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THE DUKE KIDNEY/PANCREAS TRANSPLANT PROGRAM

Welcome to the Kidney/Pancreas Transplant Program at Duke University Medical Center. This booklet focuses on kidney and kidney/pancreas transplants, and will serve as your guide as you go through the various phases of transplant. Our hope is that this will assist you in making the decision of whether kidney or kidney/pancreas transplant is the right treatment option for you. We are here to answer your questions, please feel free to contact our offices.

The kidney/pancreas transplant program began in February, 1965; since that time, we have performed more than 3,000 kidney and kidney/pancreas transplants. We are constantly working to improve our program to provide the best possible care for our patients and families.

Kidney/Pancreas Transplant Team

The Kidney/Pancreas Transplant Team is made up of many members who specialize in kidney disease and transplantation. We provide support and care for patients who are approaching transplant and those who have received organ (kidney or kidney/pancreas) transplants. The most important member of the team is **YOU**. The team's relationship with you is a partnership. Team members will provide their best effort while caring for you, as you learn how to care for yourself before and after transplantation.

As a partner we will look to you to tell us your thoughts and feelings about your health as we proceed along together. Communication is essential; always keep the line of communication open, so together we can reach the goal of kidney or kidney/pancreas transplant.

Transplant Coordinator

A transplant coordinator is a nurse who provides education regarding the transplant process, from evaluation, to listing, to post transplant care. He/she will discuss with you all the events before, during, and after transplantation during your clinical appointments. These appointments will give you an opportunity to ask questions. Our transplant coordinators are:

Carolyn A. Boone, RN, MSN	Pre Transplant Coordinator
Rosalyn Carter, RN, MSN, CTCC	Pre Transplant Coordinator
Leslie Hicks, RN, MSN	Post Transplant Coordinator
Tiffany Rogala, RN, BSN	Living Donor Coordinator
Geannine O'Brien, RN, BSN	Pre Transplant Coordinator
Judy Smith, RN, BSN	Post Transplant Coordinator
Linette Alvis, RN, MSN	Pre Transplant Coordinator
Sarah Rusch, RN, BSN	Living Donor Coordinator
Shalarie Headley, RN, BSN, CCTC	Hospital Inpatient Coordinator
Nicole Pranger, RN, BSN	Post Transplant Coordinator

Transplant Nephrologist

A transplant nephrologist is a physician who specializes in kidney disease and kidney transplants. He/she will evaluate your current medical condition and your kidney disease. He/she will discuss with you the option of kidney transplantation as a possible treatment options for your kidney disease. Our transplant nephrologists are:

- Matthew Ellis, MD
- John K. Roberts, MD
- Scott Sanoff, MD

Transplant Surgeon

A transplant surgeon is the physician who will perform the kidney transplant operation. He/she will discuss whether a transplant is right for you based on information gathered during your evaluation. Our transplant surgeons are:

- Todd Brennan, MD
- Bradley H. Collins, MD
- Allan Kirk, MD
- Stuart Knechtle, MD
- Kadiyala Ravindra, MD
- Aparna Rege, MD
- Debra Sudan, MD
- Deepak Vikraman, MD

Social Worker

A social worker will meet with you to evaluate your ability to cope with the many stresses of the non-medical aspects of transplantation. They will contact your dialysis unit to understand how you follow recommendations from your dialysis team. This will provide information on how well you will follow the treatment plan after transplant. The social worker will also help to identify your caregiving team. Our social workers are:

- Scotia Burrell, MSW, LCSW
- Karli Pontillo, MSW (Living Donor)
- Courtney Jenkins-Norman, MSW, LCSW
- Jennifer Harrill, MSW, LCSW
- Claire Swift, MSW, LCSW

Medical Psychologist

He/she will speak with you about stress or anxiety you may experience during the transplant process. He/she may discuss with you how you might adjust to a kidney transplant.

Financial Coordinator

A financial coordinator will explain your insurance coverage and the cost of the transplant procedure, as well as of post-transplant medication. He/she will discuss the importance of ensuring that you have a strong financial plan in place before transplant. Our financial team:

- Sandra Bankston, Transplant Financial Coordinator
- Lisa Nelson-Smith, Transplant Financial Coordinator

Anesthesiologist

This physician will talk to you about how you will be put to sleep during surgery and how postoperative pain will be managed, if your experience any.

Dietitian

Assess how foods have affected your health, and make suggestions on how to improve your health status.

Pharmacist

The pharmacist will help you understand and coordinate the many medications you will be taking after transplant, along with the side effects, if any.

ABOUT YOUR KIDNEYS

The kidneys are two bean shaped organs located in the lower back along both sides of the spine. Normally everyone has two kidneys, but can live a normal life with only one kidney. Besides making urine, the kidneys perform the following functions:

- Take waste materials and extra fluid from the blood.
- Regulate blood pressure
- Make blood cells
- Regulate fluids and chemicals needed by the body

Kidneys can stop working for several reasons; the two most common reasons are hypertension (high blood pressure) and diabetes (sugar). End-stage kidney disease means the kidneys have stopped working and normal function will not return. When end-stage kidney disease occurs there are two treatment options: dialysis or kidney transplant. Kidney transplant involves surgically placing a donated kidney into you. The donated kidney will perform all the functions your diseased kidney could not. Some diseases can come back in a transplanted kidney.

Benefits and risks must be weighed when choosing any form of therapy or treatment, and kidney transplant is no different. One of the greatest benefits of kidney transplantation is being able to stop dialysis. If the kidney functions well, it should do everything your old kidneys used to do and dialysis would not be needed.

Risks related to transplantation mainly revolve around your body's defense system, and the medications you must take for the rest of your life. Anti-rejection medications hold back or suppress your immune system. Medications are necessary because your immune system is extremely efficient and must be changed for the transplant to be successful. Without these medications in your system, your body would reject the transplanted kidney and you would need dialysis to sustain life. Later, we will talk about the risk involved in having surgery.

Kidney Selection Criteria

To be considered for a kidney or kidney/pancreas transplant you must meet specific criteria. Below are the criteria used to determine if you can be considered a candidate for transplantation. Once you meet the basic criteria, you will be invited to begin the evaluation process.

Inclusion Criteria:

- Expressed interest in transplant
- eGFR < 20 mL/min/1.73 sq. meter
- For deceased donor recipients, legal resident of the United States (citizen or legal alien)
- For HIV positive patients, must have CD4 count > 200 and clinical clearance by Duke Infectious Disease physician
- Patients 70 years old and older must have a potential living donor at the time of listing
- Presence of a consistent and reliable support system, enabling the patient to obtain anti-rejection medications after transplant and providing reliable transportation

- Ability to arrive at Duke Hospital within 6 hours at short notice
- Deceased donor recipients: patient must have a primary residence in North Carolina or one of the following states: South Carolina, Georgia, Tennessee, Virginia, and West Virginia
- Pediatrics recipients must be weight >10kg, length > 80cm, or acceptance by surgeon

Exclusion Criteria

- Past history of cancer (other than skin) within last 2 years, unless approved by the multidisciplinary team
- BMI (Body mass index) > 40
- Liver biopsy demonstrating > stage 3 fibrosis unless cleared by hepatologist
- Active substance abuse (Alcohol or other)
- Inability or unwillingness to perform self-catheterization in the setting of an unsatisfactory urinary drainage system
- Persistent non-adherence with medications, dialysis treatments, and/or medical recommendations
- Uncontrolled hyperparathyroidism as evidenced by intact PTH >1500
- Myocardial infarction within last 6 months or active myocardial ischemia
- Mean pulmonary artery pressure > 35 mmg Hg by catheterization or echocardiogram
- Transient ischemic attack or stroke within last 6 months
- Severe restrictive or obstructive pulmonary disease
- Systemic infection
- Non-healing ulcer or wound
- Medical or psychosocial risk factor(s) that make transplant surgery unsafe
- Untreated or uncontrolled psychiatric disorders that would affect the ability to care for self
- Patients in Long Term Care Facility or other institutional setting

Kidney/Pancreas and Pancreas Selection Criteria

To be considered for kidney/pancreas or pancreas transplantation, the following must be met:

Inclusion Criteria for Simultaneous Kidney-Pancreas Transplant:

- GFR <20ml/min/1.75 sq. meter

All inclusion criteria listed below for Pancreas* except Inability or unwillingness to perform self-catheterization in the setting of an unsatisfactory urinary drainage system*

Pancreas Only:

- Expressed interest in transplant
- Age 21-55 years
- Confirmation of Type I Diabetes (undetectable serum C-peptide level, history of diabetic ketoacidosis)
- Legal resident of the United States (citizen or legal alien)
- GFR >60 ml.min.1.75 sq. meter (native kidney or renal allograft)
- Presence of a consistent, reliable support system; ability to obtain anti-rejection medication, reliable means of transportation
- Ability to arrive at Duke Hospital within 6 hours
- Patient must have a primary residence in one of the following states: South Carolina, Georgia, Tennessee, Virginia, and West Virginia

Exclusion Criteria

- Past history of cancer (other than skin) within 2 years
- BMI (body mass index) greater than 30
- Patients with Hepatitis C or other liver disease whose liver biopsy demonstrates stage 3 fibrosis or greater unless cleared by hepatology
- Active substance abuse (alcohol or drugs)
- Inability or unwillingness to perform self-catheterization in the setting of an unsatisfactory urinary drainage system
- Persistent non-adherence with medications, dialysis treatments, and/or medical recommendations
- Uncontrolled hyperparathyroidism as evidenced by intact PTH>1500
- MI (myocardial infarction) within last 6 months or active myocardial ischemia unless cleared by Cardiology
- Mean pulmonary artery pressure> 35mm Hg by heart catheterization
- TIA (transient ischemic attack) or stroke within last 6 months
- Severe restrictive or obstructive pulmonary disease

- Systemic infection
- Non healing ulcer or wound
- Medical assessment that considers multiple risk factors that when combined makes transplant surgery an unsafe risk
- Untreated or uncontrolled psychiatric disorders that would affect the ability to care for self after transplant

TRANSPLANT EVALUATION

The evaluation process involves coming to Duke University Medical Center to meet the members of the transplant team. On your visit, you will have an opportunity to learn about the different aspects of kidney transplant and ask questions. Testing may be done at your initial visit for evaluation. These tests will help us observe your kidney function and determine other possible medical conditions, and give us information about your current state of health. All testing is aimed at making sure you will do well with surgery and immunosuppression.

Initially, we will draw blood; perform an EKG, and a chest X-ray. Sometimes, depending on your health history, other tests may be needed to clear you for kidney transplant. If other tests are needed, we will order tests to be done at a later time. Some of the following tests may be included as part of your evaluation:

Clinical Laboratory Testing

- Complete blood count
- Type and screen

Transplant Evaluation

- Chemistry profile with liver function tests
- Stool guaiac (test for blood in your stool)
- Prostate screening antigen (PSA) for males
- Diagnostic Testing
- Chest X-ray
- DEXA scan for post-menopausal women
- Complete abdominal ultrasound
- Mammogram (women over 40)
- Colonoscopy for patients over 50
- Pelvic exam/Pap smear
- Echocardiogram and/or stress test

Immunogenetic Testing

Human leukocyte antigen — A, B, DR, Panel Reactive Antibodies (PRA) — are important in the matching of a donor's kidney to your immune system.

Dental Exam

A dental examination and clearance by a dentist is occasionally necessary to rule out any infection.

Additional Testing

HIV

HBsAg

HBcAb

Viral Screening

CMV

HBsAb

HCV

EBV

Coagulation Profile (for patients with clotting problems)

Cardiac Screening

Cardiac stress testing or catheterization may be necessary to make sure the heart will tolerate the stress of the transplant surgery on some patients with previous history of coronary artery disease.

Abdominal Screening

CT scan of the abdomen/pelvis may be ordered to rule out vascular calcification; these are normally ordered for older patients and/or diabetic patients. Remember, other tests may need to be done based on the results of these tests. You will be notified about your results and any additional testing needed.

SELECTION COMMITTEE

Once you have completed the evaluation process, you are ready to be presented to the multidisciplinary committee for a decision on whether you have met the selection criteria and can be placed on the waitlist; or you have not yet met the selection criteria and have more testing to complete; or kidney transplantation would not be the best treatment option for you. Your transplant coordinator will gather all the pertinent information for the Kidney Transplant Committee (nephrologists, transplant surgeons, financial coordinators, social workers, dieticians and pharmacists) review the information with the committee. Your coordinator will notify you of the decision.

Listing

If the multidisciplinary committee decides that a kidney transplant is the best treatment option for you, and you have met our selection criteria for transplant, you will be placed on a national waiting list for kidney transplantation after your insurance company gives us authorization to put you on the list. If you are placed on the list, you will have regularly scheduled appointments, usually once a year, to be seen in the clinic. If you do not qualify for listing, you may be given specific goals with a time frame so you can meet the selection criteria. After meeting those goals, the transplant team will decide if you may be placed on the waiting list. You may wish to be listed at more than one transplant center. Each transplant center decides who it accepts as a candidate and may decline patients who are listed at other centers. They may also require you to repeat many of the tests done during your evaluation at Duke. Should you decide that being on several different transplant centers' waiting lists is right for you, you will need to travel to those centers to meet with their team and meet their requirements.

Multiple Listing and Wait Time Transfer

Multiple listing involves registering at two or more transplant center. One advantage in multiple listing is the possibly of shorten wait time for transplantation. No one knows for sure when you will be transplanted, but multiple listing does increase your chances. If you think you may want to be listed at more than one transplant center, please consider the following:

- Will my insurance cover the cost of transplant at another center, including an evaluation?
- Do I have the resources to travel to another center for evaluation, the surgical event, and follow up care?
- Will my support system or caregivers be willing to travel to another location?
- Will I have resources to attend annual updates at each center that I am listed?

These are just a few of the questions to ask yourself when considering multiple listing. If you decide that you would like to be listed at another transplant center, your dialysis unit or nephrology office can assist you with completing a referral form. If you are listed at a transfer center and you would like to have your days listed to be transferred to Duke, please contact your primary transplant coordinator. He/she will assist you in completing the needed forms.

Expectations after Listing

- The waiting period begins on the day of your listing. The waiting period for a kidney transplant is very uncertain; simply put, we cannot know when you will be transplanted. It is important to remember during this time that no one has any control over when donor kidneys become available.
- We urge you to be patient, learn relaxation techniques, and explore other resources to help cope with the stress and uncertainty of waiting for an available kidney.
- You will be seen at DUH about every 12–24 months until you receive a transplant.
- We encourage you to continue working as long as possible. If you are unable to work while on dialysis, you can use this waiting time to take classes at local community college, contact your Vocational Rehabilitation office, and make other plans to return to the workforce after your transplant.
- Remember that your eligibility for disability payments will likely be reviewed one to three years after transplant, and some benefits may end.
- While you are waiting, we strongly encourage you to remain as active as possible. Regular physical activity or exercise will help build your strength and endurance in preparation for your transplant and increase your chances to do well afterward.
- It is very important that you contact our office with any changes such as your phone number, address, and insurance coverage. You must also contact us if you will be away from home so we can locate you in case a kidney becomes available.
- If you are hospitalized or your disease worsens you must contact your transplant coordinator. Any medical changes may alter your status on the waiting list.

Living Donors

The living donor transplant differs from a deceased donor transplant in that it decreases waiting time, is more likely to work immediately following surgery, and may last longer, depending on how well you care for yourself. A living donor may be a family member, a friend, or a person with whom you share a special bond. The living donor surgery is arranged in advance and may be scheduled soon after you and the donor have met those selection criteria.

Living donors must also meet selection criteria, for their safety and yours:

- Have health insurance
- Be 18 years old
- Be free of high blood pressure, diabetes
- Not been treated for or diagnosed with kidney stones
- Have support system

Once a determination has been made on your candidacy for transplant, or we feel that you will be approved, please have anyone interested in donation to contact our offices (919-613-7777) to speak with

the program specialist in Kidney Transplant. Living donors typically have a 1 to 2 day hospital stay; with follow up care in 2 weeks. On average living donors may return to work in 4 to 6 weeks, depending on their careers.

PREPARING FOR A TRANSPLANT

We want to help you and your family prepare for your transplant. Making plans to deal with your needs before your transplant can reduce the amount of stress you will have to cope with during the recovery process. You will have to make some changes in your plan over time as your situation changes. Please keep us up to date on changes as they occur.

When you are called to come to the hospital for your transplant, it is vital that we be able to contact you quickly at any time of the day or night. You will need to have a reliable transportation plan for getting to the hospital on short notice. You will also be coming back to the clinic as often as once a week after your transplant. You need to plan in advance who can help you get here.

The following questions are to help in planning for your transplant. Please be thinking about these questions carefully and create a plan.

- How can I make sure that the transplant coordinator can contact me at any time?
- How will I get to the hospital when I'm called for transplant?
- Who will take care of my children, home (pay bills, maintenance), and pets for several weeks?
- Who will stay with me and assist in my care when I go home after discharge?
- Who will drive me to Duke Hospital for Clinic appointments before and after my transplant?
- Who will pay for my transplant?
- How much are my deductibles or co-payments for doctor visits and medications?
- How will I pay for my medications after transplant?
- What are my concerns about my situation, my family, and my ability to prepare for transplant?

KIDNEY DONATION AND SELECTION OF DONOR ORGANS

Talking about Transplantation: United Network for Organ Sharing

Questions and Answers for Transplant Candidates about the New Kidney Allocation System

United Network for Organ Sharing (UNOS) is a non-profit charitable organization that manages the nation's transplant system – known as the Organ Procurement and Transplantation Network (OPTN) – under contract with the federal government. As the OPTN, UNOS helps create and define organ sharing policies that make the best use of donated organs. This process involves continuously evaluating new advances and discoveries so policies can be adapted to best serve patients waiting for transplants. The current kidney matching system has helped tens of thousands of people get successful transplants. But there are ways it can be further improved.

One issue was that some kidney recipients have not received a kidney that works as long as they may need. Another issue was that some patients must wait much longer than others for a kidney due to their blood type or their immune response to most available kidneys. The revised system is a result of years of review and consensus-building among transplant professionals and people who have personal experience with donation and transplantation. Their primary goal was to make the system better without making major changes to the parts of the system that work well.

The new matching system will take effect in late 2014. It should help more people have longer function with their transplanted kidney. It should also help shorten the waiting time for some groups of people who often wait a very long time because they are hard to match with most kidneys. This brochure explains the new system and what it will mean for people needing a kidney transplant.

What will change? What will stay the same?

Many people will not see any major change. The time you spend waiting for a kidney is still a major factor in matching. You will not lose credit for any time you have already spent waiting. If you began dialysis before you were listed for a transplant, your transplant waiting time will be backdated to your first dialysis date. People who are expected to need a kidney for the longest time will be matched more often with kidneys that have the longest expected function. Groups of people who are hard to match with kidneys, based on their blood type or immune sensitivity, will also get additional priority.

How will kidneys be classified?

Every kidney offered for a transplant will have a Kidney Donor Profile Index (KDPI) score. This is a percentage score that ranges from zero to 100 percent. The score is associated with how long the kidney is likely to function when compared to other kidneys. A KDPI score of 20 percent means that the kidney is likely to function longer than 80 percent of other available kidneys.

A KDPI score of 60 percent means that the kidney is likely to function longer than 40 percent of other available kidneys. If you have been listed for some time, you may have heard of kidneys being classified as “standard” or “expanded criteria.” These classifications will no longer be used in the new system.

What goes into a KDPI score?

The KDPI is calculated based on facts about the donor that affect how long the kidney is likely to function. These factors include:

- Age

- Height/Weight
- Ethnicity
- Whether the donor died due to loss of heart function or loss of brain function
- Stroke as cause of death
- History of high blood pressure
- History of diabetes
- Exposure to the hepatitis C virus
- Serum creatinine (a measure of kidney function)

How will transplant candidates be classified?

Each kidney candidate will get an individual Estimated Post-Transplant Survival (EPTS) score. This is a percentage score that ranges from zero to 100 percent. The score is associated with how long the candidate will need a functioning kidney transplant when compared with other candidates. A person with an EPTS score of 20 percent is likely to need a kidney longer than 80 percent of other candidates. Someone with an EPTS score of 60 percent will likely need a kidney longer than 40 percent of other people.

Your transplant team can calculate your EPTS score for you.

What goes into an EPTS score?

The EPTS is calculated based on facts about the candidate that affect how long you are likely to need a kidney.

These factors include:

- Age
- Length of time spent on dialysis
- Having received a previous transplant (of any organ)
- Current diagnosis of diabetes

How will the KDPI and EPTS scores be used in allocating kidneys?

The 20 percent of kidneys that are expected to last the longest—those with a KDPI score of 20 percent or less—will first be offered to patients likely to need a transplant the longest – those with an EPTS of 20 percent or less. If a kidney with a KDPI of 20 percent or less is not accepted for any of these patients, it will then be offered to any other person who would match, regardless of their EPTS score. Kidneys with high KDPI scores are expected to function for a shorter amount of time than others. They may be best used to help candidates who are less able to stay on dialysis for a long time.

Donor recipient matching

Blood Type and Antigens

Donor kidneys are matched with recipients according to the following criteria:

- Blood type: (O, A, B, AB)
- HLA antigens: proteins located on kidney cells and blood cells

You are tested for six HLA antigens. They are the basis for creating a match for a donor organ and recipient. If your transplanted kidney has some of these proteins (antigens), then your body is less likely to reject the kidney.

Length of Time on the Waiting List

Each blood type carries an approximate waiting time:

O	5–7 years
A	3–5 years
B	7 years
AB	7 years

If you have a living donor, the only waiting time is the time it takes to have the donor evaluation completed.

CDC INCREASED-RISK DONORS

Sometimes we have donors that may be considered “increased-risk.” Risk factors may include past medical history or other behavioral factors. There is a potential risk which includes, but is not limited to, the transmission of hepatitis, HIV (the virus that causes AIDS), or other infections.

Even though tests are negative, the donor is considered to be at an increased risk for transmitting HIV or other infectious diseases based on the Behavior/History Exclusionary Criteria established by the Centers for Disease Control and Prevention (CDC) in 1994 as listed below:

Men who had sex with another man in the previous five years.

Persons who report nonmedical intravenous, intramuscular, or subcutaneous injection of drugs in the previous five years.

Persons with hemophilia or related clotting disorders who have received human-derived clotting factor concentrates.

Men and women who have engaged in sex in exchange for money or drugs in the previous five years.

Persons who have sex in the preceding 12 months with any person described in items 1–4 above or with a person known or suspected to have HIV infection.

Persons who have been exposed in the previous 12 months to known or suspected HIV-infected blood through percutaneous inoculation or through contact with an open wound, non-intact skin, or mucous membrane.

Inmates of correctional systems (this exclusion is to address issues, such as difficulties with informed consent and increased prevalence of HIV in this population).

If you are offered an organ from a donor who is considered a CDC high-risk donor, as defined above, or an organ that has other high-risk factors, this will be discussed with you when you are called with an

organ offer, and your surgeon will fully explain the risks prior to surgery. Consent to use this type of donor organ will be obtained from you at that time.

WHEN AN ORGAN BECOMES AVAILABLE

Be Prepared

Be sure to always notify our office of any changes in the contact phone numbers you provide to us, not only for yourself, but for your designated family and friends who support you. This is so that we can reliably contact you when the time comes. It's also important to let us know if you are planning a vacation that could impact your travel time to DUH, should an organ become available for you.

Talk with your family and friends about the importance of having a transportation plan in place so that when an organ becomes available, you will be able to respond quickly to our instructions to come to the hospital. Finally, have a "transplant bag" ready. Items in the bag should include; copies of insurance cards, a change of clothes, and any other important items you will need during your four-to-seven-day hospital stay.

Hospital Arrival

When a donor match is identified for you from the waiting list, the transplant coordinator will call you. You will be given instructions about when and where to report to the hospital and when to stop eating and drinking. After you arrive, you will be admitted to the hospital, have pre-operative blood tests, and meet with your doctors before surgery to make sure everything is in place for a successful operation.

The Surgery

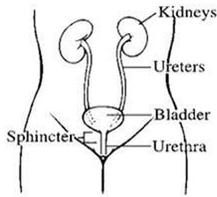
The surgeon sometimes determines that, despite best efforts at collecting information, the kidney to be transplanted isn't of high enough quality. An example may be that there was damage to the organ when it was removed from the donor. At Duke we perform transplants from deceased (cadaveric) donors and living donor transplants. Deceased donor kidney transplant is the kind of transplant that happens when someone is declared brain dead and their family decides to donate their organs. When you match a donor from the waiting list, the transplant coordinator will call you. He or she will tell you when to come to the Emergency Room at Duke Medical Center and when to stop eating and drinking. There will be a blood test done before you go to surgery to make sure the kidney will match with you.

After you arrive at the Emergency Room, you will be prepared for surgery. A chest x-ray, EKG, and blood tests will be done. You will be seen there by the transplant doctors who will examine you to make sure you are ready to go to surgery.

In the operating room, you will be put to sleep. This means you will not feel anything during the surgery. The surgery itself takes about four hours. A cut (incision) will be made above your groin on either the right or left side. Your own kidneys will not be removed. Only one kidney will be transplanted in most instances.

The new kidney will be attached at three places. First, the donor artery is connected to your iliac artery (the artery going to your leg). Then, the donor vein is connected to your iliac vein (the vein coming from your leg). Finally, the ureter, the tube that drains urine to the bladder, is connected to your bladder. After

all the connections are made, the cut (incision) is closed. You will be taken to the Post Anesthesia Care Unit, the Surgical Intensive Unit, or a step-down unit.



What to Expect During the Hospital Stay

Patients are usually in the hospital for 4 to 6 days. You will have an IV tube in your neck at first, then in your arm. Usually we have to give you lots of fluids for the kidney to work well. You will have a catheter in your bladder to drain urine from your new kidney. We will watch you for signs of rejection from the kidney. Urine output and laboratory values are important to tell us how the kidney is doing.

At first you may be receiving pain medicine through your IV. Usually a kidney transplant is not very painful. You will soon be taking pain medicines, fluids and food by mouth. You will need to walk soon after surgery. You will be receiving anti-rejection medications after transplant. Once you learn about your medicines, tolerate solid food, walk, and have good kidney function, you will be ready to go home. Notably, one of three transplant recipients requires some dialysis after the transplant. It can take days to weeks for the transplanted organ to reach their full level of function.

Pancreas Transplant

A pancreas transplant can be done for patients with Type 1 (Insulin-dependent) diabetes who have renal failure or are near to needing dialysis. At Duke we only do whole pancreas transplants, which must come from a deceased donor.

These can be done two ways:

- Combined kidney–pancreas transplant: Both the kidney and pancreas come from a deceased (cadaveric) donor. Both are transplanted at the same time.
- Pancreas after kidney: This occurs when the patient receives a living donor kidney first and then has a pancreas transplant afterwards.

As with the kidney transplant, a final blood test will be done to be sure the pancreas is a match with you. Your cut (incision) will be up and down the middle of your abdomen. Your own kidneys and pancreas will not be removed. Three places will be used to connect your new pancreas. The donor's artery and vein from the pancreas are connected to your artery and vein. Then the pancreas is attached to your small intestine so enzymes from the pancreas can drain through your GI tract. This surgery can take up to six to eight hours. Once your cut (incision) is closed, you will be taken to the Surgical Intensive Unit. You will be in the hospital for seven to ten days.

Nutrition Guidelines After Transplant

For the first 6 weeks after transplant you may need to eat smaller amounts of food more frequently (4-6 times per day). Eat a healthy diet with plenty of protein and low sodium (3-4 gm sodium per day). Increase fluid intake by drinking water or unsweetened beverages. If blood glucose levels are high, limit juices to 4 oz. per day.

Potassium and phosphorus diet restrictions are usually no longer needed with good graft function; however transplant team may need to make restrictions for a short period of time.

The following foods are **NOT** recommended after transplant due to drug interaction or food safety concerns with decreased immune function:

- No grapefruit or grapefruit juice, including sodas that may contain this. Examples: Fresca, Sundrop, Sunny Delight, Squirt, caution with Mellow Yellow, and Mountain Dew
- No pomegranate or pomegranate juice, star fruit, pomelo, or Seville oranges
- No undercooked or raw meat, fish, poultry, or eggs
- No raw sprouts: alfalfa, bean or other sprouts
- Wash all raw fruits/vegetables well
- No unpasteurized (raw) milk cheeses such as: feta, brie, camembert, blue cheese, or queso fresco
- Cook all deli meats, hot dogs, and luncheon meats to steaming hot
- No unpasteurized pates or meat spreads
- Avoid herbal supplements: St John's Wort, peppermint, chamomile, guggul, dandelion, and Goldenseal

Long Term Nutrition Guidelines: Heart Healthy Diet

Patients are given a written copy of heart healthy diet with specific information in hospital after transplant.

- Increased calcium with low fat dairy (skim milk, 1% milk, low fat yogurt, low fat natural cheeses)
- If unable to tolerate lactose, try low lactose products
- Meats and vegetables should be baked, broiled, or grilled
- Sodium restriction (3-4 gm per day)
- High fiber (25-30 grams per day)
- 5-9 servings of fruits and vegetables per day
- Appropriate calorie or carbohydrate intake to maintain desirable weight and glucose control

Go to following website for more information: www.fda.gov/Food/FoodborneIllnessContaminants

CARING FOR YOURSELF AFTER THE TRANSPLANT

There are many issues to consider regarding follow-up care after kidney transplant. These include:

Medicines: Now that you have a kidney transplant, you will have to take special medicines for the rest of your life. These are anti-rejection drugs that are expensive and have some serious side effects. If you have limited insurance coverage for medicines, you will need to fundraise for future costs.

Monitoring: You will be asked to record your fluid intake and output, blood pressure and temperature each day.

Health Habits: After the transplant, you will be expected to maintain a well-balanced diet, drink plenty of fluids, and exercise regularly to keep yourself in good physical condition.

Frequent Check-ups: You will need to return to Duke frequently for clinic visits. You will need to have laboratory values checked often for medicine levels and to monitor kidney function. In many cases these can be done locally and results sent to us. We need you to keep in close contact with us regarding changes in your health status.

Safety Information About Medications

Please observe the following precautions when taking your medicines. For all medicines, remember that they can be dangerous, even fatal, if taken accidentally by a child. Make sure your pharmacy has put your prescription medicine in childproof containers. Store all your medicines out of reach of small children.

In addition:

- Take each medicine exactly as instructed.
- Keep all medicines in their original containers with labeling that shows the name, dosage, and expiration date. Keep your medicines in a dry place away from heat and direct sunlight. A week's worth of medicines may be stored in your pillbox.
- Report any side effects of medicines to the transplant team.
- Never change or skip a dose of medicine. Remember, if you stop taking your immunosuppressive medicines, your body will reject the transplanted organs. However, we understand that no one is perfect. We know there may be a day you forget to take a dose of your medicine. Don't panic! Just take the next one on time.

Call the transplant coordinator if you have any vomiting or nausea that prevents you from taking your medicines. Also call if you vomit right after taking your medicines.

Kidney Transplant Self-Medication Form

Medication	9am	1pm	5pm	9pm
Prograf® (Tacrolimus) Prevents rejection	X			X
Cellcept® (Mycophenolate) Prevents rejection	X			X
Deltasone ® (Prednisone) Prevents rejection	X			
Prilosec® (Omeprazole) Decreases stomach acid	X			
Sepra DS® (Co-trimazole) Prevents pneumonia	X			

Immunosuppression

Immunosuppression is a concept with which you need to become familiar in order to understand your care. Your immune system is the part of you that is able to recognize when foreign substances enter the body. Throughout your life, your immune system has been fighting off infection. It recognizes and destroys foreign matters such as bacteria, viruses, and fungi.

Your transplant organ (kidney and/or pancreas) is new and foreign to your body. Your immune system will recognize this. If something is not done to stop the process, your body's immune system will recognize your new kidney or pancreas as foreign. It will soon begin to destroy it. Preventing this natural response of the body's immune system is called immunosuppression.

Prograf (also known as tacrolimus), Cellcept (also known as mycophenolate mofetil), and Prednisone are immunosuppressive medicines. They are given to decrease the body's ability to recognize and destroy foreign substances. Without these medicines, rejection of the kidney would certainly occur. It is therefore very, very important that you take your medicines exactly as prescribed for as long as you have a transplant. If you stop taking these medicines, your body will reject the transplanted organ.

Being on immunosuppressive medicines means you will be at greater risk for developing infections. It is important to take some sensible precautions to avoid infection.

Immunosuppressive medicines also increase the risk of cancer. This is especially true for skin cancer.

INFORMATION ABOUT MEDICINES

This section is a general guide to each medicine's function, proper use, dosage, precautions and side effects. The information does not cover everything about every medicine you may be taking. And, it does not replace your doctor or nurse coordinator's advice. This section is a general overview. Always follow the instructions given to you by your transplant team. Not all of the medicines described in this book will be prescribed by your transplant doctor.

You probably will not experience all the side effects listed for each medicine. Also, side effects usually decrease in time.

Anti-rejection medications

Tacrolimus (Prograf)

Purpose: Tacrolimus is used to prevent or treat rejection in people who have received a transplant. You will have to take this medicine for as long as your transplanted organs continue to function.

How to take: Capsule 0.5mg (milligram), 1mg, and 5mg. This drug is usually taken twice daily with doses 12 hours apart.

Your transplant team will determine the correct dosage for you based on your weight and the level of the medicine in your blood.

Tacrolimus should be taken 1 hour before meals or 2 hours after meals. It is important to do this regularly to keep drug levels steady. It is also difficult to do this in the hospital and when you first go home.

We (your transplant team) want you to understand the most important thing to do is to take this medicine 12 hours apart regardless of when you last had a meal.

Tacrolimus is usually taken with corticosteroids, such as Prednisone (Deltasone) and Mycophenolate Mofetil (Cellcept)

Precautions for Tacrolimus:

- You will probably have frequent lab tests during the first few months to keep watch on the effectiveness and side effects of Tacrolimus.
- On a day when your Tacrolimus level is measured, do not take your morning dose until your blood is drawn.
- Store Tacrolimus at room temperature (59°F to 86°F). Store away from children.
- Do not eat grapefruit or drink any products that may contain grapefruit such as Fresca
- The benefits of taking this medicine if you are pregnant or breastfeeding must be weighed against the possible danger to you and your unborn child. Call your transplant team right away if you think you are pregnant.

Main side effects of Tacrolimus these include, but are not limited to:

- Abnormal Kidney Function
- Headaches
- Hair loss
- High Blood Sugar
- Tremor
- High Blood Pressure
- Trouble sleeping
- Numbness and tingling of your hands and/or feet

Mycophenolate Mofetil (Cellcept)

Purpose: Mycophenolate Mofetil is given with other medicines to help prevent rejection of your transplant organs. You will have to take this medicine for as long as your transplanted organs function.

How to take:

- Capsules-250 mg and 500mg
- Your transplant team will decide the correct dosage for you based on your white blood cell count. The usual dose is 1000 mg every 12 hours. This dose may be decreased if needed.

Precautions

- Mycophenolate Mofetil may lower your amounts of certain blood cells. You should report any unusual bruising or bleeding to your transplant coordinator.
- Pregnant women should not use Mycophenolate Mofetil unless the possible benefit justifies the possible danger to the unborn child. Women of childbearing age should use effective contraception before beginning Cellcept, during the time you are taking Cellcept and for 6 weeks after you have stopped taking Cellcept. Call your transplant team right away if you think you are pregnant.

Main side effects of Mycophenolate Mofetil. These include, but are not limited to:

- Reduced white cell counts and /or low platelet count
- Nausea
- Vomiting
- Diarrhea

Note: If for any reason you cannot tolerate the Mycophenolate Mofetil (Cellcept) the transplant team would consider changing to a medicine called Azathioprine (Imuran). If you are switched to Azathioprine your transplant team will provide you with information about this medicine.

Corticosteroids, Prednisone (Deltasone)

Purpose: Prednisone is another medicine that helps prevent rejection by suppressing the body's immune system. Prednisone is often called a steroid. You will start taking a moderate dose of Prednisone. This dose will be tapered rapidly to a low maintenance level to avoid side effects, if possible.

Main Side Effects

It is very important to remember that no one experiences all of these side effects. They do occur often enough that we want you to be aware of them. These side effects are dose related most of the time. In other words, as your dose comes down the side effects should become less of a problem.

- Increased appetite: It is important to watch your calories and maintain your ideal weight
- Increased blood sugar: You may need to avoid concentrated sweets
- Change of appearance: You may notice a rounded face, larger abdomen, and “thin skin” which may bruise easily
- Increased stomach acid: This condition could lead to stomach ulcers. Always take Prednisone with food. If this does not work for you; please tell your transplant team.
- Increased sweating: This often occurs at night.
- Acne on face, back, chest: Wash your skin two to three times a day and keep the area clean and dry as possible. If acne is a problem, antiseptic wash followed by application of 10% benzoyl peroxide ointment is usually helpful.
- Muscle weakness (particularly in the legs): Exercise!!! Walking is one of the best ways to strengthen leg muscles. Increase your exercise every day, and vary your routines.
- Eye problems: Inform the transplant team of any blurring or other changes in vision.
- Joint Problems: Inform the transplant team of persistent joint pains. You may need x-rays of your joints or a bone density study.
- Delayed wound healing: the transplant team will look at your wound at each clinic visit until it is well healed. Emotional changes: You may notice an increase in restlessness, trouble sleeping or moodiness while on the higher doses of Prednisone.

Basiliximab (Simulect)

Purpose: Basiliximab (Simulect) is one of the medicines you may receive to keep your body from rejecting your transplanted organs. Simulect prevents acute rejection episodes by suppressing the immune system, while still allowing it to fight off infection.

How to take Simulect:

Simulect is given IV (intravenously). The first dose may be given to you in the Operating Room. If so, the second dose will be given to you before you are discharged, usually on the 4th day after surgery.

Sirolimus (Rapamune)

Purpose: Sirolimus (Rapamune) is an anti-rejection medicine. You may be taking this medicine along with others to prevent rejection.

How to take Rapamune

Rapamune tablets are taken once daily. The transplant coordinator or pharmacist will tell you what time of day may be best to take this medicine.

Rapamune must not be taken with grapefruit juice or any grapefruit product.

Rapamune tablets should be stored at room temperature, between 68° F and 77° F. Use cartons to protect blister cards and strips from exposure to light.

Side Effects:

- High cholesterol
- High triglycerides
- Delayed wound healing
- Rash
- Acne
- Anemia
- Joint Pain
- Diarrhea
- Low potassium
- Decreased platelet count

Medications

Septra, Septra DS, Bactrim, Bactrim DS, SMZ-TMP DS

Septra is an antibiotic to help prevent bacterial infections. It is also used to prevent the development of a certain type of pneumonia called Pneumocystis Carinii Pneumonia. This pneumonia sometimes develops in people who are taking immunosuppressive medicines. You will probably take this medicine for one year after transplant.

If you are Allergic to “sulfa drugs”, you should not take this medicine. You will be given another medicine instead.

Ganciclovir or Valganciclovir (Valcyte)

Ganciclovir and valganciclovir are medicines which limit the Cytomegalovirus virus (CMV). Ganciclovir may be given IV (intravenously) while in the hospital or at home. If possible, the transplant team will change to the oral medicine before discharge. The oral version of ganciclovir is valganciclovir, not currently available in generic form.

This medicine is used to either prevent or treat CMV infection. Dosage is determined by body weight and kidney function.

White blood cell counts need to be checked at least every two weeks while Ganciclovir is being given. The length of time the drug is given will depend on individual circumstances. Your physician or transplant coordinator will explain them to you.

Antacids or Anti-Ulcer Drugs

Prednisone can increase the acid in your stomach and lead to ulcers. It is important to protect your stomach. There are several things that can be done to protect your stomach. Remember to take your

Prednisone with food. Also, you will take antacid like Pepcid, Zantac, Prilosec or whichever your doctor prescribes.

Antihypertensive

Many kidney transplant patients already are taking high blood pressure (antihypertensive) medicines to control their pressure. We may change the medicine you are on after your transplant surgery. Some medicines are better for your kidney function after a transplant than the ones you may have been taking while on dialysis. We often permit higher blood pressures immediately after the transplant than we do later on. Blood pressures often fall from the time of transplant with reduction in the steroid dose and improved kidney function. If you were not on blood pressure medicines before your transplant, you may need them for a while after surgery.

Other Medicines

Do not take other medicines prescribed by other doctors until you check with the transplant team first. Some medicines may interfere with how your immunosuppressive medicines work. Medicines like Ketoconazole, Biaxin, Erythromycin, and Dilantin are just a few of the medicines that should be avoided if possible. Please call your transplant coordinator or doctor about new medicines prescribed for you before you get the prescription filled.

Be cautious about over-the-counter medicines, too. You may take Tylenol as needed for minor pains. Do not take Motrin, Aleve, Ibuprofen, or Naprosyn before checking with your transplant doctor. These medicines can seriously affect the function of your transplanted organ.

You may take Dulcolax tablets or Glycerin suppositories as needed for constipation, but please avoid phosphate-based laxatives

Medication Costs

We want you to realize how much a burden a transplant is for a person with Medicare only. Even those people with insurance coverage can face added costs. The cost of the immunosuppressant drugs after transplants are very expensive.

Two of the drugs required are approximately \$1000.00 a month for each drug. Medicare only pays 80% of these drugs for 44 months or about 3 ½ years. That is \$300 to \$400 you would be responsible for each month plus the other medicines you would be taking. After 44 months, Medicare will not cover those two expensive immunosuppressant medicines. You would be totally responsible for the cost. These amounts could change if your coverage changes or carrier changes.

There are limited drug assistance programs. The income requirements mean that many people have trouble meeting the requirements. Fundraising is a strong recommendation to cover the costs of these necessary but expensive medicines. This is important for patients with limited means to pay for these drugs after transplant. Some insurance plans have a cap on how much they will pay. We encourage you to investigate your prescription plan.

We just wanted to give you a good idea of some of the costs you will be facing after transplant. At Duke, unfortunately we do not have the resources to provide the medicines for you. Please call our financial counselors if you have questions or if we can help you problem solve.

IMPORTANT CONTACT INFORMATION

Duke University Hospital

Kidney Transplant Program

Box 102347

Durham, NC 27710 Toll-free: 800.249.5864

Local: 919.613.7777

Fax: 919.668.3897

For Fed-Ex or UPS delivery, address please contact our office.

FOR MEDICAL EMERGENICES

919.684.8111 (ask to speak to the Kidney Transplant Coordinator on Call)

RESOURCE DIRECTORY

We want to help you and your family deal with concerns that may arise before or after your transplant. Your social worker, transplant coordinator, and physician can give you information on resources for your particular needs. In the following pages, you will find a listing of resources that may be useful. Please note that there are hundreds of Internet Web sites about kidney disease and transplantation. We recommend only those we know will provide reliable information.

Websites

Duke University Health System

- www.dukemedicine.org

United Network for Organ Sharing

- 1.888.894.6361
- www.unos.org

Carolina Donor Services

- 1.800.200.2672

Organ Procurement & Transplant Network

- optn.transplant.hrsa.gov

American Kidney Fund

- 1.800.729.6682
- www.kidneyfund.org

National Kidney Foundation

- 1.800.622.9010
- www.kidney.org

American Diabetes Association

- 1.800.DIABETES
- www.diabetes.org

Insulin Free World

www.insulin-free.org

Transplant Information

- www.transplanthealth.com
- www.transweb.org

National Foundation for Transplant

- 1-800-489-3863
- www.nft.org

National Clearing House for Alcohol and Drug Information

- 1-800-729-6686
- Brochures and pamphlets on alcohol, tobacco, and other drugs

Social Security Disability Hotline

- 1.800.638.6810
- NC statewide information and assistance related to Social Security, Disability, or SSI

Medicare

- 1.800.MEDICARE (1.800.633.4227)
- Information on Medicare coverage www.medicare.gov

Social Service Resources

County Department of Social Services (DSS)

- Medicaid persons with low income and few assets may apply in the county in which they reside for assistance with medical expenses. DSS also manages food stamps, AID to Families with Dependent Children, Fuel Assistance, and other emergency funds.

Social Security Administration

- 1-800-772-1213
- Assists with applications for retirement, survivorship, disability, and supplemental security income and Medicare benefits.

Veteran's Administration Benefits Office

- 1-800-827-1000

Veteran's Affairs Medical Center (Durham)

- 919.286.0411

NC Division of Veteran's Affairs

- 919.733.3851

NC Division of Vocational Rehabilitation

- 919.733.3364
- A state-sponsored program that provides services to help disabled persons obtain jobs. Services include evaluation, special training, job counseling, and funding for services to help you get back to work.

Pharmacies

You may choose to use a local pharmacy in your hometown or a specialty mail-order pharmacy. Your insurance case manager can help decide which is the best option for you. If you will be staying in Durham after your transplant, we will give you two sets of prescriptions; one for a local pharmacy and the second set will be for your hometown or mail-order pharmacy).

Local Late-Night Pharmacies

Duke Outpatient Pharmacy

- 919.684.2908

Rite Aid Pharmacy

- 7 am–12 midnight M–F; 7 am–11 pm Saturday; 8 am–11 pm Sunday
- LaSalle Street and Hillsborough Road
- 919.383.5591

CVS

- Cole Mill Road and Hillsborough Road
- 919.383.0171
- Martin Luther King Road
- 919.419.9798

Walgreens Southpoint Pharmacy–24 hour

- 6405 Fayetteville Road
- 919.544.6430

Kerr Drugs–Duke Medicine Plaza

- Hillandale Road
- 8 am – 10 pm M–S; 1 pm–6 pm Sunday
- 919.383.9428

The **Duke Outpatient Pharmacy** is located on the first floor of the Duke Clinic. The pharmacy's hours are 9 am to 5:30 pm, Monday through Friday. The pharmacy can file electronic claims for patients. Check with the pharmacy to be sure they can process your insurance. They also file Medicare (if you had your transplant while covered by Medicare), North Carolina Medicaid, Children's Special Health Services, and other special programs. The pharmacy accepts major credit cards.

Specialty Pharmacies

Many recipients utilize special transplant pharmacies to obtain their medications. The benefits of such pharmacies are that they file insurance claims for you (including Medicare when eligible) and offer fast Federal Express services and competitive prices. You should check with your insurer to determine which one you are allowed to use.

APP

- 1.800.277.9787

Chronimed

- 1.800.888.5753

CVS Procare

- 1.800.238.7828

Merk-Medco

- 1.800.282.2881

LODGING & TRANSPORTATION RESOURCES

Duke Transplant Center Recommended

To assist our patients and their family members who are in the evaluation, waitlisting and post transplant phases of care, the Duke Transplant Center contracts with the Hilton Garden Inn Durham/University Medical Center to set aside a limited number of rooms from Sunday through Thursday nights for a discounted rate of \$60 per night plus tax. Please contact the front desk regarding this Duke Transplant Center rate. At the time of check in you will need to provide the name of the transplant pulmonologist you will be seeing in clinic as well your clinic schedule.

The Hilton Garden Inn opened in 2013 and is conveniently located between Duke University Campus and downtown Durham. The hotel has complimentary self-parking and a free shuttle service to the Duke campus or to a location – such as the Center for Living – within a five mile radius. The hotel is also located next door to grocery shopping, restaurants and the 9th Street district.

Hilton Garden Inn

Durham/University Medical Center

2102 West Main Street, Durham, NC 27705

919.286.0774



Other Accommodation Options

While the Duke Transplant Center strives to make the accommodation information below as accurate as possible, the center makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the information, and expressly disclaims liability for errors and omissions in the content of this information.

Most local hotels/motels offer discount medical rates, so be sure to mention that you are in Durham for medical care. A few offer special rates or services to transplant recipients. Please ask your social worker for current information. You may also want to check with your insurance company prior to your transplant to see if it will offer you financial assistance with lodging if you need to temporarily relocate to the hospital.

Duke Medical Center is not affiliated with listed lodging facilities below. However, many of these lodging facilities include transportation to Duke and 24-hour shuttle service as well as additional amenities, such as mini-kitchen set-ups, free high-speed Internet access, complimentary breakfast, onsite laundry/dry clean service, as well as reduced medical rates. Many facilities also allow pets. Please contact chosen individual location for detailed list of desired amenities.

Hotels within five miles of Duke

The following hotels are within a five mile radius of Duke University Medical Center and provide shuttle services to and from the hospital.

Brookwood Inn, 2306 Elba Street, Durham, NC 27705 919.286.3111, within walking distance to hospital.

Durham Hilton, 3800 Hillsborough Road, Durham, NC 27705 919.383.8033 or 800.445.8667

Millennium Hotel, 2800 Campus Walk Avenue, Durham, NC 27705 919.383.8575

University Inn, 502 Elf Street, Durham, NC 27705 919.286.4421 or 800.801.3441

Washington Duke Inn, 3001 Cameron Boulevard, Durham, NC 27705 919.490.0999 or 800.433.5853

Hotels and Motels

Budget Inn, 2101 Holloway Street, Durham, NC 27703 919.682.5100, www.budgetinn.com

Carolina Duke Motor Inn, 2517 Guess Road, Durham, NC 27705 919.286.2771 or 800.438.1158, www.carolinainn.com

Comfort Inn, 1816 Hillandale, Durham, NC 27705 919.471.6100 or 800.426.7866, www.comfortinn.com

Courtyard by Marriott, 1815 Front Street, Durham, NC 27705 919.309.1500 or 800.321.2211, www.marriott.com

Days Inn, 33460 Hillsborough Road, Durham, NC 27705 919.383.1551 or 800.DAYS.INN, www.daysinn.com

Duke Tower Hotel, 807 W. Trinity Ave, Durham, NC 27701 919.687.4444 or 866.385.3869, www.duketower.com

Durham Hilton, 3800 Hillsborough Road, Durham, NC 27705 919.383.8033 or 800.445.8667, www.hilton.com

Durham Marriott at the Civic Center, 201 Foster Street, Durham, NC 27701 919.768.6000 or 800.768.6000, www.marriott.com

Econotel, 2337 Guess Road, Durham, NC 27705 919.286.7746

Holiday Inn Express, 2516 Guess Road, Durham, NC 27705 919.313.3244, www.hiexpress.com

Motel 6, 3454 Hillsborough Road, Durham NC 27705 919.309.0037 or 800.466.5337

Innkeeper – Durham South (RTP I-40), 4433 Hwy 55 (I-40 Exit Hwy. 55), Durham, NC 27701 919.544.4579 or 800.466.5337

LaQuinta Inn, 4414 Chapel Hill Blvd (Hwy 15-501), Durham, NC 27707 919.401.9660 or 800.531.5900, www.lq.com

Quality Inn, 3710 Hillsborough Road, Durham, NC 27705 919.382.3388 or 800.228.2800, www.duke85.com

Radisson Governor’s Inn – RTP, I-40 at Davis Drive, Exit 280, Durham, NC 27709 919.549.8631 or 800.333.3333, www.radisson.com

Red Roof Inn, 1915 North Pointe Drive, Durham, NC 27705 919.471.9882 or 800.843.7663, www.redroof.com

Residence Inn (Marriott), 1919 Hwy, 54 East (I-40 Exit 278), Durham, NC 27713 919.361.1266 or 800.331.3131, www.marriott.com

Staybridge Suites, Durham/Chapel Hill, 3704 Mt. Moriah Rd, Durham, NC 27707 919.401.9800, www.staybridge.com

Scottish Inn, 5303 Hwy 70 West, Durham, NC 27705 919.383.2561 or 866.271.9880

University Inn, 502 Elf Street, Durham, NC 27705 919.286.4421 or 800.801.3441, www.universityinnduke.com

Wingate Inn RTP/RDU, 5223 Page Road, Exit 282 at I-40, Durham, NC 27703 919.941.2854 or 800.228.1000, www.wingatehotels.com

Suite Hotels/Apartments/Extended Stay

<p>Clairmont at Hillandale 2901 Bertland Avenue, Durham, NC 27705 888.429.1315. 1.7 Miles from Duke. 1, 2, 3 bedroom apartments, furnished available. Washer/Dryer in each and attached garage. 3, 6, 12-month leases.</p>	<p>The Hamptons at RTP Apartment Homes 300 Seaforth drive, Durham NC 27713 919.484.1321 or www.thehamptons.com Studio, 1, 2, or 3 bedroom furnished corporate suites. Pets, pool, fitness center, business center.</p>
<p>Colonial Village at Deerfield 910 Constitution Drive, Durham NC 27705 919.383.0345</p>	<p>Hawthorne Suites 300 Meredith Drive, Durham, NC 27713 919.361.1234 or 800.527.1133 AARP/AAA discount. Full breakfast, full kitchen services, separate living/dining and bedrooms.</p>
<p>DoubleTree Guest Suites</p>	<p>The Heights at LaSalle</p>

2515 Meridian Parkway, Durham, NC 27713 919.361.4660 or 800.222.TREE 15 minutes to Duke, continental breakfast.	500 South LaSalle Street, Durham, NC 27705 919.309.1292 or leasinglasalle@worthingse.com Less than one mile from Duke. Short term lease, furniture rental available, pet friendly, pool, fitness center, elevators, washer/dryer in unit available.
Edinborough at the Park 200 Edinborough Drive, Durham NC 27703 919.941.9635 1, 2, 3 bedroom apartments, clubhouse, gated, swimming pool. 15 minutes from Duke.	Homestead Studio Suites 4515 Highway 55 (RTP) 1920 Ivy Creek Blvd, Durham, NC 27713 919.544.9991 or 919.402.1700 Includes kitchen, free local calls, wireless, pet-friendly and van to Duke.
The Evergreens at Mount Moriah 5512 Sunlight Drive, Durham, NC 27707 919.489.8788 1, 2, and 3 bedrooms, corporate apartments. Mail concierge service, valet dry cleaning, lap pool, tennis courts, fitness center.	Homewood Suites 3600 Mt. Moriah Rd., Durham, NC 27707 919.401.0610 or 800.225.4663 Six miles from Duke. All suites, fully equipped kitchens, complimentary breakfast and evening social hour, outdoor pool spa, exercise room, shopping and restaurants within walking distance.
Extended Stay America 3105 Tower Blvd, Durham, NC 27707 919.489.8444 or 800.398.7829 10-15 minutes from Duke, fully furnished studios, full kitchen, laundry, cable, data port, free voicemail and local calls.	Oakwood Corporate Housing 800.520.5288 1, 2, and 3 bedroom apartments.
Forest Apartments 800 White Pines Drive 919.383.8504 Five minutes from Duke, fully furnished and accessorized studio, 1 and 2 bedroom suites, business center, laundry facilities, fitness center.	West Village Corporate Lofts 604 West Morgan Street, Durham, NC 27705 919.682.3690 or www.westvillagedurham.com Fully furnished suites, cable and internet service, housekeeping, coffee bar, free local calls, business center, fitness center, laundry facilities, and pets.
Studio Plus 2504 NC Highway 54, Durham, NC 27713 919.361.1853 or 800.646.8000 Swimming pool, laundry, exercise room, fully equipped kitchens in all rooms, free local calls, data port, and extended cable.	Wynne Residential 1013 Southpoint Crossing, Durham, NC 27713 919.484.8999 or 800.477.6922 Two communities offering fully furnished accommodations with washer and dryer, pool, business center, fitness, and children's play area.
Trinity Commons Apartments 2530 Erwin Road, Durham, NC 27705 919.309.1409 or www.trinitycommons.com 1, 2 bedrooms, rental furniture plans, pets OK, walking distance to Duke, parking, many amenities.	

Other Lodging Options

Nearby camping facilities

Duke Oversized Parking, Garage II, 919.684.5773

Birchwood RV Park, 919.493.5573, 5901 Wilkens Drive, Durham, NC 27705

Southern Country Inn, Hillsborough, NC 27278 919.732.8101

Spring Hill RV Park, 3500-1A Old Greensboro Road, Chapel Hill, NC 27516, 919.967.4268 or
800.824.8807

PARKING

Parking Fees

Hospital garage parking fees are based on an hourly rate. Discount parking books are available for inpatients and their families and can be purchased at the parking office or at the Auxiliary gift shops. Please call the Medical Center Traffic Office at 919-684-5773 for more information.

Valet Parking

Valet parking service is available at DUH, Duke Clinic, Duke Emergency Services, and Morris Cancer Clinic.

Duke University Hospital

M–F, 7 am to 10 pm; \$9/day

Saturday – Sunday, 10 am–6 pm; \$9/day

Duke Emergency Services

Available 24 hours a day, every day

Free for ER patients

Duke Clinic

Entry 1 (main entrance)

M–F, 7:30 am–6 pm; \$9/day

Morris Cancer Clinic

M–F, 7 am to 6 pm

Free for radiation/oncology patients

Duke Transportation Options

Transport Services

Duke University provides free bus service to all campuses and the Medical Center for students, employees, patients, and visitors.

All routes served by Duke Transit are accessible to persons with disabilities. In addition, Duke's after-hours SAFE Rides program employs an on call accessible van. Accessible Duke University buses can be identified by the international accessibility symbol on the side of each bus.

Transit Information

919.684.2218 or 919.681.4001

Safe Escort Service

919.684.SAFE (7233)

Parking Services

919.684.5773

GLOSSARY

- BMI - The body mass index (BMI) is a screening tool to identify possible weight problems. It provides an estimate of body fat based on height and weight.
- CD4 - This is a test used to measure the strength of your immune system if you've been diagnosed with HIV infection. This test measures the number of CD4 cells (also known as T-helper cells) in your blood and assesses the status of your immune system. CD4 cells are a type of white blood cell that fights infection, and they play an important role in your immune system.
- Catheterization - emptying urine from the bladder with a small, flexible tube (catheter). The bladder is an organ in the body that stores urine.
- EKG - Electrocardiography (EKG or ECG) is a test. It is used to check the heart. It looks at your heartbeat and heart size, and can tell if you have had a heart attack. No electricity will flow into your body during the test.
- Echocardiogram - This is a test which produces images of the heart by using sound waves. The echocardiogram is simple, painless, obtained within a short period of time and offers valuable information to your medical team.
- GFR - Glomerular filtration rate (GFR) is a measure of the function of your kidneys. Glomeruli are tiny filters in your kidney that allow waste products to be removed from the blood, while preventing loss of important proteins and blood cells. The rate refers to the amount of blood that is filtered per minute. GFR is considered the most accurate way to detect changes in kidney status.
- HLA - Human leukocyte antigens (HLA) are a group of proteins that help the body's immune system to identify its own cells and to distinguish between "self" and "nonself." Everyone has an inherited combination of HLA antigens (a mixture of types A, B, C, and D) present on the surface of his white blood cells (leukocytes) and other nucleated cells. While not as unique as a fingerprint, the presence or absence of each antigen creates a one-of-a-kind HLA combination for each person. (This is important when someone needs an organ transplant, as the donor's HLA antigens must match up with the recipient's.)
- PTH - Parathyroid hormone (PTH) helps the body maintain stable levels of calcium in the blood.
- Stress Echo - An exercise echocardiogram is a test to see how well your heart can tolerate physical activity. You will need to walk on a treadmill for this test. An echocardiogram looks at how the heart moves. An exercise echocardiogram is also called a stress echocardiogram

