Heart Transplant

A Guide for Patients and Their Families
This booklet provides general information about having a heart transplant at the University of Minnesota Medical Center. It explains what you can expect during your transplant evaluation and your hospital stay. It also describes your role in caring for yourself after your transplant. Please ask questions at any time.

A heart transplant may help you live longer and improve your quality of life. After a transplant, many people are able to return to a normal, active life within 3 to 12 months.

Recent statistics show that our results meet or exceed expected standards. For current survival rates and other statistics, you may visit one of the websites below. We will be happy to explain the details in the reports that interest you.

- Scientific Registry of Transplant Recipients www.ustransplant.org
- The Organ Procurement and Transplant Network: www.optn.org
Who can have a transplant?

A transplant is for people with severe or end-stage heart disease who cannot be helped by other treatments, such as bypass surgery, valve replacement or medicines.

To qualify for a transplant, you must be fairly healthy despite your heart disease.

- **Age**: In general, you should be 70 or younger for a heart transplant.
- **Weight and diet**: You may not qualify for a transplant if you are very overweight or have poor nutrition.
- **Diseases of other parts of your body**: If you have a major disease that affects your bones, lungs, kidneys, liver or other organs, you may not qualify for a transplant.
- **Cancer**: If you have had cancer within the past five years, you may not qualify.
- **Mental health**: If you have mental health problems that cannot be controlled, you may not qualify for a transplant.
- **Tobacco and drug use**: You must be free from tobacco and drugs for at least six months before a heart transplant. You must sign a contract that you agree to this. You may be asked to complete a quit-smoking or chemical dependency program.

Other medical problems may prevent you from having a transplant. If you have questions, call the Transplant Center and ask to speak with a heart transplant coordinator.
Your transplant evaluation

Most evaluations take four to five days. You will have several visits with doctors and other members of the transplant team. If you are very sick, you may have to stay in the hospital during the evaluation.

The goal of the evaluation is to decide if a heart transplant is the best treatment for you. We also want to make sure you do not have any diseases other than heart disease that might shorten your life after a transplant.

If you want to stop the evaluation at any time, please let us know.

Bring the following to each visit:

- A family member or close friend. This person can help you take notes and ask questions.
- Your medicines.
- Comfortable clothes and walking shoes.
- A book or magazine. You will have time to wait between your tests.

Your transplant care team

- A transplant coordinator will make sure the evaluation goes smoothly. The coordinator will be the main contact for you, your family, your care team and your insurance payers.
- A transplant cardiologist (heart doctor) will work closely with your local doctors and the members of your transplant team. This doctor will help create a treatment plan for you. You will meet with him or her before and after your transplant.
- A transplant surgeon will explain the surgery and its possible risks.
- A neuropsychologist will check your memory and other brain functions. You will also be checked for problems that might affect your ability to care for yourself, such as chemical dependency.
- A transplant social worker will meet with you and your family to help you plan for and cope with your transplant. The social worker can also help with advance directives (living wills), disability paperwork, short-term housing, finances and insurance.
- A patient financial representative will help get your insurance company's okay to pay for the evaluation and transplant. The representative can talk with you about the costs of the transplant and the medicines you will need afterward. He or she can also help you understand what your insurance will and will not cover. You will need to have a plan to pay for any costs not covered by your insurance.
- A dietician will look at your current diet and nutrition. He or she will tell you about special diets for heart failure and for living with a transplant.

Blood tests

You will have blood tests to:

- Check your blood type.
- Check the function of your heart, kidneys, liver, thyroid and immune system.
- Test for certain diseases (such as hepatitis).

Exercise stress test

You will walk on a treadmill while we measure your blood pressure, lungs and heart. You will breathe into a special mouthpiece as you walk. This test will help us understand any limits on physical activity you may have because of your heart disease.
### Ultrasound of the blood vessels

An ultrasound uses sound waves to look for blocked blood vessels, clots and other problems. We may use an ultrasound to check the blood vessels in your neck, legs, chest and belly.

### Echocardiogram

This is an ultrasound of your heart. It is done to see how well the parts of your heart are working.

### Electrocardiogram (EKG)

We will put patches on your chest to record your heart’s rhythm.

### Angiogram

We may do an angiogram if one has not already been done. This test lets us check for blocked arteries in the heart.

### Right heart catheterization

We will numb an area on your neck. A doctor will then put a small tube (catheter) into a vein in your neck. You may feel some pressure as the tube is put in. We will then measure the pressure in your heart and in the blood vessels of your lungs. If the pressure is too high, we may give you medicine to try to lower it. (High pressure can cause a new heart to fail.)

If the medicine does not work, we may try a mechanical assist pump (VAD). Over time, a VAD can lower pressure and make it safe to go ahead with the transplant.

We will need to do more right heart catheterizations while you wait for your new heart so that we can watch for changes in pressure.

### Cancer screening

You cannot have a transplant if you have signs of cancer. Medicine that must be taken after a transplant can allow a pre-cancerous condition to become cancer.

If you’ve been screened for cancer recently, please have the results faxed to your transplant coordinator at 612-626-6968. Cancer tests you may have include:

- **Colonoscopy.** This is an exam to check for colon cancer.
- **Stool samples.** We may check your stool samples (bowel movements) for blood. Blood in the stool is sometimes a sign of cancer.
- **Prostate exam.** Men may need blood tests and a doctor’s exam to check for prostate cancer.
- **Pap test and mammogram.** Women may need a Pap test (pelvic exam to check for cervical cancer) and mammogram (X-ray to check for breast cancer).

### Skin tests

You will get a Mantoux skin test. This will show if you have ever been exposed to tuberculosis (TB). Please tell us if you have ever had a positive Mantoux test.

### Dental work

You must complete all needed dental work before your transplant. You must also follow up with your dentist as advised. In some cases, your dentist may give you an antibiotic (germ-fighting medicine) before each exam.

It is important to take good care of your teeth and gums. Mouth infections can lead to serious infections of the heart.
Vaccinations

- **Influenza (flu).** Please have yearly flu shots. Family members who live with you should also have flu shots, unless they are allergic to the vaccine.

- **Pneumonia.** You will need to have a pneumonia shot if you have not had one in the past seven years.

Please keep a record of the dates you get these vaccinations.

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Transplant Support Group

You may attend our weekly transplant support group at any time. This is a chance for patients and families to share experiences and help each other cope with common concerns. It is also a chance to get information on topics of interest to you and your family.

The group is led by a transplant social worker. Both those waiting for a transplant and those who have had a transplant may attend. For details, see page 7.

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After the evaluation

At the end of your evaluation, the transplant team will meet to talk with you about your results. They will discuss any concerns they have and may suggest more tests.

We will contact you to let you know what the team recommends. If you are a good candidate for a transplant, we will send the results from the evaluation to your insurance company to ask for approval of the surgery.

**If you cannot have a transplant**

If you do not qualify for a transplant—or choose not to have a transplant—your doctors will discuss other options for treatment. These may include:

- Medicines, diet and other treatments that do not involve surgery
- Heart surgery (such as bypass surgery or valve repair)
- A pacemaker or ICD (implantable cardiac defibrillator)
- A mechanical pump, called a VAD (ventricular assist device)
- Research studies.

**What happens after I have been accepted for a transplant?**

If your insurance company has approved your transplant, your transplant coordinator will contact you. He or she will ask to add your name to the United Network for Organ Sharing (UNOS) waiting list. Your name, address, phone number, cell phone numbers, status, blood type and body size will then be placed in the national computer with UNOS.
Your status

You will be assigned a status for transplant based on your condition. There are four levels:

- **Status 1A** patients are critically ill. These patients are usually in an intensive care unit (ICU) and on several IV medicines or pumps.
- **Status 1B** patients need more than oral medicines to control their heart failure. For example, they may need a left ventricular assist device (LVAD) or IV medicines.
- **Status 2** patients are able to control their heart failure using oral medicines. These patients are usually waiting for their transplant at home.
- **Status 7** is a temporary hold. It is used when a patient is unavailable for a transplant because of a severe infection or travel. While you are on hold in status 7, you keep your place on the list.

Your donor

Your heart donor will be chosen based on heart size and blood type. The new heart must fit into your body about the same as your own heart.

You will not receive personal details about your donor. If you and your family wish to express your thanks, you may write a letter to the donor’s family. Do not include your name or other personal details in the letter. Your transplant coordinator will forward your letter to the donor’s family through LifeSource, our local agency that handles organ donation.

Waiting for your transplant

It may be some time before you can have your transplant surgery. While you wait, it is important that you do the following:

- **See your doctor regularly.**

  It is your job to make sure you are scheduled for all doctor visits.

  You will need to see your transplant cardiologist (heart doctor) from time to time. The doctor will check your health, order lab tests, adjust your medicines and tell you how often you need to have check-ups.

  You will also need to see your local doctors for general care. Your doctors will write to each other to share the results of your exams and note any changes in your health.

- **Stay physically fit.**

  Your heart disease may limit what you can do, but it is still important to stay as fit as you can while waiting for your transplant. We recommend a regular exercise program. Walking, biking, swimming and dancing are all good activities.

  We do not advise heavy lifting (such as weight training), pushing (such as push-ups) or pulling (such as sit-ups), as these can strain your heart.

- **Eat a healthy diet.**

  A healthy diet is key to staying healthy and to the success of your transplant. It is very important to:
  
  - Limit the sodium (salt) in your diet.
  - Manage your cholesterol.
  - Meet your weight-loss goals (if needed).
If you do not meet your weight goals, your dietitian and doctors will help you make a healthy meal plan. You need to be at a healthy weight to stay on the waiting list.

- Avoid tobacco and drugs.

We may test you for nicotine at any time. If we find nicotine in your body, you may be taken off the waiting list until you complete a quit-smoking program.

To help you stay sober, we urge you to attend meetings of such groups as Alcoholics Anonymous or Narcotics Anonymous.

**What if I get sick while I am waiting?**

Let us know if you have any illnesses or infections. All infections must be treated before you can have a transplant. If your health gets worse, tell your transplant coordinator. We may need to change your status on the UNOS waiting list.

**How will I know when there is a donor for me?**

You will need to carry a cell phone so that we can contact you quickly if a donor becomes available. We will call your home phone first. If there is no answer, we will call your cell phone.

Take your cell phone with you whenever you leave your house. If your home computer is connected to your phone line, keep your cell phone on while using the computer.

You must call the Transplant Office whenever you are admitted to any hospital, leave on vacation, or are in an area without cell phone coverage.

**What if my insurance changes?**

If there is any change in your insurance, call your financial representative right away at 612-273-6685 or 1-800-688-5252 (ext. 36879). It may be necessary to get new permission for your transplant.

**What do I need to do to get ready for my transplant?**

- Plan what to bring to the hospital.

Make a list of items to bring with you to the hospital. Be sure to include:

- Comfortable clothes (jogging suits, sleepwear) that have soft, elastic waistbands or no waistbands.

- Your transplant handbook.

- Your blood pressure cuff and thermometer (if you already have them). We will need to calibrate (check and adjust) their accuracy.

- A list of your current medicines. Bring this list to every clinic and hospital visit.

- Plan your housing and transportation.

**Before your transplant:** If a heart becomes available, you must arrive within 2 to 3 hours of our phone call. If you live more than three hours from the hospital, we will help you arrange to travel by air. Discuss this with your coordinator.

**After transplant:** You will need to stay in the Twin Cities area for about 4 to 6 weeks after leaving the hospital. You will come back to the clinic often during this time. If you live outside of the Twin Cities area, you may need to find housing here. Your social worker can help you.
• **Arrange for support and care.**

You must have someone with you during your transplant and for up to 3 months after you leave the hospital. When you leave the hospital, someone must be with you 24 hours a day. This person will help with meals, medicines, rides to the clinic and other needs.

Family and friends can take turns helping you. But you should have one main person to organize your care and attend classes with you.

• **Arrange for family medical leave or time off from work.**

• **Plan for your children and pets.**

Most people are in the hospital for one to two weeks. Some people stay longer.

If you have children, now is the time to plan how they will be cared for while you are in the hospital. If they will be staying somewhere other than their home, help them get used to this.

If you have pets, you will need to arrange for their care as well.

Your children may visit you in the hospital. But they cannot visit if they have an illness that might spread to you or others. When they visit, an adult must be with them at all times.

• **Plan where your family will stay.**

Family and friends may need a place to stay when they visit you in the hospital. Ask your social worker or call our Accommodations Office at 612-273-3695 or 1-800-328-5576 for options.

Family members will not have a bed in the hospital.

• **Prepare your family and friends.**

Please tell visitors that plants and flowers (cut or dried) will not be allowed in your hospital room. Your medicines will lower your immune system, and plants and flowers can raise your risk for infection. This will not be a problem after you leave the hospital.

Remind your loved ones that they will need to take good care of themselves in order to take good care of you. They should get plenty of sleep, eat regular meals and limit caffeine and tobacco.

Let family and friends know that you will tire easily for the first 3 to 6 months after your transplant. Activities may have to be limited.

• **Prepare yourself emotionally.**

Waiting for a transplant is stressful. Patients have told us that being in the hospital after the transplant is also difficult. Please think of how you and your family have dealt with such stress in the past. Think about what helped you through these periods—and what you would like to do differently this time.

A chaplain will visit you upon your request. You may also want your own minister or spiritual leader to visit you.

You may attend our transplant support group at any time. The support group meets on Thursdays from noon to 1 p.m. in the Board Room on the eighth floor of the main hospital (right outside of the Bridges cafeteria).

If you cannot attend this support group, your social worker can help you try to find a support group in your area.
Coming in for your transplant surgery

When a heart becomes available, a transplant coordinator will call you. These calls often come at night, so be sure to answer your phone at night.

The coordinator will talk with you about your health and give you instructions for coming to the hospital. Please be sure to:

• Get the coordinator’s name and the hospital’s phone number.

• Ask if you should stop taking any of your medicines. If you take insulin for diabetes, ask what to do about your insulin. If you have taken insulin, tell your nurse coordinator.

• Stop all foods and liquids.

• Remember to bring the items you will need while in the hospital (see page 6).

When you arrive at the hospital, go to the Admissions Department. They will know you are coming and will direct you to the Transplant Unit.

After you are admitted, we will do blood tests and prepare you for surgery.

Your family can stay with you until it is time to go to the operating room (OR). We will then show them to the waiting area on the third floor. After your surgery, the doctors will meet them there.

The surgery

The surgery to transplant your heart will take about 6 to 8 hours.

A nurse coordinator will be with you before and during your surgery. He or she will support you and keep your family informed.

During your surgery, the following incision (cut) will be made in your chest:

Sternotomy (Open Chest Surgery)
After your transplant

**Intensive Care Unit**

After surgery, you will be taken to the intensive care unit (ICU). You will stay there until your vital signs are stable and you can breathe on your own.

Visiting hours at the ICU are limited. Ask your nurse for details.

You may be slow to wake up after surgery. We will give you medicine to control pain and help you relax.

Several tubes will be placed in your body during surgery:

- **Endotracheal (breathing) tube:** You will have a tube in your throat to help you breathe. It may feel uncomfortable, but we will give you medicine to help you relax. You cannot talk while the tube is in your mouth. The doctors will remove the tube when your lungs are working well and you are awake enough to breathe on your own. Because of the medicines you will be on, you may not even remember having this tube in place.

- **Chest tubes:** Tubes will be placed in your chest to help drain fluid. You will have the tubes for a few days.

- **Foley catheter (urinary tube):** This tube drains the urine from your bladder. We will check how much urine you are making and how well your kidneys are working.

- **Intravenous (IV) lines:** You will have many IV lines, including a “central line.” The central line will be placed in a large vein in your neck. We will use it to give you medicines, fluids and blood transfusions. We will also use it to take blood samples and check fluid pressures in your body.

- **Nasogastric (NG) tube:** This tube helps keep your stomach empty so you don’t feel nauseated (sick to your stomach). During surgery, the tube is placed through your nose and down to your stomach. It will stay in place until you are able to pass gas.

**Step-down Unit**

Once you are stable and your breathing tube has been removed, we will move you to the Step-down Unit. You will be in a private room.

You will have X-rays, and we will draw blood for tests daily. Your doctors will visit you every day.

You will go to classes with your support person to learn about medicines and self-care for your transplant. Your nurse will schedule these classes for you. Bring your transplant handbook with you to each class. The handbook has general information you will need and a place to write your lab results.

By the time you go home you will know how to take your medicines, record your lab values, check your blood pressure and more. Once you go home, you will need to keep track of your lab values. Bring your lab book to all clinic visits.
Leaving the hospital

You can expect to stay in the hospital from 7 to 14 days after surgery. Some people stay longer, depending on their condition before surgery.

Before you leave the hospital, we will do a biopsy of your new heart to check for organ rejection. (For more information on organ rejection, see pages 11–13.) This procedure is the same as for a right heart catheterization (see page 3). We will analyze some of your heart tissue. You should not feel much discomfort from this, though you may feel some pressure when the catheter is put in.

After leaving the hospital, you will need to stay in the Twin Cities area for up to 3 months. During this time, you will come to the clinic often. Bring your medicine card, lab book and support person to each visit.

If you were very sick before your transplant, you may need to go to a rehab (rehabilitation) facility for a short time to help you get your strength back.

You will return to the clinic often for exams, biopsies and lab tests. You will need someone to drive you to your clinic visits. You will also need family or friends to help with your medical care at home.

Depending on the care you need, your follow-up visits may look something like this:

- **The first month after surgery:** once a week.
- **2 to 3 months after surgery:** every other week.
- **3 to 6 months after surgery:** once a month.
- **6 to 12 months after surgery:** every other month
- **After 12 months (1 year):** A series of tests will be scheduled one year after your transplant and then once a year after that.

At home

If you live far from the Twin Cities, your care team will tell you when it is okay for you to move back home.

**Blood and heart tests**

You will need blood and heart tests for the rest of your life. These tests will tell us how well your medicines are working. They will also help us check how well your heart is working.

**Visits with your local doctors**

Your transplant team will continue to provide your transplant care after you leave the hospital. But you will also need to keep close contact with your local doctors. You will start seeing your family doctor again after the first three months. Your family doctor will do blood tests and take care of your general health.

Tell your transplant coordinator if your local doctors give you any new medicines. Some medicines may change how your transplant drugs work.

**Healing after surgery**

Your energy level will be low when you first return home. You have just been through a major surgery and will need time to recover. It may take 3 to 6 months before you start to feel normal again. Please remember:

- You should not lift more than 10 pounds for at least 6 weeks after you return home.
- You may not feel like eating much. Do your best to eat small meals and snacks during the day to keep your weight up.
- Some people have problems sleeping. If you need a nap in the afternoon, take one. Your energy will improve with time.
The first year may be difficult. You will have many doctor visits and lab tests. Taking your medicines, having monthly blood tests and watching for problems will become your lifelong routine.

Taking an active part in your post-transplant care can help you have a better long-term outcome. Please stay in contact with your transplant coordinator.

**Future dental work**

After your transplant, you will need to take antibiotic (germ-fighting) medicine before every dental visit. Tell your dentist that you’ve had a heart transplant. Your dentist will order the medicine you need.

**Transplant medicines**

The cells in your body that fight infection and attack foreign matter (such as viruses and germs) will think your new heart is foreign as well. These cells can attack the new tissue. If not controlled, they could cause your body to reject your new heart.

To prevent or control rejection, you will have to take anti-rejection drugs (immunosuppressive medicines) for the rest of your life.

These drugs and their possible side effects are listed in the next column. The side effects may be strongest right after the transplant, when the dosages are at their highest. But over time these side effects may lessen or go away. You will have regular lab tests so that we can adjust your medicines. Our goal will be to reduce the side effects while keeping your body from rejecting your heart.

You will take up to three anti-rejection drugs by mouth every day. Your transplant doctors will tell you which drugs are best for you. They will explain the side effects and how to manage them.

Your anti-rejection drugs may include:

- **Cyclosporine A** (CSA; Neoral, Gengraf) or **tacrolimus** (FK506; Prograf): You will need regular blood tests to check the level of these medicines in your blood. Too much cyclosporine A or tacrolimus can cause hand tremors, tingling, headache, high blood pressure, high potassium, high blood sugar or increased hair growth.

Using these medicines for a long time can also cause kidney problems. Your doctors will watch for this.

- **Mycophenolate mofetil** (MMF; CellCept): MMF can cause diarrhea (loose, watery stools), nausea (upset stomach) and vomiting (throwing up). It can also lower the number of white blood cells and platelets in your blood.

- **Sirolimus** (Rapamune, rapamycin): Sirolimus can raise your blood pressure, cholesterol and triglycerides (blood fats). It can also lower the number of white blood cells and platelets in your blood. Some people have mouth sores, muscle pain or diarrhea (loose, watery stools).

- **Prednisone**: In high doses, prednisone can slow healing. It can also cause increased appetite, acne, weight gain, stomach irritation or ulcers, bloating, high blood sugar, bone and joint problems, sleeping problems, mood swings and depression.

Anti-rejection drugs can reduce the body’s ability to fight infections. If you become ill, you may be sick longer than usual. To prevent serious infections you must take:

- An anti-fungal medicine (such as nystatin or Mycelex) for 3 to 6 months.
• An anti-viral medicine (such as valganciclovir or Valcyte) for 3 to 6 months.

• An antibiotic (germ-fighting) medicine (such as Bactrim or Septra).

Your doctor may also give you medicine to control blood pressure and stomach acid. Each can be a problem after transplant.

The average heart transplant patient takes at least 10 different drugs. If you are thinking about having a baby, please talk to your transplant doctor and OB-GYN about your medicines.

Possible complications after transplant

Before your surgery, your surgeon will explain the most common and serious risks of heart transplant. Please ask questions to be sure you understand the risks.

Risks during and after surgery include:

• Heart attack
• Stroke
• Infection
• Bleeding (may require transfusions)
• Blood clots
• Organ failure (may require life support)
• Death.

Organ rejection

When foreign tissue, such as a new heart, is put into your body, your immune system may attack it, causing it to fail. This is called rejection.

There are often no symptoms of rejection, or the symptoms are very mild. If you do have symptoms, they may include shortness of breath, tiredness or low blood pressure.

Rejection can occur at any time. It is more likely to happen if you don’t take your medicines as directed. As time goes on, your chance of rejection may decrease, but it will never completely go away.

Should your body start rejecting your new heart, the earlier we can treat you, the better. To check for rejection, we will do eight or more heart biopsies in the first year after your transplant. For each biopsy, we will:

• Numb an area in your neck.
• Insert a small, thin tube into a blood vessel in your neck. This tube will be threaded down to your heart.

• Remove a bit of tissue and send it to the lab for testing. This will tell us if your body is rejecting the heart.

You will need to take medicines for the rest of your life. If you ever stop taking your medicines, your body will reject your heart.

**Infection**

The medicines used to prevent rejection will increase your chances for infection. To reduce this risk, wash your hands often and avoid people who are ill. You must also check your temperature daily.

Call your coordinator if you have any symptoms of infection:

- Fever over 100.5°F (38.3°C) (under the tongue)
- Chills
- Shortness of breath
- Pain, redness or drainage at an incision site
- Nausea (upset stomach), vomiting (throwing up) or diarrhea (loose, watery stools)
- A change in the color or amount of sputum (the phlegm that comes up when you cough)
- You “just don’t feel right.”

If you get an infection, it may slow your healing process. Most infections can be treated with medicine from your doctor.

**Diabetes**

Your transplant medicines may cause diabetes. If this happens, you will have to watch your diet and test your blood sugar often. Many patients need diabetes pills or insulin shots to control their blood sugar.

**Cancer**

Anti-rejection drugs can increase your risk of cancer, especially skin cancer. For this reason, you should cover up when going outdoors in the sun and use a sunblock of at least SPF 15. Do not use tanning beds. You should also visit a dermatologist (skin doctor) for regular cancer screenings.

Your medicines can also increase your risk of lymphoma, a more serious form of cancer. It is important to visit your family doctor for regular cancer screenings.

**Kidney problems**

Some anti-rejection drugs can harm the kidneys. It is important to send us your lab results so that we can check for this. If your lab tests show kidney problems, we will adjust your medicines.

**Psychosocial problems**

Heart transplant is stressful for both you and your family. It can lead to depression, body image problems, money problems and troubled relationships. Your transplant care team and family doctor can help you deal with these issues.

**Disease from your organ donor**

All organ donors are tested carefully for disease. But in rare cases, some diseases do not show up right away on tests. If this happens, you can get a disease from your organ donor.

The risk of this is very small. For example, the risk of getting HIV is less than 1 in 1,000,000. The risk of hepatitis is less than 1 in 100,000.
Keeping track of your vital signs and lab tests

You will need to check your vital signs regularly, both before and after your transplant. You should have the following items at home:

• **A thermometer to check the temperature under your tongue.** A high temperature is often a sign of infection. After your transplant, it can also be a sign of rejection. Call your transplant coordinator right away if you have a temperature over 100.5°F (38°C).

• **A scale to check your weight.** Changes in the fluid in your body can cause your weight to go up or down a little each day.

Many patients have a poor appetite right after surgery. Eating small meals can help you get the calories you need to heal after surgery.

Months later, you may find that you have a better than average appetite. At this time, you should avoid gaining too much weight.

• **A blood pressure cuff to check your blood pressure.** Your blood pressure can be affected by many things, including hormones, medicines, fluid in the body and kidney function.

At the time of your transplant, you will be given a booklet to record your vital signs and lab results. **Bring this booklet with you to each doctor visit.**

We are here to help

You may feel overwhelmed by the information we have given you. But you will have time to study and learn while you are waiting for your transplant. And we are here to help you as much as we can.

You can reach your transplant coordinator by phone Monday through Friday, from 8 a.m. to 4 p.m. You can also write down questions and bring them to your clinic visits.

You are an important member of your transplant team. We will work closely with you to assure the best possible outcome from your transplant.

Contacting UNOS
(United Network for Organ Sharing)

UNOS offers a toll-free line to help you and your family understand how organs are shared. You can also call to discuss problems you may be having with your transplant center. Dial toll-free 1-888-894-6361.

For more information, go to www.optn.org.