

Overview of transplant institute program

Explain and discuss:

- 1. Transplantation
- 2. Transplant evaluation/listing process
- 3. Organ allocation
- 4. Living donation
- 5. Waiting for transplant
- 6. Coming in for a transplant

Tulane Transplant Institute is a

- A multidisciplinary team
 - Includes physicians, pharmacist, nurses, social workers, dietitians, financial coordinators, and administrative support staff
- Provides a specific treatment option to patients with organ failure:
 - Kidney
 - Pancreas



Transplantation

The transplant replaces your organ that no longer works.

If you require:

- Kidney transplant
 - Your kidneys will likely remain in place
- Pancreas transplant
 - Our pancreas will remain in place



Benefits:

- Longer life span
- Increased energy
- Lifestyle changes
- Return to work and/or school
- Decreased symptoms of illness

Risks:

- Medication side effects
- Risk of infection
- Financial burden
- Surgical complications
- Frequent doctor and lab visits
- Organ may not work

- Transplant is a LIFELONG commitment
- The transplanted organ is seen as different to your body
- Sometimes your body will attempt to reject the different organ
- Medications to help prevent rejection must be taken as prescribed
- Transplant is hard work and you cannot do it alone
- · Having family or friends to help is required



Transplantation evaluation/listing process

- Referral from your doctor, dialysis staff, or self-referral
- Social pre-screen interview session
- Education
 - Nurse coordinator provides general transplant overview
 - Interview with Social Worker and Financial Coordinator
- Clinic visit with physician/surgeon
- Medical evaluation (may require multiple visits to transplant center)
 - Blood work
 - Imaging
- Psychological testing
- Presentation to Selection Committee to determine if suitable for transplant when all testing is completed

Financial coordinator interview:

- Insurance benefits related to transplant
- · How to financially plan for the transplant and medications needed after transplant
- What to do if your insurance changes?
 - You must notify us immediately if at any time your insurance changes.

Social worker interview:

- Review and decide if your support system is adequate to help care for you and provide transportation
- How to deal with the emotional strain that is related to transplant
- Review of your drug and alcohol use in past and present
- Identify any extra needs and come up with a plan to deal with them before transplant

Medical evaluation:

All tests are ordered based on requirements for age, gender, and past medical history

- Labs
- Imaging
- Cardiac testing
- Age related cancer screenings



Organ allocation

All organ donors and recipients are monitored by a group called UNOS =

United Network for Organ Sharing

Oversee the computerized sharing system that determines which patient will be offered a specific organ

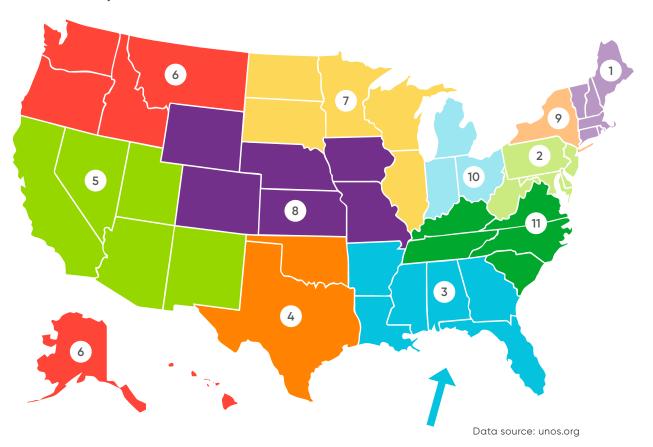
Blood type and other medical factors weigh into the allocation of every donated organ, but each organ type has its own individual distribution policy*, which reflect factors that are unique to each organ type

https://www.unos.org/policy/

UNOS

The country is divided into geographical areas that make up **local** and **regional** groups:

- Local = Louisiana
- Region 3 = Louisiana, Arkansas, Mississippi, Alabama, Georgia, Florida, and Puerto Rico
- Nationally



- We are required to tell you that you may be listed at more than one transplant center
 - In Louisiana, there is no advantage to be listed at multiple centers within the state
- You may choose to be listed at an out of state center
- Waiting time for transplant may be transferred from one center to another
- If you are waiting for a pancreas—you must wait until an organ becomes available
- If you are waiting for a kidney

Do you have someone that can donate to you?

- If you have an approved living donor, then surgery can be scheduled
- If you do not have a donor, then like the patients waiting for a pancreas transplant
 - The organ will come from a person who dies and whose family has agreed to donate their organs

Living donation

- It is possible for a healthy person to donate one of their kidneys to you
- We encourage our patients to think of anyone willing to donate and they don't have to be a relative
- Procedure is done with cameras and small incisions (laparoscopic surgery)
- Even if your donor is not a match for you, it may be possible to perform a kidney swap
- Donors are generally hospitalized for 24-48 hours after donation
- Average recovery period for a donor is 6 weeks without heavy lifting. Some return to work much sooner
- A donor's medical expenses are covered by the recipient's insurance company
- Foundations exist that can help pay for travel and lodging expenses for donors

Waiting for a transplant

Keep your appointments

 Since you may wait a few years, you will be re-evaluated by our team when directed

Answer your phone

 When calls come directly from our office, they may appear as unknown or out of area on your phone—please pick up!

Stay in touch with us 504.988.5344 or 504.503.6897

- Call if your address or phone numbers change
- Call if your insurance changes
- Call if your medical situation changes (illness, etc.)
- Call if your social situation changes

Coming in for a transplant

- When an organ becomes available, UNOS notifies the transplant center—24 hours a day/7 days a week
- The doctors review the case and determine if the organ is usable
- · When you receive an offer, you are either the primary or backup recipient
- You will be called even in the middle of the night and you must be able to get to the hospital ... why? We have one (1) hour to notify UNOS whether or not you accept the organ offer
- Many times backup recipients are transplanted

Once you arrive at the hospital, there may be several hours of waiting before the transplant happens – this can be frustrating

Upon arrival we need to

- Make sure you are healthy enough to transplant
- Do final tests (labs, x-rays, etc.)
- Perform a crossmatch (kidney transplant). A crossmatch is a test that is done to ensure there isn't a bad blood reaction

A "Dry Run" could happen when an organ is a poor match or poor quality for you. This can be disappointing, but please be patient

Transplant surgery and hospitalization

The details and possible complications of the operation will be discussed upon arrival to the hospital:

- Kidney transplant average surgery time is 4 hours
- Pancreas transplant average surgery time is 4-6 hours

The length of the hospital stay is related to your type of transplant and overall health

During your hospital recovery, you will be cared for by all members of the Transplant Team

The Inpatient Nurse Coordinator will meet with you and your caregiver throughout your stay:

- To educate you about your new organ
- Prepare you and your caregiver for your discharge home

You will be introduced to your Outpatient Nurse Coordinator

Life after transplant

Having a 24-hour dedicated caregiver is **required** and **essential** to your success

Once home

- Do not miss your medications, this can cause rejection
- Come to your follow-up appointments with medications list
- Get your blood drawn as ordered
- Measure your temperature, weight, blood pressure, amount of urine, and blood sugar if necessary
- Follow your prescribed diet
- · Take care of incisions as instructed

Once home, the Outpatient Coordinator Nurse

- Is your primary contact
- Monitors your labs
- Contacts you to make medication changes
- Sees you in clinic

Remember, there will be frequent doctor visits and blood draws to monitor your progress. Your success depends on your commitment. It is up to you!

Additional resource information

- Transplant Centers' Success Rates (SRTR) can be found online at srtr.org
- They report the average wait times, as well as organ survival rates by transplant center, throughout the nation
- This information is in your education folder
- Educate yourself, the following websites are available for further education

transplantliving.org



unos.org



Questions?

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