

## **A BRIEF SUMMARY**

What You Should Know About Kidney and Pancreas Transplants



## Table of Contents

• Your Kidney Transplant Team . . . . .	1
• How Do Kidney Transplants Work? . . . . .	4
• How Do Pancreas Transplants Work? . . . . .	5
• What Happens During the Pre-transplant Evaluation Appointment? . . . . .	6
• How Can I Remain a Good Candidate for Transplant? . . . . .	7
• How Do I Stay Healthy While Waiting for My Transplant? . . . . .	8
• What Happens When an Organ Becomes Available? . . . . .	9
• What Happens After My Transplant? . . . . .	10
• Clinical Studies . . . . .	12
• How Do I Plan for the Cost of My Transplant? . . . . .	12
• Who Do I Contact if I Have Questions? . . . . .	15
• Transplant Center Online Resources . . . . .	16
• Michigan Medicine Patient Portal (MyUofMHealth.org) . . . . .	16
• Parking and Getting to Appointments . . . . .	17
• Michigan Medicine Lodging . . . . .	17
• Kidney Transplant Outreach Clinics . . . . .	18
• Kidney Peer Mentor Program . . . . .	19
• Kidney Transplant Mobile App . . . . .	19
• Transplant-related Websites . . . . .	20
• MLabs Blood Drawing Stations . . . . .	22
• Tobacco Fact Sheet . . . . .	24
• Weight Loss . . . . .	26

For detailed information, please refer to the Kidney and Pancreas Transplant Program Education Guide at [www.UofMHealth.org/conditions-treatments/transplant/kidney-and-pancreas-transplant-patient-care-guide](http://www.UofMHealth.org/conditions-treatments/transplant/kidney-and-pancreas-transplant-patient-care-guide) or talk with your transplant coordinator.

***Disclaimer:** This document contains information and/or instructional materials developed by Michigan Medicine for the typical patient with your condition. It may include links to online content that was not created by Michigan Medicine and for which Michigan Medicine does not assume responsibility. It does not replace medical advice from your health care provider because your experience may differ from that of the typical patient. Talk to your health care provider if you have any questions about this document, your condition or your treatment plan.*

## Your Kidney Transplant Team

### *Transplant Nephrologist*

A doctor who is an expert in kidney disease and transplant. Your transplant nephrologist is responsible for determining your medical need for a transplant, managing your transplant-related medical needs before transplant, participating in your care during your transplant admission, and seeing you during clinic appointments following your discharge.

### *Transplant Surgeon*

A doctor who performs kidney and/or pancreas surgery. Your surgeon is responsible for evaluating your medical condition in preparation for surgery, discussing the transplant with you, performing the surgery, monitoring your immunosuppressive medications while you are inpatient, and providing post-operative care for a defined period of time following surgery.

### *Transplant Coordinator (Pre-transplant)*

When you are referred for transplant, you will be assigned a referral to listing transplant coordinator that will work with you until you are listed. This coordinator will be the primary link between you and your doctors while you are going through the evaluation process.

Once you are listed, you will be assigned a new transplant coordinator who will be your listing transplant coordinator. The listing transplant coordinator will be your point of contact in maintaining your listing until you receive your transplant.

Close communication with both your referral to listing coordinator and your listing coordinator is very important.

### *Transplant Physician Assistant or Nurse Practitioner*

Physician Assistants (PA) and Nurse Practitioners (NP) are licensed practitioners who work closely with the nephrologists and surgeons to provide medical care to you before and after transplant. They conduct physical examinations during the pre-transplant evaluation and waiting time. They also follow up with you in post-transplant clinic under the supervision of the nephrologists or surgeon.

### *Transplant Social Worker*

A licensed social worker who helps you and your family understand and cope with a variety of issues related to your transplant experience such as emotional, family, financial and work concerns. The transplant social worker is available to help you at any point in your transplant care. Transplant social workers also provide a link to resources in your local community.

### *Transplant Financial Coordinator*

Financial coordinators work with you and your family to help you understand the various financial aspects of transplant. They work with your insurance carrier to verify coverage and help in getting prior authorization for transplant services. They also work with patients with limited insurance coverage to explore other funding opportunities and alert the transplant team of the situation.

### *Transplant Dietitian or Registered Dietitian*

The registered dietitian is your kidney nutrition expert who will meet with you to assess your nutritional status and help you with meeting your lifestyle goals. To keep you healthy before and after your kidney transplant, the dietitian is available to discuss a variety of topics such as kidney diet, weight management, diabetes, cholesterol or blood pressure.

### *Clinical Research Team*

The clinical research team manages the clinical research studies designed to improve the understanding of transplant and enhance the outcomes for all patients. Research staff responsibilities include identifying eligible patients, informing patients about research options, enrolling patients in research studies, collecting research data and coordinating research care. The research team works closely with the clinical team to provide patients access to cutting edge therapies before they are available everywhere.

### *Inpatient Staff Nurse*

A registered nurse who works with you during your transplant admission, teaching you and your family about your medicines, wound care, lab schedule and your clinic follow-up plan after discharge.

### *Transplant Pharmacist*

A pharmacist who has knowledge, training and experience in transplant medicines is available to work with you, your family and the rest of the transplant team with regard to managing your transplant medicines during your entire transplant journey.

### *Post-Transplant Nurse*

A registered nurse (RN) who specializes in kidney and pancreas disease, and more specifically, in patients with kidney and pancreas transplants. An RN assists the team in providing your post-transplant care. The RN maintains medical information, monitors labs and medicines and works closely with the transplant doctors on patient care issues. You may have different transplant nurses during the different phases of care post-transplant.

### *Primary Care Physician (PCP) or Family Physician*

A primary care physician is a title used by insurance companies to identify the doctor who is responsible to provide you general medical care and to authorize patient referrals for specialty care.

### *Local or Referring Nephrologist*

The local nephrologist is the nephrologist you see near your home. This is often the doctor that you saw before transplant. You will continue to follow with a local nephrologist after transplant.

### *Living Donor Advocate (LDA)*

Team member responsible to meet with potential donors during the evaluation process to represent, advise and protect the living donor, while promoting the best interests of the living donor. They provide education on organ donation, ensure the patient can make an informed decision, ensure they are free from pressure in making their decision, participate in team discussion about living donors, and are available to donors throughout the donation process and beyond. The LDA has the authority to exclude any living donor if they believe donation is not in the best interest of the potential donor. They do not participate in the care of transplant recipients.

## **Interruption of Services**

In the unlikely event that a change occurs in the transplant center's ability to perform transplant or living donation, including CMS or OPTN inactivation, an extended period of unavailability of key medical or surgical staff, or internal or external emergency, limiting the center's ability to accept organs or perform organ transplant or living donation, all patients within any phase of transplant, will be notified.

## How Do Kidney Transplants Work?

All kidneys available for transplant are a result of a gift (donation) from one person (donor) to another (recipient). Kidneys can come from either living or deceased donors. In order to receive a kidney transplant, you will need to complete an evaluation. You will need to be considered a good medical and surgical candidate with mental wellness.

- Your transplanted kidney will be placed in your pelvic area above the groin (the groin is where the thigh meets the stomach).
- Original kidneys normally stay in the body.
- The incision for kidney transplant is approximately four to 12 inches long. It is located on the lower left or right side of the stomach.
- The process is usually between two and four hours long.
- On average, patients listed for a deceased donor kidney will wait about five to seven years.

After the transplanted kidney is connected to your blood supply, living donor kidneys usually begin to make urine. A deceased donor kidney can take some time before it makes urine. The transplanted ureter (the tube that carries urine from the kidney to the bladder) is attached to your bladder. As the new kidney begins to work on filtering waste products from your body, you will begin to feel better.

### *What is Living Kidney Donation?*

A living kidney donation is a kidney from a living donor. Some advantages to receiving a living kidney transplant include:

- You do not have to wait as long for a transplant.
- Living donor transplants last longer than transplants from deceased donors.
- You have the chance to receive a transplant before debilitating complications of kidney disease.
- You receive transplant before becoming too ill to have a transplant.



### *Who are Living Donors?*

Living donors may be related or unrelated to you. People who wish to be considered as a living kidney donor must contact the transplant center to show their interest. A donor coordinator will review the process with the interested donor before setting up an evaluation appointment.

### *How are the Kidney Donors Evaluated?*

The donor team is very careful and thorough when deciding if a person can donate. The donor team will not allow donation if they feel that it is not medically, physically, socially, emotionally or financially safe for the living donor. If a living donor develops end-stage renal disease (ESRD) and needs a kidney transplant sometime in the future, the living donor will be put close to the top of the waiting list.

### *What is Paired Donation?*

Paired kidney donation is an opportunity to provide you with a transplant when you do not match your potential donor if recommended by your doctor. This program identifies pairs: where the donor from one pair donates his/her kidney to the recipient of the second pair and vice versa.

## **How Do Pancreas Transplants Work?**

Pancreas transplants are usually performed on people with Type 1 diabetes mellitus so that complications can be avoided, halted or delayed. However, some people with Type 2 diabetes can receive pancreas transplants. Pancreas transplant can be performed in one of three different ways depending on your needs. These include:

- **Simultaneous Pancreas Kidney Transplant (SPK)**

This includes kidney and pancreas transplants occurring during one operation. This option is selected when you have Type 1 diabetes mellitus and are at or near end-stage renal (kidney) failure.

- **Pancreas After Kidney (PAK)**

This transplant is done after you have already had a successful kidney transplant. You must be stable and at least three months after your kidney transplant.

- **Pancreas Transplant Alone (PTA)**

Patients who receive PTA do not have kidney disease. This is done when you have Type 1 diabetes mellitus with life threatening high or low blood sugar that does not respond to maximum medical management and insulin therapy.





## What Happens During the Pre-transplant Evaluation Appointment?

This pre-transplant evaluation appointment is a two-step appointment.

### *Education*

We will email you a link to our kidney education video to be watched before your first step appointment. We will also send a link for a financial education video to be watched.

### *Step One: Video Visit*

Your first appointment will be a video visit via your patient portal. This appointment will last two and a half hours. You will meet with a nephrology team member, a social worker and a dietitian. We would like your support person to also be present for this appointment.

### *Step Two: In-person Visit*

Your second appointment will be in-person at the University of Michigan Health Transplant Center in Ann Arbor or at one of our outreach clinics. During this appointment you will meet with a transplant nephrologist (kidney doctor) and a transplant surgeon. This appointment will be about two hours. You will also have an EKG, labs, and a chest x-ray completed during this visit.

If you will be moving forward with the evaluation process, you will leave this appointment with a letter stating what testing will be required to move forward. If we think more discussion is needed to decide if you are a candidate for transplant, the transplant team will discuss your evaluation at our next committee meeting. You will then be notified within two weeks.

Sometimes patients can go directly to a face-to-face evaluation without a video visit. This occurs if we have an opening in our schedule that would make it easier for you. This is also an option for returning patients from a previously closed evaluation.

### *Testing*

Testing is done to determine if you are an appropriate candidate for transplant. If you would like to have your testing completed at a Michigan Medicine location, we can help schedule those tests. You may also have the testing completed locally. If you choose to have tests locally, your local provider would need to order these tests.

### *Evaluation Decision*

After all the test results are completed, the entire transplant team will meet to discuss whether transplant is an appropriate treatment option for you. It is important to remember that you are not listed for transplant at the end of your evaluation appointment.

## How Can I Remain a Good Candidate for Transplant?

### *Medication and Dialysis*

It is important to be organized about your medications and understand why you are taking them. Transplant medicines must be taken on a strict time schedule, so you must get on a regular schedule with your current medicines.

Follow your dialysis treatment schedule as prescribed to maintain your best health. Attending all treatments and staying for your whole treatment is very important to stay as healthy as you can until you have the opportunity for transplant.

### *Social Support Plan*

As part of being a candidate for transplant, you need to have family or friends to look after you during your recovery. You will work with your transplant social worker to complete a Care and Support Plan. This plan includes individuals identified as:

- On-call driver (24 hours a day, seven days a week)
- Support person during hospital stay
- 24/7 in-home support person for two weeks after discharge
- Driver to weekly clinic appointments

### *Drugs and Alcohol*

If you are a candidate for transplant, it will either be required or recommended that you stop smoking or using any tobacco products. Alcohol and illegal street drugs can cause serious health problems for transplant recipients. People who have significant substance abuse issues will need to work with the transplant social worker to create an appropriate treatment plan. Insurance companies may deny coverage for your transplant if there is evidence of untreated alcohol or substance abuse (past or present).

### *Mental and Physical Health*

Kidney transplant recipients are prescribed medicine that may cause mood changes for a short time. If you are a person who is dealing with depression, anxiety or other mental health issues, the transplant team will discuss a plan for managing your symptoms. This plan may include counseling or seeing a psychiatrist.

Staying emotionally healthy is very important. Our transplant social workers are trained to help patients and their loved ones cope with the challenges of long-lasting (chronic) illness and the specific challenges of kidney transplant patients.

Physical health is also very important for a successful kidney transplant. You should stay active and try to maintain an exercise plan.

Remember to:

- Share your feelings with your family, friends and your dialysis or transplant team.
- Ask to be connected to a transplant peer mentor to learn about life after transplant.
- Stay involved in the activities you enjoy. Keep your life as normal as possible to help maintain stability during the waiting period.
- Find activities that help you relax and promote your spiritual and physical well-being.

### *How Do I Remain Active on the Waiting List?*

To remain active on the waiting list, you must keep up with the listing requirements which include:

- Yearly follow-up visits with the transplant team (some patients will need to be seen twice a year)
- Sending in your monthly blood sample
- If you have diabetes, yearly heart evaluation is required.
- If you are a female and over the age of 18, we strongly recommend yearly gynecologic clearance done by your local doctor.
- Active insurance coverage and prescription coverage



### *What Happens if I Do Not Keep Up With the Listing Requirements?*

If you do not meet the requirements for active listing, you will be placed on hold. People on hold cannot receive donated organs, but will stay on the transplant list. It is in your best interest to keep your testing current when listed. It is your responsibility to make sure testing is completed and results are sent to our office. You should contact your transplant coordinator to review your results.

## **How Do I Stay Healthy While Waiting for My Transplant?**

While waiting for your transplant, we encourage you to stay as healthy as possible, physically and emotionally.

- Follow your recommended diet.
  - A registered dietitian is available for consult.
- Stay active (at least 150 minutes of movement weekly).
- Quit smoking if you are a smoker.
- Women should avoid pregnancy.
- Talk to your transplant coordinator if you have questions about maintaining a healthy lifestyle.

### *Who Do I Call if My Health Changes Before Transplant?*

When your health changes occur while waiting for a transplant, it is very important to remain in contact with your transplant coordinator.

#### **Pre-Transplant Kidney and Pancreas Coordinators (800) 333-9013 Monday-Friday, 8 a.m. - 4:30 p.m.**

Call your coordinator if:

- You are hospitalized outside of Michigan Medicine
- Your medical condition changes
- You are placed on blood thinners
- Your telephone number changes
- Your medical insurance changes
- You need to travel out of town
- You or your family have questions or concerns
- Your support people are no longer available
- Your dialysis center changes
- You have changes with your insurance coverage
- You have any questions

### **What Happens When an Organ Becomes Available for You?**

The call about an available organ can come at any time. The first notification comes to the transplant coordinator, who then has one hour to accept or decline the organ offer. When a kidney or pancreas becomes available, they need to be able to find you and review current information with the surgeon. To ensure the organ can be considered for you, take the following steps:

- Keep the transplant team informed about how to reach you (24 hours a day).
- Answer a call even if you don't recognize the number.
- If you plan to leave home for business or vacation, provide the transplant office with your destination so that we can contact you if an organ is available.
- It's important to realize that even after you arrive at the hospital, the transplant team may determine that the donor organ is not suitable.

You will have adequate time to travel to the hospital. Your travel time has been considered in the arrangements for the operation. Drive safely and wear a seat belt.

## What Happens After My Transplant?

### *Contact Information:*

If you have questions after discharge, please call our clinic during business hours at **(800) 333-9013**. After business hours, holidays and weekends, please call Hospital Paging at **(734) 936-6267** and ask for the transplant on-call physician.

### *Social Support Plan*

Friends and family need to be ready to provide support during your transplant recovery. Their hands-on help and emotional support is really important. Your caregivers will support you during your recovery by learning your new medications along with you, help at home for two weeks after discharge and drive you to clinic visits and the lab when you cannot drive. Social work is available to help you and your caregivers as you adjust to lifestyle changes as a new transplant patient.

### *Medication Schedule*

Transplant patients start taking many new medicines after surgery. You will learn about your medicines and begin taking them in the hospital according to a personalized schedule. It is very important to never stop taking your transplant medicines. Skipping or decreasing doses of any medicine may cause harm to your new kidney or pancreas. If you have problems paying or getting your medicines, please call the Transplant Center at **(800) 333-9013** so we can help you. Plan ahead so that you always have your transplant medicines when you need to take them.

### *What Medication Will I be Taking?*

There are three classes of medicine that you will be taking:

- **Anti-rejection** - also called immunosuppressive, these weaken your immune system without eliminating it. Immediately after transplant, you will start taking a combination of anti-rejection medicines. *Tacrolimus*, *mycophenolate* and *prednisone* are most commonly used. Each medicine works differently in the body to prevent rejection of the kidney or pancreas.
- **Anti-infective** - usually only taken for the first one to six months after transplant because you will be at high risk for infection due to having a decreased immune system. Since you take anti-rejection medicines that lower the resistance to fight infections, some medicines are given to help prevent infections.
- You may need to continue some medicines to treat your other medical conditions that are not related to kidney failure or start new medicines to treat the side effects of the anti-rejection medicines.

**The success of your transplant depends on the proper use of the anti-rejection medicines.**

You and your caregiver will be expected to pass a quiz on the medicines before being released from the hospital. For your prescriptions, remember to call your transplant nurse two weeks before they run out to get a refill.

*Transplant Specialty Pharmacy*

The Transplant Specialty Pharmacy is dedicated to serving only transplant patients. The pharmacy staff have ongoing and timely access to their medicines. For questions about the pharmacy, call **(866) 946-7695**.

**Note:**

- You must contact the transplant team before you take any prescription or over-the-counter medicine.
- Pregnancy after transplant is considered high risk. It increases the risk of rejection to your transplanted organ and also causes complications with the pregnancy. You should discuss any planning of pregnancy with your transplant nephrologist.

*Returning to Local Nephrologist and Primary Care Physician*

The University of Michigan Transplant Center requires all patients have a local nephrologist and primary care physician. One year after transplant, you will return to your local nephrologist and see them on a regular basis. If your local nephrologist is at Michigan Medicine, they will also manage your transplant care. Having a strong relationship with your nephrologist allows us and them to keep you and your kidney healthy.

It is also important that you have a primary care doctor who you should see for blood pressure, cholesterol, diabetes, and other non-transplant needs. We expect you to see a primary care doctor three months after transplant.

*Diet and Food Safety After Transplant*

After transplant, you will take immunosuppressant (anti-rejection) medicine. The suppression of the immune system makes it difficult to fight off infection. Your risk is highest one to six months after transplant. Food can cause an infection if proper food safety guidelines are not followed. Your diet after kidney transplant will be different than before your transplant.

- Continue to limit salty foods.
- Drink two liters of water, eat six to eight ounces of protein, and eat four to five servings of fruits and vegetables daily.
- Avoid eating undercooked meat, fish and eggs.
- Avoid salad bars and buffets. The transplant dietitian is available to help you meet diet needs.

## Clinical Studies

### *Advances In Organ Transplantation Begin With You*

The current success of transplantation has been built on research. While transplantation has come a long way, there is still much to do. Researchers at the University of Michigan Transplant Center are working hard to improve therapies in organ transplantation, but we can't do it alone. Patients play a central role in improving transplantation by participation in research studies – also known as clinical trials. We have made many improvements in transplant surgery, post-transplant care and transplant medication. Nevertheless, there is still a need for better therapy and medications.

### *When Should You Consider a Clinical Trial?*

The best time to consider a clinical trial is while you are waiting for a transplant. Each trial has strict eligibility requirements that participants must meet. Talk with your doctor to find out whether any studies are available to you, call **(800) 333-9013** or visit **[www.UMHealthResearch.org](http://www.UMHealthResearch.org)**.

You are not required to participate with research studies.

## How Do I Plan for the Cost of My Transplant?

Transplant is an expensive treatment. Throughout the process, a transplant financial coordinator will work with you on coverage, insurance and financial issues. They may help you in many areas including:

- Determining your current coverage
- Identifying additional coverage you may need
- Making sure an authorization is in place for your transplant
- Providing the documentation necessary to allow you to apply for end-stage renal disease (ESRD) Medicare after your transplant (if you didn't have Medicare before transplantation)
- Providing resources such as the National Kidney Foundation, the American Kidney Fund and Help Hope Live

### *Planning for Your Financial Obligations*

There are many phases of transplant, with each having a different level of coverage. There may be maximum allowable limits or exclusions for certain services. To help you through this process, your financial coordinator will contact your insurance company. Having a financial plan is the key to minimizing the financial strain and stress to you and your family as you go through the transplant process.

Once it has been determined what your insurance covers, you will have a better understanding of the out-of-pocket medical expenses you should expect. In addition, you may need to pay for other expenses often considered “non-medical” such as transportation. If your insurance changes while you are on the transplant list, it is important to call the transplant financial coordinator to report the change. Many patients will also need to take an antiviral medicine called Valcyte® for three to six months following transplant. Your transplant coordinator will verify your co-pay before your transplant.



### *Medicare Coverage*

Medicare health insurance is for:

- People age 65 and older
- People of any age with a disability: Inability to work for 24 months
- People of any age with end-stage renal disease (ESRD): Being on dialysis or kidney transplant

If you have Medicare only for end-stage renal disease (ESRD), coverage will end three years after a successful transplant. Starting in January of 2023, coverage will be expanded to provide lifetime Medicare coverage of immunosuppressive drugs for kidney transplant recipients who have no additional insurance or prescription coverage. If you are uncertain about qualification, you should call **(800) 772-1213** or go to **www.medicare.gov** for more information.

### *Inpatient Hospital Stay- Medicare Part A*

Medicare Part A covers your inpatient hospital stay and all costs associated with it.

- Medicare Part A is free but has a deductible.
- If you have primary coverage through an employer, Medicare Part A covers costs that your primary insurance doesn't during your hospital stay. Medicare then becomes your secondary coverage.

### *Doctor Bills and Outpatient Medical Expenses*

- Medicare Part B will cover 80 percent of all inpatient and outpatient doctor bills and 80 percent of outpatient medical expenses (if Medicare is primary).
- Part B also covers 80 percent of anti-rejection medicines as long as the Medicare effective date covers the month your transplant took place.
- Medicare Part B can help you pay for prescription co-pay, annual deductibles and cost shares that you may otherwise need to pay.
- There is a monthly premium for Part B coverage.
- To avoid enrollment delays, it is important that you work with your financial coordinator to figure out the best time for you to sign up for both Medicare Part A and B.



### Prescriptions

- Medicare Part D helps with coverage for your prescriptions.
- You can enroll in Medicare Part D three months before and after the effective date when you are first approved for Medicare coverage or during the open enrollment period.
- If you have group prescription coverage, you do not need to enroll in Part D.
- Monthly premiums can range from \$25 to \$60 plus co-pay amounts that you need to pay.
- Once you’ve totaled a certain amount of prescription costs, there is a period known as the “donut hole” where you will need to pay 25 percent of your prescriptions covered by Medicare. Once you reach the out-of-pocket maximum, you will then have catastrophic coverage where Plan D covers at 95 percent.
- Premiums, co-pays and out-of-pocket amounts change each year. You must be prepared to cover those out-of-pocket costs.

We recommend that you apply for the Extra Help benefits when applying for Medicare Part D. Learn more by calling **(800) 633-4227**, contacting your local Social Security office or visiting **www.medicare.gov**. Extra Help benefits are based on your income and can greatly reduce your out-of-pocket cost.

If you are on Medicare Part A and B at the time of your transplant, Medicare Part B will pay for 80 percent of the anti-rejection (immunosuppressive). Part D only pays for non-immunosuppressive medicines.

If you are not on Medicare at the time of transplant, but get it later with Part D, then Part D would pay for both medicines. This is a very important point to understand about Medicare coverage for medicines. Please see the table below for additional explanation.

<b>ON MEDICARE</b> At the time of transplant	<b>NOT ON MEDICARE</b> At the time of transplant – Have Medicare coverage now
<b>Anti-rejection drugs paid by:</b> Medicare Part B and supplemental coverage	<b>Anti-rejection drugs paid by:</b> Medicare Part D or regular prescription coverage
<b>Other medicines paid by:</b> Medicare Part D or regular prescription coverage	<b>Other medicines paid by:</b> Medicare Part D or regular prescription coverage

### *Is Secondary Insurance Necessary?*

Medicare coverage alone is not sufficient to cover the cost of transplant. If you have Medicare, you will need to apply for an additional policy to help cover the cost for the 20 percent Medicare will not pay. You must have Medicare Part A and B, because after 30 months Medicare becomes primary over the group health plan (if you had one). Your transplant financial coordinator is knowledgeable about Medicare coverage and is available to help you when making decisions about applying for Medicare.

### *Children's Special Health Care Services (CSHCS)*

The CSHCS program is part of the Michigan Department of Public Health. It provides healthcare benefits to residents of Michigan under the age of 21 with qualifying chronic disease. Benefits may include transportation, lodging and payment of medical expenses, including transplant services. Contact your transplant social worker for more information and for help with the application process.

### *Are There Donation Costs for Living Kidney Donors?*

Those who generously offer to be evaluated as kidney donors are not responsible for any medical bills for their donation work-up, surgery, prescriptions or follow-up care related to donation. Contact your transplant financial coordinator immediately if a donor mistakenly receives a bill.

### *Fundraising Opportunities*

There are two main groups that we recommend our patients use to help in fundraising efforts.

- **Help Hope Live**  
(800) 642-8399  
[www.helphopelive.org](http://www.helphopelive.org)
- **National Foundation for Transplants (NFT)**  
(800) 489-3863  
[www.transplants.org](http://www.transplants.org)

## **Who Do I Contact if I Have Questions?**

If you have any questions at any point during the kidney transplant process, please contact your transplant coordinator or the Transplant Call Center at **(800) 333-9013**.



## Want to Learn More or Share Resources With Your Family and Friends?

The Kidney and Pancreas Patient Education Guide can be found electronically on the University of Michigan Transplant Center website at [www.UofMHealth.org/medical-services/transplant/kidney-and-pancreas-transplant-patient-care-guide](http://www.UofMHealth.org/medical-services/transplant/kidney-and-pancreas-transplant-patient-care-guide). In addition, a condensed version of this book, Spanish and Arabic materials and donor education materials can be found at that link.

For general information about the University of Michigan Transplant Center, please visit [www.UofMHealth.org/transplant](http://www.UofMHealth.org/transplant).

## Michigan Medicine Patient Portal

### *What is MyUofMHealth.org?*

**MyUofMHealth.org** offers patients personalized and secure online access to portions of their medical records. It enables you to securely use the internet to help manage and receive information about your health. With **MyUofMHealth.org**, you can use the internet to:

- Request medical appointments.
- View your health summary from the **MyUofMHealth.org** electronic health record.
- View test results.
- Request prescription renewals.
- Access trusted health information resources.
- Communicate electronically and securely with your medical care team.

### *How Do I Sign Up?*

Patients who wish to participate will be issued a **MyUofMHealth.org** activation code. There are two ways to get an activation code. Patients can get an activation code after their clinic visit or they can request an activation code by completing the online request form located on the **MyUofMHealth.org** website. This code will enable you to login and create your own username and password.

### *Who Do I Contact if I Have Further Questions?*

You may e-mail [HIM-PatientPortal@med.umich.edu](mailto:HIM-PatientPortal@med.umich.edu), or you can call the Health Information Management Department at (734) 615-0872, Monday-Friday, 8 a.m.-5 p.m.

## Parking and Getting to Appointments

Our patients and visitors may park in the convenient patient and visitor parking structure (P2 and P3) attached to the Taubman Center outpatient building and University Hospital. Handicapped parking spaces are clearly marked and available on each level of the structure near the patient elevators. The parking structure is staffed 24 hours a day, seven days a week. Multiple day parking passes are available for family members staying with us for an extended period of time. Patients can validate their parking ticket in any outpatient clinic or at the nurses station on any inpatient unit to qualify for a reduced daily parking fee of \$3 if parked for more than eight hours. Less than eight hours is \$3 and does not require validation.

Parking information can be found online at [www.UofMHealth.org/parking](http://www.UofMHealth.org/parking).

Patients and primary caregivers whose income falls below federal poverty guidelines may qualify for a lesser parking fee. This program is administered by the Guest Assistance Program [University Hospital, Room 2B203, (734) 764-6893 or (800) 888-9825].

Reception and information centers are located at all entrances to the hospitals and outpatient clinic areas. When you arrive, customer service personnel at these stations will gladly show you how to get to your doctor's office or appointment location. In addition, help telephones are located throughout the hospital. If you or your family members require special assistance, wheelchairs, child strollers, stretchers, escorts, or valet parking are available at the main entrance and drop off areas at University Hospital, the Rogel Cancer Center, Frankel Cardiovascular Center, and C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital.

For more information, please call Michigan Medicine at (734) 936-4000.

## Michigan Medicine Lodging

Patients and family members are encouraged to contact Michigan Medicine Lodging for help in finding and making reservations. Many hotels give a better rate when reservations are made through this program. For assistance with reservations please call (800) 544-8684 (toll free) or (734) 936-0100.

There are multiple lodging options available for family members while you are in the hospital or staying in the area.

- **Med Inn** is within the University Hospital complex. There is a high demand, and there are limited rooms available, which are reserved for patients and family members of ICU patients.
- **Local hotels** sometimes offer discounts for family members of patients.

You can visit [www.UofMHealth.org/patient-visitor-guide/michigan-medicine-lodging](http://www.UofMHealth.org/patient-visitor-guide/michigan-medicine-lodging) for more details on available accommodations.

## Kidney Transplant Outreach Clinics

The University of Michigan Health Transplant Center offers kidney transplant outreach clinics for patients that live a long distance from Ann Arbor. We provide both new patient evaluations and annual visits before transplant at these locations. Post-transplant clinics are also available at some outreach locations. Outreach clinics are staffed by U-M transplant providers.

Once we receive a referral form, we can schedule a patient's evaluation at any of these locations. Some patients may be required to come to Ann Arbor for their evaluation.

### *Locations and Days\**

#### **Detroit Clinic**

7633 E. Jefferson Ave., Suite 180

Detroit, MI 48214

*Third Friday of every month*

#### **Grand Rapids Clinic**

University of Michigan Health-West,  
Park East

4055 Cascade Rd. SE, Suite 1033

Grand Rapids, MI 49546

*Second Friday of every month*

#### **Kalamazoo Clinic**

Fresenius Medical Care

527 E. Michigan Avenue

Kalamazoo, MI 49007

*Second Thursday of every month*

#### **Lansing Clinic**

Sparrow Medical Group Nephrology

1200 E. Michigan Ave., Suite 700

Lansing, MI 48912

*Fourth Friday of every month*

#### **Midland Clinic**

MidMichigan Health

Campus Ridge Building

4401 Campus Ridge, Suite LL0130

Midland, MI 48640

*First Friday of every month*

#### **Rochester Hills Clinic**

Michigan Kidney Consultants

Wellpointe Medical Building

1701 South Blvd. East, Suite 320

Rochester Hills, MI 48307

*Third Thursday of every other month*

*\*Days are subject to change. Locations current as of August 2022.*

## Kidney Peer Mentor Program

The University of Michigan Transplant Kidney Peer Mentor Program is based on the concept of looking to your peers to learn from their experiences. The mentors of the program are patients who have already successfully gone through transplant. Many find it helpful and reassuring to talk with those that have first-hand knowledge about the transplant experience.

The word mentor refers to one who is an advisor or teacher. The peer mentors play many different roles. They listen to fellow patients, strive to instill confidence, provide encouragement, and help patients confront challenging issues and emotions. Mentors are expected to maintain confidentiality of patient information.

The Mentor Program is entirely voluntary and is offered to all transplant candidates and their families during the formal evaluation phase. Patients may join or leave the mentoring program at any time during the transplant process without affecting the care provided by the University of Michigan Transplant Center, its staff, or doctors.

If you are interested in speaking to a peer mentor, please talk to your nurse coordinator or social worker.

## Kidney Transplant Mobile App



**M**  
MICHIGAN MEDICINE  
UNIVERSITY OF MICHIGAN  
TRANSPLANT CENTER

The app features pre- and post-transplant information for recipients, donors, caregivers, and more.

It also offers an easy way to reach the Transplant Center or ask our Peer Mentors about their transplant experience.

**Download Today!**

GET IT ON Google Play      Available on the App Store



Scan the QR code or search the App Store or Google Play for "Kidney Transplant Education" to download.

## Transplant-related Websites

- **University of Michigan Transplant Center**  
**[www.UofMHealth.org/transplant](http://www.UofMHealth.org/transplant)**

The official website of the University of Michigan Transplant Center geared to provide patients with information regarding the Transplant Center and the transplant process for all solid organ programs.

- **Scientific Registry of Transplant Recipients (SRTR)**  
**[www.srtr.org](http://www.srtr.org)**

The Scientific Registry of Transplant Recipients (SRTR) provides ongoing research to evaluate information and tracks all transplant patients from the time of transplant through discharge, then annually, until graft failure or death.

- **United Network for Organ Sharing (UNOS)**  
**[www.unos.org](http://www.unos.org)**

United Network for Organ Sharing is a non-profit, scientific, and educational organization that administers the Organ Procurement and Transplantation Network (OPTN), collects and maintains its data, and serves the transplant community.

- **National Living Donor Assistance Center**  
**[www.livingdonorassistance.org](http://www.livingdonorassistance.org)**

A federal grant program that provides reimbursement for travel, lodging and meals for people being evaluated for or undergoing living organ donation.

- **Gift of Life Michigan (GOLM)**  
**[www.giftoflifemichigan.org](http://www.giftoflifemichigan.org)**

Gift of Life Michigan (GOLM) is the only non-profit full-service organ and tissue recovery agency in Michigan since 1971. As an organization, Gift of Life Michigan acts as an intermediary between the donor hospital and the recipient transplant center providing all the services necessary for organ, tissue and eye donation.

- **Transplant Living**  
**[www.transplantliving.org](http://www.transplantliving.org)**

Transplant Living is a website supported by the United Network for Organ Sharing and is promoted as your prescription for transplant information.

- **Organ Procurement and Transplantation Network (OPTN)**  
**[www.optn.transplant.hrsa.gov](http://www.optn.transplant.hrsa.gov)**

The Organ Procurement and Transplantation Network (OPTN) is a unique public-private partnership that is committed to improving the effectiveness of the nation's organ procurement, donation and transplantation system.

- **National Kidney Foundation of Michigan**  
**[www.nkfm.org](http://www.nkfm.org)**

The National Kidney Foundation of Michigan is the local chapter of a national organization that exists to prevent kidney disease and to improve the quality of life for those living with kidney disease.

- **The Gift of a Lifetime; Organ and Tissue Transplantation in America**  
**[www.organtransplants.org](http://www.organtransplants.org)**

This site weaves together information about donation and transplantation with real world stories of transplant recipients, donors and healthcare professionals.



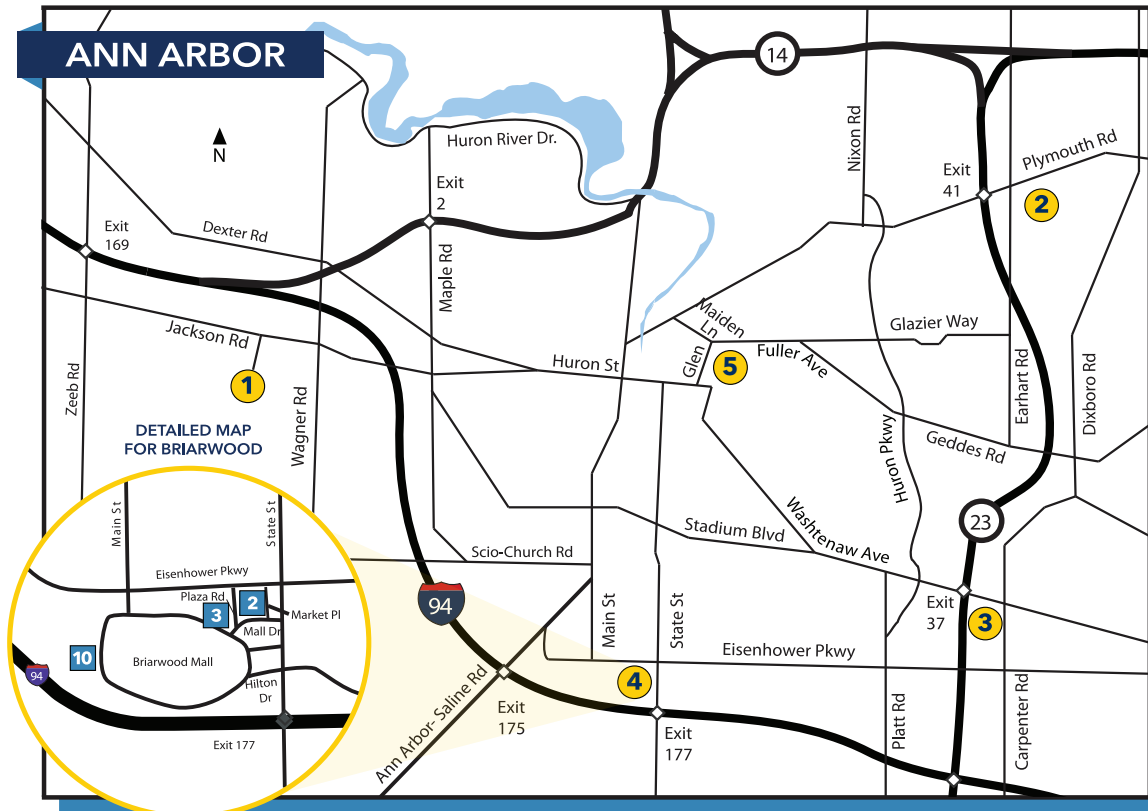
# LABORATORY PATIENT SERVICE CENTERS



Patient Service Centers offer adult and pediatric laboratory services, such as urine, blood specimen collection.

No appointment necessary, please call ahead to schedule glucose tolerance testing.

Results can be found by calling your physician or visit <https://www.myuofmhealth.org>



**1 WEST ANN ARBOR HEALTH CENTER**  
380 Parkland Plaza, Suite 130  
Ann Arbor, MI 48103  
**Ph:** 734.232.9720 **Fax:** 734.232.9772  
Mon-Th 7am - 7pm  
Fri 7am - 5pm  
Sat 8am - Noon

**2 EAST ANN ARBOR HEALTH CENTER**  
4260 Plymouth Rd., Ann Arbor, MI 48109  
**Ph:** 734.647.5685 **Fax:** 734.647.6457  
Mon-Th 7am - 7:30pm  
Fri 7am - 5:30pm  
Sat 8am - 12:30pm

**3 CARPENTER ROAD (Ann Arbor/Ypsi)**  
Packard Health Center  
2650 Carpenter Rd., Ann Arbor, MI 48108  
**Ph:** 734.998.0725 **Fax:** 734.998.0726  
Mon-Fri 8am - 5:00pm

**4 BRIARWOOD HEALTH CENTERS**  
**Building 2**  
400 E. Eisenhower, Suite B.  
Ann Arbor, MI 48108  
**Ph:** 734.998.4413 **Fax:** 734.647.3718  
Mon-Fri 8am - 3:30pm

**Building 3**  
375 Briarwood Circle  
Ann Arbor, MI 48108  
**Ph:** 734.998.0284 **Fax:** 734.998.6502  
Mon-Fri 7am - 2:30pm  
(Closed 1st Tuesday of each month 8am - 10:30am)

**Building 10**  
1801 Briarwood Circle  
Ann Arbor, MI 48108  
**Ph:** 734.913.0167 **Fax:** 734.998.4489  
Mon-Fri 9:30am - 5:00pm  
Sat 8:00am - Noon  
(Closed 2nd Wednesday of each month 8am - 1pm)

**5 MAIN MEDICAL CAMPUS**  
1500 E. Medical Drive, Ann Arbor, MI  
**Cardiovascular Center, Fl. 3, Recep. A**  
**Ph:** 734.232.5111 **Fax:** 734.232.5130  
Mon-Fri 7am - 3pm

**Children's & Women's Hospital, Fl. 2, Recep. B**  
**Ph:** 734-232-5672 **Fax:** 734.232.5682  
Mon-Fri 7am - 6pm

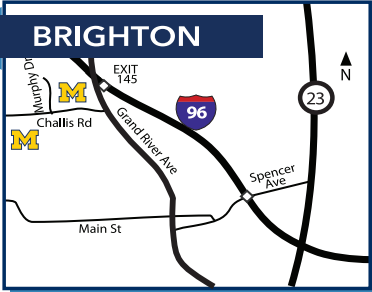
**Cancer Center, Fl. B2, Recep. E**  
**Ph:** 734.647.8913 **Fax:** 734.647.8937  
Mon-Fri 7am - 6pm

**Taubman Center, Fl.1, Recep. D**  
**Ph:** 734.647.6304 **Fax:** 734.647.6779  
Mon-Fri 7am - 6pm

**Taubman Center, Fl. 3**  
**Ph:** 734.936.6760 **Fax:** 734.936.7419  
Mon-Fri 7am - 6pm

# LABORATORY PATIENT SERVICE CENTERS

## BRIGHTON



**BRIGHTON HEALTH CENTER**  
8001 Challis Road  
Brighton, MI 48116  
**P:** 810.494.2649  
**F:** 810.494.2645

Mon - Fri 7am - 3pm  
Sat: Visit Bright Center  
For Speciality Care

**BRIGHTON CENTER FOR SPECIALTY CARE**  
7500 Challis Road  
Brighton, MI 48116  
**P:** 810.263.4087  
**F:** 810.263.4090

Mon - Fri 7am - 6pm  
Sat 7am - 4pm

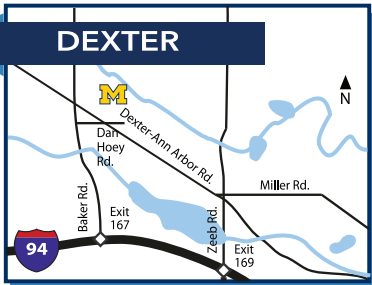
## CHELSEA



**CHELSEA HEALTH CENTER**  
14700 E. Old U.S. 12  
Chelsea, MI 48118  
**P:** 734.475.4483  
**F:** 734.433.4246

Mon - Fri 8am - 3:30pm  
Sat 8am - Noon

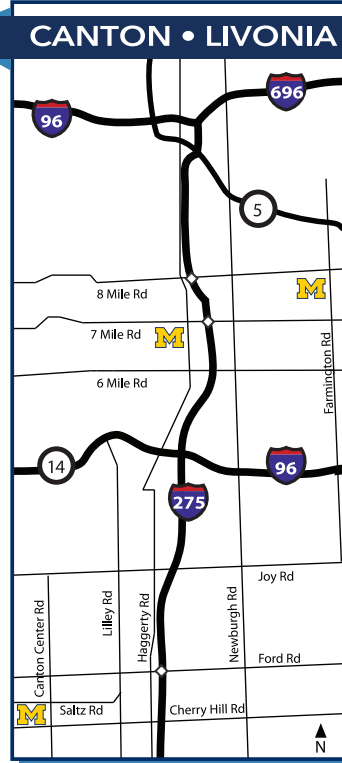
## DEXTER



**DEXTER HEALTH CENTER**  
7300 Dexter-Ann Arbor Rd  
Dexter, MI 48130

**TEMPORARILY CLOSED**

## CANTON • LIVONIA • NORTHVILLE



**LIVONIA HEALTH CENTER**  
20321 Farmington Rd  
Livonia, MI 48152

**TEMPORARILY CLOSED**

**NORTHVILLE HEALTH CENTER**  
39901 Traditions Dr  
Northville, MI 48168  
(at 7 Mile & Haggerty)

**P:** 248-305-4640  
**F:** 248-305-4642

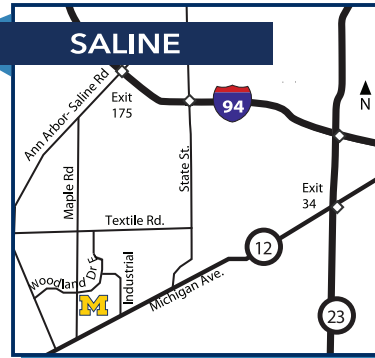
Mon - Th 7am - 6:30pm  
Fri 7am - 5pm  
Sat 8am - Noon  
(Starting 3/5/22) 8:30am-12:30pm

**CANTON HEALTH CENTER**  
1051 North Canton Center Rd  
Canton, MI 48187

**P:** 734.844.5280  
**F:** 734.844.5288

Mon - Th 7am - 7:30pm  
Fri 7am - 5pm  
Sat 8am - Noon

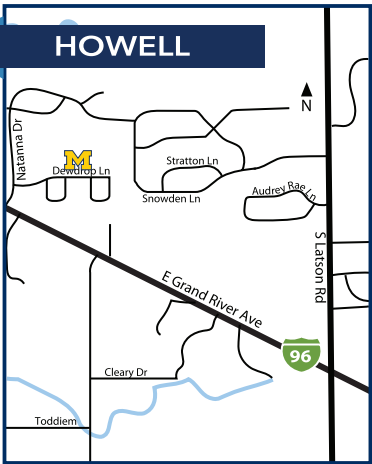
## SALINE



**SALINE HEALTH CENTER**  
700 Woodland Dr E  
Saline, MI 48176

**TEMPORARILY CLOSED**

## HOWELL



**HOWELL HEALTH CENTER**  
3399 E Grand River Ave  
Howell, MI 48843

**TEMPORARILY CLOSED**

## YPSILANTI



**YPSILANTI HEALTH CENTER**  
200 Arnet St.  
Ypsilanti, MI 48198  
(entry drive off Davis St)

**P:** 734.544.3277  
**F:** 734.544.3272

Mon - Fri 9am - 5pm



# Tobacco *fact sheet*

## Quitting Tobacco: Keys to Success

### What is the affect of tobacco use in the U.S.?

Tobacco is to blame for 438,000 early deaths each year. In 2009, the American Cancer Society called tobacco use the most avoidable cause of early death. Tobacco accounts for at least 30 percent of all cancer deaths. Almost half of those who continue to smoke will die from a smoking related death. The best way to reduce your risk of getting cancer, or living a shorter life is to not start using tobacco. If you do smoke or chew, it is never too late to quit, no matter how long you have used tobacco.

### If I plan to quit, what should I do?

You can quit on your own with a strong desire and by following a plan.

- Talk with your doctor.
- Set a quit date.
- Throw away lighters, ashtrays, or other items that remind you of tobacco.
- Ask family and friends for support.
- Keep busy.
- Exercise.



### Did you know that using quit-smoking aids like the patch will double your chances of quitting?

Nicotine is found naturally in the tobacco plant. When you smoke a cigarette, nicotine releases chemicals in your brain within 7-10 seconds of the puff. These chemicals may cause you to feel good, more awake, and calmer. Nicotine does not cause cancer, unlike nail polish remover, lead, and rat poison which also are found in cigarette smoke.

#### What do I need to do to take care of myself?

Quitting is hard.

Remember to:

- Get enough sleep.
- Eat healthy foods.
- Drink water.
- Exercise.
- Reward yourself.
- Take your medicine as prescribed by your doctor or nurse.

Using quit-smoking aids like nicotine gum can help ease the unpleasant feelings people can have when they quit tobacco. A quitter may feel moody, experience headaches, hunger, and urges to smoke. The following is a list of approved quit aids.

#### Prescriptions

- Nicotine Nasal Spray
- Nicotine Inhaler
- Chantix
- Zyban

#### Over-the-Counter

- Nicotine Patch
- Nicotine Gum
- Nicotine Lozenge

## What might make me start again?

Below is a list of high risk times and ideas to deal with them:

1. Stress
  - Breathe deeply a few times, in through the nose and out through the mouth.
  - Use positive statements such as: “I am strong” or “I can get through this.”
2. After meals
  - Be active. Take a walk, wash the dishes, or play with your children or pets.
  - Brush your teeth or use mouthwash.
3. Alcohol
  - Find different ways to hang out with friends.
  - Choose not to go to the bar or drink alcohol the first 3-4 weeks after quitting.
4. Driving
  - Clean the inside of your car.
  - Put your list of reasons to quit where you can see them.
5. Morning Routine
  - Change the order of how you get ready for the day.
  - Eat breakfast if you usually don't.



## What are some benefits of quitting smoking?

No matter how long you've been smoking, you can benefit from quitting.

- Quitting smoking increases your blood flow, energy level, and your general health.
- Your risk for heart disease is cut in half after only one year without smoking.
- Quitting smoking lowers the chance of breathing problems, as well as lung and other cancers.

## Smoking Hurts Others

Each year secondhand smoke is to blame for as many as 3,000 lung cancer deaths and another 35,000 deaths due to heart disease in nonsmokers. Secondhand smoke can cause problems like chronic bronchitis, asthma attacks, and ear infections in both adults and children. Secondhand smoke can also cause sudden infant death syndrome (SIDS).

## For Help:

The University of Michigan Health System's MHealthy Tobacco Consultation Service (TCS) works with employees, students, patients, and community members who wish to be free of tobacco. TCS offers support programs which address the physical, social, mental, and emotional issues accompanying tobacco use. We focus on unlearning tobacco habits and learning how to live tobacco-free again. Our services are free to U-M employees and UMHS patients with a doctor's referral. A fee is required for all others.

- **Web site:** [www.mhealthy.umich.edu/tobacco](http://www.mhealthy.umich.edu/tobacco)
- **Email:** [quitsmoking@med.umich.edu](mailto:quitsmoking@med.umich.edu)
- **Phone:** 734-998-6222 (99 T-OBAC)

## Weight Loss

Successful weight loss requires a healthy diet, regular exercise, and behavior change. While this may sound overwhelming, it doesn't have to be. The key is making small changes that become a lifestyle.

Potential transplant recipients may be asked to lose weight before becoming active on the kidney transplant list. Your transplant team will determine if you are required to lose weight. Sometimes recipients are able to be transplanted at their current weight, but gaining weight would make surgery difficult. They may be told that they cannot gain weight and can be placed on hold if they do gain weight.

### *Successful Weight Management Tips*

#### **Set Healthy Realistic Goals**

You are more likely to succeed in reaching realistic goals when you make changes step-by-step.

- Start with one or two specific, small changes at a time.
- Track progress by keeping a food and activity log ('myfitnesspal' app or other calorie count apps for your phone, can be very helpful). Record keeping is to determine what is working!
- Start with small weight loss goals to help you gain confidence, maybe 10% of weight loss at a time to encourage success. A fifty-pound weight loss goal can be too overwhelming.
- Lifestyle changes are more successful than diets.

#### **Eat a Balanced Plate with a Variety of Foods**

- Half your plate should be filled with low potassium fruits and vegetables, about one fourth with lean meat, poultry or fish, and one fourth with grains.
- Key in diabetes management.
- Improves cardiovascular health.
- Assists in managing weight.



#### **Benefits of Eating Four to Five Daily Servings of Vegetables and Fruit**

- Has fiber and takes time to chew, giving your brain a chance to realize you are full.
- Great source of important nutrients and assists your body in fighting inflammation.
- Promotes good bowel health and helps get rid of extra fluid, potassium, and phosphorous.
- Naturally low in phosphorous.
- Sucking on frozen fruit can help control thirst.
- Helps control blood pressure.

## **150 minutes of weekly exercise will help with weight loss**

- Can be broken down into 10-minute intervals.

## **Weight Loss Options**

- Individual counseling with dietitian. Will stress lifestyle changes to incorporate physical activity, healthy fat intake, portion control and increased consumption of vegetables and fruit. Dietitians are available at transplant center, dialysis unit and local health system.
- Bariatric surgery. This can be performed at Michigan Medicine or a variety of healthcare institutions. It is beneficial for patients with BMI greater than 35 to 40.
- Group classes such as Weight Watchers®, local health centers and mindful eating.
- University of Michigan Health Transplant Center Virtual Weight Loss Class. If you are interested in enrolling in a group class, please contact the kidney transplant dietitian through the patient portal or call 734-936-8290. Classes are offered on Zoom. Please contact for specific times.

**Self-monitoring** – Observe and record what you eat and when you exercise. This helps you to become more aware of your behaviors and how they keep you on track for weight loss success.

**Setbacks will happen** – Don't let an overindulgence force you off track. Instead:

- Use it as a learning opportunity. What can you do to prevent this from happening again?
- Keep a positive attitude. Making lifestyle changes is not easy – give yourself some credit!
- Focus on the progress and changes you have made and continue to find strategies that work best for you.



