



Talking Transplant

Patients with kidney failure have a variety of treatment options available to them. These choices include: in-center hemodialysis, home hemodialysis, peritoneal dialysis (CAPD or CCPD), transplant, or no treatment at all which would result in death. Some facilities offer more variations on in-center hemodialysis that may include nocturnal (nighttime) or daily hemodialysis. According to the CMS federal regulations for ESRD Services, all patients need to be informed if they are or are not eligible for a transplant. Some patients may be doing well on dialysis and are not interested in pursuing a transplant. Others may see a transplant as a way to get off dialysis. Others may be interested but may not be eligible for a variety of reasons.

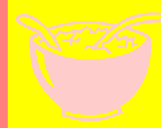
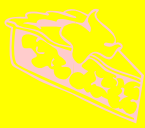
Available kidneys for transplant may come from people who have died and donated their kidneys (cadavers); living related donors (i.e. brother, sister, parent); or living un-related donors (i.e. spouse, friend). Before a patient can be placed on the waiting list for a cadaver kidney, a work-up must be completed.

This work-up includes an evaluation of the general health of the patient by checking various blood tests and x-rays

of the different systems of the body. Also included in the work-up is a dental exam. Sometimes psychological testing is included. Although there is no waiting list for a living related and un-related transplant, the work-up for the recipient of the kidney is the same.

Every transplant center has its own criteria for placing patients on the cadaver waiting list. Fairly common reasons for excluding a patient would be someone with recent cancer, an active infection or un-correctable heart, lung or liver problems.

Other reasons a transplant center may not want to list a patient could be compliance problems, smoking, and weight. These reasons are often changeable if the patient and center can work it out, however, once again it varies among centers. Some centers may require a noncompliant patient to be given a behavior contract to prove they can be compliant prior to listing. They may want to make sure the patient takes their medications and keeps their appointments after receiving a transplant. Some centers may require a patient to stop smoking because of the damage smoking can cause to blood vessels. Weight is an issue that may prevent a patient from being listed because of the



Talking Transplant, Con't

postoperative complications of obesity. All of these barriers vary among transplant centers.

We have chosen weight as a topic to focus on in this packet and have provided suggestions on how to lose weight (page 3); a Body Mass Index (BMI) table (page 4); and information on fast food (page 5). There are many resources available through our Web sites on exercise and stress reduction techniques.

The waiting list for a cadaver kidney can be very long. Patients are allowed to be on more than one list, however, they must be able to travel to different locations as soon as a kidney becomes available.

A list of transplant centers in our Network (Kentucky, Illinois, Indiana, and Ohio), as well as their location and phone number is included in this packet (page 6). We have also provided data on the number of cadaver and living transplants performed at these centers, as well as the number of patients on the waiting list (page 7).

Patients need to be educated about their options in order to make informed choices. If a patient is interested and is medically eligible, a transplant is an option worth pursuing. Transplants may enable patients to have more energy and flexibility to live more productive and more satisfying lives.

TRANSPLANT RELATED RESOURCES



A large amount of information is available about transplants, including many Web sites. It is impossible for one publication to cover every topic so we have attempted to collect some of what we consider the best material on our patient Web site:

www.kidneypatientnews.org. The site contains information on many topics including donation, kidney-pancreas transplants, laboratory testing, hospital stay, rejection, selection criteria, medications, and diet, to name a few. We recently added links to videos covering patients discussing their transplant experiences. Some of the videos show patients and donors talking about living transplants.

The videos from transplantlife.com feature real stories from real patients who have faced some challenges regarding transplantation. Two of the videos offer a viewpoint of transplantation from a woman's perspective and the African American perspective. To access transplant information, go to www.kidneypatientnews.org and click on transplantation on the quick start menu. From there, click on the topic that interests you. Visit our Web sites for links to other resources as well. For more information on exercise and rehab visit www.lifeoptions.org. Material on quality of life and handling stress is also available. To learn more about The Renal Network and what we have to offer, visit www.therenalnetwork.org.

WEIGHTING FOR A TRANSPLANT

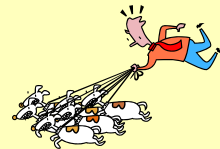
Evaluating candidates for a kidney transplant can involve many things. Usually a team of nephrologists, transplant surgeons, social workers, nurses, and/or psychiatrists evaluate a patient prior to placing them on a waiting list for a transplant. Many blood tests, x-rays and evaluations need to be performed.

The general health of the patient is considered as well as various risk factors including patient compliance with his treatments and medications. A transplant would not be performed on a person with cancer, an infection, or lung, liver, or heart problems that cannot be corrected. But did you know that a person's body weight is a risk factor that could prevent you from getting a transplant?

People with excess body weight have an increased risk of post operative wound infections, blood clots, and a higher death rate. Most transplant centers have guidelines about listing a patient who needs to lose weight although this target weight varies among centers. The guidelines used are the BMI (Body Mass Index). (See chart on page 4). The transplant centers may want your weight to be at a BMI of 30-35 before they would list you for a transplant.

If you have completed your transplant work-up but need to lose weight before you can receive a transplant, here are some suggestions:

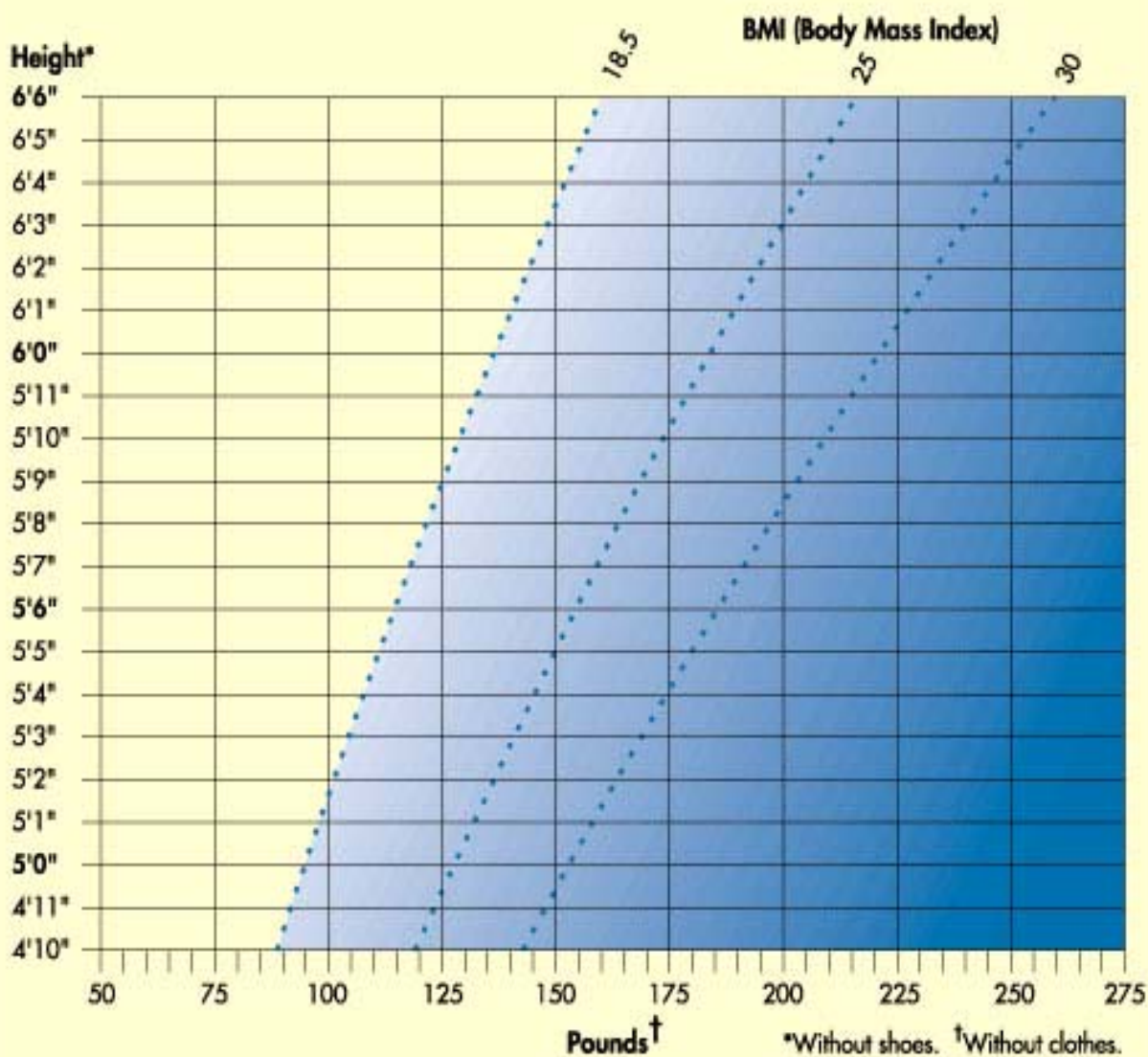
1. **Avoid fast food!** (See Fast Food Sampler on page 5)
2. **EXERCISE!** Move in any way you can, even if that only means getting off the couch to change the TV channel rather than using the remote. Start walking your dog (even if you don't have a dog!)
3. **Lower your stress levels if you tend to eat more when stressed.** (Resources for stress reduction ideas are available at The Renal Network).
4. **Cut out the liquid calories.** The average person drinks about 500 calories in soft drinks daily.
5. **Eat "normal" portion sizes, not what the media wants us to believe is normal.**
6. **Peritoneal dialysis patients need to watch fluid and sodium intake in order to avoid using 4.25% exchanges.** Routine use of 4.25% bags can add up to 600 calories daily!
7. **Talk to your dietitian for more ideas.**



GOOD LUCK

Figure 1

ARE YOU AT A HEALTHY WEIGHT?





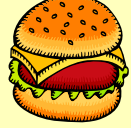



BMI measures weight in relation to height. The BMI ranges shown above are for adults. They are not exact ranges of healthy and unhealthy weights. However, they show that health risk increases at higher levels of overweight and obesity. Even within the healthy BMI range, weight gains can carry health risks for adults.

Directions: Find your weight on the bottom of the graph. Go straight up from that point until you come to the line that matches your height. Then look to find your weight group.

- Healthy Weight** BMI from 18.5 up to 25 refers to healthy weight.
- Overweight** BMI from 25 up to 30 refers to overweight.
- Obese** BMI 30 or higher refers to obesity. Obese persons are also overweight.

Source: Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2000, page 3.

FAST FOOD SAMPLER

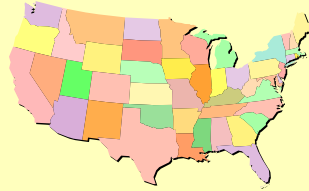
Item	Calories	Fat Grams	Sodium	
McDonalds				
Big Mac	490	27	890	
Quarter Pounder / Cheese	490	27	1090	
Hamburger	250	9	490	
Filet-O-Fish	370	18	730	
Large French Fries	400	22	200	
Wendys				
Plain Single Hamburger	350	15	510	
Big Bacon Classic	640	36	1500	
Large Chili	290	9	1000	
Grilled Chicken	290	7	720	
Biggie Fries	420	20	260	
Side Salad	60	3	160	
Burger King				
Whopper	640	39	870	
BK Big Fish	720	43	1090	
Chicken Tenders	250	12	530	
Onion Rings	310	14	810	
Broiled Chicken Salad	200	10	110	
Arbys				
Regular Roast Beef	383	18	936	
Beef 'N Cheddar	508	27	1166	
Potato Cakes	204	12	397	
Turkey Sub	486	19	2033	
Taco Bell				
Chicken Soft Taco	223	10	553	
7-Layer Burrito	485	21	1115	
Chicken Burrito Supreme	520	23	1130	
Taco Salad	838	55	1132	
Mexican Pizza	574	38	1003	
Fazolis				
Reg. Spaghetti/Meat Sauce	372	8	161	
Reg. Spaghetti/Tomato Sauce	343	7	175	
Reg. Spaghetti / Meatballs	582	25	864	
Lasagna	533	24	1148	
Pepperoni pizza (2 slices)	430	17	908	

The above information was obtained from the Deaconess Heart Center FAST FOOD GUIDE FOR PEOPLE ON THE GO and contains just a sampling of fast food facts. For more information go to www.mmgdoctor.com under Fast Food Facts online.

TRANSPLANT CENTERS – NETWORK 9/10		
(updated September 2008)		
TRANSPLANT CENTER	City	Phone Number
Kentucky		
Jewish Hospital	Louisville	502-587-4939
Kosair Children’s Hospital	Louisville	502-852-8656
University of Kentucky Medical Center	Lexington	859-323-6544
Illinois		
Children’s Memorial Hospital	Chicago	773-327-3965
Loyola University Medical Center	Maywood	708-216-3454
Memorial Medical Center	Springfield	217-785-2711
Northwestern Memorial Hospital	Chicago	312-695-8900
Rush University Medical Center	Chicago	312-942-6242
OSF St. Francis Medical Center	Peoria	302-655-4101
University of Chicago Medical Center	Chicago	773-702-6338
University of Illinois Medical Center	Chicago	312-996-6771
Indiana		
Clarian Health/Methodist/IU/Riley	Indianapolis	800-265-3220
Lutheran Hospital of Fort Wayne	Fort Wayne	260-435-7100
Ohio		
Akron City Hospital	Akron	330-375-3000
The Cleveland Clinic Foundation	Cleveland	216-444-6996
Children’s Hospital Medical Center	Cincinnati	800-344-2462
Nationwide Children’s Hospital	Columbus	614-722-4360
University of Toledo Medical Center	Toledo	419-383-5390
Miami Valley Hospital	Dayton	937-208-2529
Ohio State University Hospital	Columbus	614-293-7567
The Christ Hospital	Cincinnati	513-585-1201
University of Cincinnati/University Hospital	Cincinnati	513-584-4956
University Hospitals of Cleveland	Cleveland	216-844-3689

TRANSPLANT ACTIVITY (1/1/2007 – 12/31/2007)				
(Data obtained from www.ustransplant.org)				
TRANSPLANT CENTER	Cadaveric Transplants	Living Donor Transplants	# on waitlist 1-1-2007	# on waitlist 12-31-2007
Kentucky				
Jewish Hospital	62	17	195	212
Kosair Children's Hospital	2	2	3	4
University of Kentucky Medical Center	33	25	119	138
Illinois				
Children's Memorial Hospital	9	6	27	30
Loyola University Medical Center	32	19	567	610
Memorial Medical Center	15	10	219	221
Northwestern Memorial Hospital	104	142	860	917
Rush University Medical Center	86	15	528	549
OSF St. Francis Medical Center	17	13	170	188
University of Chicago Medical Center	67	34	668	623
University of Illinois Medical Center	29	71	310	369
Indiana				
Clarian Health/Methodist/IU/Riley	134	85	590	666
Lutheran Hospital of Fort Wayne	10	7	0	48
Ohio				
Akron City Hospital	25	11	90	165
The Cleveland Clinic Foundation	70	61	632	672
Nationwide Children's Hospital	2	5	3	0
Children's Hospital Medical Center	12	4	7	5
University of Toledo Medical Center	59	30	179	203
Miami Valley Hospital	27	7	77	88
Ohio State University Hospital	101	106	422	385
The Christ Hospital	24	39	151	183
University of Cincinnati/University Hospital	19	27	134	154
University Hospitals of Cleveland	36	25	349	389
National				
	10,586	6,037	70,162	76,070

DID YOU KNOW?



- 1. Over 70, 000 patients were waiting for a kidney transplant in the United States in 2007.**
- 2. Almost 16, 650 transplants were performed.**
- 3. Over 6, 000 of the transplants in 2007 were from living-related or living un-related donors.**
- 4. A living donor does not have to be from your immediate family.**
- 5. In order to be a donor (if not related to recipient) you may need to have a psychiatric evaluation.**
- 6. The hospital costs are usually paid for by the recipient's insurance.**
- 7. If you are a diabetic on dialysis you may be able to get a kidney-pancreas transplant from a deceased donor.**
- 8. After receiving a transplant you may actually be encouraged to drink fluids.**



If interested in pursuing a transplant speak with the staff at your dialysis center.