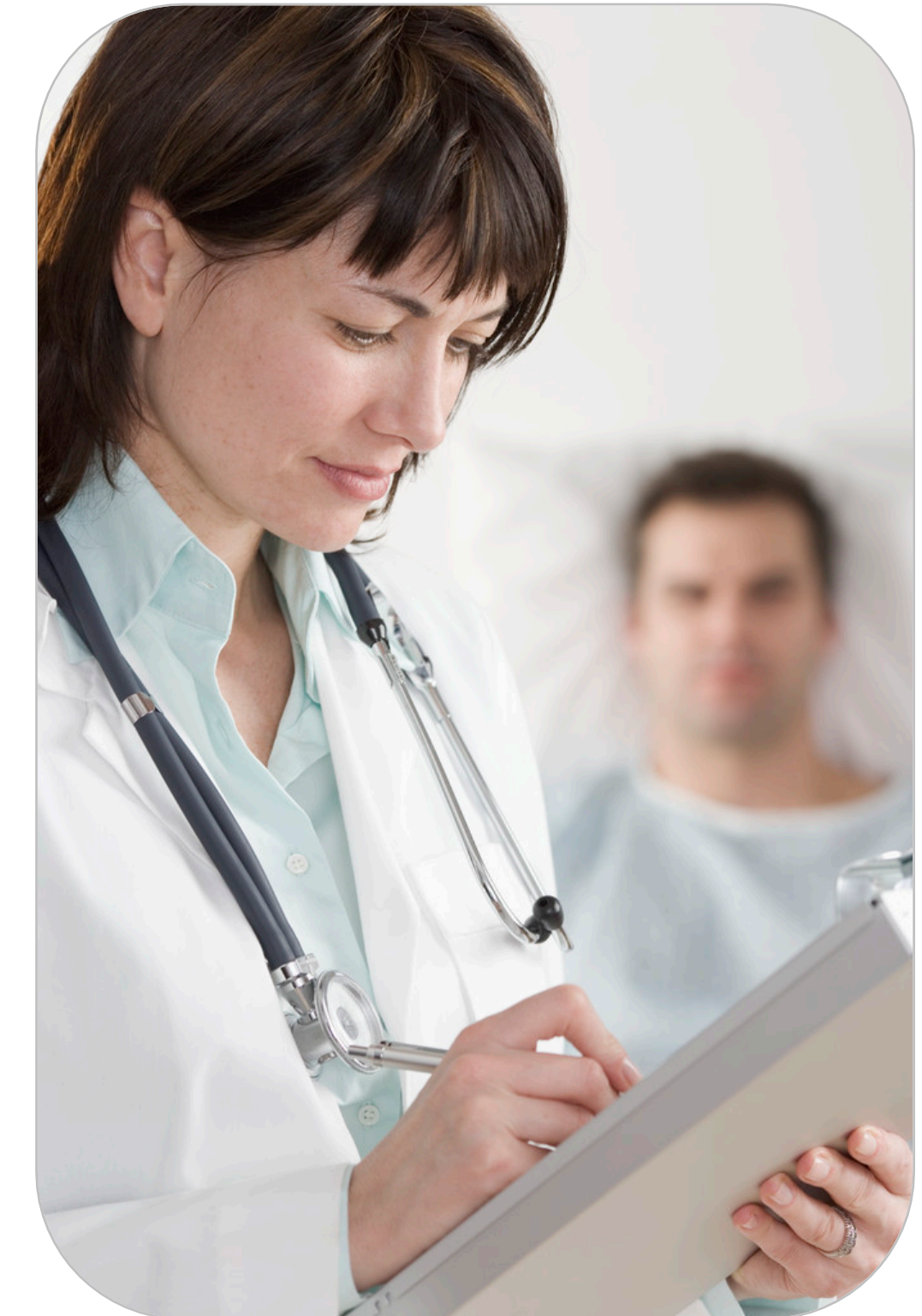
Infections

Rejection

Weight  
Gain

Diabetes

Cancer





# Post Transplant Follow Up



## Clinic Visits

- First month: Twice a week
- Month 2 – 3: Weekly or every other week.
- Resume care with primary nephrologist at month 3 and follow up monthly to every 3 - 6 months.
- You will return to AU every year around your transplant anniversary.



## Blood Work

- Weekly for about 4 months
- Monthly and Quarterly labs



## Medications

- Twice a day
- Take anti-rejection meds for life



## Unexpected Admissions

- Transplant team keeps a close eye on you

# Medications for Transplant



## 3 Anti-rejection medications – Lifelong

- Prograf
- Cellcept or MyFortic
- Prednisone

## 3 Anti-infective medications – 3 to 6 months

- Bactrim
- Valcyte or Acyclovir
- Nystatin or Diflucan

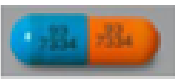

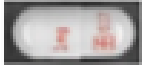



## Other medications – Variable

- High blood pressure
- High blood sugar
- Cholesterol

Total Medications: **10-18**

# Medications for Transplant

## Medication Schedule:

	Total mg/dose	Morn #pills	Noon #pills	Eve #pills	Bed #pills	
<b>Prevents rejection</b>						
Mycophenolate (Cellcept 250 mg) 	750 mg	3		3		May take with food if you have upset stomach <b>Prevents rejection</b>
Prednisone 5 mg 	5 mg	1				Take with food <b>Prevents rejection</b>
Tacrolimus 1mg (Prograf) 	4 mg	4			4	On clinic days, wait to take your morning dose, until after your blood is drawn <b>Prevents rejection</b>
<b>Prevents infection</b>						
<u>Valganciclovir</u> 450mg ( <u>Valcyte</u> ) 	900 mg	2				Take with food <b>Prevents infection</b>
Nystatin suspension 		1 tsp	1 tsp	1 tsp	1 tsp	Swish and swallow <b>Prevents infection</b>
Sulfamethoxazole/ Trimethoprim 400mg/80mg 	400mg /80 mg	1				Drink plenty of water <b>Prevents infection</b>
<b>Other</b>						
Amlodipine 5 mg	5 mg	1				
Insulin glargine (Lantus)	10 units				10 units	

For questions, call the Transplant Office (706) 721-2888

Kidney transplant date:

printed:

# Medications for Transplant



- It is important to take your medications every day as directed
- Many medications can affect anti-rejection medications
  - Do not take any prescription medications, over-the-counter medications, herbal products, or supplements without discussing it with the transplant team
- You will meet with a transplant pharmacist to discuss your medications

# Financial Concerns

## During Evaluation

A financial coordinator will review your specific financial situation and advise you.

What will your out-of-pocket expenses be?

Should you get a supplemental insurance policy?

Costs related to living donation / available resources

## While Waiting for Transplant

Fundraising may be encouraged.  
It is not required however.

## After Transplant

1 year after transplant, Social Security income could stop if for ESRD.

At end of initial calendar year – AKF assistance will stop



# Return to Work Programs



- Vocational Rehabilitation
  - A federally-funded program to assist temporarily or partially disabled Americans return to the work force through education, training, and job placement
- Ticket to Work Program
  - A federally-funded program to assist Americans return to the workforce gradually by allowing participants to continue receiving benefits while working
- Georgia Transplant Foundation (GTF) *JumpStart*
  - For Georgia residents only
  - Program that assists transplant recipients in rejoining the workforce through career development, education, and training

# Repaying the Gift You Are Given



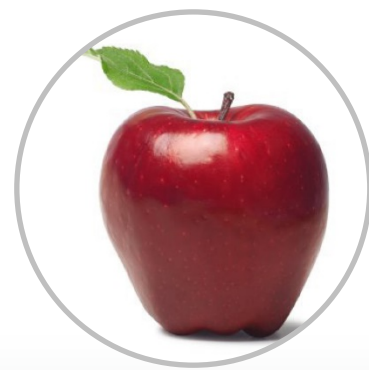
Take your medications



Have your labs drawn



Go to all of your  
physician appointments



Eat a healthy diet



# Questions

