



Health Facts for You

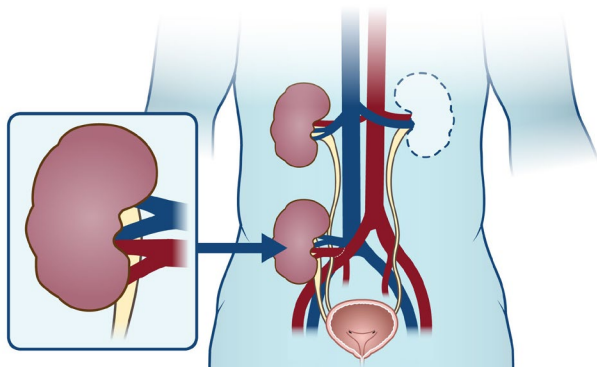


Renal autotransplant

UWHealth

Welcome to the UW Health Renal Autotransplant Program. The team takes pride in building a care plan tailored to your needs. We are committed to your success. UW Health is a national and international leader in the field of Renal Autotransplant. Our program provides care for both adult and pediatric patients.

Renal autotransplant surgery is done to help manage severe, long-lasting kidney pain. The transplant surgeon removes the kidney and places it deep in the lower pelvis.



Before Your Evaluation

Before your evaluation, a few things must be done. Before a visit you must:

- Complete the surveys included in your evaluation folder and bring to your evaluation appointment.
- All records of testing must be available to UW Health
- Have insurance approval. A financial coordinator will work on this.

Evaluation Visit

An evaluation may include lab work, radiology testing, urology testing, and office visits with our team. This may take two days. You must have a primary support person that can commit to providing care as you recover. We ask that a support person accompany you to your evaluation visit.

After Your Evaluation Testing

After evaluation, if a renal autotransplant is recommended, and you wish to have surgery, we can discuss a date for surgery. Our financial coordinator will work with your insurance to get approval for surgery.

Always notify your transplant team of any current or future insurance changes or updates.

The Autotransplant Process

Evaluation

- In order to make sure autotransplant is the best option, you will:
 - Meet with the autotransplant team.
 - Complete tests and labs.
- After your evaluation, we will follow up with you about next steps.

Waiting Period

- If a renal autotransplant is recommended, and you wish to proceed with surgery, we can discuss a date for surgery.
- The renal autotransplant financial coordinator will work with your insurance to get approval for surgery.

Surgery

- You must come to the hospital the week of surgery for a preoperative appointment.
- You have your surgery and will be in the hospital 7-10 days.

Follow-up

- There will be a follow-up visit and labs at 2-3 weeks and at 3 months.
 - There will be labs and phone call follow up at 6 months and 1 year after surgery.
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Team Members

Transplant Surgeons

Transplant surgeons meet with you and your family during the evaluation. They review your record and test results and explain the surgery. They review the risks and benefits of autotransplantation.

Physician Assistants (PAs) and Nurse Practitioners (NPs)

These advanced practice providers care for you before and after your surgery. They check on you as you recover and help to manage your medicines. They also help to plan for your discharge needs. You will see them in transplant clinic before and after your surgery.

Surgical Residents and Transplant Fellows

These doctors assist with hospital care. This includes getting you ready for and assisting with surgery. They help to manage issues after surgery and prepare you for discharge.

Nurse Coordinators

Nurses coordinate your care throughout the evaluation and surgical period. They assist with arranging any necessary testing and will contact your local doctors or other healthcare facilities as needed.

Clinical Social Workers

Social workers talk with you about your emotional health and social situation. They will discuss community resources and help with financial matters. They help support you during the surgical process. Social workers can answer your questions about advance directives and help complete them if needed.

Health Psychologists

Clinical health psychologists may be asked by the transplant surgeon to evaluate how prepared you feel for surgery.

Clinical Dietitians

Clinical dietitians assess your nutritional status and your strength. They help you to make a plan for good nutrition and exercise.

Transplant Pharmacists

Pharmacists work with the team to make sure the medicines are used correctly. They watch for side effects and try to minimize them. They also help to manage the timing of the medicines.

Inpatient Transplant Nurses

These nurses care for you in the hospital. You will have a primary nurse. This nurse works with the rest of the team to get you ready for discharge.

Pain Management Service

This medical team manages pain after surgery. They will suggest a plan for pain management after discharge.

Case Managers

Case managers focus on the plan for leaving the hospital.

Spiritual Care

Chaplains help people find comfort and meaning from their faith during illness recovery. Our chaplains provide spiritual and emotional support. They also perform sacraments. Faith and medicine offerings are provided in the hospital chapel.

Other Services

Other services are available to help you and your family. For example, Interpreter Services help those who need translation. Housing assistance can help if you need short-term housing.

When to Call

Waiting for your surgery may take many weeks or months.



You may go through many health changes during this time. It is vital to keep the team informed of any changes in your health status. This will help to ensure that you are in the best condition for your surgery. Examples of things that you should call about include:

- Taking antibiotics or having an active infection
- Getting a blood transfusion
- Being hospitalized
- An increase or decrease in your weight (5 pounds or more)
- Having a significant change in your health status
- Having a change in insurance coverage.
- Changes in contact information (such as phone number or address)
- Changes in your support person or plan

What to Bring to the Hospital



- Advance Directive (Durable Power of Attorney for Health Care or Living Will)
- **All** medicine bottles **and** list of medicines
- A form of payment for medicines at discharge
- Insurance/ Medicare/Medicaid cards
- Loose clothing (sweat pants or something with elastic or drawstring waist bands), T-shirts, socks and supportive shoes for walking and therapy
- Personal comfort items (electronic devices, phone, chargers, and blanket or pillow)

Please do not bring jewelry, large amounts of cash, or valuable items.

Preoperative Appointment

We will call you about 1 week before your surgery to make sure you are still healthy for surgery. Then you must come to the hospital the week of surgery for a preoperative (before surgery) appointment. Your support person should come with you. It is important to have a good recovery plan in place before surgery and know who will help and support you after surgery. At this visit you will have:

- Lab tests
- Electrocardiogram (ECG)
- Chest x-ray
- History and physical
- Pre-surgery instructions

Surgery

Day of Surgery

You will go to First Day Surgery at University Hospital. A nurse will get you ready for surgery. Your support person can stay with you until you go to the operating room (OR). Visitor policies will be shared with you before your surgery.

Once you are in the operating room (OR), you will meet your nurse who will answer questions, make sure you are comfortable, and explain what is happening. You will also meet with anesthesia to discuss plans for pain control.

The surgery will take about **5-7 hours**. You will go to the recovery room for about 1 hour before going back to your room on the inpatient unit.

Guidelines for Visitors

Visitors should check at the information desk or nursing unit before visiting. The main hospital phone number is 608-263-6400.

Keeping Support People Updated

It is a good idea to choose one person as the primary contact. This person can update other family members and friends about your status. Make sure the surgical team has that person's contact information.

After Surgery

You can expect to wake up shortly after getting to the unit. You will likely feel drowsy, hear beeps, alarms, and voices. Your nurses will check your blood pressure, temperature, and measure your urine output often.



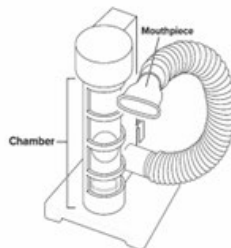
You will be expected to be up walking within the first 8-12 hours. You will then need to be out of bed to the chair and/or walking at least 3 times each day.



Equipment and Other Changes to Expect

When you wake up from surgery you will have:

- A catheter in your bladder to drain urine. The catheter will usually be in place for 2 days.
- A stent in your ureter to keep the connection between your kidney and bladder straight while it heals. This allows the urine to flow into the bladder. The stent must be removed later.
- An IV to give you fluid and medicines when you are not eating and drinking.
- You will wear Sequential Compression Devices ("SCDs" or leg pumps) when you are in bed to help blood flow and help prevent blood clots.
- You will be coughing, deep breathing and using an incentive spirometer every 1-2 hours while awake to help clear your lungs.



You will have blood tests done to keep you and your health care team aware of how you are doing.

You may need pain medicine to lessen incision pain. Walking, coughing, and deep breathing will be easier with pain medicine. We work with a pain team to ensure optimal and safe pain control.

You will start with a liquid diet the day after surgery. We will advance your diet as you recover from surgery.



You can expect to stay in the hospital for 7-10 days, sometimes longer.

Medicines

These are examples of medicines you may need after autotransplant.



Antibiotics: These medicines prevent infection after surgery. You will take this medicine for a short period of time.

Aspirin: This prevents blood clots. You will take this medicine for 3 months after surgery.

Docusate with Senna: This prevents constipation and helps your bowels move. You do not need this when your bowels are moving well.

Incision Care

You will have incision(s) on your abdomen. The incision will have a covering which will stay on for 48 hours after surgery. Your incision may take over a month to fully heal. You may have stitches that dissolve and glue on your incision. This will heal up on its own. If you have staples, these will be removed at your first appointment after surgery.

Bathing, Soap, and Dressings

- You may shower. Do not take any tub baths until your incisions are healed and there are no scabs.
- Use a washcloth with unscented soap and water to gently clean the incision. Do not rub over the area.
- Do not put any creams, ointments, or powders on the incision.
- When you go home, you may need to put a dressing over your incision if it is draining. A nurse will give you a 3-day supply of dressings to use and an abdominal binder. If you need more supplies, you can buy them at a local drug store. Wear the abdominal binder when you are up moving around.
- Your incision may burn easily in sunlight. Avoid direct sunlight to the area.

Activity and Nutrition

Activity

Over time, most patients can go back to their normal activity. It will take some time to gain strength and endurance. Keeping up with an exercise routine once you have recovered from surgery is the best way to manage your weight and improve your well-being.

You will need to restrict your activity for the first 8-12 weeks after your surgery. After that you can return to your normal routine.

Sexual Activity

You can resume sex when you feel able. There is no restriction on any position you may use during sex. Always urinate after sex.

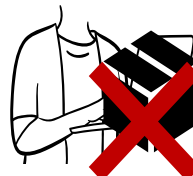
Going Back to Work

Plan to be off work for 8 to 12 weeks. Your surgery team will talk with you about returning to work. They will help you with paperwork or questions you may have.

Restrictions



Do not drive for if you are taking opioid pain pills. Avoid driving for 2 weeks. Always wear a seatbelt.



10+ pounds

Do not lift, push, or pull more than 10 pounds for 8 weeks and no more than 30 pounds for 4 weeks after that.



If you are staying in the area after surgery and need to fly home, your surgeon will let you know when you are cleared to fly.



Nutrition

Nutrition plays a key role in the recovery process. After surgery, your body needs enough nutrition to promote healing and prevent infection. It is important to drink water and stay hydrated. You should drink about 6-8 glasses of water per day.



Coping

During the recovery process, it can be common to feel anxious, depressed, or frustrated. If you have these feelings, please tell your care team. It may be helpful to share how you are feeling with your loved ones or close friends. Your social worker can help you cope with these emotions and provide next steps on how to connect with a mental health provider if needed.

Support People

The transplant process can be very tough for family members. Many support people have anxiety during the process. It is important for support persons to take care of themselves during this time.

Follow-Up Care

Appointments

Your first clinic visit after surgery will be 2-3 weeks after discharge. If you live more than 3 hours from the hospital, you must stay in the area after discharge until this follow-up visit. Your primary support person must also stay with you.



During your first visit after surgery, you will have an appointment in the Urology Clinic to remove the stent that was placed during surgery.

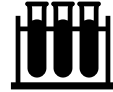
You should also expect a follow-up visit, virtual or in person, with the Transplant Clinic with lab monitoring 3 months after surgery.

What to Bring to Clinic Visits

- A list of your current medicines
- A snack
- A list of questions

Labs Before Clinic Visits

You will have your blood drawn before your clinic visit. This allows the team to have test results when they see you in clinic. The orders for your tests will be ready for you when you arrive at the lab. You do not need to be fasting for these labs. You will have an appointment time for your lab visit and another one for your appointment with your provider.



What to Expect During Clinic Visits

Plan to arrive at the Transplant Clinic at least 15 minutes before your scheduled lab appointment time. You need to register and check in. Staff will weigh you, take your blood pressure, and review your medicines. If you need any supplies or prescriptions, please tell the staff at this time. If you would like to meet with a pharmacist or social worker, please let your coordinator know before your appointment.

Commitment to Follow-Up Care

You will continue to need care after surgery. This long-term care includes Transplant Clinic visits, nurse check-ins, lab tests at 3, 6, and 12 months after surgery. Staff will also be checking on your pain and mental health.

You must have a primary care provider to follow your care. Plan to see your primary care provider within 1 week of returning home. We rely on them to address routine health issues and long-term pain management. We will work closely with your primary care provider to give you the best care.

Complications

Urinary Tract Infections

Urinary tract infections (UTI) occur when germs get into the urinary tract. Symptoms include burning or pain with urination, increased pressure, or feeling the need to urinate right away, urinating small amounts more often, bloody urine and fever or chills. If you have any of these symptoms you should call your primary care doctor.

Incision Infections

If you develop an infection in your incision, contact your nurse coordinator right away. You may need antibiotics to treat the infection. Symptoms of wound infections include:

- Increased redness or warm to the touch
- Pus-like or green drainage
- Temperature by mouth is greater than 100.5°F or 38.3°C
- Excessive swelling or bleeding or bruising
- Increased pain you cannot control with your pain medicine

Gastrointestinal Issues

Watch for increased nausea, vomiting, diarrhea, constipation, or you are unable to keep down food, liquids or medicines.

Tips for Talking with Your Health Care Provider

You and your health care team are working toward the same goal - good health for you. Talk together about your health and any problems you may have. Here are a few tips to make the most of your time together.

Use clinic and hospital visits to learn how to best care for yourself. Ask questions. Practice new skills. Get advice about what might work best for you.

Be a partner in making decisions. Ask about your options. Find out about pros and cons of any decision. Plan your care with the health care team and others who support you.

When you make an appointment, ask if you need any tests before you come in. You may need to wait to eat or drink until after a test is done. Ask if you can do the test before your appointment. You may be able to get the results during your clinic visit.

Prepare for your visit. Think about the reason for your clinic visit. Write down what you want to tell your provider. Write down any questions you have. Ask the person who comes with you to help keep track of questions and answers.

Listen carefully. If you don't understand, ask questions. Ask for more information if you need it. Take notes or ask for a written sheet if this would help you. Ask your health care provider:

- What your health problem is
- What caused it
- What you should do about your health problem
- When it will improve
- If you need a follow-up visit

Make sure you know and agree with the plan.

- Repeat what you have heard to make sure you understand what was said.
- Make sure the instructions are right for you. If they aren't, tell your provider. The plan can be changed to better meet your needs.
- Understand side effects and what to expect from any new medicines.
- Find out who to call for questions after you go home.
- Take your after-visit summary sheet at the end of a clinic visit. You can also find it in MyChart.

Helpful Resources

The resources below may be helpful for patients and their families.

Guided Imagery

<https://www.healthjourneys.com/>

The use of relaxation and meditation to improve mood and physical well-being.

Mindfulness Meditation

<https://www.mindfulnesscds.com/>

Mindful meditation may reduce reactions to stress.

UW Health Renal Autotransplant

<https://www.uwhealth.org/treatments/renal-autotransplant>

Meet your transplant team, read patient stories, watch educational videos, and more.

Who and When to Call

Coordinator/Transplant Office

Call for:

- Medicines
- Symptoms
- Lab results
- Autotransplant-related questions

Contact:

- Monday-Friday, 8:00a.m.-4:30p.m.
- 608-263-1384

Transplant Clinic

Call for:

- To schedule, change or cancel an appointment

Contact:

- Monday-Friday, 8:00a.m.-4:30p.m.
- 608-262-5420

Social Worker

Call for:

- Worries about your emotional health

Contact:

- Monday-Friday, 8:00a.m.-4:30p.m.
- 608-263-1384

Financial Counselor

Call for:

- Call for questions about insurance

Contact:

- Monday-Friday, 8:00a.m.-4:30p.m.
- 608-263-1384

On call Doctor (Transplant Surgery Kidney Fellow)

Call for:

- Symptoms immediately after discharge from the hospital including:
 - Fever over 100.5°F or chills
 - Nausea, vomiting or diarrhea for more than 24 hours
 - Blood in urine or problems urinating

Contact:

- Evenings, weekends and holidays
- 608-263-6400

Local doctor/ health care provider

- Problems not related to your surgery
- Refills of medicines

Call 911 or go to the nearest emergency room

- Trouble breathing
- Heavy bleeding or bleeding you can't stop
- Chest pain
- Fainting or passing out
- High blood pressure with headache or vomiting
- Unable to take medicines for 24 hours
- Seizure or stroke
- Severe pain
- Anything else you think might be an emergency
- If you are in a local emergency room or hospital, call your Coordinator.

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright ©2/2024. University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing. HF#8073