

Post Organ Transplant Care

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Objectives

- Describe the patient care post transplant while in the hospital including details about length of stay and patient education.
- Understand what is entailed in post operative monitoring.
- List possible post transplant complications.
- Understand discharge instructions and tools used for follow up for post transplant patients.



Day of Surgery -Arrival



- Deceased Donor
 - Admitted to 9PE -timing unpredictable
- Living Donor
 - Admitted through SAS morning of surgery
- Patient will have IV placed
- Updated blood work, EKG, CXR
- Informed consent by surgeon



Surgery

- Approximately 3-4 hours with preparation and implantation
- Some patients may require a ureteral stent
- Incision closure with staples or Dermabond



Immediate Post-Operative Care

- Recovery Room for a few hours, then to 9 Pavilion East (9PE) to a private room
- Length of stay is approximately 4 days
- While admitted team monitors for complications, administered induction medications, and initiates post transplant teaching
- Testing includes ultrasound post-op for obstruction/blood flow, strict I&Os, daily weights, and daily lab work
- Other complications monitored through patient reported symptoms (pain, SOB etc.) and objective data collected through vitals signs, lab values and urinary output.

Potential Surgical Complications

- Graft thrombosis
- Urine leak
- Ureteral obstruction
- Lymphocele
- Seroma
- Wound separation
- Bleeding
- Infection



Discharge Instructions

- Provided to patient prior to discharge by the Post Transplant Coordinator, Dietitian, Transplant Pharmacist
- Written and verbal instructions provided



Post Transplant Clinic Follow Up

- Weeks 1 & 2
 - Twice a week
- Weeks 3 & 4
 - Once a week
- Weeks 5-8
 - Every other week
- Months 3 – 12
 - Monthly between transplant team and patient's local nephrologist
- After 1 year
 - Every 3 months alternating between transplant team and local nephrologist



Post Transplant Medication List

Name: Sample, Patient

Date: 4/17/18

POST TRANSPLANT MEDICATION LIST						
	Medication	9 AM	1 PM	5 PM	9 PM	Purpose
1	<u>Prograf</u> (tacrolimus) 1 mg	4			4	Prevents rejection. Do NOT take on the morning of your appointment.
2	<u>Myfortic</u> (mycophenolate sodium) 360 mg	2			2	Prevents rejection.
3	Nystatin 100,000 units/mL	5 mL	5 mL	5 mL	5 mL	Prevents oral thrush. <u>Take for 1 month.</u>
4	Bactrim (sulfamethoxazole-trimethoprim) 400-80 mg	1				Prevents bacterial infections. <u>Take for 6 months.</u>
5	<u>Valcyte</u> (valganciclovir) 450 mg	1				Prevents infections from cytomegalovirus (CMV). <u>Take for 3 months.</u>
6	Prenatal vitamin	1				Vitamin
7	Pepcid (famotidine) 20 mg	1				Antacid. <u>Take for 1 month.</u>
8	<u>Miralax</u> (polyethylene glycol) 17 g	1 capful				Laxative
9	Metoprolol tartrate 50 mg	1			1	Heart / blood pressure
10	Januvia (<u>sitagliptin</u>) 100 mg	1				Diabetes
11						

HackensackUMC Transplant Clinic Phone: 551-996-2608



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Homework



- Daily Weight, Temperature, Blood Pressure
 - Weight gain ≥ 5 lbs, call txp center
 - Temp $\geq 101^{\circ}\text{F}$, call txp center
- Blood sugar monitoring for diabetic patients
- Monitor I & Os
- Check incision for signs of infection
- Hand Washing!
- Take Medications!



Emergency Signs/Symptoms

- Fever
- Shortness of breath, chest pain
- Infection s/s at surgical incision
- N/V/D/C
- UTI s/s
- Anything out of the ordinary



Post Transplant Lifestyle Modifications

- Ambulation encouraged – stairs are ok
- Showering ok, no submerged bathing
- Do not lift more than 10 lbs for the first 6-8 weeks
- Do not drive for ~ 2 weeks
- Avoid sick people/practice good infection control
- Minimal dietary restrictions



Health Care Maintenance

- Avoid major dental work for 3 months
- Eye exam yearly
- Dermatology follow up every 6 – 12 months
- Age appropriate cancer screenings:
 - Colonoscopy
 - Pap Smear
 - Mammogram
 - PSA



Post-transplant Complications

Infection

Most common infection after kidney transplant is UTI

Prophylactic medications are given to prevent:

Oral Thrush – Nystatin S&S for 1 month

Cytomegalovirus (CMV) – Valcyte for 3-6 months

PCP pneumonia – Bactrim for 6 months

BK Virus

Avoid live vaccines as there will be risk of patient acquiring infection

Malignancy

Increased risk because of immunosuppression

1/3 are skin cancers and are related to sun exposure

Metabolic

Hypertension

Metabolic bone disease

Hyperlipidemia

Diabetes

Graft Dysfunction

