

Activity

You have had major surgery. It is normal that your strength will decrease at first. After you leave the hospital, you should be able to take care of your daily living activities, like dressing, showering, eating and getting up to go to the bathroom, as well as walking every day.

It is important to walk every day to help rebuild your energy, control weight, keep your bowels moving, and prevent joint and muscle weakness. Walking will also help with your sense of physical and mental well-being. Take frequent breaks and listen to your body's cues. If you are tired, take a nap.

Lifting, Sports and Driving

Avoid heavy lifting for at least 2 months after transplant. Do not lift more than 10 pounds (about 1 gallon of milk) for at least 6 to 8 weeks.

After 2 months, you may begin non-contact sports such as golfing, swimming and bowling again. Check with the transplant team before starting any contact sports.

Avoid jarring activities such as speed boating, snowmobiling or horseback riding for at least 3 months.

Do not drive if:

- You have blurred vision.
- You are still taking pain medicine
- You are very weak

Talk to the transplant team 4 to 6 weeks after surgery about driving. Wear a seat belt. Use common sense.

Going Back to Work

Patients who have to do heavy lifting at work will not be able to return to work for 2 to 3 months. If you feel well, and you do not have to do heavy lifting, you may return to work in 4 to 6 weeks. Please talk to the transplant team if you have questions about going back to work or need a letter to return to work. Please make sure calls are made during business hours or during a transplant clinic appointment.

Exercise

You will start an exercise program while you are in the hospital and will continue it when you are an outpatient. The goal will be to exercise routinely 3 to 4 times a week for at least 30 minutes. Start slowly, be consistent, and stop if you have chest pain, shortness of breath, upset stomach, rapid heart rate or dizziness.

Physical benefits of exercise:

- Lowers your risk of heart disease
- Tones and strengthens muscles
- Helps to build bone mass and slow bone loss
- Helps sleep patterns
- Helps alertness and memory
- Helps energy levels
- Helps control weight

Mental health benefits of exercise:

- Increases feeling of wellbeing
- Lowers anxiety level
- Increases coping skills
- Improves self-esteem

Warm up and cool down

It is important to warm up and cool down when you exercise. This should include moving for at least 10 minutes at a slower pace and muscle stretching exercises.

Sexual Activity

You may start sexual activity 4 weeks after your transplant surgery. How quickly you return to your usual patterns will depend on your healing progress. Your sexual function may be affected by your surgery recovery. Your hormone levels may change after transplant. The menstrual cycle may return after transplant in pre-menopausal women. due to change in hormone levels. . If you have any other questions about sexual activity, please talk to your transplant team or primary doctor.

Sexual Risk Factors

If you are sexually active and have more than one sexual partner, you must use condoms to lower the risk of sexually transmitted diseases such as AIDS, syphilis, herpes, hepatitis B or C or gonorrhea. If you have received an “increased risk donor” organ you or your partner will need to use condoms during sexual intercourse for the first 6 months, until the high risk testing is completed. Read the

special protocols section in this binder to learn more.

Pregnancy

If you are sexually active, it is possible to get pregnant after transplant. It is important to use birth control to prevent pregnancy for the first 6 months to a year after surgery. If you plan to become pregnant after transplant, please talk to your transplant team and a high-risk obstetrician (OB doctor) before getting pregnant.

There are many forms of birth control, but not all forms are right for every transplant recipient. If you have questions or concerns talk to your transplant team.

Ask your doctor, nurse, or transplant coordinator questions about birth control this while you are hospitalized or during your clinic visits.

Pregnancy Resources

<http://www.transplantliving.org/after-thetransplant/pregnancy/>

http://www.alpha1advocacy.org/transplant_pregnancy_web.html

<http://www.itns.org/patienteducation.html>

National Transplantation Pregnancy Registry

3401 N. Broad St.

Parkinson Pavilion, Suite #100

Philadelphia, PA 19140

Toll-Free Phone Number:

877.955.NTPR (6877)

Fax Number: 215.707.8894

Email: NTPR.Registry@temple.edu

<http://www.temple.edu/NTPR>

Pregnancy and Transplant Medicines

Most medicines used after transplant may be risky to an unborn baby. Please check with your transplant team immediately if you are planning a pregnancy or are pregnant.

Mycophenolate and Pregnancy

Mycophenolate-containing medicines (Cellcept®, Myfortic®) have a higher risk of causing miscarriage during the first trimester and a higher risk of birth defects. Women who are of child-bearing age and are sexually active should use birth control while on mycophenolate and for 6 weeks after stopping the medicine. Please talk to the transplant team about which forms of birth control are best for you. You may need to use more than one method of birth control

If you choose not to have sexual intercourse (abstinence), you will not need to use any other form of birth control.

www.MycophenolateREMS.com