After Your Kidney Transplant

EMORY
TRANSPLANT CENTER

Making a
difference in
the lives of our
patients and our
community.

Contents

Contacting Your Transplant Team

1-855-EMORYTX (366-7989)

Call this number for:

- Appointments.
- To speak with your nurse practitioner/transplant coordinator.
- Medication refills.
- Urgent matters related to your transplant.

The Transplant Center is open Monday through Friday from 8 a.m. to 5 p.m. Calls received after hours will be transferred to the hospital operator who will page the on-call team. Be sure to ask about Emory observed holidays that may affect clinic closure.

MyChart Online Patient Portal

MyChart is Emory Healthcare's online patient portal that allows communication with your healthcare team, access to test results, requests for refills, appointment management (including telehealth) and much more. Transplant-related MyChart messages are monitored Monday through Friday from 8 a.m. to 5 p.m. Messages will be addressed within 24 hours. However, messages received outside of business hours, including weekend, nights and holidays will be addressed the next business day. Urgent matters should be directed to the transplant clinic phone number listed above.

Visit **mychart.emoryhealthcare.org** to enroll. You will need the activation code listed on your After-Visit Summary given to you at the time of discharge. Your transplant team can also send you an activation link.

The MyChart patient support line is available at 404-727-8820, Monday-Friday, 7:30 a.m.-5 p.m. EST, if you have any questions.

Your Transplant Team

Your transplant surgeon:

_____

Your transplant nephrologist:

_____

Your transplant coordinator:

_____

Your community nephrologist:

_____

(You will be transitioning back to routine care with your community nephrologist around 18-21 months post-transplant.)

Dialysis Center:

_____

Your pharmacy:

_____

Your primary care physician:

_____

When to Call the Transplant Team

When to Call Your Transplant Team	When to Call Your PCP
Drainage or new/increased redness surrounding your wound	Cough or cold-type symptoms
Fever> 101 unrelieved by Tylenol	Persistent headache or flu-like symptoms
Ongoing nausea/vomiting/diarrhea > 24h	New or unexplained rash, sores, bruising
Inability to keep transplant medications down/ missed doses	Excessive fatigue or change in appetite
Change in urination habits amount/urgency/ burning/presence of blood	Refills of medications previously prescribed by your primary care provider (PCP) before transplant
Pain or swelling at the site of your kidney transplant	Any new pain or discomfort not related to your kidney transplant
Blood pressure readings >170/110 or <100/50	

Emory Transplant Clinic Map

Clinic B, 6th Floor

Suite 6400

www.emoryhealthcare.org/transplant-kidney

Clinic Visits and Lab Appointments

On the day of discharge, you will be scheduled for your first appointment for lab work and a follow-up visit with your transplant surgeon. These will be included in the After-Visit Summary given to you at the time of discharge.

You will then be scheduled for additional appointments for labs, doctor visits and infusions, if needed. These appointments will be available to view in MyChart. You can also request a printed copy from the Transplant Clinic.

Initial appointments will be scheduled at the Emory Transplant Clinic. However, you may be able to schedule some visits closer to your home. Emory has satellite clinics around the state where you can schedule your follow-up appointments with your transplant nephrologist (See Appendix A). You can also have your labs drawn closer to your home (See Appendix B). Talk with your transplant team for more information.

A quick reminder: You may take all of your medications prior to your lab appointments EXCEPT your Tacrolimus (Prograf or Envarsus). Bring these medications with you and take them immediately after your lab draw.

Telemed Visits

You will also be scheduled for telemed visits with your transplant nephrologist. Be sure that you attend the meeting in an area that will allow you privacy to speak with your provider. For your safety, you may not be in a moving vehicle or driving during your telemed visit.

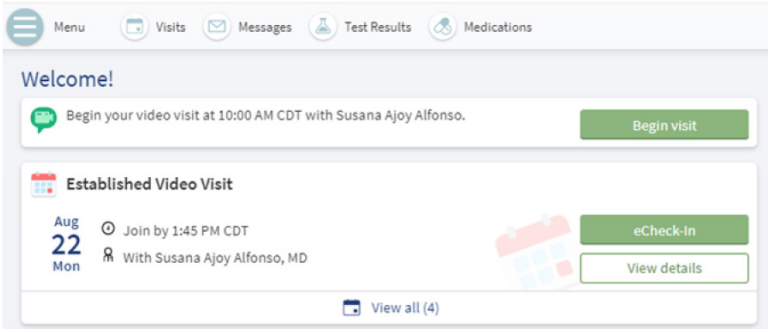
Patient eCheck-in Instructions For Video Visit

EMORY HEALTHCARE

- Click here or enter this URL into your browser https://www.emoryhealthcare.org/patients-visitors/patient-and-visitor-resources/emoryconnected-care for basic telemedicine tips.

**Set up your smartphone, laptop or tablet in a well-lit room, and be sure to keep your camera at eye level so your provider can clearly see you.*

- Select **Begin visit** or **eCheck-in** to complete the eCheck-in process prior to your virtual visit.

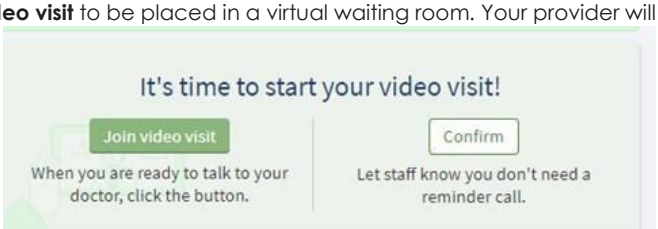


- Overview of the eCheck-in Process

* During the eCheck-in process, you will be required to answer the following questions:

- Location – *provide your location at the time of the visit.*
- Medication – *review your current medication list and report medications you're no longer taking.*
- Allergies – *review and update your allergies information.*
- Health Issues – *review and update your current health issues.*

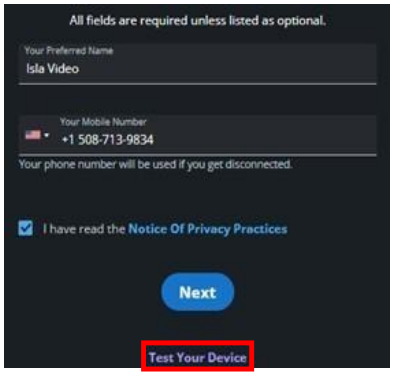
- Joining the video visit
  - Click here or enter this URL into your browser https://aehr.cvg01.amwell.systems/techcheck?standAloneMode=true&legacyLayout=false&fromBrand=amwd&brows erChecksPassed=true to test your equipment prior to your appointment.
  - Select **Join video visit** to be placed in a virtual waiting room. Your provider will be with you shortly.



Telemed Visits continued

Accessing Your Video Visit from MyChart

**Once you have completed the eCheck-in process, follow the steps below to begin your video visit:*

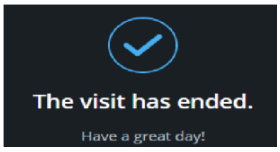


1. Log into MyChart and click Begin visit to start your virtual visit.
2. Select Join video visit .
3. You will be taken to the Amwell video platform. Confirm your name and contact number, and then select **Next**.

Note: You have the option to test your device before your provider joins.

4. Click Join Visit to be placed in the virtual waiting room. The visit will begin once your provider arrives, and you will see a split screen with yourself and your provider. Below are the control parameters of the video visit.

5. At the end of the visit, select to be disconnected from the visit.
6. Select Leave Visit to confirm that you would like to leave the visit.
7. You will receive a confirmation message stating that the visit has ended.



Telemed Visits continued

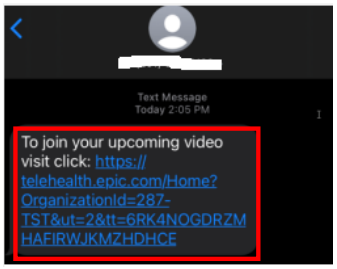
Direct Link for non-MyChart Users

We recommend downloading the MyChart app from the Apple App Store or Google Play and activating your account to access all of the available features.

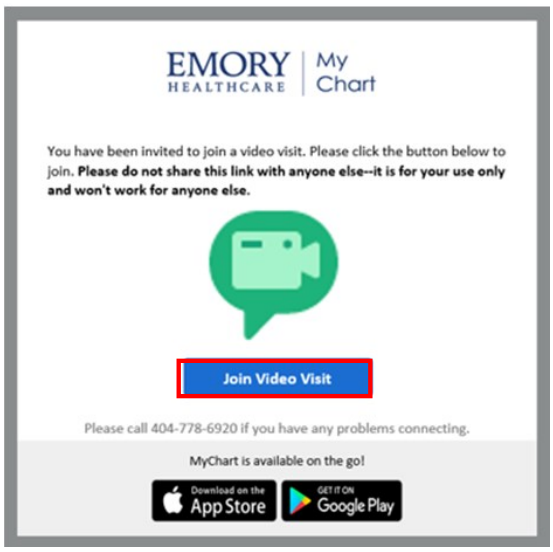
1. If you are a patient that does not have a MyChart account, your provider will send you a direct link via email or text at the time of your video visit.

2. At the time of your appointment, click on the link in the text message or on the Join Video Visit button in the email message to be connected with your provider and begin the video visit.

Example of the text message



Example of the mail message



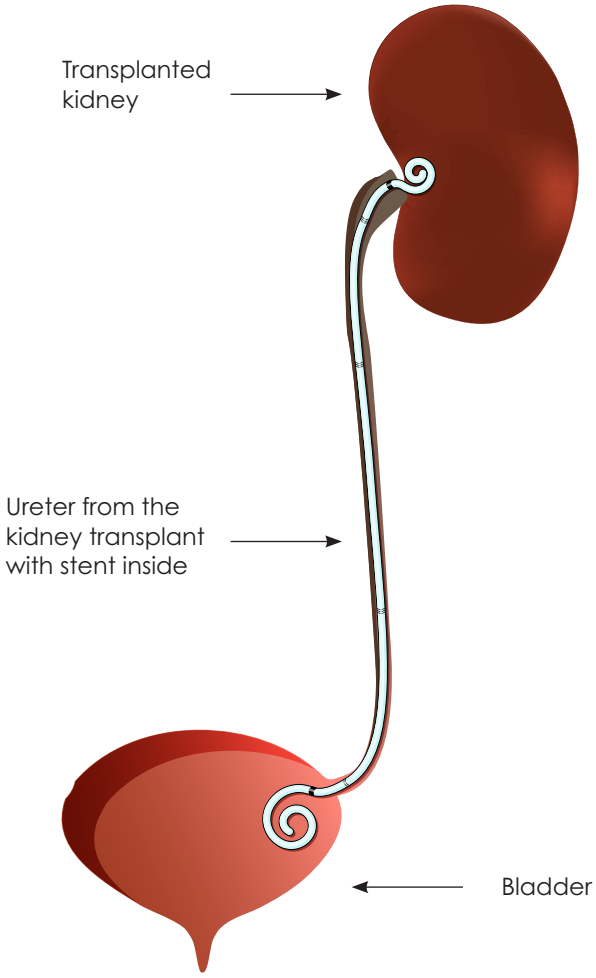
Additional Appointments

Temporary Ureteral Stent Removal

Your donated kidney came with its own ureter which is a tube that connects to your bladder and allows urine to drain out of the kidney. During your surgery, this new ureter is attached to your bladder. To allow this attachment site time to heal, a temporary stent (it looks like a thin, hollow straw that is curved at each end) was placed at this attachment site to assist in the healing process.

This stent is only temporary and must be removed. Leaving this stent in place long term can increase your risk for infection, kidney stones or scarring.

About four to six weeks after your surgery, your stent will be removed by a procedure called a cystoscopy. This is a short procedure and will be performed in the Outpatient Urology Clinic by an Emory urologist. If you have a peritoneal dialysis catheter, your stent will be removed at the time of your peritoneal dialysis catheter removal (see below). Please check in at the Endoscopy Suite (information below):



Outpatient Endoscopy Location and Contact Information

1365 Clifton Road
Building B, 1st Floor, Suite 1300
404-778-4898

Dialysis Access Catheter Removal (PD Catheter or Permcath)

If needed, an appointment will be scheduled by your transplant team.

For peritoneal dialysis catheters, you will be scheduled for outpatient surgery in the Ambulatory Surgery Center.

For temporary vascular catheters, you will be scheduled for removal with Interventional Radiology.

Dexa Scan / Bone Density Testing

A baseline bone density scan is recommended within the first one to three months post-transplant to monitor for bone loss (osteoporosis).

Possible Complications After Transplant

People who receive a transplant may develop complications after their surgery. Your transplant team will help you understand the warning signs of possible complications, discuss your care and recommend further treatment when necessary. This handout will list and explain the different complications.

Delayed Graft Function

Delayed graft function, also called acute tubular necrosis, is the medical term for a transplanted kidney that is slow to function. This condition is sometimes called a "sleepy kidney" and can happen for a variety of reasons. This does not mean that you are rejecting your kidney. If this happens, you may need short-term dialysis to give the kidney time to "wake up."

Infection

The immunosuppressant medicines you are taking decrease the risk of rejection; however, they also increase your risk of infection. The risk is highest during the first few weeks after your transplant.

Signs of infection include:

- Fever, chills, sore throat.
- Nausea, vomiting, diarrhea.
- Wound redness, swelling or pus.
- Pain or burning with urination.

See Appendix C for instructions on the correct way to obtain a Clean-Catch Urine Specimen

How to avoid infection:

- **Wash your hands frequently**
- Wear a mask
  - Masking in crowded places during respiratory viral season for all transplant recipients regardless of time from transplant is recommended.
  - Masking is also recommended during excess contact with soil and while being exposed to any construction.
- Avoid contact with people who have infections like colds or the flu.
- Clean cuts and scrapes with soap and water.
- Avoid sharing utensils or drinking from the same container.
- Attention to personal hygene by showering daily.
- Be aware of food safety (see nutrition section for more detailed information).
- Use precautions while performing pet care, particularly with regard to litter boxes, birds and their cages and reptile handling and habitat care.

Common Infections in Transplant Patients

- **Cytomegalovirus, or CMV**, is a virus that most people have been exposed to at some point in their life. The virus likely caused only mild symptoms including low grade fever and fatigue. Although the symptoms disappear, the virus can remain in the body. When your immune system becomes suppressed, CMV can become reactivated and cause a range of symptoms such as pneumonia, eye and gastrointestinal symptoms. This infection can put you at a higher risk for organ rejection after transplant in the early post-transplant period, when you are most at risk.
- Similar to CMV, people have often been exposed to the **Polyoma infection, or BK virus**, and had non-specific symptoms like a cold. Because of this, your body may reactivate this virus while your immune system is suppressed after transplant. Again, this infection can put you at higher risk for organ rejection. Your transplant team will monitor for this virus during your routine bloodwork.
- **Pneumocystis jirovecii pneumonia** is a fungus that can live in the lungs of patients with a weakened immune system. Symptoms may include cough, fever and fatigue. You will be given medication to prevent this infection in the early post-transplant period, when you are most at risk.
- **Herpetic Viral Infections**. There are a number of viruses in this family:
  - **Epstein Barr Virus (EBV)** – A large number of people have been exposed to this virus at some point in their lives. Those with the virus may have been asymptomatic or gone on to develop mononucleosis. Testing for this virus in the pre-transplant phase is very important because those patients who have never developed antibodies against EBV are at a greater risk for a development of post-transplant lymphoproliferative disorder (PTLD). While effects of PTLD may be mild, they can also cause lymph node cancer (called lymphoma) in the most serious of cases. If you are negative for EBV antibodies, you will be monitored for this infection in the first year after transplantation, when you are most at risk.

Possible Complications After Transplant continued

- **Varicella Zoster** is the virus that causes chicken pox and shingles. While you will not be routinely tested for this after transplant, it is important to speak with your primary care physician to see if you are eligible for a vaccine to prevent such outbreaks.
- **Herpes Simplex Virus (HSV)** is a virus that can cause painful blisters, typically on the lips or in the genital area. If you are at increased risk, you may be prescribed an antiviral medication to prevent these outbreaks after your transplant.

High Blood Pressure

Your blood pressure measures how much force your heart uses to pump blood to your body. Some immunosuppressants can raise blood pressure; therefore, some people must take additional medications to control their blood pressure. Notify the team if your blood pressure goes above 170/110 for two readings in a row.

Blood pressure and diabetes can be managed and treated by healthy eating. Refer to the Nutrition Guide for some helpful tips!

New Onset of Diabetes After Transplantation

Diabetes is an increased level of sugar in your blood. Some immunosuppressant medications can also increase the chance of getting diabetes. Signs of diabetes include excessive thirst, frequent urination, blurred vision, drowsiness or confusion.

Notify the transplant team if you notice any of these signs. Your transplant team will be monitoring your blood sugar levels with your bloodwork. Your transplant team will inform you if you need to monitor your blood sugar at home.

Rejection

Rejection occurs when your immune system recognizes the transplanted kidney as foreign and attacks it. You may feel good and have no symptoms, yet still be experiencing rejection. An increase in your serum creatinine or an increase in protein in your urine may be warnings of rejection. Most rejection episodes can be treated successfully with medication, especially if detected early. This is why adhering to your lab and physician appointments is so important.

Certain signs may indicate rejection: sudden pain at your incision site, reduced urine output, flu-like symptoms and swelling of the hands and feet. However, the only way to know for sure whether you have rejection is through a kidney biopsy. This will give your transplant team information about how well your kidney is functioning and what might be causing the rejection. If needed, the biopsy is done as a simple outpatient procedure.

Cancer

Because of the immunosuppressive medicines that are required for transplant, there is a slight increase in the risk for certain kinds of cancer such as: skin cancer, colon cancer and post-transplant lymphoproliferative diseases or lymphoma.

Now that you have had your transplant, we encourage you to resume your normal activities as much as possible. It is important to take care of yourself so that you and your kidney will remain healthy.

Staying Healthy After Your Transplant

Medication Management

For transplant success, you should develop a routine for taking your medicines using the resources given to you by the transplant pharmacists (including the Med Action Plan (MAP) and a pill box). **Timing is key**. Some patients find success with setting alarms for when to take medications and using a weekly pillbox to organize their medications for each day. Refer to the "Medication Management" section for more information. Be sure to keep your list of medications up to date and notify your transplant team of any changes, additions or missed doses.

You should take only the medications on your MAP. You will be given different types of medications and you should learn why you are taking them. Additionally, you should learn what side effects to monitor and report to your transplant team. All other medications taken before the transplant that are not included on the MAP should be set aside or disposed of. Rule of thumb: If you have a medication at home, but it is not on your MAP, do not take it without discussion with your transplant team first.

Before taking any new medicines, refer to the list of approved over-the-counter medicines (see Appendix D). If you are still unsure, please contact your transplant team.

Where to Get Your New Medicines

After your transplant surgery, your transplant team will order your transplant medications before you are discharged home. These medications are usually delivered to your hospital room by Synergen Pharmacy *before* discharge, so you have them in hand on the way home. Synergen Pharmacy is a mail order pharmacy that will work with your insurance company to get your treatment approved and provides 24-hour access to a pharmacist.

How to refill your medicines:

- **Regardless of which pharmacy you use, call for refills SEVEN to 10 days** prior to running out.
- Synergen Pharmacy can be reached at (404)585-7517 or (888)975-2191 or www.SynergenRx.com
- You should have refills on your medications that were delivered to the hospital. Call the number on the medicine bottle and tell them you need your next month's supply. **You must call them to set up delivery to your home.**
- If you want to use a local pharmacy, need to use another mail order or need a new prescription, call the medication nurses at 1-855-EMORYTX (366-7989). Before using a local pharmacy, be sure that they carry your specific transplant medications, as some of them are specialty medications and take extra time to order.
- If you are unsure who to contact in order to get a refill, check your medication bottle for the dispensing pharmacy's phone number.

Staying Healthy After Your Transplant continued

Medications After Transplant

The most important medications after transplant are called **immunosuppression or anti-rejection medications**. These medicines work together to protect the new organ and keep it healthy long-term; therefore, these medications are usually LIFELONG. As long as you have the transplanted organ, you will need to be on anti-rejection medication. Reference your medication action plan to learn more about the specific medications you will be on and exactly how to take them for transplant success.

Tips for Taking Your Medications

- Take your medication exactly as indicated on your MAP. **One of the main causes of transplant failure is missing doses of medications or taking the wrong dose.**
- If you do miss a dose and it is within 4 hours of the scheduled time, you can take the medication as soon as you remember. If it is more than 4 hours after the scheduled time, skip the dose and take it at the next scheduled time. DO NOT double dose. If you miss more than one dose, call your transplant coordinator for instructions.
- Be consistent!!! Take medications at the same time and the same way each and every day. For example, if you always take medications when you eat then consistently take each dose with food.
- **Do not adjust your immunosuppression medications yourself**. This could result in rejection and loss of your transplant.
- **DO NOT cut, crush or chew your anti-rejection medications**. Always swallow whole. If you are unable to swallow whole, contact your transplant team ASAP.
- Notify the transplant team if you experience any side effects. We can help manage them if we know they are happening.

- If you are sick or nauseated and cannot take your medications, call your transplant coordinator or physician immediately. You may need to be admitted to the hospital to receive your immunosuppression medications.
- Talk with the transplant team before starting or stopping any medications. Many medications can interact and influence your immunosuppression medications and your new transplanted organ.
- Ask the transplant team before taking herbal or alternative medications.
- Only take over-the-counter medications listed on the over-the-counter list. NEVER take extra aspirin, Motrin®, Advil®, ibuprofen, Aleve®, naproxen or nonsteroidal anti-inflammatory drugs unless approved by your transplant physician.
- Bring a list of medications with the current dose and frequency each time you see a health care professional.
- Talk to the transplant team before you receive any immunizations/vaccinations. You should NOT receive any live vaccinations.

- Store your medications in a safe and dry place away from heat and light. Avoid storing medications in bathrooms and above sinks since moisture can harm medications. Keep medications out of reach of children.

Why do I have to take immunosuppressants?

The job of your immune system is to help you fight off things that are harmful or foreign to your body (infection, cancer). A transplanted organ–although human–is new to your body, so your immune system will try to reject ("fight off") the transplanted organ. Immunosuppressant medications suppress or "weaken" your immune system to prevent rejection of your transplanted organ. They help you keep the organ long term!

How long do I have to take immunosuppressants?

LIFELONG. You will have to take immunosuppression medications for as long as you have your transplanted organ so that your body will not reject it. One of the main reasons why patients lose their transplant is failure to take their immunosuppression medications.

How many types of immunosuppressants do I have to take?

Patients can be prescribed two to four different types of immunosuppressants at one time. Your transplant doctor will decide which immunosuppressants to prescribe for you. If you have a rejection episode, you may need to be prescribed stronger immunosuppression medication to treat the rejection.

Why do I have to take so many types of immunosuppressants?

Your immune system is very smart, so to help protect your transplant organ, you must take different immunosuppressants that work in different ways. By using a combination of immunosuppressants, you have less chance of rejecting your organ than if you just took one type of immunosuppressant.

How much do I have to take?

In general, the doses of your immunosuppressants are highest during the first months after your transplant since your risk for rejection is greatest then. Over time, your doses will decrease depending on how you and your transplanted organ are doing.

What are the overall risks of taking immunosuppressants?

Because these medicines weaken your immune system, you are at increased risk for infections. As a precaution, to prevent these infections, you will take certain medications for the first several months after transplant. As your doses of immunosuppressants decrease over time, your risk for infection will also decrease. You are also at increased risk for certain types of cancers. You can help prevent skin cancer by always using sunscreen (Sun Protection Factor/SPF-30) whenever you are outdoors.

Medications After Transplant continued

What are the immunosuppressants I will be taking?

Most patients will take a combination of belatacept, tacrolimus, mycophenolate and prednisone, unless they are enrolled in a clinical trial. Specific information about these agents, and a few others, is included below.

Belatacept (Nulojix®)

What does belatacept look like?

Belatacept is only available as brand name Nulojix® as an intravenous (IV) medication.

How much belatacept do I take?

This medication is dosed based on your weight; the transplant clinic team will adjust it for you each time a dose is due based on what your weight is at that time.

How often do I take belatacept?

Belatacept is given ONCE A MONTH in the Transplant Clinic Infusion Center.

What are the main side effects of belatacept?

- High blood pressure
- Increased risk of infection
- Increased risk of some cancers, including post-transplant lymphoproliferative disorder (PTLD)

What can interact with belatacept?

There are no known drug interactions with belatacept.

Where do I get the infusion?

Initially, you will receive monthly infusions at the Emory Transplant Clinic Infusion Center. You may be able to receive infusions closer to home at a time determined by your transplant team. Local infusions near your home require completion of an application and can take up to 90 days to approve the transfer.

Tacrolimus (Prograf® or Envarsus®)

NOTE: Double check the brand name of this medication closely as one of them is a capsule and the other is a tablet. They are not freely interchangeable (you cannot freely exchange taking the capsules for the tablets – this can lead to rejection of your transplanted organ)!

What does tacrolimus look like?

Tacrolimus immediate release is available as a generic or as brand name **Prograf®**. It is available as 0.5mg, 1mg and 5mg capsules. The brand name capsules are yellow (0.5mg), white (1mg) and pink (5mg). The generic form may look the same as the brand or may be different colors. You should double check your bottle for the capsule strength. This medication is taken TWICE daily, specifically every 12 hours.

Tacrolimus extended release is available as the brand name **Envarsus®** in the form of **tablets**: 0.75mg, 1mg and 4mg. All of these are white in color, so it is very important to always double check the strength (mg) on the prescription bottle. This medication is taken ONCE daily, specifically every 24 hours, IN THE MORNING.

Always swallow whole! DO NOT cut, crush or chew this medication.

How much tacrolimus do I take?

Your dose will be adjusted based on your blood test (tacrolimus blood level). On the day of your blood draw, you should **take your morning tacrolimus dose AFTER your blood has been drawn**. Your dose may change frequently for the first several weeks and must be monitored closely to prevent rejection and side effects.

How often do I take tacrolimus?

Tacrolimus immediate release (Prograf®) is taken twice a day, 12 hours apart. Tacrolimus extended release (Envarsus ®) is taken once a day every 24 hours. Either type of tacrolimus can be taken with or without food, but do it the same way each day (either always with food, or always without food; this includes morning coffee/tea).

What are the main side effects of tacrolimus?

- Increase in creatinine
- High blood pressure
- High cholesterol
- High potassium level, low magnesium level
- Increase blood sugars
- Tremors of the hands and headache (can be a sign your tacrolimus blood level is too high)
- Increased risk of infection
- Decreased hair growth or thinning

What can interact with tacrolimus?

Avoid all grapefruit or pomegranate as it interacts with this medication and can lead to seizures! Many medications can interact with tacrolimus, so always check with your transplant team before starting any new medication(s).

Mycophenolate (Cellcept® or Myfortic®)

What does mycophenolate look like?

Mycophenolate comes in two forms: mycophenolate mofetil (Cellcept®) and mycophenolate sodium (Myfortic®). Both forms are available as generic medications. You should not use one type in place of the other unless it has been approved by your transplant team; this can lead to rejection.

Always swallow whole! DO NOT cut, crush or chew this medication.

Brands of mycophenolate color and form:

- Mycophenolate mofetil 250mg capsules, 500mg tablets of varying shapes and colors, 200 mg/ml suspension
- Cellcept® 250mg blue and orange capsules, 500mg purple tablets, 200 mg/ml suspension
- Mycophenolate sodium 180mg round tablets, 360mg oval tablets of varying colors
- Myfortic® 180mg round green tablets, 360mg oval pink tablets

How much mycophenolate do I take?

Your initial dose will be 1000 mg twice daily of generic mycophenolate mofetil. Your dose may be adjusted if you experience significant side effects or based on your weight.

How often do I take mycophenolate?

Mycophenolate is taken twice a day, 12 hours apart. You may take mycophenolate with or without food, but do it the same way each day.

What are the main side effects of mycophenolate?

- Nausea and vomiting
- Diarrhea
- Increased risk of infection
- Low white blood cell count
- Birth defects (you should talk to the transplant team before trying to get pregnant)

What can interact with mycophenolate?

Mycophenolate should be taken at least one hour apart from antacids (such as Tums®) or products containing calcium, magnesium, aluminum or iron.

Medications After Transplant continued

Prednisone

What does prednisone look like?

Prednisone is available as a generic medication and can come in a variety of strengths and colors. Always double check the strength on your prescription bottle.

How much prednisone do I take?

Initially, in the hospital you will receive an IV form of a steroid known as methylprednisolone which is very similar to prednisone. By discharge, you will be changed to take prednisone tablets by mouth. The initial doses are high, but then the dose will be reduced over time. You may be discharged with a schedule and instructions to "taper" your prednisone dose, where your dose is slowly reduced over several weeks.

How often do I take prednisone?

Prednisone is usually taken once a day in the morning. Prednisone should be taken with food or milk because it can cause stomach upset.

What are the side effects of prednisone?

Prednisone has side effects that usually lessen as the dose is reduced. In most cases, other medicines and the transplant diet help control adverse effects of the medicine.

Most common side effects:

- Increase in appetite and weight gain
- Salt and fluid retention
- Increase in blood sugar
- Slow wound healing
- Acne
- Irritation of the stomach lining – take with food

Possible side effects (more common with larger doses):

- Difficulty sleeping
- Hallucinations or vivid dreams
- Night sweats
- Chills
- Mood swings

Possible long-term side effects:

- Muscle weakness
- Bone and joint changes
- Cataracts
- Thinning skin

Medications to prevent infection

As mentioned before, one of the overall risks of taking immunosuppressants is the increased risk of infection. Your risk for developing an infection is greatest during the first months after your transplant since the doses of your immunosuppressants are the highest at this time. During this high-risk period, you may be prescribed one or more of the following medications to help prevent infection.

To prevent bacterial infections, patient are prescribed one of the following medications:

Sulfamethoxazole/trimethoprim (SMZ/TMP, Bactrim® or Septra®)

Sulfamethoxazole/trimethoprim is a sulfa antibiotic that is available as a generic. The generic name may be abbreviated as SMZ/TMP on your medication bottle. It is available as a single strength (SS) tablet or a double strength (DS) tablet. You will take it for at least six months after your transplant. You are prescribed this medication for two reasons:

- To prevent a type of pneumonia called pneumocystis jiroveci pneumonia or PJP
- To prevent a urinary tract infection

Possible side effects:

- Rash
- Increased sun sensitivity – wear sunscreen!
- Low white blood cell count

If you have an allergy to sulfa antibiotics, you will be prescribed an alternative medication such as atovaquone (Mepron®) or dapsone.

To prevent viral infections patients are prescribed one of the following medications:

Valganciclovir (Valcyte®)

Valganciclovir is an antiviral medication used to prevent and treat cytomegalovirus infections. Valganciclovir is available as a generic medication and is a 450mg oblong tablet. Your need for this medication, including your dose and how long you take the medication, will depend on blood tests done prior to transplant and periodically after your transplant.

Possible side effects:

- Low white blood cell count
- Low platelet count

Valacyclovir (Valtrex®)

Valacylovir is an antiviral medication that may be used to prevent and treat viral infections in patients who are not at risk for cytomegalovirus. It is used to prevent and treat viral infections such as herpes, chicken pox and shingles. Valacyclovir is available as 500mg and 1000mg tablets. Your dose will be different depending on why you are taking this medication.

Possible side effects:

- Low white blood cell count
- Low platelet count

Other Medications

You may be prescribed other medications to manage blood sugar, acid reflux, constipation, diarrhea and/or electrolytes. These medications are specific to each patient's history, allergies and transplant course; as such, these will be discussed with each patient on an individual basis. Most patients will be prescribed a calcium supplement at some time for bone health long term. Some patients require new blood pressure medications or changes in previous blood pressure medications sometimes due to side effects of the anti-rejection medications; most patients require at least two medications to manage blood pressure after transplant. Most patients will be prescribed a low dose aspirin for heart health after transplant.

For pain management, the surgical team will discharge you with a few days of pain medication based on what you tolerate in the hospital. The only medication you can take over the counter for pain is acetaminophen (Tylenol®) at a maximum of 3000mg in one day. **Do NOT take any other over-the-counter pain relievers besides acetaminophen (i.e., do NOT take ibuprofen, naproxen, aspirin, Advil®, Motrin®, Aleve®, Goody powder, BC powder, etc.).**

Going Home from the Hospital

Your Daily Routine

It is particularly important that you perform and record some daily measurements, particularly your weight, temperature, blood pressure. You may also be asked to keep track of your urine output and blood sugar levels. (See Daily Records - Appendix E). We ask that you track these measurements for the first 3 months after your transplant. Bring these measurements with you to your doctor's visits, so your team can monitor your progress.

Taking Care of Your Wound

Your incision, or wound, is closed with stitches under the skin. The skin is then glued together (or stapled in certain circumstances). Following your transplant:

- You can shower, gently washing your incision with soap and water.
- Pat the incision dry with a clean towel.
- The glue will dissolve or fall off by itself. Do not attempt to remove.
- Leave your incision open to air–do not cover with a dressing or apply ointment.
    - Some patients may notice fluid draining from their incision site. Take note of amount, color and odor and notify your transplant team. In these instances, a dry dressing may be recommended.
- Wear loose-fitting clothing that does not irritate or constrict your incision until it is fully healed.
- **Do not sit in a tub bath or go swimming until your incision is fully healed (usually 4-6 weeks).**

Routine Medical Care

The transplant team is specialized in caring for the unique health needs of transplant patients; however, you should see your primary care physician for regular check-ups. Routine medical care is important for early detection and treatment of disease related to your overall health.

Skin care:

- Your medicines can cause changes in the skin and put you at a higher risk for skin cancer.
- Use sunscreen (SPF above 30) any time you go outside in the sun.
- Wear a hat that will shade your face and neck and long sleeves/pants to protect your extremities.
- **You should see a dermatologist within the first year of your transplant for a baseline skin assessment and then once a year afterwards to monitor for any changes.**

Immunizations:

- **Live Vaccinations are prohibited in immunocompromised transplant patients.**
- Do not get any immunizations for the first 3 months after your transplant.

- **Consult your primary care doctor for recommended vaccine schedules and administration.**

Dental Care:

- **We recommend waiting 6 months after the transplant before seeing a dentist for routine dental exams and cleanings,** unless you have a dental emergency. After that, you can go back to a regular cleaning schedule.
- Your transplant team does not require antibiotics prior to any dental procedures, unless recommended and prescribed by another physician.

Health Maintenance Activities:

While your kidneys may be a large focus of your health at the moment, we want to be sure that you are taking care of your body's overall health too. Please speak with your primary care physician about important and recommended health maintenance activities, including:

- Colon Cancer Screening.
- Pap Smears.
- Breast Self-Exam / Mammograms.
- Testicular and Prostate Exams.

In addition, please ask for resources related to smoking cessation and decreasing alcohol intake, if needed.

Activity

- Immediately after transplant, as you are able, move to your bedside chair or take short walks in the room/ hallway.
- Slowly and gradually increase frequency to 3 to 4 walks per day.
- Do not perform twisting exercises (such as golf or tennis) for the first 6 weeks.
- Do not lift more than 10 pounds until 4-6 weeks after your surgery.

Driving

You should not drive for the first 1-2 weeks after your transplant or until you are cleared by your transplant surgeon. You should be off your pain medications before driving.

Travel

- If you plan to travel long distances for an extended period of time, please notify your transplant team, particularly within the first year and a half after your transplant.
- When flying, always take your medications with you on the plane in case your luggage is lost.
- Bring extra medications in case your return is delayed.

Sexuality and Pregnancy

You may resume sexual activity when you feel ready. This will not harm your new kidney. Some positions may be more comfortable than others, so adjust accordingly.

Remember that because your immune system is suppressed, you may be at increased risk of acquiring a sexually transmitted disease.

Women of childbearing age should use some method of birth control while taking Cellcept®. Cellcept® has been associated with birth defects. Men and women should discuss birth control methods and potential pregnancy plans with the transplant team.

Nutrition and Diet

Proper nutrition is necessary before and after your transplant. A balanced, healthy diet will help you maintain an acceptable body weight and promote wellness. Our clinical nutritionist will meet with you and your family to evaluate your diet and teach you the right foods to eat to meet your individual needs. After your transplant you may be able to eat foods you once had to restrict. Making healthy food choices is essential for your best outcome.

Drinking plenty of fluid is important after a transplant. Dehydration will raise your creatinine level. You should drink at lease 64 oz of water each day (approximately 2 liters). Water is the best choice.

For a full list of good fluid and food choices, please refer to information provided by your Emory clinical nutritionist.

Going Home from the Hospital continued

Financial Support

Your Emory social worker is available to assist you in understanding resources. They can guide you to hospital and community resources that will provide you with financial and emotional support. Call your social worker to discuss any questions you may have regarding financial concerns.

Returning to Work

One of your goals after transplant may be returning to work. Talk with your transplant team about your intent to return to work, especially if your work involves heavy lifting, strenuous activity or being around crowds of people.

Your transplant team can assist you in completing any required paperwork (e.g., FMLA forms) needed by your employer. These forms can be scanned and emailed to your coordinator or dropped off at the Transplant Clinic front desk.

Emotional Support

The transplant journey can be stressful at times. While you may resume your normal lifestyle, there could be some challenges. It might be difficult for you and your loved ones to cope with the changes at times.

Hospital Resources

Talk with your transplant team and ask for help. Here are some of the available resources:

- Transplant social worker
- Transplant psychologist / Behavioral Health
- Mental health social worker
- Hospital chaplain
- Helpful Resources

See Appendix F for a list of helpful resources for transplant patients.

Parking

- You will be required to cover the cost of your own parking.
- Valet service is $8.00 daily and is available Monday through Friday from 7:00 am to 6:00 pm.
- Covered hourly/daily parking is available in the Lowergate East parking deck. Depending on your length of stay, costs vary from free for the first half hour to up to $12.00 for 7+ hours.
- Weekly parking passes are available at $40.00 for 5 days and provide unlimited in/out privileges (self-parking only, not valet). The cards can be purchased by cash, check or credit card Monday–Friday 9 a.m.–5 p.m. in the Emory University Hospital Admissions Department, room A-211.
- If you need assistance with parking fees, please contact your social worker.

Lodging

If you live a great distance from Emory and plan to stay in the Atlanta area for a short time after discharge from the hospital, please discuss available options with your social worker.

One option may be The Mason Guest House of Emory University. The Mason House offers private, low-cost lodging for transplant candidates, recipients and families. Individuals from out of town coming to a transplant evaluation or follow-up care may also stay at the Mason Guest House. For additional information or to make a reservation, please call (404) 712-5110 or visit www.emoryhealthcare.org/centers-programs/transplant-center/mason-house.

Writing Your Donor Family (for Deceased Donors)

Have you ever wondered how you could thank the family who made your transplant possible?

- Please address your card or letter to "Donor Family,"
- Identify yourself only by the organ(s) that you received. For example: heart recipient, kidney recipient, kidney-pancreas recipient, etc.
- On a *separate piece of paper*, write your full name and the date of your transplant so that we can make sure it goes to the correct donor family (This will not be sent with your letter).
- Mail your letter or card to:

  LifeLink of Georgia
  2875 Northwoods Parkway
  Norcross, Georgia 30071

Information you may want to include

Talk about yourself:

- Your job or occupation.
- Your family (spouse, children, grandchildren).
- Your hobbies or interests.
- Since the faith beliefs for your donor's family are not known, please consider this when making religious comments.

Talk about your experience:

- Use simple language.
- Recognize the donor family and thank them for their gift.
- Describe how long you waited for the transplant and what this was like for you and your family.
- Explain how the transplant has improved or changed your health and your life.

Please sign with your first name only. Do not give your address, city, phone number or the name of the transplant center or your doctor.

Remember, if writing your thoughts or feelings is too difficult, a simple sympathy or thank you card would also mean a great deal to the donor family.

Writing Your Kidney Living Donor or Recipient

Have you ever wondered how you could share your feelings with your kidney living donor or recipient?

Emory's Living Donor Program can help facilitate; here's how:

- Address your correspondence to the transplant recipient or donor as Dear Kidney Living Donor or Dear Kidney Living Donor Recipient.
- Identify yourself by only your first name. Please do not include identifying information such as your or the donor's last name, hometowns, hospital where donation or transplant occurred, date of donation or transplant, etc. Photos are prohibited.
- You might consider including your interests, family situation (spouse, children, grandchildren), important milestones since transplant or donation, general health status. Use simple language.
- Please be aware that the individual you are corresponding with may have different religious beliefs than your own, and keep that in mind when making religious comments or references.
- On a separate sheet of paper, please write your name, date of birth and date of transplant so we can identify your recipient or donor. This will not be sent with your correspondence.
- Mail correspondence to:
  Emory Transplant Center
  Attention Kidney Living Donor Program
  1365 Clifton Road NE, Bldg. B, Suite 6200
  Atlanta, GA 30322
- All confidentiality will be maintained. You may or may not hear from your recipient or donor. Some prefer privacy and may choose not to correspond.
- If you need further information about writing to kidney living donors or recipients, please do not hesitate to contact your transplant coordinator.

APPENDIX A

World-Class Transplant Care Close to Home

Emory Transplant Center offers several satellite locations in order to better serve our patients throughout Georgia. Patients can now receive transplant evaluations and post-transplant, follow-up care from Emory professionals without making a trip to Atlanta.

Emory Transplant Center, Acworth
(located in the Emory at Acworth office)
4791 South Main St.
Acworth, GA 30101
Program: Kidney

Emory Transplant Center, Athens
(located in the TMB Medical Associates office)
1181 Langford Drive
Building 200, Ste. 105
Watkinsville, GA 30677
Program: Kidney

Emory Transplant Center, Columbus
(located in St. Francis Medical Park, Building H)
2300 Manchester Expressway, Ste. H-203
Columbus, Georgia 31904
Program: Kidney & Lung

Emory Transplant Center, Dublin
(located in Cancer Care of Dublin)
207 Fairview Park Drive
Dublin, GA 31021
Programs: Kidney

Emory Transplant Center, LaGrange
303 Smith St.
LaGrange, GA 30240
Programs: Liver

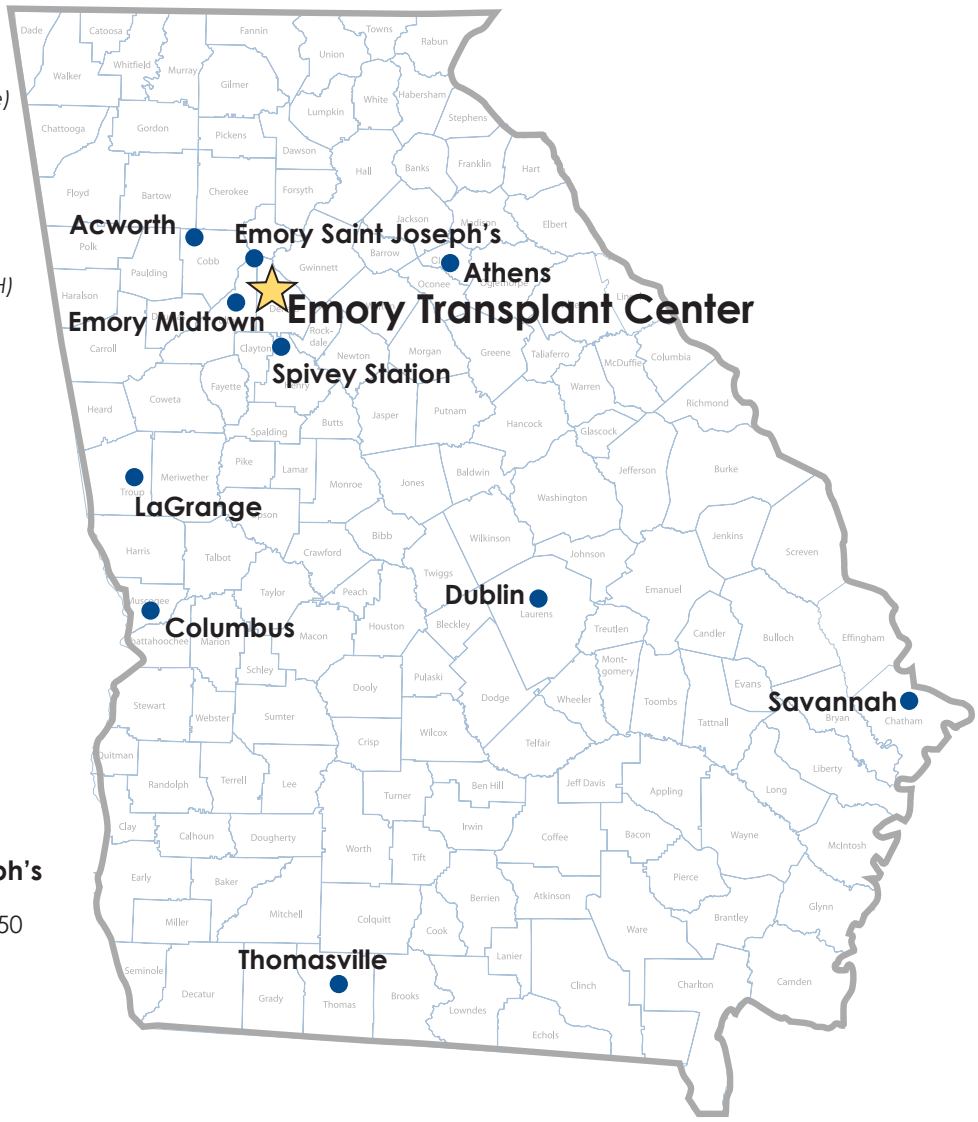
Emory Transplant Center, Midtown
(located in the Medical Office Tower)
550 Peachtree St. NE, Ste. 1720
Atlanta, GA 30308
Program: Liver

Emory Transplant Center, Saint Joseph's
(located in the 5673 Doctors Center building)
5673 Peachtree Dunwoody Road, Ste. 350
Atlanta, GA 30342
Programs: Kidney & Liver

Emory Transplant Center, Savannah
(located in St. Joseph's/Candler Hospital)
5354 Reynolds St., Ste. 212
Savannah, GA 31405
Programs: Kidney & Liver

Emory Transplant Center, Spivey Station
7823 Spivey Station Blvd., Suite 100
Jonesboro, GA 30236
Programs: Kidney & Liver

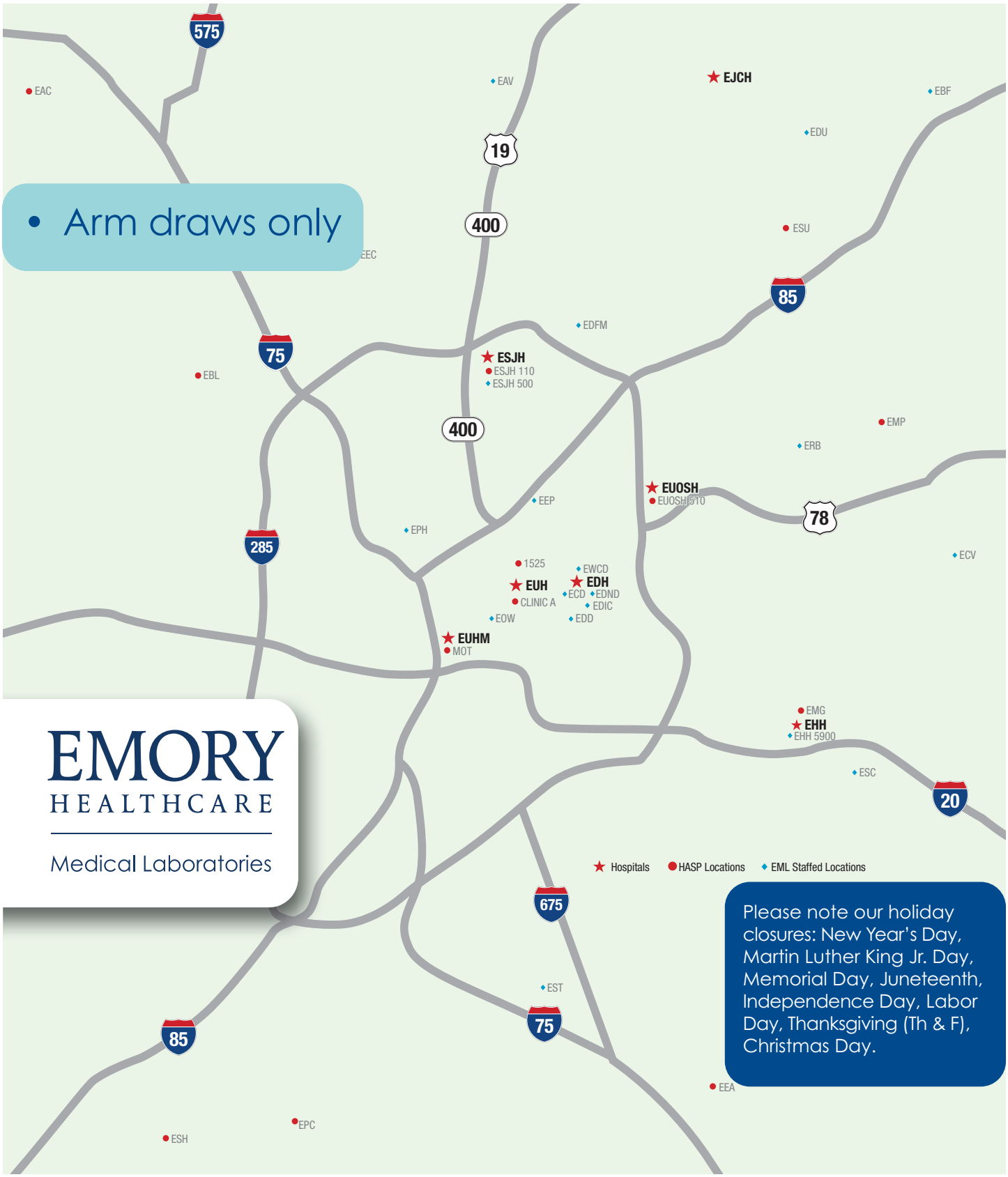
Emory Transplant Center, Thomasville
210 W. Hansell St.
Thomasville, GA 31792
Programs: Kidney



For questions about our satellite locations or to schedule an appointment at a location near you, call **1-855-EMORY-TX (366-7989)**.

APPENDIX B

Emory Medical Laboratories



To offer the most convenient service to our patients, Emory Medical Laboratories offers many locations throughout the Emory Healthcare system where patients can visit for blood collection services and specimen management. As one of the largest, most comprehensive medical laboratories in Georgia, Emory Medical Laboratories is a fully accredited and licensed clinical laboratory providing high-quality, cost-effective, innovative laboratory services. No appointments necessary.

Emory patients who have visited Emory providers should have electronic lab orders conveniently available in our computer system, so (in most cases) no paperwork is required allowing for shorter wait times.

Test Results – MyChart

Emory's MyChart makes it easy to manage your health. You can check portions of your medical record, view lab results, view appointments, send messages to your provider teams and renew your prescriptions. For questions on how to sign up, visit **mychart.emoryhealthcare.org**. Health care providers will be able to answer any questions regarding laboratory testing and results. Please contact your provider(s) with questions.

Please note: Locations offer arm draws only for blood collections and can only collect lab work ordered by Emory doctors.

Please reference the inside of this document for a list of locations and map for a convenient location to visit.

NOTE: Sites may be closed if unexpected staffing issues are encountered. Please call ahead to Emory Laboratory Customer Service to verify availability at 404-712-5227.

emoryhealthcare.org/labs

Visit an Emory Medical Lab Near You

1525 – Emory Clinic at 1525 (High Acuity Specimen Processing (HASP)
1525 Clifton Road NE, 3rd Floor
Atlanta, GA 30322
7:30 a.m. to 5:15 p.m., M-F

CLINA – Emory Clinic Building A (HASP location)
1365 Clifton Road NE
Atlanta, GA 30322
7:30 a.m. to 5:30 p.m., M-F

EAC – Emory at Acworth (HASP location)
4791 S. Main St.
Acworth, GA 30101
8 a.m. to 5:15 p.m., M-F
FREE PARKING

EAV – Emory at Avalon
2795 Old Milton Parkway
Alpharetta, GA 30009
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EBF – Emory at Buford (HASP location)
3276 Buford Drive, 1st Floor
Buford, GA 30519
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EBL – Emory at Belmont (HASP location)
1060 Windy Hill Road SE
Atlanta, GA 30080
M-Th 7:30 a.m. to 4:15 p.m.; F 7 a.m. to 3:45p.m.
FREE PARKING

ECD – Emory Clinic at Decatur
Medical Arts Building, Suite 295
2801 North Decatur Road
Decatur, GA 30033
M-Th 7:30 a.m to 4:15 p.m.; F 7 a.m. to 3:45 p.m.
FREE PARKING

ECV – Emory at Centerville Primary Care
3555 Centerville Highway, Suite 100
Snellville, GA 30039
M-Th 8:15 a.m. to 4:45 p.m.; F 8:15 a.m. to 12:45 p.m.
FREE PARKING

EDD – Emory at Decatur, Downtown Decatur
200 E. Ponce de Leon Ave., Suite 110
Decatur, GA 30030
8 a.m. to 4:15 p.m., M-F

EDFM – Emory Family Medicine at Dunwoody
4500 N. Shallowford Road
Dunwoody, GA 30338
8:30 a.m. to 5:15 p.m., M-F
FREE PARKING

EDIC – Emory at Decatur Primary Care
505 Irvin Court, Suite 200
Decatur, GA 30030
M-Th 8 a.m. to 4:45 p.m.; F 8 a.m. to 1:45 p.m.
FREE PARKING

EDND – Emory at Decatur Primary Care North Decatur Road
2675 North Decatur Road, Suite 601
Decatur, GA 30033
8 a.m. to 4:15 p.m., M-F

EDU – Emory at Duluth
4245 Pleasant Hill Road
Duluth, GA 30096
M-Th 8:30 a.m. to 4:45 p.m.; F 8 a.m. to 3:45 p.m.
FREE PARKING

EEA – Emory at Eagles Landing (HASP location)
1050 Eagles Landing Parkway, Suite 200
Stockbridge, GA 30281
8 a.m. to 5:15 p.m., M-F
FREE PARKING

EEC – Emory at East Cobb (HASP location)
137 Johnson Ferry Road
Marietta, GA 30068
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EEP – Emory Clinic at 12 Executive Park
4th Floor/Room 406; 5th Floor/Room 505
12 Executive Park Drive NE
Atlanta, GA 30329
8 a.m. to 5:15 p.m., M-F
FREE PARKING

EHH 5900 – Emory Hillandale Hospital (HASP location)
Building 5900, Suite 125
2801 DeKalb Medical Parkway
Lithonia, GA 30058
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EMC – Emory at McDonough
259 Jonesboro Road
McDonough, GA 30253
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EMG – Emory at Miller Grove Primary Care (HASP location)
2745 DeKalb Medical Parkway, Suite 110
Lithonia, GA 30058
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EMP – Emory at Mountain Park Primary Care (HASP location)
4120 Five Forks-Trickum Road SW, Suite 104 and 105
Lilburn, GA 30047
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EOW – Emory at Old Fourth Ward
740 Ralph McGille Blvd. NE
Atlanta, GA 30312
8 a.m. to 4:15 p.m., T-Th
FREE PARKING

EPC – Emory at Peachtree City (HASP location)
3000 Shakerag Hill
Peachtree City, GA 30269
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EPH – Emory at Peachtree Hills
2200 Peachtree Road NW
Atlanta, GA 30309
8 a.m. to 4:15 p.m. M-W-F
FREE PARKING

ERB – Emory at Rockbridge Primary Care
1192 Rockbridge Road, Suite A
Stone Mountain, GA 30087
8 a.m. to 4:15 p.m., M, T, Th, F
7 a.m. to 3:15 p.m., W
FREE PARKING

ESC – Emory at Stonecrest Primary Care
8225 Mall Parkway, Suite 100
Lithonia, GA 30038
8 a.m. to 4:15 p.m., M-F
FREE PARKING

ESH – Emory at Sharpsburg (HASP location)
3345 E Highway 34, Suite 101
Sharpsburg, GA 30277
8 a.m. to 4:15 p.m. M-F
FREE PARKING

ESJH 110 – Emory Saint Joseph's Hospital (HASP location)
Doctors Office Building 5671, Suite 110
5671 Peachtree Dunwoody Road
Atlanta, GA 30342
7 a.m. to 5:15 p.m., M-F

ESJH 500 – Emory Saint Joseph's Hospital
Doctors Office Building 5673, Suite 500
5673 Peachtree Dunwoody Road
Atlanta, GA 30342
8 a.m. to 4:45 p.m., M-F

ESPC – Emory at Snellville Primary Care
Presidential Circle
1790 Presidential Circle, Suite C
Snellville, GA 30078
8 a.m. to 4:15 p.m., M-F
FREE PARKING

EST – Emory at Stockbridge
3579 SE Highway 138, Suite 101
Stockbridge, GA 30281
8:30 a.m. to 4:45 p.m., M-F
FREE PARKING

ESU – Emory at Sugarloaf (HASP location)
1845 Satellite Blvd, Suite 500
Duluth, GA 30097
8:30 a.m. to 5:15 p.m., M-F
FREE PARKING

EUOSH – Emory University Orthopaedics & Spine Hospital (HASP location)
Medical Office Building, Suite 510
1455 Montreal Road E
Tucker, GA 30084
7:30 a.m. to 5:15 p.m., M-F
FREE PARKING

EWCD – Emory Womens' Center at Decatur
2665 North Decatur Road, Suite 630
Decatur, GA 30033
8 a.m. to 4:15 p.m., M-F

MOT – Emory University Hospital Midtown (HASP location)
Medical Office Tower, 8th Floor
550 Peachtree St. NE
Atlanta, GA 30308
7:30 a.m. to 5:30 p.m., M-F

HASP location: High Acuity Specimen Processing
NOTE: Acronyms match locations on the map on page 28.

APPENDIX C

Clean-Catch Urine Sample Instructions

Your transplant team will order a clean-catch urine sample when they want to test your urine for bacteria, which may be causing an infection in your urinary tract. A clean-catch specimen is a way of collecting urine that helps prevent contamination of the urine with bacteria from your skin, which can cause an inaccurate result.

Follow the instructions below any time you are asked to provide a urine specimen.

FEMALE	MALE
1. Wash your hands thoroughly in warm soapy water, and dry with a paper towel or allow to air dry. 2. Remove the urine container cap, taking care not to touch the inside of the cap or the inside of the container. 3. Put the cap on the counter with the inside of the cap face up. 4. Open towelette. Separate the folds of the urinary opening with fingers and clean inside using one towelette, moving from the front to the back. 5. Clean one side, and discard towelette. 6. With a new towelette, clean the center area, and discard the towelette. 7. With a third new towelette, clean the other side, and discard the towelette. 8. Continue to hold the folds open and begin urinating into the toilet. 9. Bring the specimen container into the urine stream and collect a “midstream” specimen. Stop when the container is approximately half full. 10. Finish urinating in the toilet. 11. Tightly screw the cap on the container taking care not to touch the inside of the cap or the inside of the container.	1. Wash your hands thoroughly in warm soapy water and dry with a paper towel or allow the air to dry. 2. Remove the urine container cap, taking care not to touch the inside of the cap or the inside of the container. 3. Put the cap on the counter with the inside of the cap face up. 4. Open towelette. Retract foreskin (if present), and use the towelette to clean the entire head of the penis. 5. Begin urinating in the toilet. 6. Bring the specimen container into the urine stream and collect a “midstream” specimen. Stop when the container is approximately half full. 7. Finish urinating in the toilet. 8. Tightly screw the cap on the container taking care not to touch the inside of the cap or the inside of the container.

APPENDIX D

Approved OTC Meds

Indication	Brand Name	Generic Name	Precautions
Antihistamine and Allergy	Coricidan, Chlor-Trimeton Benadryl Claritin Zyrtec Xyzal Allegra	Chlorpheneramine Diphenhydramine Loratadine Cetirizine Levocetirizine Fexofenadine	Drowsiness Drowsiness Drowsiness Drowsiness
Expectorant	Robitussin, Mucinex	Guaifenesin	Drowsiness
Cough suppressant	Delsym, Robitussin cough	Dextromethorphan	Irritability
Nasal congestion	Afrin Nasal Spray	Oxymetazoline	Limit use to 3 days; nasal irritation, rebound congestion, high blood pressure
Fever/ Pain/ Headache	Tylenol	Acetaminophen	Do not exceed 3000mg in 24 hours.
Sore throat	Cepacol lozenges	Benzocaine/menthol	Mouth irritation
Diarrhea	Call your transplant coordinator		
Constipation	Colace Dulcolax Senokot Fibercon Miralax	Docusate sodium Bisacodyl Sennosides Polycarbophil Polyethylene glycol 3350	Stool softener Laxative; diarrhea Laxative; diarrhea Laxative; diarrhea Laxative; diarrhea
Gas	Gas-X	Simethicone	
Indigestion/Heart Burn	Pepcid Prilosec Zantac Mylanta, Maalox Tums Gaviscon	Famotidine Omeprazole Ranitidine Aluminum/ magnesium hydroxide Calcium carbonate Aluminum hydroxide/ magnesium carbonate	Contact medical team if symptoms require regular use for more than 2 weeks. Use with caution if renal failure; space at least 1 hour apart from mycophenolate (CellCept).
Hemorrhoids	Anusol, Tucks Anusol-HC Cream Preparation H	Pramoxine Hydrocortisone cream Mineral oil, petrolatum, phenylephrine and shark liver oil	Burning, stinging, irritation Burning, stinging, irritation Burning, stinging, irritation

APPENDIX E

Daily Records

Bring these records with you to clinic visits with your transplant team.

Date	Time	Weight	Temperature	Blood Pressure	Urine Output	Glucose Level

APPENDIX E

Daily Records

Date	Time	Weight	Temperature	Blood Pressure	Urine Output	Glucose Level

APPENDIX E

Daily Records

Date	Time	Weight	Temperature	Blood Pressure	Urine Output	Glucose Level

APPENDIX E

Daily Records

Date	Time	Weight	Temperature	Blood Pressure	Urine Output	Glucose Level

APPENDIX E

Daily Records

Date	Time	Weight	Temperature	Blood Pressure	Urine Output	Glucose Level

APPENDIX E

Daily Records

Date	Time	Weight	Temperature	Blood Pressure	Urine Output	Glucose Level

APPENDIX F

Helpful Resources for Transplant Patients

- National Kidney Foundation of Georgia: www.kidney.org/offices/nkf-serving-alabama-georgia-and-mississippi
- Georgia Transplant Foundation: www.gatransplant.org
- American Kidney Fund: www.kidneyfund.org
- Emory Transplant Center: www.emoryhealthcare.org/transplant
- American Association of Kidney Patients: www.aakp.org
- United Network of Organ Sharing (UNOS): www.unos.org
- NephCure: www.nephcure.org
- American Society of Transplantation: www.myast.org
- Coalition on Donation: www.donatelife.net
- JumpStart: www.gatransplant.org/jumpstart
- Medication Access Program: www.mapuga.com
- Needy Meds: www.needymeds.com
- Metro Atlanta United Way: 211online.unitedwayatlanta.org
- Healthfinder (U.S. Government site): www.healthfinder.gov
- National Library of Medicine (health info for consumers): www.nlm.nih.gov
- Medicare Transplant Coverage information: www.medicare.gov/coverage/kidney-transplants
- American Academy of Family Physicians: www.aafp.org
- Health Answers: www.healthanswers.com
- Healthwell Foundation: www.healthwellfoundation.org

Notes or Questions for My Transplant Team

Notes or Questions for My Transplant Team

EMORY
TRANSPLANT CENTER

ETC-9303