

WHEN AN ORGAN BECOMES AVAILABLE

When an organ becomes available for you, The Transplant Coordinator will call you. If you have a cold, flu or some other sort of infection please inform the transplant coordinator immediately. Your surgery may be postponed until you are well. If you accept the organ, you need to go to the hospital to be prepared for surgery. Please do not eat after you are called in to the hospital unless your Transplant Coordinator tells you it is okay.

At the hospital, you will have a chest x-ray, electrocardiogram, urinalysis, and blood work to assess your current health. An anesthesiologist will discuss your anesthesia care with you. You may be asked to shower with a medicated soap. An IV will be started in your arm and you will receive IV antibiotics to prevent infection just before you go to the operating room.

While you are being prepared for surgery, a team of surgeons are working to remove the organ from the donor. On rare occasions the surgeon may find something that makes the organ unsuitable for transplant. In this case your operation would be postponed until a suitable donor is found. We realize that this is very disappointing; however, we would do more damage to you if we gave you an organ that was less than perfect. In most instances, the organ is found to be suitable and the transplant proceeds as scheduled.

The length of the operation varies depending on the organ that is transplanted. On average a liver transplant takes about 18-20 hours, and a kidney transplant takes about 3-4 hours.

Intensive Care Unit (ICU)

After liver transplant surgery, you will be moved to an ICU where you will be monitored very closely. After kidney transplant surgery you may go to the ICU or you may go to the transplant unit depending on your age, medical history and condition.

In the ICU you will be attached to a heart monitor, many intravenous lines, and various tubes and drains. You may have a breathing tube coming out of your mouth that is attached to a ventilator, in which case you will not be able to talk. As you begin to come out of the anesthesia and are feeling strong enough to breathe on your own, your doctors will remove the tube. As your condition stabilizes you will be transferred to the transplant post-op unit. While in the ICU, we ask that visitors be limited to your immediate family. Because you will be taking medications that suppress your immune system (the system that helps the body fight infection), we ask family members who are ill to wait to visit until they have recovered completely.

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Transplant Unit

When your vital signs are stable, you will be moved to a postoperative unit designated only for transplant patients where you can be monitored continuously. The rehabilitation staff and nutrition department will be very involved in your care.

While on the unit, you will begin to learn about the medications that you will be taking for the rest of your life. You will need to understand the purpose of these medications before your discharge from the hospital.

Regular Patient Room

At the point that you no longer need close monitoring, you will be moved to a regular hospital room. You will be encouraged to participate in daily activities while being closely monitored by the healthcare team. Your immunosuppressive medications will be regulated closely to maximize effectiveness and minimize side effects.

Immunosuppression

Your immune system is made up of specialized cells called lymphocytes that protect your body from invasion of foreign substances. While immunity is very important in protecting you from illness, your immune system can recognize your transplanted organ as foreign and launch a lymphocyte attack against it (reject it). This is why you take medications to suppress your immune system. You will be on them for the rest of your life.

All immunosuppressive medications, including Neoral, Prograf, and Cell Cept have side effects. These side effects may include high blood pressure, excessive hair growth or hair loss, hand tremors, mood swings or weight gain, depending on the type of medication you will be taking. Some side effects are temporary and some will continue as long as you are taking the medication. Your Transplant Coordinator will advise you as to how best to treat and cope with any side effect you might experience.