Your Care after Heart Transplant
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Vital Signs

How often do I need to check my vital signs?

You will need to record
• Blood pressure
• Pulse
• Temperature
• Weight

You will need to check and record your blood pressure and pulse two times a day. This should be done when you get up in the morning and before bed. You will be given an automatic blood pressure cuff. This will check your blood pressure and pulse. You will need to check your temperature and weight once daily in the morning. You will get an oral thermometer to check your temperature and use the scale you have at home to monitor weight. This should be written down along with your vital signs.

Bring your vital signs and diabetes log books to each of your follow-up visits. The doctor and transplant coordinator will look for trends in your numbers. Changes to your medicines may be made based on your numbers.

Blood Pressure

Normal Blood pressure: 120/80

Call your coordinator if:
• greater than 140/100
• lower than 90/50

• If you get a high or low reading, wait a few minutes and recheck your blood pressure. Call if the reading is still high or low.
• Do not wait for your next clinic visit to discuss abnormal vital signs. Call your coordinator when it is high.
• Keep in mind that it is common for blood pressure to be higher in the morning.
Pulse

Normal pulse (heart rate): **Call your coordinator if:**
HR 80-120 less than 80 or greater than 120

- It will be important for you to record your heart rate regularly so that you become familiar with what is normal for you.
- Although heart rate is normally 80-120 beats per minute after transplant, you may be slightly lower than this. We are most concerned when your heart rate has changed from your normal.
- You should not have feelings of palpitations, racing or skipped beats. If you experience this call your coordinator while you are feeling this. Do not wait until the next clinic visit or next day.

Temperature

Normal Temperature: **Call your coordinator if:**
98.6 F greater than 100.4 F or 3 degrees higher than your normal

- Call your coordinator when you have a fever. Don’t wait until the next day or your next clinic visit.
- Often after transplant, your temperature is much lower than normal. For that reason, even a low-grade temperature might be concerning. Call your coordinator if your temperature is more than 3 degrees above what you normally run.
- Do not take any drugs to lower your fever. This can mask symptoms of infection or rejection.
- Check your temperature any time you feel like you may have a fever, chills or sweats.

Respirations (breathing)

Call your coordinator if:
- You feel short of breath or are having trouble breathing.
- You are short of breath doing things you were able to do before.
Weight

Call your coordinator if:
- You have a weight change of 3 pounds per day or 5 pounds per week.

Diabetes

What can cause this?

High blood sugar levels can occur if you start to take certain drugs such as steroids. Even though your body still makes insulin, these drugs prevent the insulin from working well enough to keep blood glucose levels normal. Drugs that may raise sugar levels are:
- Prednisone or other steroids
- Tacrolimus

Some people have high blood glucose levels only when taking these drugs. Others may still need to check blood glucose levels after the drugs are stopped. Only time will tell how long you will need to keep checking your blood sugars.

Normal blood sugar levels are 70 – 100 mg/dL when fasting and before meals. The normal levels after meals are 70 – 140 mg/dL. Keeping blood glucose levels as close to normal as you can will promote healing and prevent infection. You will feel better and have more energy when your blood glucose levels are normal.

What will be done if my blood sugar levels are high?

If your blood sugars are high you have diabetes and will need to check and record your blood sugar 4 times a day—before each of your three meals and before bed. You can record these numbers with your vital signs or in a diabetes log book. If needed, a nurse will teach you about diabetes, how to check your blood glucose levels, and how to give yourself insulin.
Your Transplant Care Team

UW Health along with the heart transplant program is dedicated to providing patient and family centered care that ensures excellence during every encounter. We do this by creating a care team that includes experts not only in heart transplant but your personal story and history. This team includes a specially trained nurse transplant coordinator assigned to you and a group of cardiologists that will rotate through your care, both inpatient and outpatient. What this means is that you will no longer have one cardiologist assigned to your care but rather a number of highly trained transplant cardiologists all sharing their expertise in determining your treatment plan. Requests for specific providers are unable to be honored due to the importance of adhering to the schedule for follow up provided to you at the time of transplant. This schedule was developed to evaluate you at regularly scheduled intervals when the risk of rejection and infection is highest.

Biopsy Results

- What is a biopsy?
- Why are biopsies done?
- When will I have a biopsy?
- What happens if a biopsy shows rejection?

What is a Heart (Endomyocardial) Biopsy?

Heart biopsies are done in the cardiac catheterization lab by the transplant cardiologists. This is a test that takes out tiny pieces of heart tissue to be studied. In patients who have had heart transplant this is done to see if there has been any rejection of the new heart. During the test, the doctor will also insert a catheter (thin plastic tube) to measure the amount of fluid in the bloodstream and the function of the heart. This is called a right heart catheterization.

Getting Ready for your Heart Biopsy

Do not eat or drink for 6 hours before you biopsy. Your labs will be drawn during the procedure so do not take your tacrolimus (Prograf) until after. Take all of your other morning pills with a few sips of water. If your test is after lunch, you may have a clear liquid breakfast (juice, Jell-O, etc). Be sure to bring all of your medications with you when you come to the hospital. If you have diabetes, ask your coordinator for insulin instructions. Since you will be unable to drive for 8-12 weeks after your transplant, plan to have someone bring you to your visits during that time.
Before your Heart Biopsy

The doctor or nurse will go over the test with you. They will:
- Explain why you are having the test.
- Tell you about the risks involved.
- Answer any questions that you may have.

You will be asked to sign a consent form. Signing this form allows the doctor to do the test on you.

During the Heart Biopsy

The test is done in the cardiac catheterization lab and lasts about 30 minutes. You will be asked to take off some of your clothes and to lie on an x-ray table. The x-ray equipment is used to help the doctor place the tools in the proper place in the body. The side of your neck will be cleaned. Drapes will be placed around the area to keep it clean. The doctor doing the biopsy will be wearing a gown, gloves, and a mask. The doctor will numb the skin with a local anesthetic. When this is done, you may feel pressure at the site, but no pain. The doctor will then put an IV in your neck vein. If you feel the need to move your arms or legs or to sneeze or cough during the test, please tell the staff.

To perform the biopsy, a flexible tool (bioptome) is placed into the right ventricle of the heart. This tool is used to take tiny pieces of tissue from the lining of the heart. During the procedure you may feel a few irregular heart beats.

After the test, the large IV line is taken out. A bandage will be placed over the site. You will have a chest x-ray and an echocardiogram at times. You will then be able to go home or return to your hospital room. You will be told the findings of your biopsy the next day.

Biopsies are done at scheduled times after your transplant. Your schedule will be:
- Every week for 4 weeks
- Every two weeks for 8 weeks
- Every 4 weeks for 16 weeks
- Every 6 weeks for the rest of the first year
- Every 3 to 12 months after that based on whether or not you have had any rejection(s).
Your coordinator will give you a schedule of your biopsies before you go home. This schedule may change. More biopsies may be needed if rejection is suspected.

**Biopsy Results**

The tiny pieces of heart tissue taken during the biopsy are studied under a microscope. Each is checked for signs of inflammation and cell breakdown. These signs suggest that rejection may be occurring. Based on these findings your biopsy is graded from 0 to 3. The results do not depend on the doctor doing the test or the technique being used. An international standard is used to evaluate and grade the biopsy.

Your coordinator will call you with the results the next day, when they are available. You will be given one of the following grades:

- **Grade 0:** No rejection
- **Grade 1R:** Mild
- **Grade 2R:** Moderate
- **Grade 3R:** Severe

A biopsy of Grade 2 or higher needs treatment. This may include high dose intravenous (IV) steroid therapy in the hospital or you may be treated at home with a high dose of oral prednisone. An increase in your other immunosuppressant medicines may also be made. The doctors will decide if it is safe to treat you at home or if they need to admit you to the hospital. Another biopsy will be done in 4 to 6 weeks to see if the treatment was effective.

**Rejection**

- **What is rejection?**
- **When can this occur?**
- **What are the signs of rejection?**
- **What should I do if I have signs of rejection?**

Your immune system is a special group of cells that protect your body from anything foreign. When you have an infection these cells search out and destroy the germs. Unfortunately, these cells view your transplanted heart as foreign. Rejection is when your body’s immune system attacks your transplanted organ and tries to destroy it. There are different kinds of rejection that need different kinds of treatment.
Acute Cellular Rejection

Cellular rejection is a direct recognition of the transplanted organ where the T or killer cells of your immune system see your new heart as foreign. Cellular rejection is diagnosed by biopsy. The treatment is to receive high-dose steroids. The sooner it is treated, the better the outcome will be. If the rejection does not respond to the steroids, other medicine may be used to treat it. Without your immunosuppressant drugs, these cells would be able to harm your new heart; these drugs do not fully take away your immune system. You need some immune system function to stay healthy. This is why we monitor for rejection.

Most people with a heart transplant have 1 to 2 acute rejection episodes. You are most at risk for this in the first three months after transplant. The chances of rejection begin to drop in the second three months and then decrease sharply after that. Despite this, there is always a chance for rejection. The best thing you can do to prevent this is to take your medicine as ordered by your doctor.

Antibody-Mediated or Humoral Rejection

Antibody-mediated rejection is an indirect recognition of the transplanted organ where the B cells or memory cells of your immune system recognize pieces of cells from the heart, start an immune response, and make new antibodies against the organ. It is diagnosed by the biopsy and watching antibody levels in your blood. Treatment usually includes IV medicines. You may need to be admitted to the hospital.

Chronic Rejection or coronary allograft vasculopathy (CAV)

Chronic rejection most often happens more than one year after transplant. We watch for signs of chronic rejection for the rest of your life. In order to watch for chronic rejection you will have a yearly cardiac catheterization for the first five years and then you will have yearly a resting echocardiogram or dobutamine echocardiogram. You may have cardiac catheterization more frequently based on whether or not you have had rejection.

Rejection of any type may cause your heart to work less efficiently. This can produce symptoms. These are often the same symptoms of heart failure that you had before the transplant. With the use of medicines we can reduce the immune system activity. Doing this will reverse the rejection.
It is vital to be aware of the signs and symptoms of rejection. **Call your transplant coordinator right away if you have or feel any of these symptoms:**

- Short of breath
- More tired than usual
- Sudden weight gain
- Irregular heart rhythm or palpitations
- Sudden rise or drop in blood pressure
- Lightheaded or dizzy
- Low-grade fever (99° to 100° F) for 2 days
- Nagging cough that lasts more than 2 days
- Swelling or puffiness in the ankles or feet

Do not ignore these symptoms. Call your transplant coordinator to discuss your concerns. Timely diagnosis and treatment of rejection is crucial in protecting your new heart.

**Infection**

- Why are transplant patients more likely to get infections?
- What should I do to watch for infection?
- When and who should I call if I think I have an infection?
- What can I do to prevent infection?
- When do I have to wear a mask?

**Why are transplant patients more likely to get infections?**

After transplant you take medicines to prevent the rejection process. These medicines weaken your immune system to allow your transplant to be accepted by your body.

As a result of your weakened immune system, you are more at risk to get infections. This includes typical, everyday infections such as colds and flu, and also some unusual infections that are unique to transplant patients. When you get an infection, you will not be able to fight it as well. Some symptoms of infection may be more severe and may not go away as quickly as before. Also, you may need medicine to help you get better.

Your transplant team tries to adjust your medicines so you get enough to prevent rejection, but not weaken the immune system too much.
You should regularly monitor yourself for signs and symptoms of infection. These include:

- Redness, tenderness, or open sores
- Swelling
- Pain
- Fever – call with any temperature greater than 100.4°F. Do not take any drugs for fever unless told to do so by your doctor or coordinator.
- Fatigue
- Odd colored drainage (yellow or green sputum or sinus drainage, cloudy urine, cloudy wound drainage, abnormal drainage from the penis or vagina)
- Rash
- Headache that doesn’t go away
- Stiff neck
- Sores in mouth or on tongue
- Swollen lymph nodes
- Nausea, vomiting, or diarrhea

You will need to check for any lumps or thickened areas at least once a week. A good time to do this is when you are in the shower. Use your fingertips to check these spots:

- Base of your neck
- Top of your shoulders
- Behind your ears
- Under your arms
- Pelvic or groin area
- Men should also check
  - Testicles
  - Breasts (modified breast exam)
- Women should also check
  - Breasts (complete breast exam)

Call your doctor or coordinator right away if you notice any lumps, thick, or tender spots that were not there before.
How can I prevent infections?

It is important to protect yourself from infections. There are ways you can protect yourself.

- Avoid direct contact with people known to be ill.
- Frequent hand washing.
- Wear a spore filtering mask when: you are in the hospital clinic or laboratory areas, working in a dusty environment or with soil or mulch, and when flying
- Wear gloves when working on dirty engines, in barns, in soil, mulch or doing yard work.
- Wear gripper gloves if fishing.
- Do not have fresh cut bouquets which can form mold in standing water.
- Have new plants from the florist or garden center replanted without vermiculites, which holds lots of water and can cause mold growth.
- Avoid raw or undercooked meats.
- Do not change cat litter boxes or clean birdcages.
- Wear gloves when doing gardening, farm work, or outdoor work.
- Practice good routine dental care.
- Keep up to date on vaccinations.
- Avoid smoking and exposure to second hand smoke.
- Practice safe sex.
- Wear protective clothing and insect repellent when outdoors.

Types of infections

Viral Infections

As well as common, general viruses, transplant patients need to be aware of other specific viruses that can cause problems.

Cytomegalovirus (CMV)

Cytomegalovirus or CMV is a virus that most people have been exposed to. It lives in the body for years and often goes unnoticed until a person has a suppressed immune system. To prevent CMV, you will take valganciclovir (Valcyte®) or
acyclovir (Zovirax®) for three to six months after transplant when your immunosuppression is highest. These first few months are the time when you are most at risk for CMV, but you can develop CMV at any time. Symptoms of CMV can include:

- Nausea
- Vomiting
- Diarrhea
- Feeling tired
- Decreased white blood cell count
- Fever (oral temperature over 100.5° F)

There is a blood test for CMV. Your transplant doctor or your coordinator will indicate if this blood test should be done. CMV can be a very serious infection, but there is a medicine to treat it. Tell your coordinator if you are having any of the symptoms listed above.

**Herpes infections**

Herpes simplex is a virus most people have been exposed to sometime in their lives. It can remain hidden in our bodies for years and become active at any time. It most commonly causes **cold sores** on the lips and in the mouth. This can be treated with antiviral medicines. Another type of herpes simplex causes genital sores. You may have these viruses with no symptoms. However, because of the immunosuppression medications you will be taking, symptoms may emerge after transplant. They can be controlled with medicines, so please contact your transplant coordinator or local doctor should you develop symptoms.

Varicella zoster virus, more commonly known as shingles, is another type of herpes virus. Shingles will appear as a rash or series of small blisters. They may be painful, and they most often form on one side of the chest, back, hip or head. Typically, shingles occurs in older people. Transplant patients may get shingles because of the weakened immune system. While there is no way to prevent shingles, if you do notice a rash anywhere on your body, especially one that is painful, tell your local doctor or transplant coordinator. Early treatment will help shorten the length of the illness and may ease symptoms.
If you have never had varicella zoster or the **chicken pox**, or received the vaccine with proven immunity, you will need to be especially careful with exposure to those who have chicken pox. The virus is highly contagious as early as 5 days before the carrier breaks out in the red, open sores, called vesicles. These fluid-filled sores are also highly contagious, and you should avoid contact with them even if you have had chicken-pox in the past. You may be at-risk to develop the disease if your immunity is low. Contact your transplant coordinator if you have had close contact with someone with whom you think may be contagious.

**Influenza**

Influenza is a viral infection of the nose and throat that is more severe than the common cold. It most often hits suddenly and is caused by germs that are found in the air and on surfaces. Influenza can be mild to severe. It is recommended that you receive an annual flu vaccination to help prevent you from getting influenza. There are many different strains of influenza, so it is possible to get influenza even if you received your flu shot. Symptoms include fever, head and muscle aches, extreme tiredness, and sometimes cold symptoms.

**West Nile Virus (WNV)**

WNV is a virus that can affect the central nervous system. It is most often spread through the bite from an infected mosquito. In patients with weakened immune systems it can be very severe and cause encephalitis, meningitis, and even death. Transplant recipients should wear long-sleeved shirts and pants and use insect repellents to prevent mosquito bites. Contact your transplant team if you develop symptoms, which may include fever, neck stiffness, tremors, muscle weakness, vision loss, confusion, or numbness.

**Bacterial Infections**

Bacterial infections can and should be treated with antibiotics. Please contact your transplant coordinator or local doctor as soon as you notice any symptoms of bacterial infection.

**Pneumonia**

Pneumonia is a lung infection that can be caused by bacteria. Symptoms include cough with green, yellow, or brown mucous, fever, chills, shortness of breath, chest pain, and weakness.
One type of bacterial pneumonia you are particularly at risk for after transplant is pneumocystis carinii or PCP. This is an infection in your lungs. You will take TMP/Sulfa (Bactrim®) to help protect you from this bacterial infection for the first year after transplant when your immunosuppression is highest.

Symptoms include cough, fever and problems breathing.

Wound infections

If you develop symptoms of an infection in your incision, chest tube stab site, or VAD exit site, contact your transplant coordinator right away. After the wound is checked, you may be prescribed antibiotics to treat the infection.

Symptoms include fever, increased pain, redness, pus-like or greenish drainage, foul odor, and swelling around the wound.

Urinary tract infections

Urinary tract infections occur when germs get into the urinary tract. Symptoms include: burning or pain with urination, increased pressure, or feeling the need to urinate urgently, increased frequency of urination with little output each time, cloudy or foul-smelling urine, and fever or chills.

Fungal Infections

Fungal infections can be difficult to treat in transplant patients and most often require the use of anti-fungal medicines. Initially after transplant, when your risk is highest, you will take a medication to prevent common fungal infections.

Aspergillus

Aspergillus is a common fungus that can be found in indoor and outdoor environments. Most people breathe in aspergillus spores without being affected. When your immune system is weakened, like after transplant, exposure to this fungus can cause illness. The most common place for this infection is the lung, but can be found in other parts of your body as well. You will take Sporono® for the first 6 months after transplant to prevent developing this infection.
**Thrush**

The most common fungal infection after transplant is a yeast infection called **thrush**. Symptoms include small, white bumps or patches in your mouth or throat. They may be painful or cause problems swallowing.

**Athlete’s foot** is another common fungal infection. You may use over-the-counter remedies to relieve the symptoms of athlete’s foot. Contact your transplant coordinator or local doctor if symptoms persist.

Another common fungal infection after transplant is in the **fingernails or toenails**. Avoid sharing manicure and pedicure tools with others. It is very hard to get rid of a fungal infection in the nail beds.

You may also develop symptoms of a yeast infection in your surgical incision, in skin folds, in the vagina, urinary tract, lungs, or eyes. Symptoms of a fungal infection anywhere else in your body may include white or yellow discharge or film, itching and pain. If you develop any of these symptoms, contact your transplant coordinator or local doctor.

**What do I do if I think I have an infection?**

Contact your transplant team whenever you have symptoms of infection. You may need medicine to treat infections. If you see your primary care physician and are started on medication be sure to contact the transplant team **before taking your first dose**. Most of these medicines are safe to take but some may interfere with your anti-rejection medications.

**Medicines**

These are key points to keep in mind.

- **Choose one drug store to fill your prescriptions.** This permits the pharmacist to keep a complete record of your drugs. It also helps them to better watch for drug interactions and adverse effects. This will make it easier to ensure that your drugs are in stock and ready for you each month.
- **Be careful not to run out of your drugs.** Refill your prescriptions before you start running low. Plan ahead for weekends, holidays, and vacations.
- **Be sure to look at the dose of your pills.** This is on the pill bottle. Know the dose you are to take rather than the number of pills.
• Keep a list of all your medicines with you. Be sure to bring the list of all your drugs with you any time you come to the hospital.
• Your doctor will want to watch how you are doing on your medicines. It is vital to keep all follow-up appointments for check-ups and blood tests.
• Take all the medicines prescribed by your doctor.
• Never increase or decrease a drug dose without being told to do so.
• If you miss a dose of your medicine, take the missed dose as soon as you can. Then, resume your normal dosing schedule. If it is almost time for the next dose, skip the missed dose and return to your regular schedule. Never take a double dose or extra doses.
• Talk with your transplant coordinator and your pharmacist if you or your local doctor feels that you need an extra drug (prescription, natural product, supplement, vitamin, over-the-counter). They can ensure that there will be no interactions with your transplant drugs and the new drug.
• Many medicines have a number of side effects. If you have side effects, talk with your doctor or coordinator before stopping or changing your medicine.
• Call 911 if you ever have signs of a life-threatening reaction such as:
  o Difficult breathing
  o Hives
  o Swelling of the face, lips, tongue, or throat
• Store your drugs at room temperature unless told otherwise by your coordinator. Keep them out of light and away from moisture. Do not store drugs in the bathroom.
• Keep your drugs in their original bottles and tightly closed. Keep all drugs away from children and pets.
• Do not share your medicine. Do not use anyone else’s medicine. Wear a medical alert bracelet that tells emergency providers you have had a heart transplant and how to reach the transplant team.
• Always check with your coordinator before starting or stopping any medications.

Tacrolimus (Prograf®) -- anti-rejection

• This is used with other immunosuppressant medicines to prevent rejection of your new organ.
• This is taken twice daily (every 12 hours)
• Take with or without food, but be CONSISTENT in what you choose.
• Tacrolimus comes in 0.5 mg, 1 mg, and 5 mg capsules.
• You will have blood drawn to check your drug level on a regular basis. Your dose may be changes by your coordinator based on your lab result.
- The tacrolimus blood level needs to be drawn 12 hours after your previous dose. Take your next dose of tacrolimus after the blood has been drawn.
- Hand tremor, high blood pressure, and high blood sugar are the most common side effects.
- Avoid grapefruit or pomegranate juice, since they increase tacrolimus levels.

**Mycophenolate sodium or Mycophenolate mofetil--anti-rejection**

- This is used with other immunosuppressant medicines to prevent rejection of your new organ.
- You take this twice daily (every 12 hours)
- Take with or without food, but be CONSISTENT in what you choose.

- Do not take this medication if you are pregnant or trying to get pregnant because of the risk that the baby will have birth defects. **Decide with your doctor what birth control method(s) is right for you.**
- Mycophenolate sodium comes in 180 mg and 360 mg tablets.
- Mycophenolate mofetil comes in 250 mg and 500 mg tablets.
- You will have blood drawn to measure blood cell counts to manage this medication. Your coordinator will tell you how often and when you need to have your blood drawn.

Your anti-rejection medicines will be generic prescriptions. It will be important for your pharmacy to maintain a consistent manufacturer while taking generic immunosuppression medication. If you find out the manufacturer has been changed, notify your transplant coordinator.

**Prednisone (anti-rejection)**

- This is taken daily to prevent rejection.
- The dosage will taper slowly over the months after your transplant. The goal is to have you stop taking this medication before your first anniversary.
- Prednisone comes in many tablet sizes. Most often, 5 mg tablets are used.
- Take with or without food, but be CONSISTENT in what you choose.
- Prednisone can increase blood sugar. Some patients need to take insulin or oral diabetes medicine when taking this drug.
- High blood pressure, mood changes, changes in skin texture, increased weight, puffiness around face and difficulty sleeping are the common side effects.
- Long term therapy of this drug may weaken bones leading to osteoporosis.
**Bactrim (TMP/Sulfa) (anti-infection)**

- This is an antibiotic (prevents bacterial infections). This antibiotic is used most specifically to prevent Pneumocystis pneumonia. PCP is an infection that may occur when patients are taking medicines that suppress the immune system in order to prevent rejection.
- You should not take this drug if you are allergic to sulfa.
- The dosage is either one double strength (DS) tablet daily, or one DS tablet three times a week. This will depend on your kidney function.
- Take with or without food, but be CONSISTENT in what you choose.
- This drug may make your skin sensitive to the sun. It is vital to wear sun screen lotion (SPF 30 or higher), a hat, long sleeves, and long pants when outside.
- Common side effects include rash, upset stomach, and loss of appetite.

**Valcyte® (valganciclovir)--anti-viral**

- This is used to prevent viral infections, specifically cytomegalovirus (CMV) in transplant patients.
- Take with or without food, but be CONSISTENT in what you choose.
- Do not crush or break these tablets.
- Valganciclovir comes in 450 mg tablets. The usual dosage is 900 mg or two tablets daily.
- You will have blood drawn often to check blood cell counts and kidney function.
- Common side effects are headache, diarrhea, upset stomach, stomach pain, fatigue, and having trouble sleeping. Many small meals, sucking on hard sugar-free candy or chewing sugar-free gum can help relieve stomach symptoms.
- If your risk of CMV is extremely low, you may be on acyclovir, 400 mg twice daily instead of valganciclovir. Your doctor will decide which drug is best for you.

**Sporanox® (itraconazole) suspension**

- This drug is used to treat fungal infections, specifically thrush and aspergillus.
- Sporanox comes as a solution of 10 mg/mL. You will take 20 mL once daily at bedtime. Your pharmacist will show you how much this is.
• You will take this for six months or until your prednisone dose is 5 mg daily or less.
Common side effects are nausea or vomiting.

Incision Care

• What will I need to do to care for my incision when I go home?
• What do I need to do to protect my incision?

When you go home, you should shower with your back to the water. Do not let the stream of water flow on your incision until it is fully healed. Do not take any tub baths until your incisions are completely healed and there are no scabs.

Your incisions will be covered with dressings. These are removed the day after surgery unless there is drainage present. At first, your incisions may be red, swollen, and have some drainage. As healing occurs, this will go away. Contact your coordinator if your incisions become red and angry looking. Also call if there is abnormal drainage or pain. These are signs of infection.

Do not use lotions or creams on your incision.

Your staples or stitches may be removed before you go home. They will be replaced with steri-strips (paper-like strips). These will curl up, loosen, and fall off over time. Do not pull these off. Doing so may cause your incision to open.

Your incision may be more sensitive to sunlight. It will burn easily. Avoid direct sunlight to the area.

Cardiac Rehabilitation

• Why do I need this?
• What will this consist of?

The goal of cardiac rehabilitation is to make sure you do not become weak after your transplant. A quick start is vital! You will begin exercises very soon after transplant. This will:

• Increase your strength.
• Reduce your risk of pneumonia.
• Reduce your risk of developing blood clots in your legs.
• Shorten your stay in the hospital.

A member of the rehab team will visit you the day after your transplant. Your sessions will begin with the rehab staff checking your blood pressure while you are seated and standing. Your heart rate and rhythm will be watched throughout the whole session. You will start by taking short walks. These will increase in time and distance as you get stronger. Day 2 through the day you go home may also include seated biking or treadmill walking. Our goal is to have you perform upwards of 20 minutes of activity each day before you go home. Keep in mind, everyone’s recovery varies. Your plan will be made to suit you and your special needs.

Before you go home, you will get a referral to your local cardiac rehab program. It is vital to keep up with your exercise program with your local rehab staff once you go home. Your local rehab staff will receive information on your progress during your time in the hospital. It will be easy to start where you left off in your program with them.

Sexual Activity

Once home, you may engage in sexual activity as you feel able and have the desire. Care should be taken to avoid positions that strain your healing sternum (breast bone). The peak effort with sex is equal to climbing stairs at a moderate pace. That would likely be "somewhat hard" on the exertion scale. Some heart medicines can affect your sexual drive and ability. If you have questions or concerns about this, please talk with your doctor or heart care team.

Medical Alert Bracelet

• Why is this needed?
• Where do I get one?
• What information should be on this?

You should obtain some type of medical identification jewelry. This is needed in case you are found during a medical emergency and are not able to talk. This will ensure that the UW Heart Transplant team can be called right away to guide those caring for you. Your transplant coordinator will place initial order for you, free of charge.
Our social worker will give you information on options for purchasing a medical alert bracelet. There may be options at your local pharmacy as well.

**Appointment with your Local Medical Doctor**

- **When do I need to see my local doctor after transplant?**
- **What do I need to call my local doctor for after transplant?**

You must have a local doctor to follow your care. Plan to see your local doctor shortly after your transplant. We rely on the local doctor to address routine health issues such as diabetes and minor infections. We’ll work closely with your doctor to give you the best care. The transplant team will manage your transplant medicines. The transplant team will also address any issues about your heart. You will need to follow the advice of your local doctor and the transplant team in regards to diet, exercise, and other health needs. We want you to live a normal, healthy life after transplant.

**Commitment to Follow-Up Care**

- **What things do I need to do after my transplant?**
- **What will I need for support from family and friends to meet these commitments?**

For a transplant to be a success, you need to commit to:
- Follow the treatment plan prescribed by your doctors.
- Call your coordinator about any problems and symptoms.
- Take all prescription drugs as prescribed.
- Follow the diet and exercise plan devised by your doctor.
- Keep your appointments, clinic visits, lab draws, and biopsies.
• Do not abuse your body by smoking, drinking, or using non-prescribed medicines and herbals.

Life after Transplant

• **What are some things I can do to cope with my emotions after transplant?**

After transplant, people can live a normal, healthy life. Adjusting to your transplant can be tough for the patient and loved ones. It is common to feel anxious, depressed, or frustrated. This may be due to your medicines as well as the stress of having a new heart. Talk with someone about your feelings. The transplant team, your nurse, or social worker can help you cope with these emotions. Sharing your feelings with your loved ones and other may also be helpful. Most areas have support group meetings for people who have had transplants and for their loved ones to attend.