Introduction
Welcome to the Transplant Program at the University of Virginia. This handbook was prepared to give you basic information about kidney failure and to introduce you to one of the treatment options available to you. Patients with end-stage renal disease (ESRD) have irreversible failure of their kidneys, which means they will not get better. People need their kidneys to survive; the kidneys are responsible for many functions within the body. There are many causes of ESRD, each leaving patients with difficult choices. Dialysis, whether it is hemodialysis or peritoneal dialysis, can replace some functions of your own kidneys but not all functions. Therefore, kidney transplantation is often considered the best treatment option for ESRD and the option that is most likely to return you to the lifestyle you enjoyed prior to losing kidney function. It is important to remember that kidney transplant surgery will not fix the cause of your illness.

There are risks associated with undergoing a kidney transplant and we feel it is important for you to be well informed about the benefits and risks associated with kidney transplantation. With this knowledge, you and your family will make decisions that feel right to you. It is important to remember that kidney transplant is not the only treatment option and you have the right to refuse transplantation at any time. We will discuss alternatives to transplant with you. The Transplant Team at the University of Virginia is here to assist you and guide you through this process.

History of Kidney Transplantation
Physicians began experimentation in kidney transplantation in the early 1900s. In 1954, the first successful kidney transplant was performed. The donor and recipient were identical twins. In 1967, we began performing kidney transplants at the University of Virginia, and today over 2,000 patients have received a kidney transplant here. The UVA Transplant Center does approximately 80 kidney transplant surgeries each year.

Where Do Donor Kidneys Come From?
Kidneys for transplant surgery can come from two different sources. Living donor kidney transplant is the best option for most patients. A living donor may be someone related to you by blood or someone unrelated. The individual ideally has a blood type compatible with yours; however, if there are no blood type-compatible donors, there still may be opportunities for that individual to be a donor. Due to the large number of people waiting for kidney transplant and the shortage of donor organs available, we encourage you to explore the option of living donor transplant. Living donors go through a thorough evaluation to assure that they are healthy and that they have two kidneys that function well. One kidney can perform the function of two if it is a healthy one. There is an educational handbook with detailed information regarding living kidney donation that will be provided to you if you choose to investigate this option.

The other option is a kidney from a deceased donor. A deceased donor is someone who has suffered a catastrophic injury to their brain — for example, from a car accident or a stroke. A deceased donor is a previously healthy person who has suffered brain death despite advanced life support. All thinking portions of the person’s brain, as well as the brainstem, have been destroyed. When an individual meets strict clinical criteria establishing brain death, they can become an organ donor.
The Evaluation Process

You have been referred to the University of Virginia for evaluation for kidney transplant. In most cases, your local kidney doctor or dialysis unit has referred you. Prior to your appointment, we ask that your medical information and recent diagnostic testing be forwarded to us. We will review this in order to prepare for your clinic visit.

On the day of your appointment, we ask that you arrive 30 minutes early for registration in the Transplant Clinic. Please plan to spend between three and five hours with us. During that time you will meet with the Transplant Nurse Coordinator, who will teach a class about transplantation. This class is taught in a group setting with others who are interested in undergoing kidney transplant. After class, you will meet individually with the Nephrologist, the Social Worker, the Transplant Nurse Coordinator, Financial Coordinator and Nutritionist. These individuals are all part of a multidisciplinary approach to transplant care. Each has a specific role:

Transplant Nurse Coordinator – The Transplant Nurse Coordinator provides education regarding the transplant evaluation process, listing for transplant and patient responsibilities before and after transplant. The coordinator is your advocate throughout the process and will work to ensure your needs are met. Meeting with the coordinator is intended to provide you with an opportunity to ask questions and become fully informed about the kidney transplant process.

Transplant Surgeon – The Transplant Surgeon’s role is to assess your appropriateness for transplant based on the information obtained during your evaluation. The surgeon also discusses with you the significance of undergoing kidney transplant, details about the procedure and the risks/possible complications associated with surgery.

Transplant Nephrologist – The Transplant Nephrologist meets with you to discuss many of the disease processes that have contributed to your kidney failure. They review your medical history to determine medical tests that should be performed in addition to the standard evaluation tests required during the evaluation.

Social Worker – The Transplant Social Worker’s role is to evaluate your ability to cope with the stress of transplantation and your ability to follow a rigorous treatment plan, both before and after transplantation. Patient and family/guardian commitment is necessary and the social worker will help you identify your support group.

Financial Coordinator – The Financial Coordinator will discuss with you the costs associated with transplant and with medications required post-transplant. They will help you understand your insurance coverage and what costs may not be covered by insurance.

Nutritionist – The Transplant Nutritionist will perform a nutrition assessment and provide nutrition education when needed.

Pharmacist – The Transplant Pharmacist will review your current medications and identify concerns or possible complications with medications required post-transplant.

At the end of your initial appointment, you should have a good idea of what risks and benefits are associated with kidney transplant, whether it is a good option for you and how the remainder of your evaluation will proceed. At any time either before or after your clinic appointment, please feel free to contact us with any questions or concerns. We are here to help you.
Evaluation of the Living Donor

A living kidney donor must go through a thorough evaluation to ensure that kidney donation is safe for him/her. Blood tests are done to determine his/her blood type, blood chemistries, viral studies and blood count.

If the donor and recipient have compatible blood types, tissue typing is obtained. Here are the potential blood types and which types are compatible:

<table>
<thead>
<tr>
<th>Donor</th>
<th>Recipient</th>
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<tbody>
<tr>
<td>O</td>
<td>O</td>
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<tr>
<td>A, O</td>
<td>A</td>
</tr>
<tr>
<td>B, O</td>
<td>B</td>
</tr>
<tr>
<td>O, A, B, AB</td>
<td>AB</td>
</tr>
</tbody>
</table>

The Rh factor, negative (-) or positive (+), is not important for organ transplants.

It may be possible to have a living donor who is a different blood type. We can test your blood types to see if it is possible to overcome blood type incompatibilities by giving you special medications before transplant.

Each of us inherits certain genetic markers from our parents. Tissue typing determines how closely one’s markers match those of someone else. For instance, you and a sibling may have all six markers match, or only half will match, or none will match. These results are obtained through what is referred to as tissue typing.

When a potential donor contacts our Living Donor Coordinator, a health screening is completed over the telephone to determine if there are any obvious health issues that would preclude kidney donation. The donor will then have lab studies completed to confirm blood type and determine the adequacy of their kidney function. If these results are acceptable, the donor will continue to be evaluated for donation. There are many additional assessments of all donors that must be completed prior to approving them for donation.

All expenses associated with living kidney donation — including evaluation, operation, inpatient stay and post-donation care — are covered for the donor either through a special fund or the recipient’s insurance. There is no compensation to the donor for time lost from work or costs incurred coming to and from the Transplant Center.

If you have a potential living donor, he/she MUST contact the transplant office or attend your clinic appointment with you. All potential donors MUST contact the transplant office themselves. We WILL NOT call donors to solicit their interest.

Evaluation of the Deceased Donor

The evaluation of a deceased donor begins when brain death is declared and the donor’s family gives consent for organ donation. Chemistry tests are done to determine if the kidneys are functioning normally. Blood typing and tissue typing are also completed. The donor is tested for hepatitis, HIV and other viruses. The donor family is interviewed to determine if the donor exhibited any increased risk behaviors that would make infection with Hepatitis C, hepatitis B or HIV likely. Although donor organs are tested, there is still a very small risk (less than 1 percent) to the transplant recipient of contracting HIV, hepatitis or other viruses if the donor is infected but the infection is not detectable at the time of donation.

If one or both kidneys are found to be suitable for donation, the donor is taken to the operating room where the kidneys are removed. Once removed, the kidneys are placed on ice and in a nutrient-rich solution that helps to preserve their function. The kidney(s) are transported to the locations where the recipient operations will occur. Every effort is made to transplant the kidney(s) within 36 hours of being removed from the donor. Generally the longer a kidney has been out of a donor, the more slowly normal function will recur in the recipient.
Activation on the Kidney Transplant List

Once you have been evaluated in the transplant clinic, your case will be discussed at Kidney Selection Conference. This is a multidisciplinary group that meets weekly. The group consists of the Transplant Surgeons, Transplant Nephrologists, a Social Worker, Nurse Coordinators and Financial Coordinators. You will be notified of the group’s decision. If the decision is made to activate you on the list, information is provided to UNOS — the United Network for Organ Sharing, a federally regulated, private organization. They maintain the computer registry where all organ transplant candidates are listed. UNOS is responsible for establishing the policies that the transplant centers must follow and ensures that the sharing of organs is fair to all individuals. Patients are prioritized on the Adult Kidney Transplant Waiting List based on time. This means that you must wait “in line” for a kidney to become available from a deceased donor.

Your name will be placed on the list along with your blood type and the antigens that were identified as part of your blood tests. While on the kidney transplant list, you will need to send us a sample of your blood each month. With this blood we are able to determine your PRA (preformed antibody level) and perform a preliminary crossmatch with potential donors that become available. If we do not receive this sample, you won’t be able to receive a kidney transplant, since we need it to match you and your donor. Your dialysis center or primary physician can draw and send this sample to us. It is important to keep all of your appointments and complete testing so that you are in the best possible shape for transplant when the time comes.

The waiting period for a transplant is a difficult time for most patients. You can anticipate a waiting time of approximately three to five years for a deceased kidney transplant. During that time you need to be prepared to accept a kidney should one become available. While active on the transplant list, we will need to be able to reach you at all times. We will ask you for phone numbers of family or friends who could assist in helping us to locate you. It is extremely important that our office be able to contact you at any given time. Additionally, you should have a plan to be able to get to UVA for a transplant. This means someone to drive you, watch your children or care for your home or animals.

When a kidney becomes available for you, the nurse coordinator must make contact with you within one hour, or the kidney will be offered to the next person on the list. We will then let you know when to arrive at the hospital. It may be necessary for you to be dialyzed prior to surgery. If you are active on the list, it is assumed that you are ready and willing to accept a kidney. If you change your mind about this, become ill or for any other reason will temporarily be unable to accept and organ offer, you should contact us so that we may temporarily change your status to Inactive on the Kidney Transplant Waiting List. You have the right to refuse transplant at any point without penalty.

Waiting List Management: Compliance

While on the waiting list, much of your testing will need to be updated each year. It is your responsibility to ensure that your testing is kept up to date. Your continued listing will rely on making sure all necessary testing is complete and appointments are attended. Compliance with dialysis is also monitored; missed dialysis appointments or early termination of dialysis may put you at risk for removal from the Kidney Transplant Waiting List.

Multiple Listing & Wait Time Transfer: Per UNOS, patients can be listed on more than one waiting list, which means that you may be evaluated and listed for transplant at another transplant center. Visit www.transplantliving.org for more information.
**Extended Criteria Donors**
Some patients on the waiting list will choose to be listed to receive an organ from an extended-criteria donor. This is one way to receive an organ more quickly. Donors fall into this category when they are more than 50 years old, have a history of controlled high blood pressure, have a creatinine greater than 1.5 or died from a stroke.

**Donor After Cardiac Death**
Some patients will choose to be listed for receiving an organ from a donation after cardiac death. Donation is sometimes possible after the heart stops working, when an individual has suffered severe brain injury but has not been diagnosed with brain death. This is one way to receive an organ more quickly. The center feels that these organs do just as well as those from other deceased donors. Your team will discuss this with you.

**Crossmatch**
Just prior to both a living donor transplant and a deceased transplant, a critical blood test called a crossmatch will be performed. A sample of your blood will be mixed with white blood cells from the potential donor to determine the presence of cytotoxic antibodies to the donor’s antigens. If this test is “positive” — indicating the presence of antibodies to the donor within your blood — a transplant from that donor cannot be performed. Your body would quickly try to reject the kidney.

**Incompatible ABO Kidney Transplant**
You may have a living donor with whom you have a positive crossmatch. Our team will review the crossmatch to determine if you may be healthy enough to receive additional transplant medications prior to your scheduled transplant to move forward with this type of living donor transplant. These medications, Rituxan® and IVIG, take several hours to infuse and are given several times. The treatment, plasmapheresis, is similar to dialysis, but removes antibodies from your immune system instead of toxins. If it is decided that this treatment option is right for you, you will need to come to the Transplant Center prior to transplant to complete some of these treatments.

**Paired Donor Exchange**
The Paired Donor Exchange Program (PDEP) offers living donors the option of donating even if they are not compatible with their intended recipient. This program provides an opportunity for incompatible donors and recipients to be paired with other donors and recipients if an appropriate match is identified.
Kidney Transplant: Surgical Procedure

If it is determined that the crossmatch is negative and there are no other concerning medical issues with the recipient, he/she is taken to the operating room. The surgical procedure lasts approximately four hours. The kidney is placed in either the right or left lower abdomen near the hip bone. An incision approximately 10 inches in length is made in the lower abdomen. The renal artery and vein are connected to the hypogastric or iliac artery and vein. After blood flow is established, the donor ureter is implanted on the recipient bladder. The recipient’s native kidneys, or his/her own kidneys, will remain in place unless they are causing problems or are infected. The recipient is then taken to the Post-Anesthesia Care Unit (PACU) or recovery room. From there, the patient is admitted to the SIMU (a transition unit) and then the transplant unit, 5 West. Some patients may need to be admitted to the Surgical Intensive Care Unit (SICU) after surgery before going to the SIMU or 5 West. A transplant surgeon will discuss with you in detail risks associated with transplant including:

Medical Risks:
- Reoperation for bleeding, 5 in 100
- Acute retransplant, 3 in 100
- Neuropraxia (arm pain/nerve compression due positioning in the OR), 1 in 5
- Arrhythmia, 1 in 100
- Cardiovascular collapse, 1 in 100
- Multiorgan failure, 1 in 100
- Major anesthetic complication such as heart attack and/or stroke, 2 in 100
- Death 1 in 100
- Other risks (for example pleural effusion, pneumonia, allergic reactions to medications)
- Pain or discomfort usually lasting 1–8 weeks

Psychosocial risks:
- Depression
- Post Traumatic Stress Disorder (PTSD)
- Generalized anxiety
- Anxiety regarding dependence on others
- Possible feelings of guilt

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Immunosuppressive Medicine

While in the hospital after receiving a kidney transplant, it will be very important for you to learn about the medications you will be on. The success of your kidney transplant is dependent on how effectively we are able to suppress your immune system. In order to prevent your body from rejecting your transplanted kidney, we need to alter your immune system through the use of immunosuppressive drugs. If you stop taking your medicines after transplant, you will reject your kidney. It is critical that you realize this BEFORE you undergo transplant. You are making a commitment to life-long immunosuppression. These medications have side effects that you should be aware of as you decide whether transplant is a good option for you.

The drugs in the table below are used in combination to prevent rejection. The most frequent side effects are listed for each. It is important that you are aware of the side effects for these medications because you will have to continue to take the medications despite the side effects. The team will reduce the doses of these drugs as soon as it is safe, in order to minimize side effects.

The following are other medicines that you will need to take in conjunction with the antirejection drugs:

- **Bactrim®** is used to prevent pneumocystis pneumonia, a rare lung infection that affects persons who are immunosuppressed. You will take this drug daily for 1 year.

- **Nystatin or Mycelex®** are antifungal medicines that prevent the overgrowth of yeast in your mouth, which can occur because of immunosuppression. You will use this daily during the first 3 months after transplant.

- Antiulcer medications are given to protect your stomach while you are taking prednisone.

Your doctor may feel that you need other medications to treat rejection or infection including:

- **Ganciclovir or Valganciclovir** – Used to prevent or treat CMV infections. It is available both intravenously and orally.

- **Acyclovir** – Used to prevent or treat herpes simplex or shingles. It is available both intravenously and orally.

You may also need to be on other medications to control blood pressure or to treat other medical problems you may have. The side effects that you experience will be most prominent in the first six months after transplant. As you progress after transplant you will be able to decrease the number of medications you are taking.

<table>
<thead>
<tr>
<th>Prednisone</th>
<th>Prograf®</th>
<th>Cellcept®</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Mood swings</td>
<td>1. Tremors</td>
<td>1. Nausea</td>
</tr>
<tr>
<td>2. Stomach ulcers</td>
<td>2. High blood pressure</td>
<td>2. Low white blood cell count</td>
</tr>
<tr>
<td>5. Diabetes</td>
<td>5. Diabetes</td>
<td></td>
</tr>
<tr>
<td>7. Moon face</td>
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</tr>
</tbody>
</table>
Rejection

Rejection of an organ can occur after any kind of transplant. Some transplant recipients will experience an episode(s) of rejection no matter what preventative measures are taken. You are most likely to experience rejection in the first three months post-transplant; this type of rejection is termed “acute rejection.” It is important to know that acute rejection is treatable. At the first sign of rejection, we will treat you with medicine to reverse it. You will be given steroids in a large dose initially. If treatment with steroids does not reverse the rejection, you may be given other very potent immunosuppressive drugs.

We will monitor you for rejection through your laboratory values. There are also physical symptoms to watch for. Those symptoms may include fever, high blood pressure, weight gain, decrease in urine output, swelling of arms and/or legs, general tiredness or aches, or pain over the transplanted kidney. If you notice any of these symptoms, you should contact the transplant office immediately. In many circumstances, we will notice rejection through your lab values before you feel symptoms. That is why it is critical that you adhere to the lab schedule that will be outlined for you at the time of your discharge from the hospital.

Follow-Up Care After Kidney Transplant

We will follow your lab values closely in order to help you maintain your transplanted kidney. You may have your lab work done at a local hospital. You will not need to come to the University of Virginia unless it is the most convenient for you. We will obtain the results of your lab tests and make any changes necessary in your immunosuppressive medicines. You will need to have blood drawn 2 times per week for the first 2–3 months post-transplant. The frequency decreases over time, and eventually is reduced to monthly blood draws.

We will need to see you in the Transplant Clinic within 1 week after your discharge from the hospital and then frequently the first year post-transplant. It will be important for you to see your referring doctor within 1 month of your transplant operation. He or she will be an important member of your healthcare team post-transplant. We will work closely with your doctor to ensure the success of your kidney transplant.

The Transplant Center feels it is in your best interest to return to UVA for admissions within 1 year post-transplant. It is essential that you notify the Transplant Center if you are going to the hospital so that your transplant doctors can remain an integral part of your care.
UVA Physician Coverage Plan
The University of Virginia, as an academic medical center, meets all the national regulatory body requirements to provide appropriate medical staff coverage for all patient care needs. This coverage is provided by dedicated transplant surgeons and physicians along with support from house staff, fellows, nurse practitioners and nurse coordinators. All physicians are routinely available to cover their respective service on a rotational basis. This coverage is for all aspects of the Transplant Program activity including organ procurement and transplant surgery as well as patient management.

Should circumstances related to coverage change, patients will be notified via mail and/or any additional communication necessary.

Financial Concerns
Medicare covers most patients who have end-stage renal disease and are on dialysis. Medicare will cover the costs involved with kidney transplant. Medicare also covers 80 percent of the cost of immunosuppressive medicines for only the first 3 years after transplant. After 3 years, Medicare may no longer pay for any transplant medications. It is essential to explore the potential options for obtaining transplant medications prior to undergoing kidney transplant. Transplant medications are very expensive. It is also important to understand that if an individual has a transplant surgery at a center that is not Medicare approved, it may affect his/her ability to get their immunosuppressive drugs paid for under Medicare Part B. The UVA Transplant Center is a Medicare-approved transplant center. Our Financial Coordinator and Kidney Transplant Social Worker will work with you during your evaluation to determine how you may be able to obtain medications after your Medicare coverage ends.

If it has been determined that you are Medicare eligible OR you already have Medicare because of your kidney disease: YOU SHOULD NOT RECEIVE ANY BILLS FOR ANY PART OF YOUR EVALUATION, NOR SHOULD YOUR INSURANCE BE BILLED. If you do receive a bill as part of your evaluation, please contact the financial coordinator for assistance.

Summary
Kidney transplantation is one treatment option available to individuals with end-stage renal disease. There are risks and benefits associated with kidney transplant. We look forward to seeing you through the transplant process if this is a good option for you. Please contact us with any questions you may have either before or after your clinic appointment. Our toll-free number is 800.543.8814 or you can reach us at 434.924.8604.
UVA Patient Rights and Responsibilities

What You Can Expect

UVA Health System provides quality health care while respecting the rights of our patients and their families. During your visit you can expect:

- Information you can understand about your illness and planned treatments
- To take part in making care decisions, including why you need a treatment and what will happen if you do not have it
- To know the name of the doctors and all staff taking care of you
- To have your family or doctor to be told when you are admitted to the hospital, if you wish
- To receive care in a safe environment and to be free from any form of abuse or harassment
- To have personal privacy and to have your health care information treated confidentially
- To access information in your medical record
- The chance to write down your wishes for future medical care (using an Advance Directive form). We will follow your expressed wishes.
- To have your pain assessed and managed
- To be free from restraints unless needed to keep you or others safe
- The option to agree to or refuse any research study or experiment
- The chance to review your bills and have any questions answered
- A timely reply to any concerns or complaints

To provide you the best possible care, we ask that you and your family:

- Tell us correct and complete information about your health, wishes for your care, changes in your condition and your concerns.
- Ask questions when anything is unclear.
- Follow your care plan or accept the risks if you make another choice.
- Show respect for all patients, visitors, staff as well as the hospital rules.
- Pay your bills promptly. If you are unable to pay for your care, you may receive help. Ask us for information about our financial assistance program.

Please feel free to ask any questions or talk about any concerns with your healthcare team.

If you are not satisfied, please call our Patient Representative Department at 434.924.8315.

You have the right to contact an agency listed below:

Office of Licensure and Certification Virginia Department of Health Office of Quality Monitoring Phone: 800.955.1819 or 804.367.2106 Fax: 804.527.4503

The Joint Commission Office of Quality Monitoring Phone: 800.994.6610 Fax: 630.792.5636
UVA Transplant Rights & Responsibilities

Rights

Quality Care:
- Access to quality medical and psychosocial care regardless of ethnic background, national origin, religion or age
- Access to transplant physicians, nurses, social workers and other specialists as needed.
- To expect coordination of effort between my transplant team and primary care provider

Respect and Personal Dignity
- To be treated with respect, dignity, courtesy, compassion, and cultural sensitivity
- To have privacy and confidential handling of all medical records and communication

A Voice in Decision Making:
- To be consulted for my view of “quality of life”
- To participate as a full partner with my healthcare team and to have my opinions heard and valued in the development of a plan of care
- To have treatment options, possible complications and self-care requirements explained in an understandable manner, with sufficient time to ask questions and have them answered
- To question decisions made by a physician, hospital staff, managed care plan or other healthcare provider
- To obtain a second opinion and/or accept or refuse medical treatment
- To change physicians

Information:
- To have family members or significant others that I designate be kept informed of my medical condition during hospitalizations
- To know the identity and profession of any individual providing a service to me
- Timely communication regarding lab work results, medical tests and advice of my medical team, and to have access to all medical records
- To receive a complete explanation of the total bill for services rendered

Emotional Support:
- To have feelings respected and, when appropriate, addressed by my healthcare team
- To have a comprehensive psychosocial plan developed and updated by an appropriately trained mental health provider
- To have correspondence forwarded to the family of my donor, provided the donor family has expressed a willingness to receive communication from the recipient

Responsibilities

Maintain Long-Term Health:
- To schedule appointments and tests at appropriate intervals with the transplant team
- To be prompt in attending appointments and when canceling, to give notice as early as possible of the need to reschedule
- To adhere to transplant medical instructions and to inform the transplant team when unable to do so
- To learn the names, dosages and reasons for taking all prescribed medications and to report all adverse reactions to the transplant team
- To learn and identify signs and symptoms of rejection and infection and know when to report such signs and symptoms
- To maintain my primary health care needs (dental, gynecological dermatological, etc.) and to know when to report any abnormalities
- To ask questions and obtain clarification to ensure understanding of all communication from the transplant team
Provide Information:

- To inform the transplant team if my address, insurance or phone number change
- To inform the transplant team about any changes in my health condition including: desire to take new medication (including herbal, vitamins, alternative, or over-the-counter); any change in my daily activity (such as stopping or starting an exercise regimen); or any other situation that may have an impact on my emotional or physical well-being
- To provide information from other treating physicians to the Transplant Center by giving written permission for records to be sent to the transplant office
- To provide the transplant team with the names and contact information of designated family or significant others who should receive updates on my medical and psychosocial condition
- To request results of my medical and lab tests if these are not provided in a timely fashion
- To provide UVA Health System with a copy of my Advance Directive and/or durable power of attorney for healthcare

Display Mutual Respect:

- To treat all healthcare professionals with respect and courtesy
- To cooperate and follow UVA Health System rules regarding patient conduct

Meet Financial Obligations:

- To understand that UVA will NOT pay for my medical care or medications needed after transplant
- To give UVA any information needed for insurance to pay for my transplant, my medical care and medications after transplant
- To apply, if needed, for financial help to pay for the cost of transplant and for medical care after transplant
- To submit any financial verification information required by assistance agencies (state or private)
- To understand if insurance and/or Medicare does not pay for the cost of my transplant or for the drugs after transplant that I am responsible for paying for all of these costs
- To understand that changing my health insurance may mean that a new insurance will not cover preexisting conditions such as transplant medications, etc.
- To understand the limits of Medicare and/or other insurance (including deductibles and copayments)
- To notify the transplant office of any insurance changes before or after transplant
- To accept responsibility for the cost of transplant surgery if insurance denies coverage due to my failure to notify UVA of insurance changes