

Testing

The transplant office has made arrangements for you to have your labs drawn at a hospital or local lab convenient for you. At the time those arrangements are made, we gave the lab permission to release those results to you should you ask. The lab values are also faxed to the transplant office to be reviewed by the transplant team. You may know the results of your lab tests before the transplant office receives them. Please have lab drawn before all clinic visits.

Below is a list of lab values that we will be tracking. Your lab results may fall outside of the “normal” range but be “normal” for you. It is important for you to know what your expected lab range/baseline is. However, it may be several weeks after transplant before we will be able to determine what your “normal” lab values are.

It is very important to have your labs done fasting – nothing to eat or drink after midnight with the exception of water. Fasting labs help us monitor your blood sugar (glucose) levels.

The blood sugar (glucose) levels can be elevated and/or more difficult to control after transplant. If you have received a pancreas transplant, the blood sugar (glucose) results help us know that your transplanted pancreas is working.

If you reside outside of the local area, tubes and mailers will be supplied to you at the time of discharge. These are used by your lab to draw blood to be sent to the Transplant Center to measure your immunosuppression levels. The tubes and mailers are automatically replaced by our lab to yours as they are used; however, in the early weeks after transplant you may be having frequent labs drawn and your supply of tubes and mailers may get low. Please feel free to call the transplant office if you or your lab is running low. Also, if you have Home Health Care after transplant, you will need to take your tubes and mailers to your local lab the first time that you go (after discharge from Home Health Care). You may leave your supply there and we will then send the next supply to your local lab.

Testing, continued

Routine Labs

* Note that normal ranges for lab values will vary depending on where the test is performed. Also, your Blood Urea Nitrogen and Serum Creatinine may not be within the normal range, even if the kidney is stable and functioning well.

Test	Normal Range
Hemoglobin (Hgb)	10–16 gms/dl
Hematocrit (HCT)	30–46%
White Blood Count (WBC)	4,000–10,000/ul (Usually reported out as 4.0-10.0)
Platelet Count (Plat)	150,000–400,000/ul (Usually reported out as 150-400)
Blood Urea Nitrogen (BUN)	6–20 mg/dl
Serum Creatinine (Scr)	0.64–1.27 mg/dl – male 0.44–1.03 mg/dl – female
Sodium (NA)	135–145 mmol/L
Potassium (K)	3.6–5.0 mmol/L
Bicarbonate	20.0–31.0 mmol/L
Magnesium Level	1.8–2.5 mg/dl
Phosphorus Level	2.4–4.7 mg/dl
Glucose	65–110 mg/dl
Cyclosporine Level	Varies
Tacrdimus Level	Varies
Sirolimus Level	Varies
Everolimus Level	Varies

Testing, continued

Specimen Labeling

After transplant, you will be asked to collect urine or stool specimens to take to the lab for various reasons. It is important for you to put a label on the specimens that includes your name and date of birth to prevent the lab from discarding the specimen because of missing patient identifiers. When collecting a timed urine collection, please include the date and start and stop time of the urine collection and add this information to the label.

Biopsy And Testing

The following scans, x-rays and lab tests may need to be done periodically after your transplant. Many of these tests should be familiar to you as they were part of your pre-transplant evaluation workup.

Chest X-Ray

A chest x-ray will be done in the event that you should develop respiratory symptoms such as: a persistent cough (productive or dry), chest pain, shortness of breath, a bad cold (sore throat or runny nose) or possible infection. It is also common to have a chest x-ray before having surgery.

Ultrasound

This test is done in x-ray (radiology) and utilizes sound waves to look for abnormalities of your transplanted kidney. A gel is applied to the abdomen over the area of the kidney and a probe (shaped like a microphone) is moved gently over the abdomen, allowing images to be displayed on a computer screen for the doctor to view. This test will be performed if there is any question of rejection. This test generally takes one hour to complete. This is NOT a painful test.

Kidney Biopsy

A biopsy is a procedure to obtain a small piece of tissue from the transplanted kidney for microscopic examination by a pathologist. A kidney biopsy will be performed when rejection is suspected. A rise in serum creatinine and BUN can mean rejection; however, there are many other potential causes. For this reason, a biopsy of the transplanted kidney may be arranged to make sure of the cause of the abnormal labs and provide information to help us administer proper treatment. This test is usually performed in interventional radiology, with assistance from ultrasound. A local anesthetic is first given, and then a needle is passed through the skin into the transplanted kidney. A small piece of kidney tissue is taken out and examined under a microscope for signs of rejection. You will remain on bed rest for two to six hours after this procedure. There may be blood in your urine for up to 24 hours after the biopsy. Increasing your fluid intake will help this clear.

Testing, continued

Stent Removal

At the time of the kidney transplant, a small tube (stent) may be placed inside the ureter (the tube that connects your new kidney to your bladder). The tube is left in place for about four to six weeks. We will schedule you to have this tube removed by a urologist in his/her clinic. The tube is removed by inserting a lighted instrument into the urethra (tube from the bladder to the outside of your body) and removing the stent. A local anesthetic is used to reduce the discomfort. Though this procedure sounds uncomfortable, it can be safely and comfortably done in a urologist's office and takes just a few minutes. A general anesthetic to remove this tube is not needed (exception is made with pediatric patients).

Cancer Screening

As a transplant patient, you will need to take anti-rejection medication for the rest of your life, as long as you have a functioning transplant. These medications place transplant patients at a higher risk for developing cancer. Because of this, it will be necessary to do routine yearly screening tests such as: mammograms (for women), stool specimens for blood and a prostate cancer blood test (for men). Women will be encouraged to have a yearly Pap smear and pelvic exam. We recommend annual follow up with your local primary care physician for a cancer screening.