

# Living With Your Transplant

## Your Daily Routine

- Keep a written record of your blood sugars if told to do so
- Take your medicines as if told to do so by your transplant team. NEVER skip a dose of immunosuppressive medicine. Call your transplant coordinator if you miss a dose
- Shower daily. Do not take a bath until your wound is totally healed and all drains are out
- Wash your hands with soap and warm water, or use hand sanitizer often. This is important before preparing food, after using the bathroom or after touching soiled linens or clothes. Good hand washing includes and the use of soap and hand sanitizer, rubbing your hands together and cleaning under your fingernails
- Stay active (see Activity section).

## Alcoholic Beverages

**If your diagnosis is alcoholic liver disease, you should never drink alcohol.** Drinking any beer, wine and liquor may damage your liver. Transplant medicines such as tacrolimus, cyclosporine, mycophenolate and trimethoprim-sulfamethoxazole are broken down by the liver and, if mixed with alcohol may harm your liver.

For patients whose liver disease is not caused by drugs or alcohol, alcoholic beverages are allowed only for special events and in very small amounts.

## Smoking/Tobacco Use

The Surgeon General has decided that both active and passive smoking, including vaping, may be harmful to your health. Smoking puts you in danger of many diseases like heart disease, lung disease, stroke, bone disease and cancers. Smoking marijuana can cause a serious fungal lung infection (see Infections section). **Do not smoke, chew or vape.** Ask your spouse and friends not to smoke when you are around. If you need further help to stop smoking, call your local doctor or the transplant team. There are many ways to help you stop smoking.

At this time, Nebraska Medicine recommends transplant patients do not use Cannabidiol (CBD oil). CBD oil ) We feel it is not safe for patients to use CBD oil (edibles, vaping, oils on the skin or under the tongue, etc.) because it is not regulated by the federal government. CBD oil may change the levels of anti-rejection medicine. These changes may lead to more side effects or possibly rejection. The CBD oil's effects can vary between patients and may cause serious problems for our patients. Please talk to the transplant team if you have further questions.

## Vacation and Travel

Travel may lead you to many new and exciting places. Travel can also lead to new environments filled with possible challenges for the patients on anti-rejection medicine.

Don't be afraid to travel! Be alert and act wisely. Make sure you are on a lab schedule that supports travel. Call the transplant team if labs will be missed or late. When taking public transportation, keep in mind there will be many people traveling with you, sometimes in close contact such as on buses, trains and planes. Air is recirculated in these areas, which means you may be breathing air that has germs from other passengers. Good hand washing is important at all times, but especially when you travel.

When you are changing time zones, you may need to move your dosing time based on your new time zone.

Travel outside the United States can be a health risk to people whether or not they are taking anti-rejection medicines. It is wise for you to take extra safety steps. Check with your local health department, visit the World Health Organization International Travel and Health website (<http://www.who.int/ith/en>) or the Centers for Disease Control Travelers' Health website (<https://wwwnc.cdc.gov/travel>) for recommendations on vaccinations or medicines that may be needed for the country where you are traveling.

You may also call the Multispecialty Clinic at Village Point 402.596.4411. Remember - do not take any live vaccinations.

Call the transplant office if you need to make changes to your lab schedule or clinic appointments while you are gone.

Be sure that you have enough medicines for your trip before leaving on your trip.

Pack your medicines in your carry-on baggage.

## Medicines

Call your transplant team before starting any new medicines that a primary care doctor or a referring doctor might order. There may be interactions with your anti-rejection medicines.

Keep an up-to-date medicine list and bring it with you to all clinic visits.

Call the transplant office if your insurance coverage changes or requires you to use generic anti-rejection medicine. The transplant team may need to change your lab schedule if your medication is changed.

## Colon Cancer

Colon cancer is a common cancer in the U.S. The American Gastroenterology Guidelines suggests colonoscopies for people over the age of 50 and at regular intervals after that. Colonoscopies may be done in your hometown. Patients with certain high-risk diseases may need more frequent testing.

## Breast Cancer

Breast cancer experts recommend women have a mammogram yearly starting at age 40.

Women should do self-exams monthly and have a clinical breast exam by a doctor yearly

Patients who are at high risk for breast cancer have:

- Two or more relatives with breast or ovarian cancer
- Any relative with breast cancer before the age of 50
- Male family members with breast cancer

## Gynecological Cancer

Gynecological cancer screenings usually include a pelvic exam and Pap test and should begin at age 21. This should be done on a regular basis by your primary care or OB/GYN doctor.

## Prostate Cancer

There is no set testing guideline for prostate cancer. Recommendations include prostate specific antigen (PSA) testing at age 50 (45 years old for African Americans).

## Other Health Care Tests

### **Fasting Lipid Panel, yearly**

### **Bone Density Testing, as prescribed**

### **Dental and Eye Care**

- Dental exam every 6 months
- Eye exam every 2 to 4 years after age 40, and every 2 years after age 60

The timing of screening tests may change based on your personal health history.

## Skin Cancer

### **Skin Cancer Risk Factors**

- Fair skin
- Red hair
- History of sunburns
- History of tanning bed use
- Previous skin cancer
- Family history of skin cancer
- Radiation exposure
- Use of anti-rejection medicine

### **Transplant Recipient Factors**

Skin cancer is the most common cancer post-transplant and causes about 95% of all post-transplant cancers.

After transplant, patients have 65% higher risk of skin cancer.

Risk of skin cancer post-transplant is based on:

- Age at transplant (higher risk when older)
- Length of time since transplant (longer time since transplant means greater risk)
- Type and level of anti-rejection
- Type of transplant (heart/lung highest risk, kidney risk greater than liver)

## Sun Safety and Skin Cancer Prevention

Sun protection and staying out of the sun are the best ways to prevent skin cancer.

### Decrease Sun Exposure

Ultraviolet (UV) radiation damages the skin and puts people at risk for skin cancer.

Do not go outside without sun protection during peak UV hours, 10 a.m. to 4 p.m.

- Harmful UV rays are present in all types of weather (clouds, snow, rain)
- UV rays can also go through the glass of window  
Find shade when possible

### Sun Protection

- Use sunscreen that is broad spectrum with SPF 30 or higher
- 2 ½ tablespoons is the right amount of sun block that is needed to cover the body
- Sunscreen works best when it is applied every 2 hours
- Also use protective clothing, such as wide brimmed hats and long sleeved shirts
- Ultraviolet Protection Factor (UPF) clothing is another way to protect yourself from the sun, and is designed to protect from harmful UV rays
  - Some brands with UPF clothing include Coolibar, Athleta, Lands End, Columbia and J. Crew

## Skin cancer screening and surveillance

Skin cancer screening is a good way to find and treat suspicious spots early.

It is important to see your dermatologist or primary care doctor at least once a year for a full body skin check. If you have had skin cancer or have other risk factors, your doctor may want to see you more often.

You or a partner should do skin exams every month. If you see a new or changing spot, see your dermatologist or primary care doctor.

What can I expect with a skin cancer screening?

- You will change into a gown, and dermatologist or trained professional will look at all of your skin. Sometimes they may use specialized equipment to look at spots in greater detail
- If the doctor finds a suspicious spot he or she may recommend a biopsy
- A biopsy is performed by using medicine to numb the area and taking a small piece of skin to look at under a microscope and make a diagnosis

## Contact Information

Nebraska Medicine Dermatology  
Lauritzen Outpatient Center, Level three  
4014 Leavenworth St., Omaha, NE 68105  
402.552.7928

## We Are Here to Help

It is important to see by the transplant team at least once a year.

We care about you and want your transplanted organ to last for many years. Although you will be seeing your primary care doctors, call the transplant team if you are diagnosed with a serious condition such as symptoms of infection, concern about organ function or cancer, etc. Always call one month before planned surgeries, as anti-rejection medicine may need to be changed.

Share this information with the members of your health care team to help with your long-term health. We feel these recommendations are important to your overall long-term health.

Please update us with any changes to your address or telephone number, or change of insurance, or change of health care providers.