**Started in 1968 — longest established program in Chicago.** UI Health is focused on providing access to advanced care to our diverse community, and we are one of Chicago’s leaders in providing kidney transplants to Hispanic and African-American patients.

**Largest Program in Chicago**

The Kidney Transplant Program at UI Health is one of the largest and most experienced kidney transplantation programs in Chicago.

**Dedicated Transplant Specific Team**

Our teams of experts work closely with you through every stage of your journey — from pre-transplant care to postsurgical monitoring. We are committed to providing patients and their families personalized treatment options for the best surgical outcomes.

**Most Options for Living Donation in Chicago**

Providing care to both children and adult patients, and our program has expertise in a number of transplantation procedures:

- Living donor
- High-risk patients
- “Kidney Swap” patients with donor blood-type incompatibilities.
What is a Kidney Transplant?
Kidney transplantation is a surgical procedure that places a healthy kidney from another person into your body. This new kidney takes over the work of your failed kidneys.

Why Do I Need a Kidney Transplant?
Many people choose transplant because it is often the best treatment option for kidney failure. You can either get a transplant right away from a living donor, or you may be on the organ waitlist and receive dialysis in the meantime. The sooner you get the transplant, the better. Studies show that those who get a transplant live longer than those who stay on dialysis.

How Do I Get a Kidney for Transplant?
The kidney can be donated from a deceased person who registered as an organ donor. You also can receive a kidney from a healthy family member (living related donor) or friend (living unrelated donor). This procedure is referred to as living donor transplantation. Your donor will not compromise their health with one kidney. After donating a kidney, the donor's remaining healthy kidney will grow until it is able to do the work of two kidneys.
Why Can't I Stay on Dialysis?
For many individuals, the time spent on dialysis can cause a considerable amount of discomfort and severely disrupt their lives. Receiving a kidney transplant will improve your lifestyle. With a successful kidney transplant, a patient can live a more normal life with far less long-term expense.

When Can You Receive a Transplant?
If you have a healthy living donor, we will immediately begin the evaluation process for you and your donor. This process should take 6 weeks, if you and your donor follow all the instructions promptly.

If you don't have a donor but the medical evaluation shows that you are a good candidate for a transplant, you will be put on the national transplant waitlist to receive a kidney from a deceased donor.
Undertaking the process of receiving a transplant can be scary and overwhelming.

We understand you have a lot of questions.

Our team is here to help provide you with all the information you need and guide you through the transplantation process:

- Being Evaluated for a Kidney Transplant
- Kidney Transplant Surgery
- Life After Transplant Surgery
Being Evaluated for a Kidney Transplant
Our goal is for you to finish your transplant work up in 6 weeks or less!
GETTING STARTED: THE TRANSPLANT WORK-UP

Our staff works one-on-one with you during the work-up process.

It is important that you attend all transplant work up appointments as scheduled. Transplant evaluation is a 6 week time period.
Financial coordinators assist in obtaining authorization for the transplant work up and listing.

Don’t forget to notify us immediately of any changes to your insurance, address and phone number.
# IMPORTANT TESTS FOR TRANSPLANT WORK-UP

## Transplant Labs
- Bloodwork
- Blood type/ Compatibility testing

## Cardiac Evaluation

## Other Radiology Testing

## Annual Health Maintenance Screenings
- Colonoscopy patients over age 45
- Gynecological Evaluation/pap
- Recent Mammogram (women)
- Recent PSA (men)

## Other medical consults
- As recommended
Patient Selection & UNOS Waiting List
PATIENT SELECTION FOR KIDNEY TRANSPLANTATION

Potential contraindications to kidney transplantation:

• Active cancer in the last 5 years
• Severe heart disease
• Poorly controlled mental health diagnosis or active substance abuse
• Non compliant behaviors (consistently missing appointments, medication non-adherence)
• Relative extremes of age (oldest patient >82 y/o)
• Morbid obesity
When you are placed on the “waiting list”, you are entered into the United States’ registry for the organ(s) you need. This registry was created by an act of Congress called the National Organ Transplant Act (NOTA) in 1984.

This registry is maintained by the Organ Procurement and Transplantation Network (OPTN), a federally mandated agency which writes and enforces transplant rules and regulations in addition to maintaining the registry.

The United Network for Organ Sharing (UNOS) is a non-profit organization, contracted by the federal government to manage the day-to-day activities of the OPTN.

Once added to the registry, you will be grouped by blood type. If you are already on dialysis when added, your waiting time started the day you began dialysis. If not on dialysis when added, your waiting time will start the day you are added if your GFR or CrCl is <20.

Strict federal guidelines ensure the fair distribution of organs.

NOTA also created the Organ Procurement Organizations (OPO) for deceased donor organ transplants, these OPO’s coordinate the organ donation process from donor to patient in a specific geographical area. Our local OPO is Gift of Hope, the area which they are responsible for is the northern three-quarters of Illinois and Northwest Indiana.

Because of the way donor organs are matched with recipients, it is impossible for us to tell you where you ‘fall’ on the registry.
Once all tests are complete, findings of the work-up are discussed by the entire transplant team.

If you are found to be a candidate for transplant, you are placed on the waiting list.

You will receive a letter from us verifying the date you were listed and the name of the coordinator you will be working with while on the list.
ACCEPTING A DECEASED DONOR KIDNEY

When contacted by the procurement coordinators with an official organ offer:
30 minutes to accept/ refuse
PICK UP YOUR PHONE!

Relevant information about the organ will be discussed with you at this time. They will tell you what time you need be at the hospital.

What to bring to the hospital?
• Insurance information
• Valid/non-expired ID upon arrival
• All of the medications you are taking
WHAT TO DO WHILE WAITING?

• Stay healthy!
• **Do NOT** miss your dialysis treatments
• **Do NOT** cut your dialysis treatments short
• Take your medication
• Follow your diet

• Make sure you have your Gift of Hope monthly blood draws.

*If you do not have your blood drawn and sent to Gift of Hope once a month, it may result in you losing a chance to receive a kidney.*
DURING YOUR WAITING TIME...

- Average wait time for a kidney in Illinois is 3-5 years
- You will be called for an update appointment every 6–12 months
- Please solidify a caregiver and reliable transportation in advance.
- We are here to help! **We encourage you to call us** if you do not hear from us or if you have any questions. It is also very important to let us know if you…
  - You change your dialysis unit
  - You change your insurance
  - You have any hospitalizations, surgeries or changes in health
  - You receive a blood transfusion
  - Change your phone number
  - Traveling out of state/country
BE PREPARED…

It is important that you are ready to receive your new kidney at ANY time day or night.

• We only have 30 minutes to locate you
• If we are unable to locate you, we will be forced to give the kidney to the next person waiting on the list

Please notify us if you change your phone number or address!
Kidney transplant surgery
Living Related Donor  This refers to a living donor who is a healthy blood relative of the person awaiting transplant. This could be a sibling, parent, child, aunt, uncle, cousin, among others.

Living Unrelated Donor  This refers to a healthy person who is emotionally close to but not blood related to the person awaiting transplant. This includes one's spouse, in-law relatives, and close friends. A living unrelated donor also may include an altruistic donor or someone involved in a liver-paired donation or donor chain.

Deceased Kidney Transplant  Patients with advanced kidney disease, who do not have the option of a living donor transplant, join the waiting list for a kidney from a deceased donor.
Robotic Kidney Transplantation for Overweight or Obese Patients Through robotic-assisted surgical techniques, we have been to provide kidney transplantations for patients with moderate obesity who may not be eligible for transplantation at other medical centers.

ABO Incompatible/Positive Crossmatch If a patient has high antibodies or a donor with an incompatible blood type, we have been successful in finding ways for both types to be transplanted.

Paired Donor Exchange We also are proud to offer paired kidney exchange – or "kidney swap" – for patients with donor blood-type incompatibilities.

Pediatric Kidney Transplant Over the last 40 years, the team has successfully treated a large number of children with kidney failure.
What’s a Living Donor Transplantation?
A living donor transplant is an option where instead of waiting for a matching kidney from a deceased donor, they’ll receive one from a living donor. In this situation, a living donor should be an overall healthy person both mentally and physically. In some cases living donor transplants are the only hope for some patients to have a second chance at life. Living donors have a chance to save a life while they’re still living.

Who is a Living Donor?
A living donor refers to a healthy person who can be blood relative to the recipient is in need of a liver transplant. A living donor also can be a close, non-blood-related friend of relative that wishes to donate a portion of their liver. The living donor could be:
• Family members (parents, siblings, aunts/uncles, cousins, uncles)
• In-laws
• Religious group members
• Family friends
• Anonymous donors
BENEFITS OF A LIVING DONOR TRANSPLANT

The Kidney Functions Better and Longer
An organ from a living donor functions better and longer than deceased donor organs.

Quicker Recover Time
Generally, living donor recipients recover faster than those with deceased donors.

Lower Rejection Rate
Living donor kidney transplants offer a lower rejection rate than one from a deceased donor.

Shorter Wait Time
Living donor transplants can take place much sooner and can be scheduled when it is convenient for you and your donor.

Help Save More Lives
Living donor transplants allows recipients to be removed from the waitlist. This can help to possibly shorten the time for others still waiting on the waitlist and help increase the number of kidney transplants.
LIVING DONATION AT UI HEALTH

• One of the largest living donor transplant centers in the region.
• We provide the most options for living donation in Chicago
  – Overweight/Obese
  – Blood type or other Incompatibility
  – Donor SWAP/ Paired Exchange (local/national)

Combined kidney/pancreas transplant recipient Arlys Martinez with transplant surgeons
Dr. Mario Spaggiari (left) and Dr. Enrico Benedetti.
OVERWEIGHT/OBESE TRANSPLANT

• We are one of the few transplant centers in the world transplanting obese patients without BMI restrictions

• This is possible because we use robotic technology to perform these transplants. Robotic technique is also utilized for all donor surgeries at UIH, minimizing length of hospital stay and recovery time.

Many transplant centers who do not offer robotic technique refuse to transplant morbidly obese patients because of high post-surgical wound infection rates (up to 40%).

We fixed that by changing the incision site using robotic technique, which reduced the infection rate to less than 4%.
EXERCISE REHABILITATION PROGRAM

Who?
- Patients that have been on dialysis for at least one year

What?
- A 12 month research study with two groups you could randomly be assigned to:
  - **Group 1:**
    • 2 days a week of free, personalized, one-on-one exercise trainings on our off days of dialysis
    • The program is meant to help reduce pain, increase strength, reduce fatigue, and increase physical function WITHOUT feeling tired out after
  - **Group 2:**
    • No exercise intervention, but you will receive payment for participating in check in visits instead of free exercise rehabilitation sessions

Where?
- All visits are at UIC
  - 1640 W Roosevelt Rd, Chicago IL, 60614
  - Free parking is available

If interested in hearing more, please let your coordinator know!
A patient may have a donor, but the two are not compatible.

Similar situation may happen to another couple.

We perform a “Donor Swap” to achieve TWO compatible living donations.
Life After Transplant Surgery
AFTER YOU RECEIVE YOUR KIDNEY…

• It is important to understand the maintenance involved.

• Follow through with ALL of your scheduled clinic visits.

• Your post-transplant care is critical to the survival of your new kidney.
  – Following your transplant you will be asked to come to clinic 2 times a week. This allows the doctors to monitor your medication levels to make sure your body is not rejecting the new kidney. These visits will decrease as your body gets adjusted to your new kidney.

  – Rejection episodes can happen- and it is important that we catch them early so we can give you medication that would revers rejection.

  – 4–6 weeks after surgery, you may also need to come back in for a procedure to remove the stent that was put in your ureter.
LIFE AFTER TRANSPLANT

• May return to work in 3 months or sooner if permitted by the physician
• Most can drive after 1 month
• No lifting more than 10 lbs for 1 month
• Avoid contact sports
• Increase physical activity by participating in a walking program
HOSPITAL STAY

• **Recipient**
  Approximately 3 – 5 days

• **Donor**
  Approximately 1 – 2 days

• **Pain is managed** by the transplant team and transplant pharmacists
  – Pain is EXPECTED and the goal is not to eliminate pain completely

**Getting up and moving is vital to your recovery!**
For parking options and instructions go to website: https://parking.uic.edu/ui-health-patients/

For housing accommodations to choose from go to website: https://hospital.uillinois.edu/patients-and-visitors/visiting-a-patient/accommodations

The Illinois Medical District (IMD) Guest House helps ease the burden of caring for a loved one by offering convenient, affordable temporary accommodations to patients receiving treatment at UI Health and their families.

Located 1933 W. Polk St., on the campus of the University of Illinois at Chicago, within walking distance of the UI Health Hospital & Clinics.
It is important to learn about all the medications you are taking and talk to your transplant RN, pharmacist or MD about any problems that you are having.

You must take your medications as long as you have the kidney.

Post transplant clinic visits are 1-2 times per week for the first 4-6 weeks.

Patients must have blood drawn 1-2 hours before each clinic visit.

After two years post transplant, your visits are every six months.
# POST TRANSPLANT VISIT SCHEDULE

<table>
<thead>
<tr>
<th>TIME POST TRANSPLANT</th>
<th>CLINIC VISITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;3 weeks</td>
<td>2 times per week</td>
</tr>
<tr>
<td>4 – 12 weeks</td>
<td>Weekly or every 2 weeks</td>
</tr>
<tr>
<td>4 – 6 months</td>
<td>Every 2 – 4 weeks</td>
</tr>
<tr>
<td>7 – 12 months</td>
<td>Every 4 – 6 weeks</td>
</tr>
<tr>
<td>13 – 24 months</td>
<td>Every 2 – 3 months</td>
</tr>
<tr>
<td>&gt;2 years</td>
<td>Every 6 months</td>
</tr>
</tbody>
</table>
**Sample Discharge Medication Tool/List**
University of Illinois Hospital & Health Sciences System
Discharge Medications for Patient Name,  (Transplant Date:  Month-Date-Year)  **Updated as of Month-Date-Year **

<table>
<thead>
<tr>
<th>Medication</th>
<th>Indication</th>
<th>Side Effects</th>
<th>9am</th>
<th>1pm</th>
<th>6pm</th>
<th>9pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tacrolimus 1mg capsule</td>
<td>To prevent rejection</td>
<td>High blood pressure &amp; blood sugars, tremors, headache</td>
<td>2 cap</td>
<td></td>
<td></td>
<td>2 cap</td>
</tr>
<tr>
<td>Tacrolimus 5mg capsule</td>
<td>To prevent rejection</td>
<td>High blood pressure &amp; blood sugars, tremors, headache</td>
<td>2 cap</td>
<td></td>
<td></td>
<td>2 cap</td>
</tr>
<tr>
<td>Mycophenolic Acid 720 mg tablet</td>
<td>To prevent rejection</td>
<td>Diarrhea, nausea, low white blood cells</td>
<td>2 tab</td>
<td></td>
<td></td>
<td>2 tab</td>
</tr>
<tr>
<td>Sulfamethoxazole-Trimethoprim</td>
<td>To prevent pneumonia &amp; urinary tract infection</td>
<td>Sun sensitivity, upset stomach</td>
<td></td>
<td></td>
<td></td>
<td>1 tab</td>
</tr>
<tr>
<td>(Bactrim SS) 400/80 mg tablet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Change to DS XX-XX-XX)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Valganciclovir (Valcyte)</td>
<td>To prevent viral infection</td>
<td>Low white blood cells</td>
<td>1 tab</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>450 mg tablet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Stop XX-XX-XX)</td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
LIFE AFTER TRANSPLANT

• May return to work in 3 months or sooner if permitted by the physician
• Most can drive after 1 month
• No lifting more than 10 lbs for 1 month
• Avoid contact sports
• Increase physical activity by participating in a walking program
• Frequent hand washing
• Avoid raw or partially cooked meat or seafood
• Always wash fruits or vegetables
• Drink safe water and pasteurized milk
• Avoid family members who are sick
• Do not clean bird cages or cat litter
• Shower with soap and water. No tub baths until wound is healed
• Sutures or staples are removed in about 14 days
AFTER TRANSPLANT, WHEN SHOULD A PATIENT CALL?

- Before running out of medications
- Before taking medications prescribed by another physician
- Before taking over the counter medications or herbal medicines
- If there is pain, redness, swelling or drainage at the transplant site
- Fever > 100° F
- Vomiting or diarrhea lasting more than 24 hours
- Blood or blood clots in their urine
- If urine output is decreased or are unable to urinate
- Painful urination
- Scrotal swelling
- Exposure to communicable diseases such as chicken pox or measles
It is important that you work together with your nephrologist, dialysis team and transplant team. We want to ensure quality care and assistance throughout this time in your life and beyond.

Please let us know if you have any questions at any time and keep us informed. Together we can work to make this a healthy and beneficial process.

You can always reach us at 312.996.6771

Additional information can be found on the following websites:

UI Health: http://hospital.uillinois.edu/
National Kidney Foundation: www.kidney.org
United Network for Organ Sharing: www.unos.org
Scientific Registry of Transplant Recipients: www.srtr.org
Gift of Hope: www.giftofhope.org
FREQUENTLY ASKED QUESTIONS

• Am I too old? Is my donor too old?
• I have a lot of health issues; am I still a candidate?
• Am I too big to be transplanted?
• I have HIV; am I eligible?
• I have Hepatitis C; am I eligible?
• My donor was too overweight or didn’t match, does that mean that he/she cannot donate?
Thank You