When we know the patient is cleared for surgery, the crossmatch test is good and the kidney arrives at the hospital, the patient will be brought to the operating room and put under general anesthesia. A curved incision is made in the lower portion of the abdomen (either the left or right side). The patient's own kidneys are generally not removed except in certain specific instances. The transplant kidney will be attached to an artery and vein, and in most cases, the new kidney begins to function very quickly. The average surgery time is two to four hours. If everything goes as expected, most patients begin walking and eating within one day, and spend less than six days on our transplant unit before being discharged home. We continue with very frequent blood tests for the first several months and frequent visits to the transplant clinic. The frequency of both blood tests and clinic visits are decreased throughout the first year. Early in the process (1-3 months) we will require you to also begin follow-up care with your local nephrologist and other primary or specialty physicians. Success of kidney transplant is dependent on overall health maintenance and not just on the function of your kidney transplant.

At the one-year anniversary, most patients are back under the care of their referring physicians. We will continue to see the patient for yearly checkups and monitor monthly blood tests for life.

The Tulane Transplant Institute at East Jefferson is a member in good standing of the United Network for Organ Sharing (UNOS) for liver, kidney and pancreas transplant.



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Support organ donation

The success of transplant is dependent on the courage and generosity of family members to say yes to donation when a loved one passes. Support transplant by registering to be an organ donor. To learn more go to **lopa.org**

The Kidney & Transplant









Kidneys work?

The kidneys are a pair of organs located just below the ribs on either side of the spine. Bean-shaped and each about the size of a large fist, they perform the critical task of cleaning the body's blood supply up to 25 times a day.

When healthy, kidneys function to:

- Filter and remove waste products and toxins from the blood
- Produce substances that control blood pressure
- Stimulate the making of red blood cells
- Regulate the amount of water and salt to control fluid in the body
- Maintain the blood's balance of electrolytes and minerals

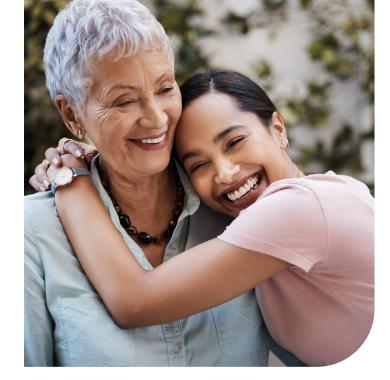
The kidneys receive blood, filter it and then return the cleaned blood to the body. Wastes and excess water are removed through the production of urine, which flows from the kidneys through the ureter to the bladder. When these normal kidney functions become impaired, serious health problems develop. Toxic substances that are not excreted in the urine can accumulate in the blood. Salt and water retention may cause high blood pressure, shortness of breath and swelling of the legs, face and abdomen.

Management of kidney disease & treatment options...transplant?

The causes and potential treatment for kidney disease are many. Here at the Tulane Transplant Institute at East Jefferson, we offer a comprehensive kidney disease program for adult patients. Our physicians are on the forefront of developing approaches to prevent the progression of renal failure to End Stage Renal Disease (ESRD), including dietary and medication management. Specific areas of expertise include:

- Treatment for kidney diseases
- Control of hypertension
- Treatment of mineral disorders in renal disease
- Dialysis access
- Renal artery stenosis, aneurysm treatment and vascular interventions
- Diabetes management and endocrine surgery
- Participation in multi-center clinical research trials
- Kidney transplantation

Patients with impaired kidney function may be diagnosed with renal failure if the damage is not reversed. Patients are then considered to have End Stage Renal Disease (ESRD). With ESRD, dialysis becomes essential to maintain life. While dialysis can keep a patient alive indefinitely, only a successful kidney transplant can return the patient to an essentially normal lifestyle. It has been clearly shown that risk of heart attack, stroke and death are significantly LOWER in patients who receive a transplant as compared with remaining on dialysis. However, transplantation is not for all patients, and some patients do choose to continue dialysis treatments.



If all other treatment options are exhausted, the team at the Tulane Transplant Institute at East Jefferson may recommend a kidney transplant. There are two options for kidney transplantation

- 1. Living-Donor Transplantation: A healthy family member, spouse or close friend may donate one of their kidneys. The majority of pediatric transplant recipients receive living donor transplants, usually from one of their parents. A living-related kidney is often the best match.
- 2. Deceased-Donor Transplantation: This is when someone is declared brain-dead and the family chooses to donate organs for transplantation. Patients waiting to receive a deceased donor organ are registered with the United Network for Organ Sharing (UNOS), the agency that maintains the national database of all individuals waiting for a transplant.

Choosing a transplant center

Kidney disease patients should carefully choose a treatment center. Once a patient is found to have failing kidneys or starts dialysis, they should be referred to a transplant center as soon as possible. Patients can benefit from a transplant center's expert advice. Our experience at the Tulane Transplant Institute at East Jefferson shows us that many patients who don't think they qualify for a transplant are surprised to find after visiting our clinic that they can be put on the waiting list. Patients who don't think they will be offered a transplant, or who aren't sure they want one, can discuss their options and possible concerns with an expert. An early evaluation also ensures that patients are placed on the waiting list at the appropriate time and allows enough time for potential living donors to be evaluated as a suitable match.

When choosing a transplant center, patients should take into consideration not just the activity of the center (how many transplants are performed a year) but most importantly the success rate - both short and long term. The focus of the Tulane Transplant team is to provide the highest quality care in a patient centered environment. We are proud to call ourselves Your Team for Life.

At the Tulane Transplant Institute at East Jefferson, we are one of the most comprehensive disease management facilities in the Gulf South. We offer:

- Advanced combinations of medication therapies
- State-of-the-art surgical techniques
- An experienced transplant team
- Lifelong education and support program
- A specialized clinic
- · A dedicated inpatient transplant unit
- Access to clinical trials
- 24/7 telephone triage service

Once you have chosen a center, the process

for getting on the list is fairly straightforward. A comprehensive evaluation is done to make sure that the patient is an appropriate candidate from a medical, social and financial standpoint. You will be assigned to a nurse coordinator who will coordinate the process for you. Once all of the necessary information is gathered, your case will be presented to our multi-disciplinary selection committee which will determine if you can be listed.

While on the waiting list

Once on the list, you begin to gain time. On average, in this part of the country, patients wait between 3 and 5 years for a deceased donor kidney. During a patient's wait for a kidney, we will update your evaluation each year. The patient's day-to-day medical care will continue to be provided by the referring physician. Patients should keep us aware of their medical conditions during the waiting period. If a patient becomes ill or is hospitalized for any reason, your coordinator should be notified, as this can change a patient's status on the list. During this time, it is important to continue to consider and explore a living donor kidney transplant.

Transplant surgery

When a donor kidney becomes available, UNOS generates a list of potential recipients based on factors that include blood type and time on the waiting list. (The list does not take into account gender or race.) A "new" list is generated each time a kidney becomes available. When an organ is matched to one of our patients, we expect them to arrive at the hospital as soon as possible. This allows us time to prepare the patient for surgery and perform the final test before transplant called the crossmatch. This final test determines whether we can go ahead with the transplant.