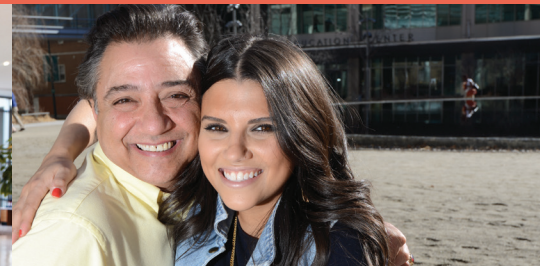
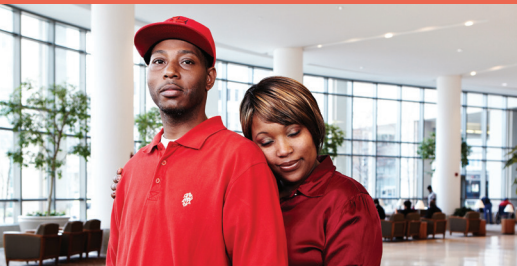


Transplant Center



NATIONAL LEADERS IN MEDICINE

Orientation Class for Patients, Family and Friends



Welcome to Kidney Transplant

AGENDA

- 01 ➤ Review treatment options for End Stage Renal Disease (ESRD)
- 02 ➤ Discuss kidney transplant options
- 03 ➤ Overview of evaluation process
- 04 ➤ Discussion of listing process
- 05 ➤ Responsibilities of being on the UNOS waitlist
- 06 ➤ Transplant Outcomes
- 07 ➤ Living Donation
- 08 ➤ Questions

THE KIDNEY TRANSPLANT TEAM

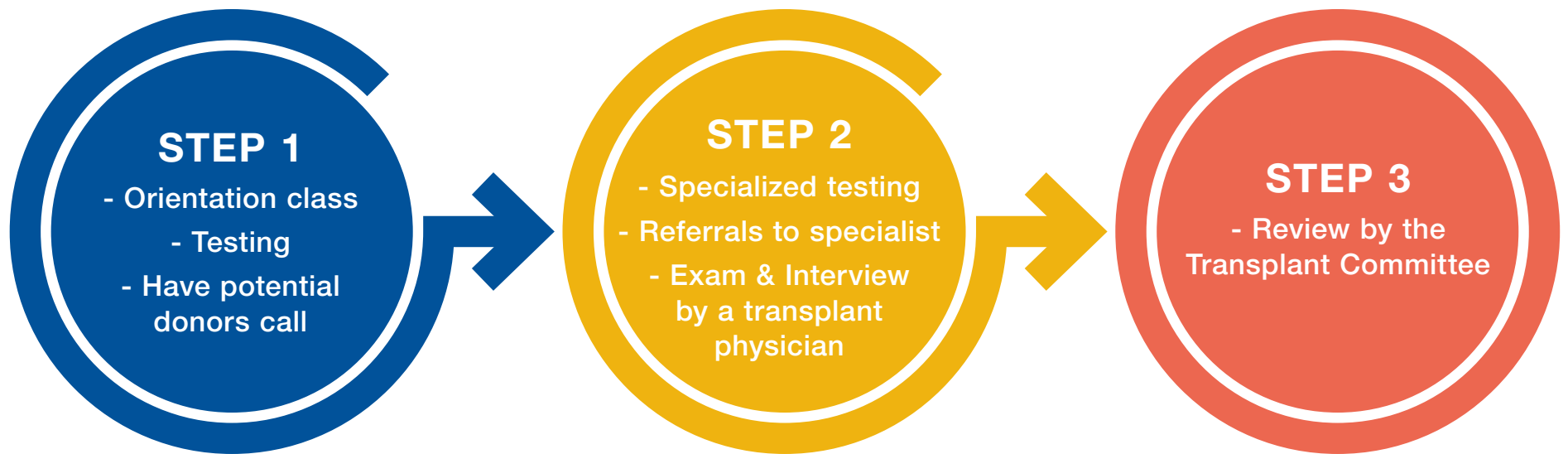


TREATMENT CHOICES FOR ESRD

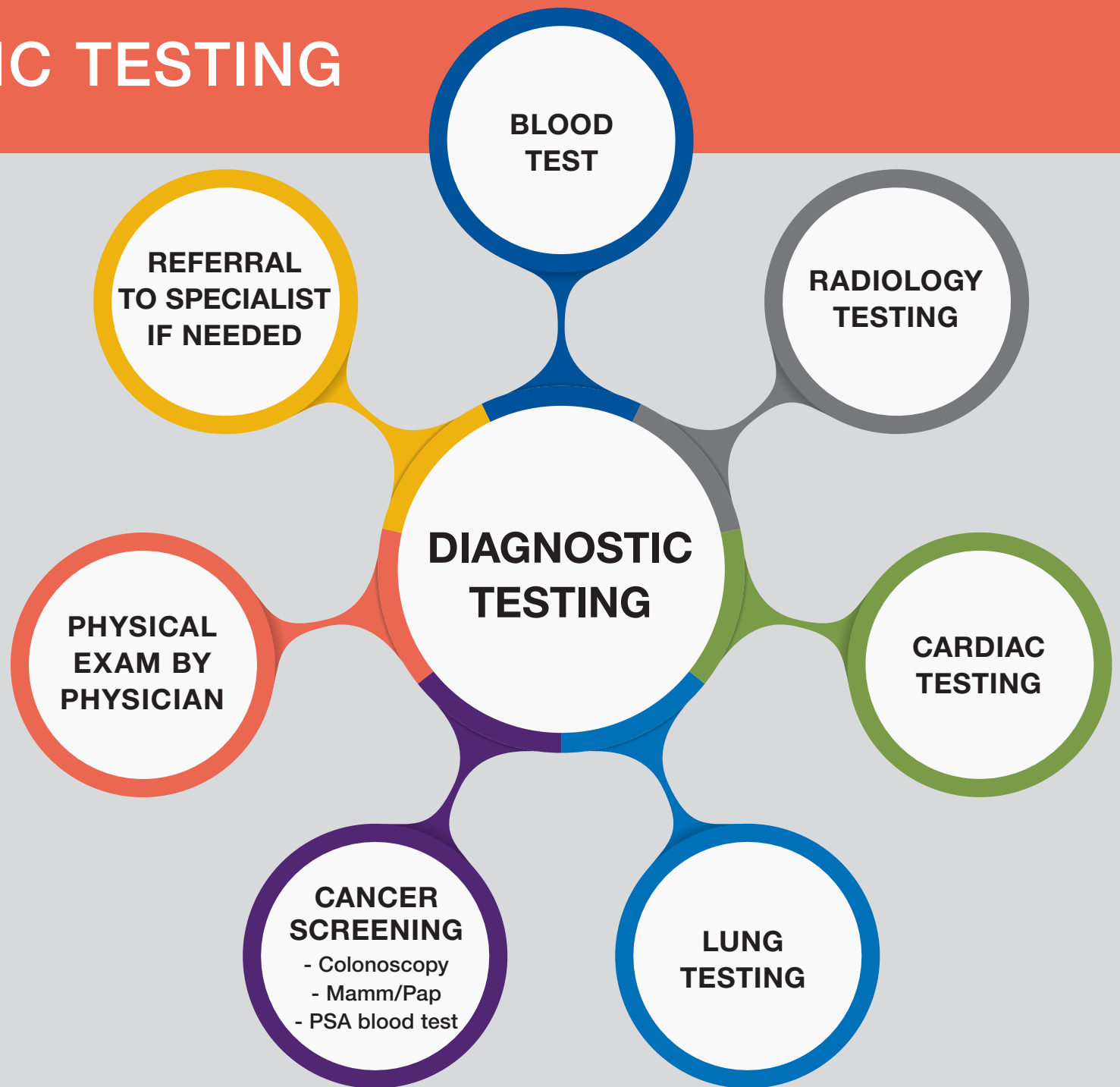
You have many options for the treatment of end stage renal disease.

- You may choose to get **'no treatment'**
- You may choose **dialysis**
- You may choose **transplant**

STEPS IN THE EVALUATION PROCESS



DIAGNOSTIC TESTING

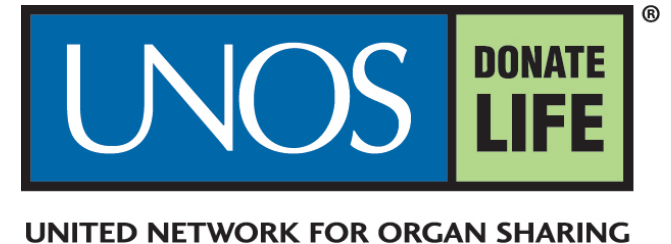


MULTIDISCIPLINARY COMMITTEE REVIEW MEETING



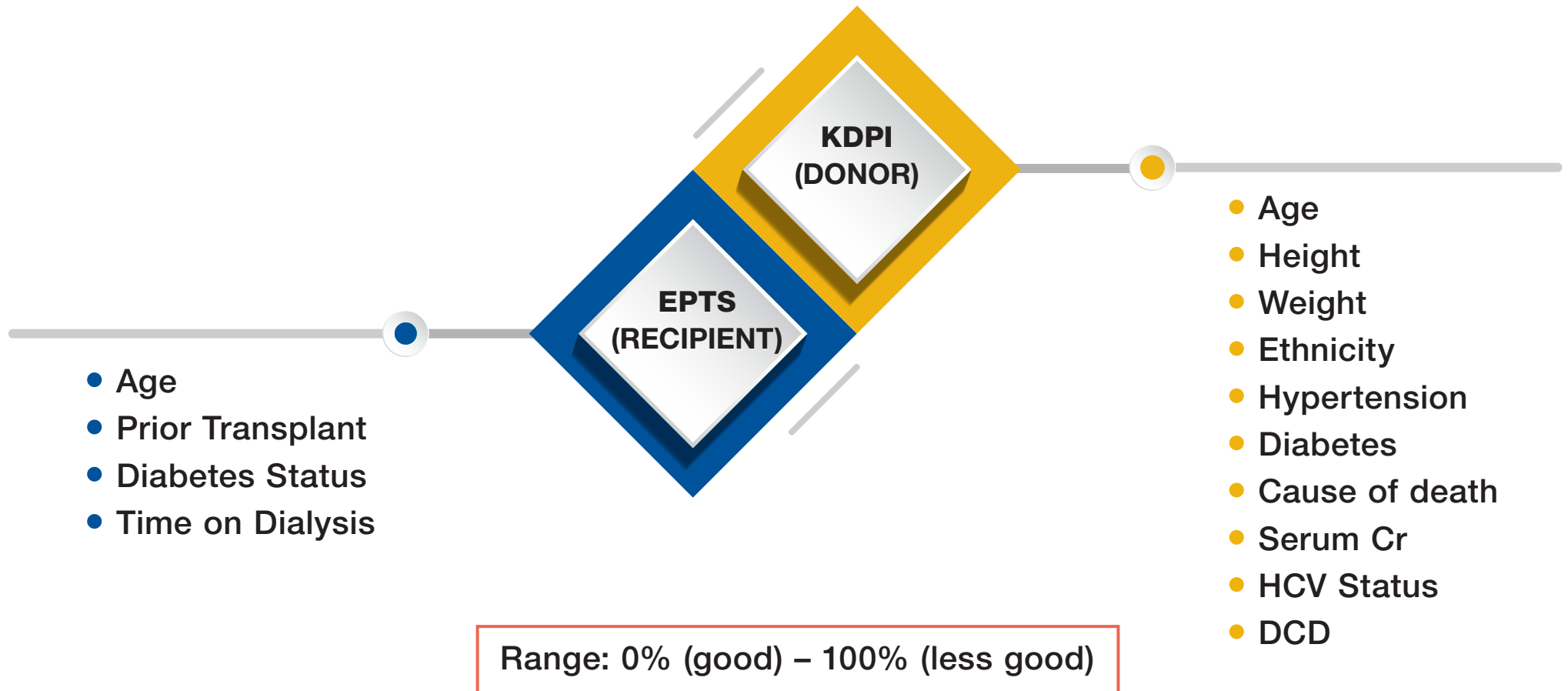
What does that mean?

- You are placed on the national kidney waitlist managed by The United Network for Organ Sharing (UNOS)
- You will be notified via phone call and letter
- The list is driven by the length of time you are on list, blood type and where you live. Length of time on the list will include any time that you have spent on dialysis.
- You have decisions to make about the type of kidney you will accept
- You have responsibilities to remain on waitlist



LONGEVITY MATCHING

EPTS = estimated post transplant survival | **KDPI** = kidney donor profile index



TYPES OF KIDNEYS FOR TRANSPLANT

LIVING KIDNEY DONOR

Given by:
A healthy volunteer who wishes to give a kidney to a family member, friend or stranger

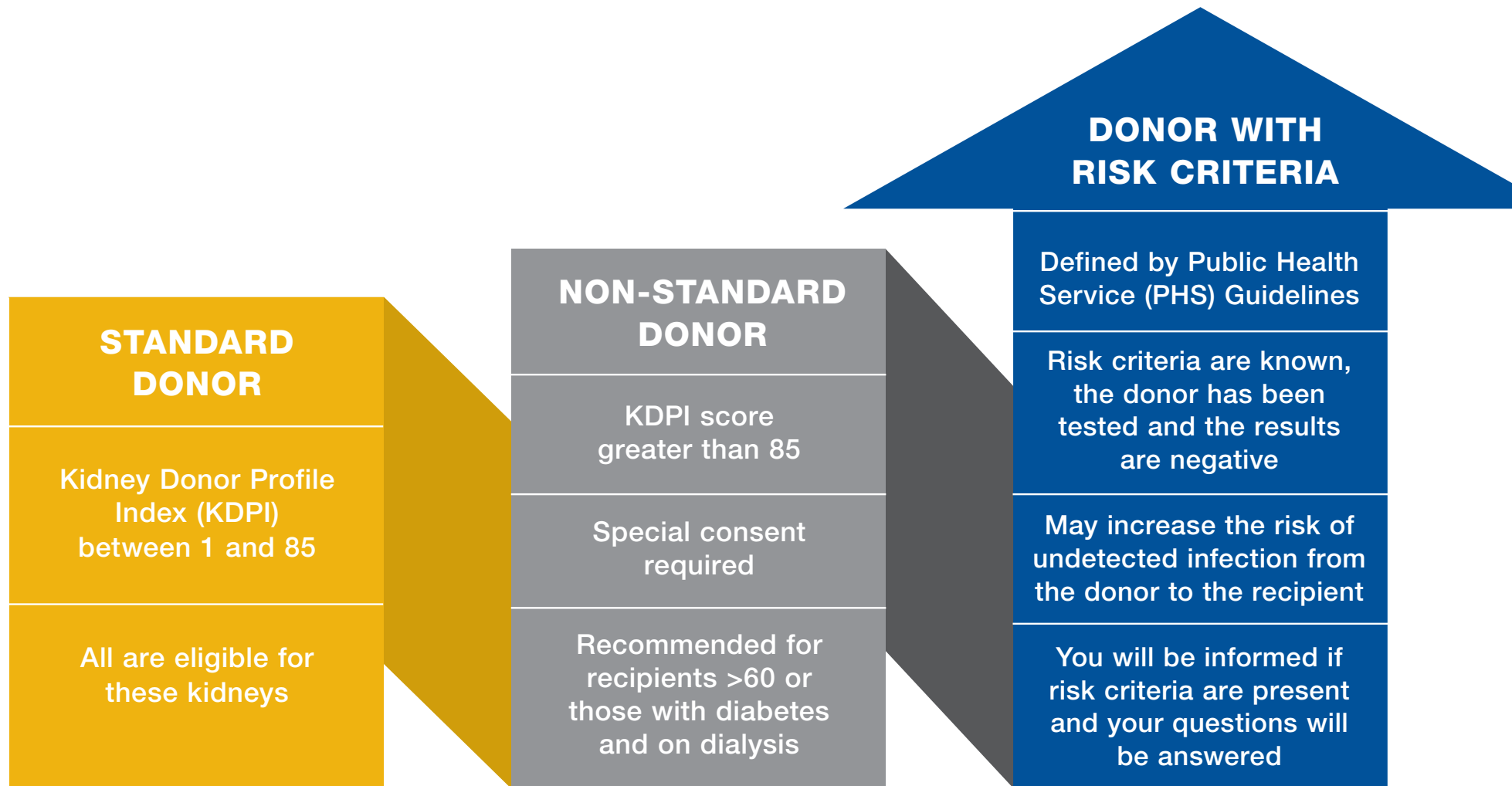
- ▶ **How long will it last?**
On average 15 years
- ▶ **How soon will I be transplanted?**
As soon as you and your donor complete evaluation

DECEASED KIDNEY DONOR

Given by:
Someone who chooses to donate a kidney after they die

- ▶ **How long will it last?**
On average 10 years
- ▶ **How soon will I be transplanted?**
Our average wait time is 2-5 years

DECEASED DONOR KIDNEYS



HOW THE TRANSPLANT CENTER DECREASES RISK

How BJH Transplant Center Decreases Risk

- All donor blood is screened for infectious diseases
 - HIV, Hepatitis, CMV, EBV
- If the donor was exposed to an infectious disease within the last seven days, it may not show on testing
- Donors or donor families are asked many questions prior to donation in order to screen for high-risk behaviors



HEPATITIS C POSITIVE DONORS

- This is an additional opportunity related to deceased donor organ offers.
- By utilizing these donor organs, our center is increasing your opportunities to receive a transplant sooner.
- Hepatitis C positive donors have a known exposure to hepatitis C.
 - There is a chance that you will get hepatitis C after transplant. This will be monitored with lab work.
 - There are medications to treat hepatitis C infection. Response to treatment is more than 98%, which makes this type of transplant possible.
- Additional information about Hepatitis C donors will be provided to you.
- You may opt out of receiving offers from this donor population
- Many transplant centers successfully perform this type of transplant.

LIVING DONOR KIDNEY OPTIONS

DONOR IS A MATCH

A

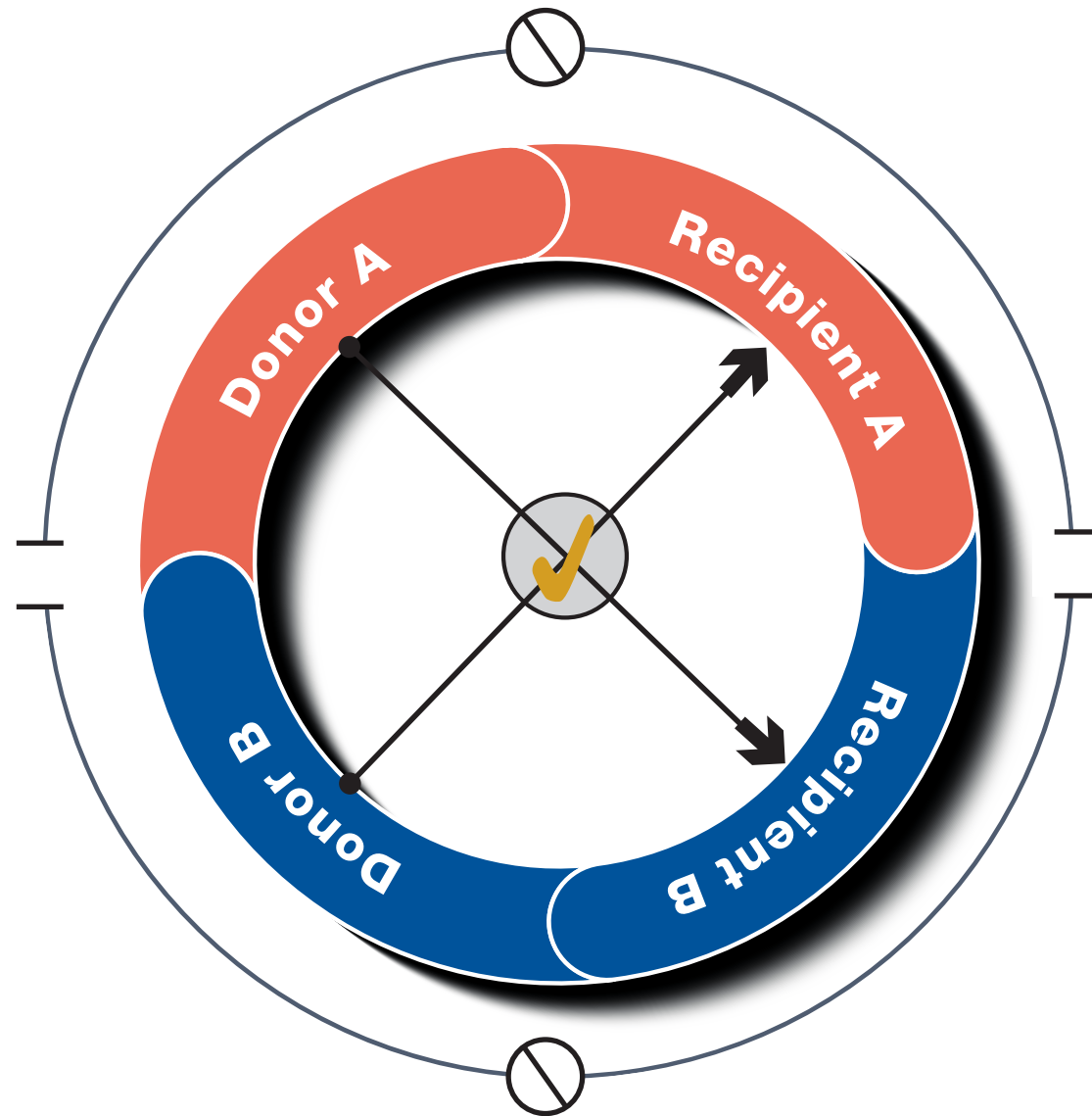
- Blood type and tissue type match
- Related Donor
- Non-related Donor

- Blood type and/or tissue type (not matching) does not match
- Kidney Paired Donation
- Blood Type Incompatible

B

DONOR IS NOT A MATCH

KIDNEY PAIRED DONATION

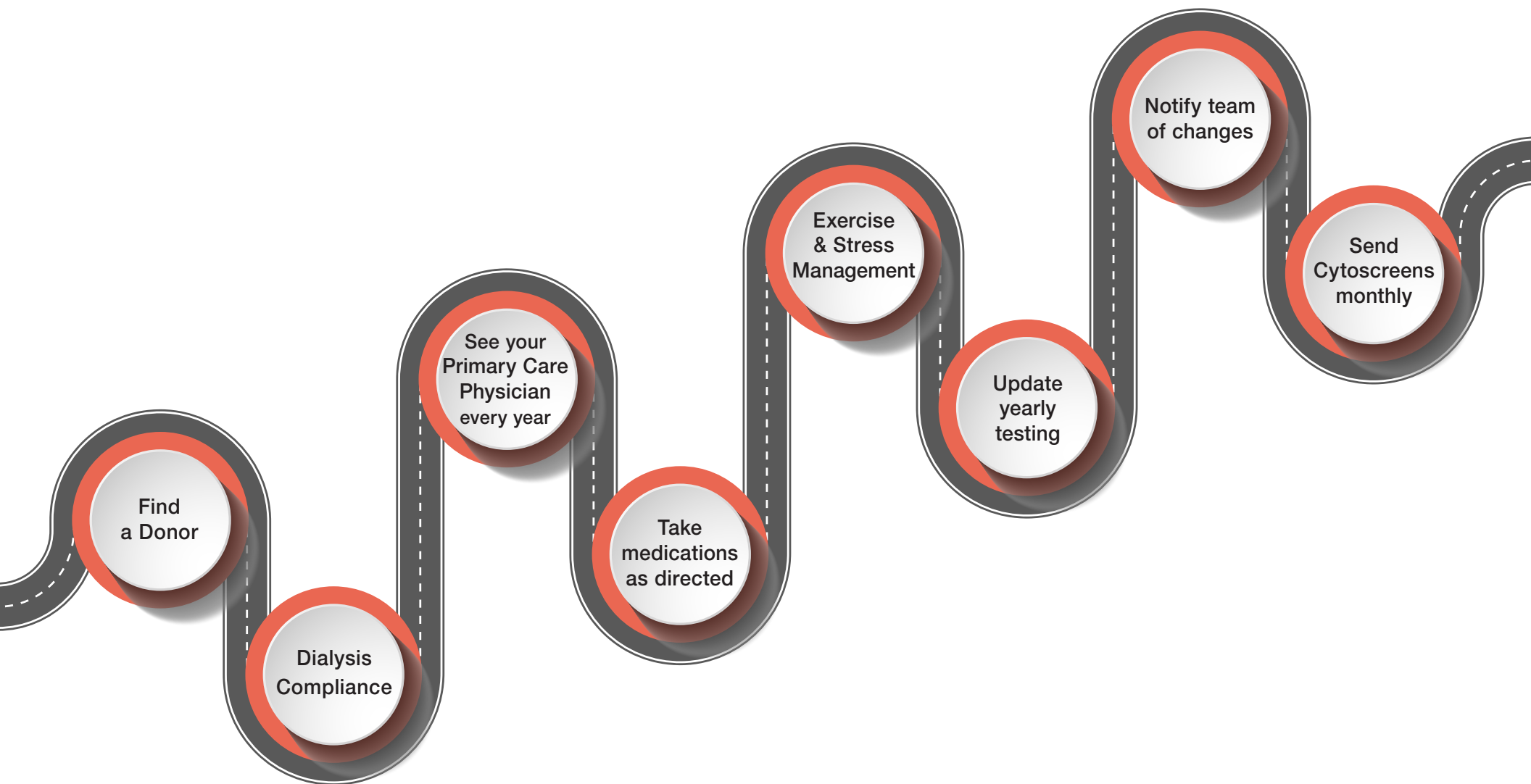


BLOOD TYPE INCOMPATIBLE

- All potential donors will be considered regardless of blood type
- Recipient will receive treatments before transplant to decrease their risk of rejection
- The donor does nothing different

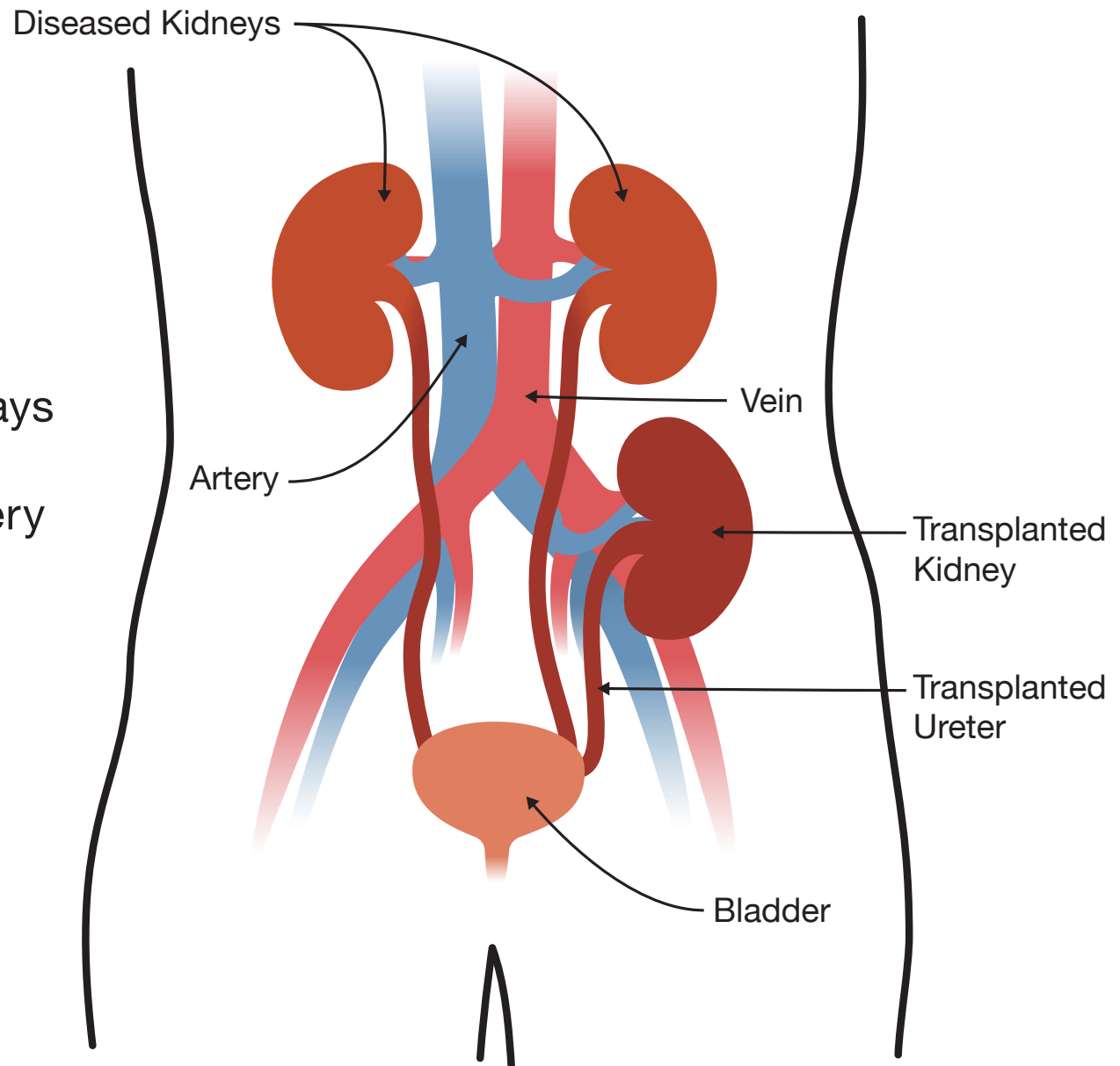


WHILE ON THE WAITING LIST

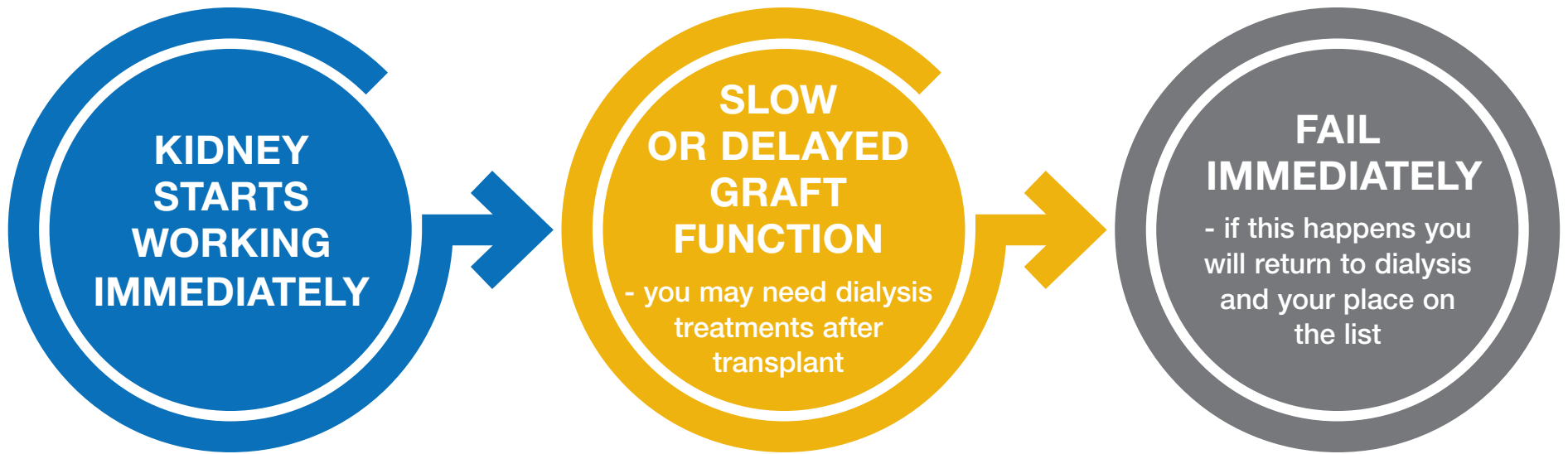


THE TRANSPLANT

- 4 hour surgery
- Kidney attached in the front of body, near the bladder
- Usual hospital stay is 4-5 days
- Up and moving day of surgery



POSSIBLE OUTCOMES OF TRANSPLANT



POST TRANSPLANT OUTCOMES



You can review our Center's transplant outcomes by visiting www.srtr.org

If you have **questions** about this information, your transplant coordinator can help you.

COMPLICATIONS FROM TRANSPLANT

- Infections
- Rejection
- Weight Gain
- Diabetes
- Cancer



POST TRANSPLANT FOLLOW UP

POST TRANSPLANT FOLLOW UP

CLINIC VISITS

- 2-4 weeks after transplant
- Every 3 months for the first year, every 6 months for the second year, and then every 1-2 years
- Continue to see your primary nephrologist and your Primary Care Physician every 3-6 months



BLOOD WORK

- Weekly for about 4 months
- Monthly and Quarterly labs



MEDICATIONS

- Twice a day
- Take anti-rejection meds for life



UNEXPECTED ADMISSIONS

- Transplant team keeps a close eye on you



MEDICATIONS FOR TRANSPLANT

3 anti-rejection medications

- Prograf
- Myfortic/Cellcept
- Prednisone

3 anti-infective medications

- Bactrim
- Valcyte
- Diflucan

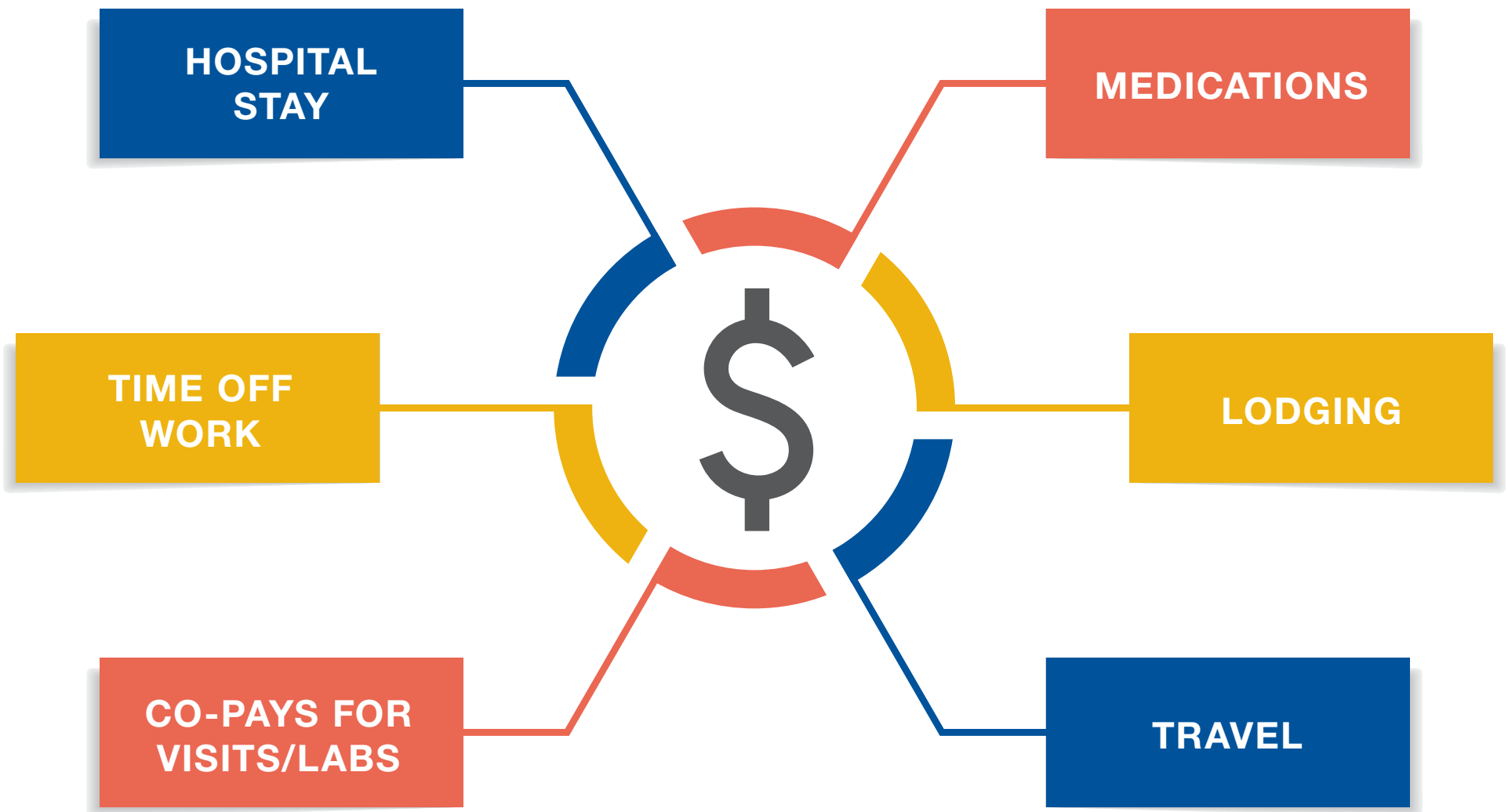
Other medications for:

- Hypertension
- Gout
- Diabetes
- Cholesterol

TOTAL MEDICATIONS: 10-18



COST OF TRANSPLANT



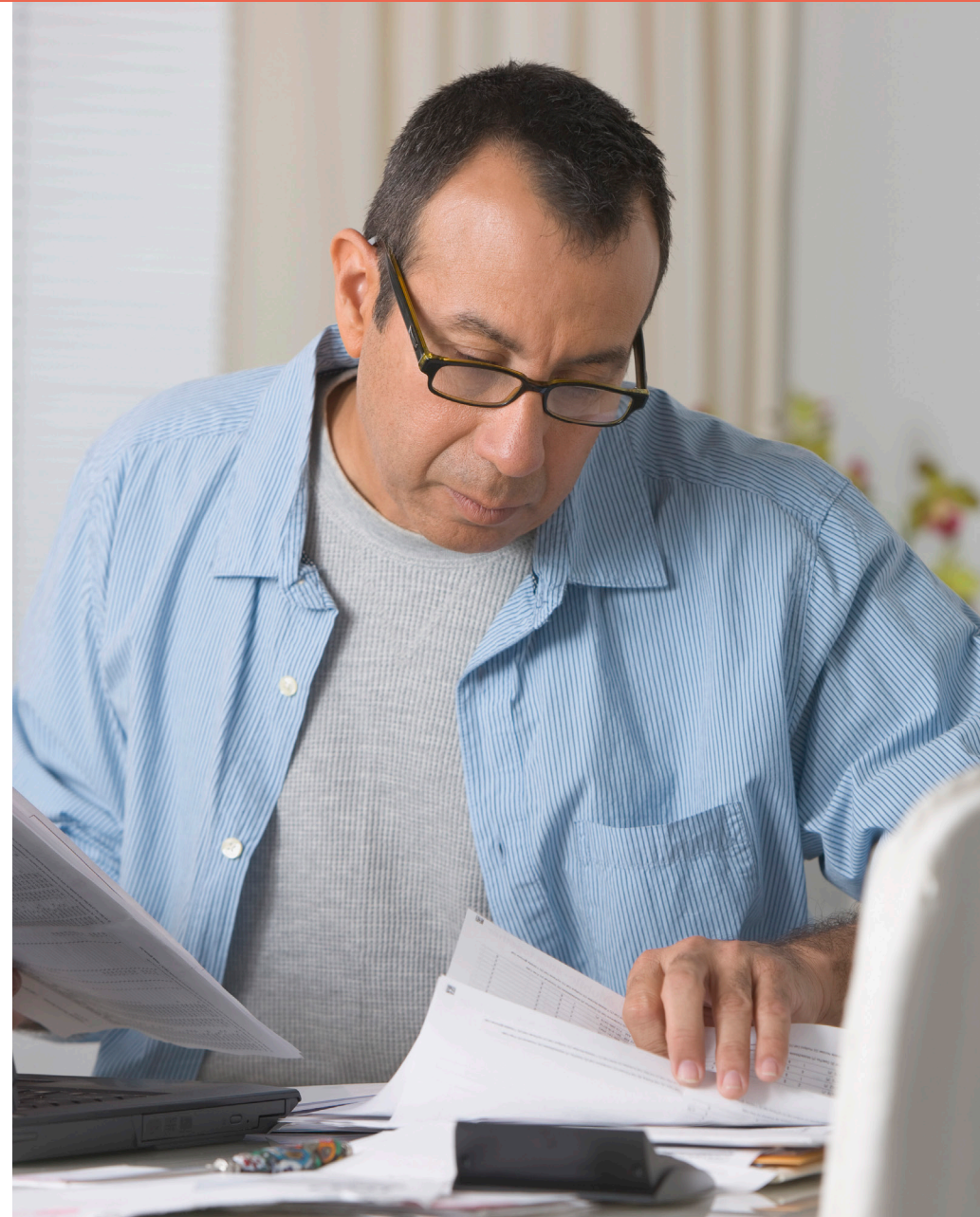
FINANCIAL QUESTIONS

- You are assigned a financial coordinator
- You will meet with them as part of your evaluation
- Ask questions
 - What will your out-of-pocket costs be?
 - Do you need a supplemental insurance policy?
 - Do you have travel and lodging benefits?
- Inform them of insurance changes



FINANCIAL CONCERNS

- Disability income could stop 12 months after transplant if your reason for disability income was ESRD
- Medicare and/or Medicaid coverage will end 36 months (3 years) after transplant if you received coverage for ESRD
- American Kidney Fund (AKF) assistance for premiums and/or spend downs will stop after you receive a transplant



RETURN TO WORK PROGRAMS

Vocational Rehabilitation

- A federally-funded program to assist temporarily or partially disabled Americans return to the work force through education, training and job placement

Ticket to Work Program

- A federally-funded program to assist Americans return to the workforce gradually by allowing participants to continue receiving benefits while working



TRANSPLANT RESEARCH

- As this is a major transplant and research center, you may have the opportunity to participate in studies involving kidney transplant recipients.
- These studies may be unique to our transplant center or may be part of a nationwide or worldwide study involving many transplant centers.
- Studies are designed to investigate new drugs or testing methods with the goal of improving patients and transplant outcomes for you and for future transplant recipients.
- Studies are always voluntary and will be fully explained to you.
- See Website for more information on clinical trials
 - <https://renal.wustl.edu/research/patientstudies/kidney-transplant-trial-inhibiting-early-inflammation-in-transplant-patients>

NEXT STEPS



LIVING DONORS

- Complete a donation evaluation to ensure it is safe for them to donate
- Have a separate team to avoid conflicts

Potential Donors should call us at 800-633-9906, option 4



REPAYING THE GIFT YOU ARE GIVEN



thank you

- Take your medications
- Have your labs drawn
- Go to all of your physician appointments

QUESTIONS?



ACRONYMS



- DCD** – deceased after cardiac death
- EPTS** – estimated post transplant survival
- ESRD** – end stage renal disease
- KAS** – kidney allocation system
- KDPI** – kidney donor profile index
- KPD** – kidney paired donation
- PHS** – Public Health Service
- UNOS** – United Network for Organ Sharing