



## Topics of Discussion: Transplant

When considering kidney transplant as a treatment option for your End-Stage Renal Disease (ESRD), you may have a lot of thoughts and questions running through your mind. When attending your transplant work-up, please cover these topics with your transplant team. You can use the notes section at the bottom to write down any information received.



### Living Donation

Living donation offers another choice for transplant candidates and it extends the supply of organs. Living donors can be immediate family members, friends, coworkers or total strangers. Sometimes a kidney transplant candidate has a living donor, but the donor is not a match. Kidney paired donation allows two or more recipients to trade donors so that each recipient can receive a kidney with a compatible blood type.



### Multilisting

National transplant policy allows a patient to register for a transplant at more than one transplant center. Each transplant center may require the patient to undergo a separate evaluation, even if the patient is already listed at another hospital. This could result in receiving a kidney sooner. Exploring transplant centers across the US can increase your opportunity to receive a kidney transplant. Visit [www.txmultilisting.com/wait.htm](http://www.txmultilisting.com/wait.htm).



### Transplant Medications

There is a possibility that your body may reject or attack a donated kidney. When this happens, you'll be prescribed anti-rejection or immunosuppressant medicines that can keep your immune system less active. You'll need to take them as long as your new kidney is working. Without them, your immune system would see the donated kidney as "foreign," causing your system to attack and destroy the kidney. Make sure to ask your transplant team about these medications, how they work, and any potential side effects.



### Kidney Donor Profile Index (KDPI)

KDPI combines a variety of donor factors into a single number that summarizes the likelihood of graft (donor kidney) failure after deceased donor kidney transplant.



### Body Mass Index (BMI)

A person's BMI is the measure of their body size, calculated as weight in kilograms divided by height in meters squared. Make sure to ask what your BMI means in terms of receiving a kidney transplant.



## Financial

Medicare covers about 80 percent of the costs associated with an evaluation, transplant operation, follow-up care, and anti-rejection medicines. Private insurers and state programs may cover some costs. However, your post-transplant expenses may only be covered for a limited number of years. It's important to discuss coverage with your social worker, who can answer your questions or direct you to others who can help. Make sure to discuss any associated costs with your transplant team.



## Recovery

While a transplant operation typically takes about four hours, the recovery period is considerably longer. Within the first day or so, you should be out of bed, but expect to be sore. If the kidney came from a deceased donor, it can take longer to start working. However, you should be able to return home within a week of surgery. Once home, the most important part of having a successful transplant begins — starting the follow-up process with regular checkups during the first year that may include blood tests several times a week. Fewer checkups may be needed as your care team makes sure your kidney is working well and the right amount of antirejection medication is in your body.



## Notes

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For more information or to file a grievance, please contact:

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911 E. 86th St., Ste. 202  
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[ESRDNetwork10@qsource.org](mailto:ESRDNetwork10@qsource.org)

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