

# REJECTION

One of the most common complications suffered by transplant recipients is rejection. This occurs when your body recognizes your transplanted organ as a foreign object and tries to protect you by attacking it. Almost every patient experiences rejection at one time or another. Keep in mind that *if you do suffer an episode of rejection, it does not mean that you are going to lose your newly transplanted organ!* It does not mean transplant failure. You may just need regulation of your medication.

Medications called immunosuppressants will be prescribed for you in order to prevent your body from rejecting your new organ. Without these drugs your immune system, the body's main line of defense, would try to attack and reject your new organ. The immunosuppressive drugs fool your immune system into believing your new organ is not foreign, so that it will not be attacked.

## SYMPTOMS OF REJECTION

The most common signs of rejection are ones that you may physically experience such as:

- ❖ FEVER OVER 101<sup>0</sup> F
- ❖ FLU-LIKE SYMPTOMS: chills, aches, headache, dizziness, nausea, vomiting
- ❖ ITCHINESS
- ❖ SHORTNESS OF BREATH OR FATIGUE
- ❖ ABDOMINAL TENDERNESS, SWELLING OVER TRANSPLANT SITE.

**If you experience any of these symptoms, contact your Transplant Team. “☎”**

Other signs of rejection will not be obvious and can only be detected through blood tests. This is why blood is frequently drawn both during your hospitalization and on your follow-up clinic visits.

A biopsy is sometimes necessary to determine if rejection is occurring. A biopsy is when the doctor takes a sample of tissue from the transplanted organ. You will be hospitalized for this procedure. The physician will take a tissue sample directly from your transplanted organ using a needle that is inserted through the skin of your abdomen.

A mild rejection episode can be managed by making changes in your medication. If, however, you are found to be experiencing a moderate episode of rejection, you will need to stay in the hospital for a few days in order for the Transplant Team to observe you while the dosages of your immunosuppressive drugs are regulated. A stronger immunosuppressive drug may be required. As soon as the rejection is controlled, you will be able to return home.