



*Sutter Transplant Services
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***Pre-Transplant
Education
for the
Kidney
Patient***

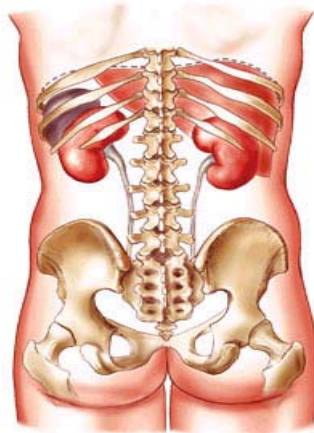
DISCLAIMER: This handout is intended to be a general guide. The information herein does not cover all aspects of kidney-pancreas transplantation and is not intended as medical advice. Always follow the instructions of your physician and or the transplant team.

Kidney Transplantation

Welcome to Sutter Transplant Services. As a person who has been diagnosed with end-stage renal disease (ESRD), you are probably already aware that the most common treatment options for ESRD are hemodialysis, peritoneal dialysis, and transplantation. The benefits of a transplant can greatly improve your quality of life. However, **a transplant is not without risks!** This guide is to provide information to help you make an informed decision prior to undergoing kidney transplantation.

The Kidneys

A pair of bean shaped organs, about the size of your fist, that lie toward the back of your body, at the base of your ribs. Kidneys function as a filter for waste products in the blood, regulate blood pressure, stimulate production of red blood cells and remove excess body fluids. Blood circulates through the kidneys, where excess fluids and waste products are removed from your blood and passed into your bladder through tubules called ureters. The fluid is then excreted from your body as urine.



The kidneys in summary:

- remove waste products from the body
- balance fluids and body chemicals
- release hormones for blood pressure control and production of red blood cells

Kidney Disease or Renal Disease

End Stage Renal Disease (ESRD) occurs when the kidneys no longer function properly, causing waste materials and fluids to accumulate in the body. Body chemicals become out of balance and eventually dialysis is required to remove the waste products and fluid that the kidneys can no longer filter.

The kidneys also regulate blood pressure and the production of red blood cells. It may be necessary to take medications to prevent anemia and control high blood pressure when the kidneys fail. Common symptoms of kidney failure are muscle cramping, shortness of breath, swelling, headaches, weakness, blurred vision, sleep problems, nausea and vomiting, joint aches and pains.

The most common causes of kidney disease are diabetes, high blood pressure, obstruction and less common, are glomerulonephritis, lupus and polycystic disease. A person whose kidneys are functioning at less than 5–10% have End Stage Renal Failure (ESRD). The three forms of treatment for ESRD are hemodialysis, peritoneal dialysis and kidney transplantation.

What is a kidney transplant?

A kidney transplant involves the surgical implantation of a kidney from a donor into the lower abdomen of a recipient. A transplanted kidney can function as a normal kidney.

A. BENEFITS OF TRANSPLANTATION

1. Dialysis is not needed as long as the transplant is functioning.
2. Most patients experience an increase in energy and generally feel better.
3. Few, if any, dietary restrictions are required (a low fat, low salt diet is always recommended).
4. No more limitation of liquids. In fact, patients are encouraged to drink 8-10 glasses a day after a kidney transplant (unless otherwise indicated, such as with poor heart function).
5. Stops body wasting sometimes caused by dialysis, while the transplant is working.
6. Regained sense of independence (no longer dependent on a machine).
7. Return to a more "normal" lifestyle.
8. Prolonged life span compared to dialysis.

B. RISKS ASSOCIATED WITH TRANSPLANTATION

1. Medication side effects
2. Susceptibility to infections (expect to have more colds/flu, to be sicker longer, and to have more severe symptoms). Also at risk for serious life threatening infections.
3. Rejection of the transplanted kidney.
4. Blood clots
5. Cancer (due to your suppressed immune system, could become malignant).
6. Death (due to cancer, surgical complications, anesthesia, heart problems, etc.)
7. No guarantee (kidney may not function and recipient would, therefore, remain on dialysis).

C. RESPONSIBILITIES WITH TRANSPLANTATION

1. Medications:
 - ❖ NEVER skip doses of anti-rejection medications (unless specifically instructed to by the transplant team) and medications must be taken for as long as the transplant is functioning.
 - ❖ Maintain a list of your medications (keep it current and carry it with you).
 - ❖ Do not expose medications to extreme temperatures (avoid leaving medications in car during summer, etc., keep medications at room temperature unless specifically instructed otherwise by a pharmacist).
 - ❖ Always keep an extra 2 week supply of medications on hand to avoid running out. Remember, ***NEVER SKIP MEDICATION DOSES!!!***
 - ❖ When traveling, always carry your medications with you, do not check them with luggage. Transplant medications are very expensive and difficult to obtain if lost.
 - ❖ Many medications can interfere with your transplant medications, therefore, it is very important to call your transplant team with any new medications ordered for you by a non-transplant physician.

C. RESPONSIBILITIES WITH TRANSPLANTATION: cont'd

2. Renal Transplant Clinic: Must attend regularly, as directed by your transplant team.
3. Laboratory Tests: As directed by your transplant team. Expect labs 2-3x/week initially after transplant. Frequency of lab draws will gradually decrease.
4. Avoid situations that endanger your kidney or yourself: Use meticulous hand washing, do not share eating or drinking utensils, avoid family and friends who are ill or are around ill people, avoid reptiles and birds as pets, do not clean up the droppings of any animals, keep litter box in area of house that recipient can avoid, cat bites and scratches should be avoided (due to risk of severe infection) and do not participate in physically combative sports that could injure the kidney (tackle football, contact karate, etc.). **DO NOT RECEIVE LIVE VIRUS VACCINATIONS** following transplant and avoid close contact with anybody who has had a live virus vaccine within the previous 2 weeks (example: babies given live polio vaccine). ****IMPORTANT** AVOID ALL VACCINATIONS, including flu and pneumonia shots for up to one year following transplant or 6 months after a rejection episode. To be safe, check with your transplant coordinator prior to receiving any immunization of any kind.**
5. Lifetime management of your transplanted kidney: Please continue to be seen by your primary care physician (PCP) for annual routine physical exams and any non-transplant related problems, as well as a Dentist for routine dental care and hygiene. Antibiotics will be needed before dental procedures. Our ultimate goal is to work in conjunction with your health care team to maintain your health and promote longevity of your kidney transplant.

PRE-TRANSPLANT EVALUATION

A. Clinic Appointment

This is your initial visit to Sutter Transplant Services where you and your family will receive pre-transplant teaching. A Transplant Coordinator will complete a nursing assessment on you to obtain your medical history and a Financial Coordinator will meet with you to ensure that you understand your health insurance benefits in relation to transplantation and prescription coverage. If you wish to proceed with transplant after the information you have received, your case will be presented to the transplant committee to determine the tests needed for your individual evaluation. You will be contacted and informed of the team's plan for your transplant evaluation. Please be aware that compliance is an extremely important aspect of transplantation. Missing appointments without giving prior notice of cancellation may affect your candidacy. We will always work with you prior to scheduling tests to ensure your availability, please help us by keeping your appointments whenever possible. Patients can expect to undergo the following routine transplant evaluation tests:

B. Laboratory Tests

- Complete Blood Count (CBC): checks for blood abnormalities.
- Chemistry Panel: assess kidney, lung, and liver function for unexpected abnormalities.
- Serologies: HIV, hepatitis, syphilis, other viral infections.
- Blood Typing: ABO blood type, antigens, PRA (Panel Reactive Antibodies) or sensitivities.
- Stools for Guaiac: checks for blood in stool to rule out gastrointestinal abnormalities.
- Pap smear: annually for females over 18 years, to rule out cervical cancer.
- PSA (Prostate Specific Antigen): males over 50 years, rule out prostate cancer.

C. Diagnostic Tests:

- Chest x-ray: to rule out infection or abnormalities of the lungs.
- EKG: tracing of heart rhythm, rule out abnormalities of heart.
- Mammogram: every 2 years for females over 35 years, to rule out breast cancer.

Non-routine diagnostic tests that may be necessary:

- CT scans: if abnormality found, CT may be indicated to further assess findings.
- MRI scan: if other tests are inconclusive when evaluating abnormal findings.
- Doppler studies: to check blood flow of legs and neck vessels to rule out blockages or narrowings.
- Heart catheterization: to check heart vessels for blockages or narrowings.
- Colonoscopy or endoscopy: to rule out stomach or intestinal bleeding or cancer.
- VCUG (Voiding Cysto-urethrogram): to check the bladder's ability to empty urine completely.

D. Psych/Social Evaluation:

Approximately 1 hour interview with Transplant Social Worker

E. Additional Tests or Consultations:

Depending on age, medical history and routine evaluation findings, a patient may require further testing of heart, lungs, stomach, etc. Additional consults are ordered as deemed necessary.

F. OUTCOME OF EVALUATION

Upon completion of all evaluation tests with satisfactory results, a final clinic appointment is scheduled for your transplant consultation with a Transplant Physician. At this appointment you will be informed of the outcome of your evaluation. Possible outcomes include: 1) accepted as a transplant candidate. This means you are ready to be UNOS listed, upon approval by your insurance, and/or a living donor work up can be initiated; 2) denied as a transplant candidate. If work up results are unsatisfactory and the patient is found to be at risk medically, psychologically or financially, the patient will be denied as a transplant candidate; 3) further testing is indicated due to new findings before a final decision can be made. If a patient experiences ongoing problems, develops new symptoms, is hospitalized, etc., a "hold" status may be selected until candidacy can be determined. Tests that become outdated will need to be repeated.

TYPES OF DONORS FOR KIDNEY TRANSPLANTATION

A. Living Related Donor (LRD):

A living person who is related by blood to a potential recipient and who voluntarily offers to donate one of their kidneys to that family member. Such donors would be a parent, sibling, adult child (over 21 years of age), or other close relative who is tested and found to be crossmatch compatible.

B. Living Un-Related Donor (LURD):

Involves the voluntary donation of a kidney from a living person with NO blood relation to the intended recipient. Examples would include a spouse, friend, in-law, co-worker, etc., who has tested crossmatch compatible with recipient. Also known as a Directed Donor (DD). Another possibility for an LURD is a Non-Directed Donor (NDD). A non-directed donor is the voluntary donation of a kidney from a living person with NO identified recipient. This would be a "Good Samaritan" who has offered to donate. The recipient would be selected in the same way as with a deceased donor. This type of donation would remain anonymous unless both donor and recipient mutually agree to meet.

C. Deceased Donor:

Involves the donation of a kidney from a person who has been legally declared brain dead, and whose family members have agreed to the donation of their loved one's organs. In order for recipients to receive deceased organs, they must be UNOS listed.

D. Expanded Criteria Donors (EDC):

Same as Deceased donor, as listed above, however the donor is determined to be less optimal with the donor being older, have more risk factors and/or slightly diminished kidney function. See attached addendum for more information.

UNOS LISTED- WAITING FOR TRANSPLANT

When you have completed all tests required for your evaluation and have been approved medically, psychologically, and financially, you can be UNOS listed. UNOS is the United Network for Organ Sharing. This is a national waiting list for recipients to receive deceased donor organs. This organization is responsible for determining who will receive organs when they become available. The selection is based on a point system, not strictly by wait time. Points are assigned every time a donor becomes available and are based on:

- Amount of time accrued on the waiting list
- Antigen match: A perfect 6 antigen match is given priority and offered to recipient anywhere in the USA.
- Age (children are given more points)
- PRA (sensitivities in blood): Highly sensitized people get more points, are more frequently incompatible, and therefore, get more chances to be crossmatched to find a donor.
- Medical condition: Example, patients who have no access sites left for dialysis may be deemed "Medically Urgent" and are therefore, given priority for the next kidney that is compatible with them.
- Donation status: Patients who were living donors (in the US) and are now in need of a transplant.

UNOS tallies the points and prints out a list of the patients with the most points for that particular donor. This information is called to the transplant coordinators who then call those UNOS listed patients whose names come up first. Many patients may receive calls informing them that they are being put in a "Final Crossmatch" as a "back up". This means there are other people whose names are ahead of theirs (have more points), and if compatible, they will get the kidney. However, due to unforeseen circumstances, sometimes the back up person may be offered the kidney. Please keep in mind that because every donor is unpredictable, ***we cannot tell you where you are on the list as placement changes with every donor based on points that are assigned.***

While this may be frustrating, you can avoid missing out on potential kidneys by staying as healthy as possible, keeping the transplant center up to date with your address, phone numbers and insurance changes, completing all tests requested by your transplant center as quickly as possible and most importantly, **we must be able to contact you at all times!**

Because the wait for a kidney transplant can be lengthy, it is our policy to complete annual testing on you to ensure you remain an acceptable candidate. Our office will contact you when it is time to repeat testing. Please keep in mind that your wait time is not predictable. In some rare instances, a 6 antigen match may be found for you after only being listed a short time. We must, therefore, be able to reach you at all times. It is imperative that you return calls from the Transplant Coordinator immediately (no matter what time of day or night) to avoid being passed over for a kidney. Most donor calls come in the middle of the night so do not turn off your phones! If you have difficulty hearing or communicating, please identify a close family member or friend who can reach you at a moment's notice to help us communicate with you.

The following are approximate wait times, based on blood groups, to receive a Cadaveric kidney:

BLOOD TYPE:

- O Expect approximately 2-4 year wait
- A Expect approximately 2-4 year wait
- B Expect approximately 3-5 year wait
- AB Expect approximately 1-3 year wait

If you are called for a kidney, but you are actively ill, have an open wound or infection, or have a significant change in your medical condition, we cannot consider you for a transplant at that time because of the risk to you. You may also turn down a kidney for personal reasons if you feel it is not in your best interests at the time you are called. Your name would simply be passed over that time around. If you frequently turn down

kidneys, we may change your status to inactive until you feel you are ready to proceed with a transplant. This will avoid unnecessary calls in time-critical situations.

The wait time for a kidney transplant, if you have a living donor, is only weeks to months once the recipient has been approved for transplant. Depending on your donor's ability to complete testing in a timely manner, and assuming they are crossmatch compatible, a living donor can be worked up within 4-6 weeks. Surgery can be arranged around the donor and recipient's work or school schedules, vacations, etc.

Once approved as a transplant candidate, a potential recipient has three options: 1) to be UNOS listed and have living donors evaluated; 2) choose not to be UNOS listed and only have living donors evaluated, or 3) only choose to be UNOS listed for a cadaveric donor. This will be discussed at the time the evaluation is complete. It is not uncommon for family or friends to come forward and offer to donate after a patient has been waiting for some time on the UNOS list. Please remember that all living donors must be strictly voluntary, with no coercion or offer of monetary incentive.

TESTS USED TO DETERMINE A MATCH FOR KIDNEY TRANSPLANT

1. Blood Typing:

Everyone is born with a specific blood type – A, B, AB or O. When a patient is UNOS listed, a donor kidney is only offered to recipients with the same blood type (ex: a blood type "B" recipient). However, some blood types are compatible with other blood types. This allows recipients with living donors to have more options. The chart below indicates which blood types can donate to different blood types and which cannot.

<u>BLOOD TYPE</u>	<u>Can Donate to type:</u>	<u>Can Receive from type:</u>
O	A, B, AB, O	O
A	A, AB	A, O
B	B, AB	B, O
AB	AB	A, B, AB, O

*Note that Blood Type O is the universal donor and can donate to all blood types. However, patients who are a type O can only receive from another blood type O person. Conversely, Blood Type AB is the universal recipient and can receive from all blood types, but can only donate to type AB.

2. Tissue Typing/Antigen Matching:

This test uses the HLA (human leukocyte antigen) system to identify the 6 genes for the major histocompatibility complex (MHC) of donors and recipients to see how many "antigens match". These antigens are a very small part of an individual's genetic make-up that helps determine our own unique characteristics. We inherit MHC antigens from our parents (3 from each, meaning a child would be at least a 3-antigen match with each parent). Identical twins have identical genetic make-up, therefore, they would be 6 antigen matches, and all other siblings would be from 0-6 antigen matches depending on their gene inheritance from their parents. Although rare, 6 antigen matches can occur among non-related people.

There is no minimum number of antigens that must match. A zero antigen matched kidney can function just as well as a 6 antigen match. It is generally accepted that a 6 antigen matched kidney will require less medication overall than a match with fewer or no antigens and will function longer.

Identifying antigens in a recipient is useful in the event a first kidney is rejected and another kidney is to be transplanted. When a person has rejected a transplanted kidney, their immune system develops antibodies against the antigens of that first donor. The immune system has, therefore, been sensitized and may attack if re-exposed to those antigens. By identifying HLA genes, we can now evaluate for donor specific antibodies and determine which donors are not acceptable should future transplants be necessary.

3. Crossmatch:

This test confirms compatibility between the donor and recipient and is always completed prior to proceeding with the kidney transplant surgery. An incompatible result is a reliable indicator that a recipient's immune system will destroy that kidney and the donor should, therefore, not be considered acceptable for this recipient.

HOSPITALIZATION

When a matching kidney becomes available, you will be notified and admitted to Sutter Memorial hospital and evaluated to determine if you have any current medical conditions that indicate it may not be safe for you to undergo surgery at that time.

Upon admission, a transplant physician will perform a history and physical exam on you. Tests will be ordered (Chest x-ray, EKG, bloodwork, etc.) and dialysis will be performed if needed.

When you have been medically cleared, your signed consent for surgery will be obtained and you will begin taking anti-rejection or immunosuppressive medications.

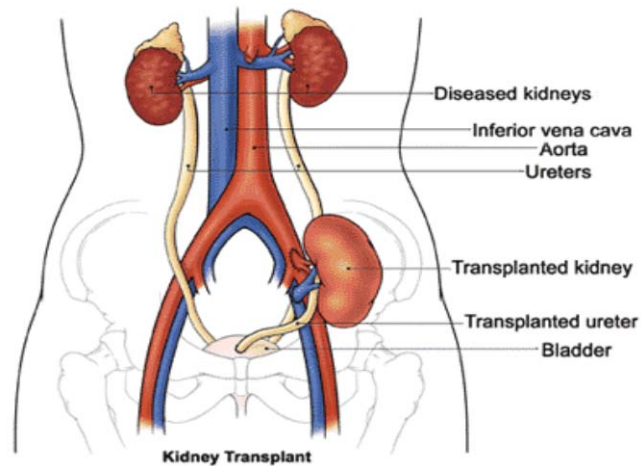
You will be taken to the operating room and will receive general anesthesia that will put you to sleep.

Intravenous or IV catheters will be inserted into your veins to administer IV fluids and medications. An additional IV line is inserted into your neck to measure fluid pressures, obtain blood samples and administer medications.

A urinary catheter will be inserted into your bladder to collect, measure and monitor your urine output. This will also prevent your bladder from becoming distended thus allowing it to heal after surgery.

KIDNEY TRANSPLANT SURGERY

Surgical placement of the transplanted kidney:



An approximately 6–8 inch incision is made on your lower abdomen, on either the left or right side, depending on which donor kidney is received. The donor kidney is surgically connected to your bladder to easily drain urine.

Your non-functioning kidneys are typically left in place, for they do not harm the new organ. The surgery will take approximately 2 to 3 hours to complete. The incision is closed with staples and covered with a surgical dressing. The dressing will be changed as needed and will be removed when appropriate and the staples will be ready to be removed 14 - 21 days after surgery. The bladder catheter is typically removed on post-op day 5. The IV line inserted in your neck will be removed when it is no longer needed, usually within 2-3 days following surgery.

After Surgery

Immediately following surgery you will go to the recovery room to wake up from anesthesia and then be transferred to the transplant floor as long as there are no complications. Should you experience breathing problems or other issues, you may be transferred to the Intensive Care Unit (ICU). You and your newly transplanted organ(s) will be closely monitored.

If you were transferred to ICU, you will again be transferred to the Transplant Nursing Unit once your condition has stabilized. Our transplant-trained nurses will continue to monitor and manage your post-operative care and initiate your transplant education. A Transplant Coordinator will meet with you and your family members to conduct formal transplant discharge teaching, arrange your follow up clinic, laboratory visits and establish your outpatient pharmacy and laboratory draw station.

You can anticipate being hospitalized for 5 to 7 days if your transplant functions immediately and perhaps longer if function is delayed.

After discharge, you will begin to have regular clinic visits in our transplant department. These clinic visits are crucial to help maintain your transplant function. We will assess your medical condition, obtain your vital signs, review your lab results and make changes to your immunosuppressant medications as indicated. You will be seen by a transplant physician and nurse coordinator at each visit and you will have access to our Dietician, Social Workers and Financial Coordinators as well. Clinic visits and lab tests will taper in frequency as your condition progresses.

Your care will slowly be integrated with your own physician specialist or primary care however, the transplant team is always available to care for your transplant needs or consult with your own physician as requested.

POSSIBLE COMPLICATIONS

A. Acute Tubular Necrosis (ATN):

Function of the transplanted kidney can sometimes be delayed or sluggish as a result of prolonged time out of the body, cold storage on ice, excess handling or other unforeseen causes. This does not mean your new kidney will not function adequately, but it may take days or weeks to resolve. As long as tests indicate that the kidney is circulating blood and is not permanently damaged, dialysis will be continued until the kidney is functioning properly.

B. Infection:

Because your immune system is now suppressed to prevent rejection of the transplanted kidney, you are at risk for infections. Sites at risk for infections are your lungs, IV sites, urinary tract, and incision. To minimize the risk of infection, antibiotics are given, wounds are covered with dressings and checked frequently, you will be instructed to cough and deep breathe hourly and personal hygiene is carried out.

C. Rejection:

Occurs when your body's immune system recognizes the new kidney as "foreign" and attacks it. There are 3 types of rejection:

1. Hyperacute rejection: an immediate destruction of the new kidney at time of surgery or shortly thereafter. One cause could be blood type incompatibility. Fortunately, because of current crossmatching techniques, hyperacute rejections are extremely rare.
2. Acute rejection: occurs most commonly within the first 6 months of transplant. This type of rejection is almost always reversible with increased anti-rejection medications. Multiple episodes of acute rejection can lead to early chronic rejection.
3. Chronic rejection: is the slow deterioration of the transplanted kidney over time (similar to when your native kidneys failed). Chronic rejection is irreversible and kidney function is unpredictable.

D. Ureteral Obstruction:

The ureter is a delicate tissue structure that arises from the kidney and, in the case of a transplanted kidney, is surgically connected to the recipient's bladder. This allows the urine that is formed in the kidney to pass into the bladder and be urinated out. Due to the delicate nature of this structure, it is possible for the ureter to twist, kink, become disconnected or ischemic. This would result in a return to surgery to correct the problem. A stent may be used to reinforce the durability of this connection for a period of time during healing.

IMMUNOSUPPRESSANT MEDICATIONS

Prednisone – suppresses the body's immune response to the transplanted kidney

Side effects:

- Change in physical appearance – acne, round, puffy face, increased facial / body hair growth
- Increased appetite / weight gain
- Increased susceptibility to infection
- Excess stomach acid and susceptibility to ulcers
- Skin is easily bruised /injured, sensitivity to sun, and slow wound healing.
- Bone degeneration - osteoporosis
- Muscle weakness
- Steroid induced diabetes or high blood sugar
- Cataract formation
- Emotional / Mood swings
- Edema
- Increased cholesterol levels
- High blood pressure
- Insomnia

Neoral (Cyclosporine Micro-emulsion) – prevents your body from rejecting the kidney

Side effects:

- Kidney damage
- Liver damage
- Increase growth of hair and nails
- High blood pressure
- Mild tremors, especially of hands
- Increased susceptibility to infection
- Headache
- Increased risk of cancer development
- Swollen gums
- Acne
- Electrolyte imbalance
- Increased cholesterol levels, uric acid levels, blood sugar levels
- Nausea / Vomiting / Diarrhea

Prograf (Tacrolimus or FK-506) – prevents your body from rejecting the new kidney

Side effects:

- Kidney and liver damage
- Decreased appetite / Nausea / Vomiting / Diarrhea
- Tremors / Numbness or tingling of hands and feet
- High blood sugar and uric acid levels
- Electrolyte imbalance – increased potassium levels and decreased magnesium levels
- Increased susceptibility to infection
- Increased risk for cancer development
- Hair loss
- Headaches
- High blood pressure
- Insomnia

Note: The transplant physician may decide to give Neoral instead of Prograf or vice versa.

CellCept (Mycophenolate Mofetil) or **Myfortic** (Mycophenolate Sodium) – prevents your body from rejecting the new kidney

Side effects:

Anemia, decreased platelets and white cell count
Nausea / Vomiting/ Diarrhea/ Heartburn
Bruising
Decreased appetite
Increased susceptibility to infection
Increased risk for cancer development

OTHER COMMON MEDICATIONS

To help prevent or minimize side effects of the anti-rejection medications, the following medications may be prescribed for the first 6 months post-transplant:

- Antibiotics (Septra): to help prevent respiratory and urinary tract infections
- Antifungals (Nystatin): to help prevent fungal infections in the mouth
- Antihypertensives: to manage your blood pressure
- Antivirals (Ganciclovir): to help prevent CMV (Cytomegalovirus found in public, symptoms worse for patients with poor immune systems)
- Diuretics: to help prevent excess fluid (edema)
- Magnesium and phosphorus supplements: to correct low magnesium and phosphorus levels
- Antacids: to help prevent your stomach from irritation. ****Most effective if taken 30 minutes before taking the rest of your medications.***

*****Blood pressure medications, antacids, and diuretics may be needed indefinitely and will be ordered on an individual basis.***

Record Keeping – Transplant Diary

You are highly encouraged to maintain a transplant diary where you will record your daily temperature, weight, blood pressure and pulse rate.

Record and constantly update your list of medications both prescribed and over the counter drugs (such as vitamins, minerals, supplements/herbals). It is important to note the exact name of the medication as it appears on the bottle or packaging and to also record the doses (milligrams) and the dosage (how many tablets and how often you take each medication).

Monitor and record your symptoms and lab results if available to you. Note for the signs and symptoms of rejection and your urinary output.

* Always bring your diary and current medication list with you during your follow-up clinic visits.

Follow-Up

Sutter Transplant Services Outpatient Clinic

Follow-up labs and visits to the outpatient clinic will initially occur twice a week for the first month and will gradually taper in frequency as your condition progresses.

The physician and transplant coordinator will see you at every visit. Our Social Workers, Dietician and Financial coordinators are available and able to see you upon request and as requested by your transplant physician.

Your vital signs will be taken, lab results reviewed and medications adjusted as needed. We will discuss problems or issues as well at these clinic visits in order to assist you with a long and successful transplant experience.

In conclusion...

Sutter Transplant Services would like you to have all of the information you need to make an informed decision regarding transplantation. For questions regarding your UNOS listing status or to discuss concerns about your transplant center, you may contact UNOS directly at their website: www.unos.org or by telephone at (888) 894-6361.

We are also providing you with our program's national outcome statistics as reported by UNOS. This information will be attached to the back of this handout and the information is up to date to within the past 6 months

We hope we have answered all of your questions, but if not, please do not hesitate to contact our department during office hours, Monday - Friday, 8:30 am to 4:30pm at (800) 556-8133.

On behalf of our team, thank you for your interest in transplantation.

Sincerely,

Sutter Transplant Services

NOTICE OF NONDISCRIMINATION

Sutter Medical Center, Sacramento does not discriminate against any person on the basis of sex, disability, age, diagnosis, economic status, educational background, race, color, ethnicity, religion, ancestry, national origin, sexual orientation, marital status, or source of payment for care, whether the services provided are carried out by SMCS directly or through a contractor or any other entity with whom SMCS arranges to carry out its programs and activities.

If this facility provides emergency services, it must not deny those services to a person who needs them but cannot pay for them.

For further information about this policy, or in the event you wish to file a complaint alleging violations of the above, please contact:

Sutter Medical Center, Sacramento
Integrated Quality Services Coordinator
Telephone Number: 916-733-3075
TDD: 916-454-2277

You may also file a complaint regarding any allegation of discrimination on the basis of sex, age, disability, race, color and national origin with the following agency:

Office for Civil Rights
U. S. Department of Health and Human Services
50 United Nations Plaza, Room 322
San Francisco, California 94102

Telephone Number: 415-437-8310

TDD Number: 415-437-8311 Fax Number: 415-437-8329

