

# Transitioning to Transplant

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- Might extend your life
- May improve your quality of life
- Need to examine your current status

**Why should I get a 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

**How do I know if I need a kidney transplant?**

- **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

**What's first?**

- **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

**Phone Intakes**

- 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

**What to Bring to the Appointment**

- Make sure your age-appropriate cancer screenings are up to date
  - Colonoscopy
  - Mammogram
  - Pap Smear
  - Prostate test
- **Bring your test results/records with you**

## Cancer Screenings



- 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

# Vaccines

- 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

## Medication List

- 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

**Education**

- Meet the team
  - Transplant Nephrologist
  - Transplant Coordinator
  - Transplant Dietician
  - Transplant Social Worker
  - Transplant Pharmacist
  - Transplant Surgeon
  - Transplant Financial Coordinator

**Evaluation**

- **TESTS:**

- Cardiac work-up – EKG, ECHO, Stress Test, Cardiologist
- Cancer Screenings if NOT already done
- Imaging tests
- Assessing Vasculature
- Lab Tests
- Dental
- Other tests

**Evaluation**

- 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

## Types of Kidney Transplants

- 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

## Types of Kidney Transplants

- 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/>)

**KDPI**



- 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

**Listing**

- 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

## **Maintaining Active Status**

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

**Post Transplant Expectations**

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