Transitioning to Transplant

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Why should I get a transplant?

- Might extend your life
- May improve your quality of life
- Need to examine your current status
How do I know if I need a kidney transplant?

- Ask your provider what your eGFR is
  - eGFR is the estimation of your kidney function
  - If it is below 20, then you can be listed for a kidney transplant
  - If it is trending down quickly, but not quite below 20, you may want to contact a transplant center to initiate work-up
What's first?

- Call the transplant center
  - Know your Nephrologist’s name/number/address/fax
  - Dialysis center name/number/address
  - Primary Care Provider’s information
  - Other Providers’ information → cardiologist, endocrinologist, rheumatologist, urologist, wound care...
  - Insurance information
YOUR HISTORY:

- Current and Past Medical Problems/Issues
- Surgeries in the past
- Hospitalizations in the past year? Where and Why were you hospitalized?
- Social History – Who is Going to Help Care for You
- Family History
- Allergies to Medications
What to Bring to the Appointment

- Folder/Binder with all of your information
- Any papers that were mailed out to you including a completed Power of Attorney for HealthCare
- Test Results including vaccine history and results from other tests including cancer screenings
- Your medication list and/or bottles of your medications
  - write down the ones in the fridge or that you receive at dialysis
What to Bring to the Appointment

- AT LEAST ONE SUPPORT PERSON—should be **different** than your possible living donor if you have one
- Your questions/concerns
• Make sure your age-appropriate cancer screenings are up to date
  ◦ Colonoscopy
  ◦ Mammogram
  ◦ Pap Smear
  ◦ Prostate test

  ◦ Bring your test results/records with you
• Make sure vaccines are up to date and bring documentation of your vaccine history
  ◦ Flu Shot
  ◦ Pneumonia
    • Prevnar (PCV13)
    • Pneumovax (26-valent)
  ◦ Shingles
  ◦ Hepatitis A
  ◦ Hepatitis B

• No LIVE vaccines after transplant
• Know your medications and why they were prescribed

• Bring in your current home medication list and the bottles

• Know your past medications including immunosuppression medications
The Evaluation Process
  ◦ Evaluation does NOT mean that you are Listed for a transplant

Deceased Donor Kidney Transplant vs. Living Donor Kidney Transplant

KDPI

Surgical Process

Post-Transplant Expectations
• Meet the team
  ◦ Transplant Nephrologist
  ◦ Transplant Coordinator
  ◦ Transplant Dietician
  ◦ Transplant Social Worker
  ◦ Transplant Pharmacist
  ◦ Transplant Surgeon
  ◦ Transplant Financial Coordinator
• TESTS:
  ◦ Cardiac work-up – EKG, ECHO, Stress Test, Cardiologist
  ◦ Cancer Screenings if NOT already done
  ◦ Imaging tests
  ◦ Assessing Vasculature
  ◦ Lab Tests
  ◦ Dental
  ◦ Other tests
Living Donor
- Related or Unrelated
  - Donor does NOT have to be a perfect match
- Preferred over Deceased Donor
  - Decreased wait time
  - Usually lasts longer than a deceased donor kidney
- Ask about participation in KPD (kidney paired donation) programs/ Swaps
Deceased Donor

- Standard
- DCD – Donation after Cardiac Death
- KDPI > 85 donors
- PHS increased risk donors – donors whose organs carry an “increased risk” of transmitting HIV, HBV, HCV to the recipient via exposure history
- HCV positive donors
- HIV positive donors
KDPI – Kidney Donor Profile Index

- a single score combined from a variety of donor factors that summarizes the likelihood of graft failure after deceased donor kidney transplant (https://optn.transplant.hrsa.gov/resources/guidance/kidney-donor-profile-index-kdpi-guide-for-clinicians/)
• Average wait time in Chicago is 5-7 years

• National average is 3-5 years

• If you are NOT on dialysis→wait time will begin when you are listed

• If you are on dialysis→wait time start date is back-dated to your first date of chronic dialysis

• EARLY Evaluation is BEST
• Don’t miss appointments for follow-ups and repeat testing!!

• Let us know about any hospitalizations as soon as they happen and what follow-up you have for that

• Contact information: Let us know if you are moving, changing phone numbers, etc.

• Dialysis center changes → you must inform the transplant center. Dialysis does NOT do this.

• Must inform us regarding Insurance Changes
Post Transplant Expectations

- Come to ALL of your Appointments and Follow Directions Well
- Keep up with medication changes
- Caregiver support
- Communication – two-way street
Thank You!

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