



TEXAS TRANSPLANT INSTITUTE

A DEPARTMENT OF METHODIST HOSPITAL

“Serving Humanity to Honor God”

www.TexasTransplant.org

Pre Kidney Transplant Education Manual

TEXAS TRANSPLANT INSTITUTE

A Department of Methodist Hospital

On the Campus of Methodist Specialty and Transplant Hospital

A Campus of Methodist Hospital

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KIDNEY TRANSPLANT DEPARTMENT

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ABOUT METHODIST HEALTHCARE

Methodist Healthcare is the most preferred health care provider in South Texas, according to consumers surveyed by the National Research Corporation. Methodist Healthcare has also won the Top Gold Award in the San Antonio Express-News' Readers' Choice Awards for the past three years.



Methodist Healthcare's kidney transplant program at the Texas Transplant Institute, a department of Methodist Hospital, has built an outstanding reputation as a leading transplant center in the United States. The Texas Transplant Institute was created over 10 years ago to combine both the solid organ transplant program along with the adult and pediatric blood and marrow stem cell transplant program.

Our kidney transplant program began in 1984 at what is now Methodist Specialty and Transplant Hospital, a campus of Methodist Hospital. Since then we have performed over 3,000 transplants. Our dedicated transplant team focuses on providing the highest quality care to our patients and their families. The Texas Transplant Institute is committed to excellence in transplant patient care, education, and research. Our kidney transplant team puts nearly 30 years of experience to work each day as they evaluate patients from all over the United States.

At the Texas Transplant Institute, our team is devoted to improving life and making transplants happen for many patients who may have been told they would never find a suitable donor. Patients tell us that they chose Texas Transplant Institute because of the team approach to transplantation and the compassionate care they received. Our team approach has allowed us to give individualized attention to ensure recipients and donors have the best possible outcomes.

You and your family become part of the transplant team by taking an active part in your health care. As a member of the transplant team, you will be responsible for learning as much as you can about the transplant process. The first step in your journey is learning about the donation process and all that is involved. Since you are part of our team, you will not go through this process alone

We are committed to quality patient care and encourage you and your family to contact us with any questions. We are truly grateful for the giving spirit of organ donors, both living and deceased, and their families.

INTRODUCTION

Kidney transplantation involves more than just surgery. Evaluation, waiting for transplant and recovery following surgery are all part of a long journey for the transplant candidate and family. Even after full recovery, some lifestyle changes are necessary for continued health.

Issues to Consider

The goal of successful kidney transplantation is to help recipients feel better, become more active, and enjoy a better quality of life. The main benefits of a successful kidney transplant are:

- Freedom from dialysis
- Increased feeling of well-being
- Fewer restrictions on diet and activities
- Increased energy level

This Pre Kidney Transplant Education Manual contains information that is necessary for all persons who are considering kidney transplantation. Please read it thoroughly and share it with interested family and friends.

If you decide to pursue having a kidney transplant, you will need to review this information before your transplant. Please keep this manual readily available. If you have unanswered questions, please call the Kidney Transplant Clinic at (210) 575-8425.

YOUR TRANSPLANT TEAM

Members	Roles
You and the family members that help with your care	<ul style="list-style-type: none"> • Participate in education classes • Discuss needs & concerns with team
Transplant Surgeons: ~Dr. Francis Wright ~Dr. Adam Bingaman ~Dr. Luke Shen	<ul style="list-style-type: none"> • Operation • Make daily visits to see you while you are in the hospital • The doctors work as a team so you may be seen by more than one doctor while you are hospitalized.
Transplant Coordinators	Three groups of nurses to assist you and your family during the transplant process
<i>~Pre-Transplant Coordinator</i>	<ul style="list-style-type: none"> • Involved in screening & educating you, as the patient, during your evaluation. • Will work with your doctors/dialysis center to prepare you for your transplant.
<i>~In-Patient Coordinator</i>	<ul style="list-style-type: none"> • Involved in your care while you are hospitalized for your transplant. • Will educate you on how to care for yourself after your transplant. • Will make your arrangements for care after transplantation.
<i>~Post Transplant Coordinator</i>	<ul style="list-style-type: none"> • Will see you in clinic for your follow-up visit after your transplant & will work with your kidney doctor in your care after transplantation.
Social Workers	<ul style="list-style-type: none"> • Will help you with your emotional concerns before & after transplantation. • Will help you plan for the day to day & long term needs such as how and where to get your medicines. • Will help explain some of the financial aspects of having a transplant.

Members	Roles
Dietitian	<ul style="list-style-type: none"> • Will evaluate your nutritional status before your transplant & educate and assist you with your nutritional needs before your transplant, while you are in the hospital, and after your transplant
Administrative Staff, Support Personnel, Data Coordinators	<ul style="list-style-type: none"> • Will schedule your evaluation and follow-up appointments. • Will direct you to the appropriate area during your clinic visits. • Will answer questions you may have or will refer you to the appropriate person to answer your question. • Will draw your blood for tests that will be needed. • Will help you schedule your surgery and fill out the appropriate forms that are needed before and after your transplant. • Will collect and maintain data on each patient for research purposes and federal regulations.
Financial Coordinator	<ul style="list-style-type: none"> • Will evaluate your financial resources before and after transplant. • Will research benefits and eligibility of your insurance. • Will coordinate benefits, when more than one insurance is available. • Will work with you to make a financial plan for your transplant.

TYPES OF KIDNEY TRANSPLANTS

A kidney transplant is an operation in which a kidney from one person is put into another person whose kidneys have almost or completely stopped working. If the kidney works well, the patient will have less food and fluid restrictions, feel much better overall, and return to an almost normal life. This is the goal of transplantation.

There are two types of kidney transplants:

1. Living donor transplant
2. Deceased donor transplant

These types of transplants are described in the sections to follow.

With either type of these transplants, your blood is tested so that we can match you with a proper donor. These tests are:

- 1. Blood type** - This will tell you if you are an “A”, “O”, “B”, or “AB” type. We do not check for the Rh factor, which shows whether you are positive or negative.
- 2. Tissue typing** - This is the DNA or genetic testing.
- 3. Antibody testing** - This checks the level of the antibodies in your blood. Antibodies protect your body from something that does not belong in your body. The higher antibody level you have, the harder your body fights off things that do not belong there. This can make it harder to find an organ for you.

You may also need more tests such as XRAYs or an EKG.

The Transplant Team will also check you medically, psychosocially, and financially to make sure everything is fine before adding you to the list or proceeding with a live donor transplant.

**Remember -- You Must First Be Cleared For Transplant Before
You Can Be Added To The List Or Have A Live Donor
Transplant.**

LIVING DONOR TRANSPLANT

A living donor kidney transplant is when a healthy, living person donates to someone who needs a transplant. In 2009 & 2010, the Texas Transplant Institute at Methodist Specialty and Transplant Hospital performed the most living kidney donor transplants than any other facilities in the nation. Currently, kidneys from living donors have a better long-term survival rate than kidneys from deceased donors, and the waiting time for a deceased donor kidney is approximately five years.

A living donor kidney transplant is scheduled and planned for, so the surgery takes place at a convenient time for everyone concerned. The waiting time for the recipient is minimal. In addition, the living donor and recipient operations take place at the same time, which means that the kidney is outside of the body for a short period of time, thus it is still warm when placed into the recipient's body. Kidneys from living donors usually start working immediately in the operating room whereas cold kidneys, or kidneys that have been out of the body for a longer period of time, may take several days to fully function.

People who can donate must be at least 18 years old or less than 70 years old. Living donors should be in good overall physical and mental health and free from uncontrolled high blood pressure, diabetes, cancer, HIV/AIDS, hepatitis, and organ diseases. They must pass all tests done by the Transplant Team. If any part of the tests comes back as unacceptable, then another donor must be considered. If there is no other donor, then the recipient can be placed on a waiting list.

People that can be considered to be a living donor can be blood relatives or someone who has an emotional bond with you such as a husband, wife, or good friend.

Living donor kidney transplants are the ideal choice for various reasons:

- Higher success rates
- Better matching (blood relatives only)
- More convenient scheduling of surgery
- Less medications needed

DECEASED DONOR TRANSPLANT

A deceased donor transplant involves taking a kidney from a person who has just died. The person's family must first give consent if organs are to be used for transplantation. This type of transplant requires waiting on a list until a suitable kidney is available. Once someone has been placed on the list, they will have to wait until an organ becomes available and is assigned to them. This can be at any time of the day, any day of the year, so you must be ready to come to the hospital when called.

The wait time will be different from one person to another because of different reasons. One reason is that the government has made rules so that organs are given out fairly. A point system is used in order to select a recipient. These points are a total of 5 different areas, they are:

- Age
- Length of time on the list
- How well the donor and recipient match genetically
- Antibody level
- Medical urgency

The people with the most points that will be at the top of the list with one donor may not be at the top of the list with another donor, due to their points being different with this donor. This donor may not match as well or someone who has waited longer may come up first.

Another reason that one person may wait longer than another may be because of the blood type. Different blood types have different wait times. The average national wait times (*transplant center specific wait times may vary from national wait times*) for the following blood types are as follows:

- "A" blood type - 3 to 3 ½ years
- "B" blood type - 5 to 5 ½ years
- "O" blood type - About 5 years
- "AB" blood type - 2 to 2 ½ years

Patients are placed on a local and national list so that if a perfect matched kidney from another transplant center becomes available for someone on our list, they must offer it to us. First, we will check to see if our patient is medically stable, then accept the kidney or refuse it. Being on the national list will give you a chance to get a perfect matched kidney, but it may not make it any sooner for you to receive a kidney.

When you are added to the list at this transplant center, a letter will be sent to you and your doctor. You can be listed at more than one transplant center if you desire. Multiple listings can increase your chance of being transplanted sooner. Once you are listed at each center, your waiting time begins. One center may have more “waiting time” than the other. If you want to switch the longer time to another center, you must request to do so and get approval from the center(s) involved.

It is very important to stay healthy and keep us updated with any changes such as new phone numbers, new address, or new insurance information.

Be Prepared At All Times To Come To The Hospital!

BEFORE SURGERY

If you are to receive a kidney from a living donor, you and your donor will come to the transplant clinic one day before surgery. All the pre-operative tests will be done at this time as well as the pre-surgery education. The medication to keep you from rejecting the new kidney (immunosuppressive medication) will be started that day. Both of you will only be able to have a clear, liquid diet that evening and nothing to eat or drink after midnight. The surgeons for you and your donor will see you in clinic that day. Your nephrologist will also see you and make sure you are prepared for the transplant.

The morning of the surgery, you and your donor will need to arrive at the Day Surgery area located on the back side of Methodist Specialty and Transplant Hospital. The donor will be taken to the operating room an hour before you will be taken. The surgeries will occur in rooms side by side and will end close to the same time.

If you are to receive a kidney from a deceased donor, it is very important for the Transplant Team to be able to reach you at all times.

During the waiting time:

- Stay as healthy as possible
- Take your medications as ordered
- Follow your fluid and diet restrictions
- Do not miss any dialysis treatments
- Notify the transplant center of any changes in address, phone numbers or insurance
- Notify the transplant center of any trips you are going on and where you can be reached.

When a kidney becomes available, the transplant coordinator will call you. The transplant coordinator will ask you how you are doing medically. If you have a cold, sore throat, fever, any type of infection, or are recovering from these, you must let the transplant nurse know. It would be better to wait for another kidney, than to risk giving you a serious infection.

You will be given instructions on what to do next such as:

- When to come to the hospital
- Where to come
- Food and fluid restrictions
- What to bring

Come to the hospital as soon as possible, but do not panic and drive carefully. It is better for someone to drive you to the hospital because you cannot drive home when you are discharged. If you need to have dialysis before surgery, this will be done at the hospital. You will also have a complete examination by the doctor which will include blood tests and x-rays. Once the complete examination has been done and you are cleared by the transplant doctors, you will go to surgery.

**Whether you will be receiving a Living Donor Kidney or Deceased Donor Kidney transplant, it is important that the patient(s) stop smoking. Smoking cessation programs are available and your doctor can assist you in making the best choice for your situation. The operation may be cancelled if you have not stopped smoking prior to your surgery.*

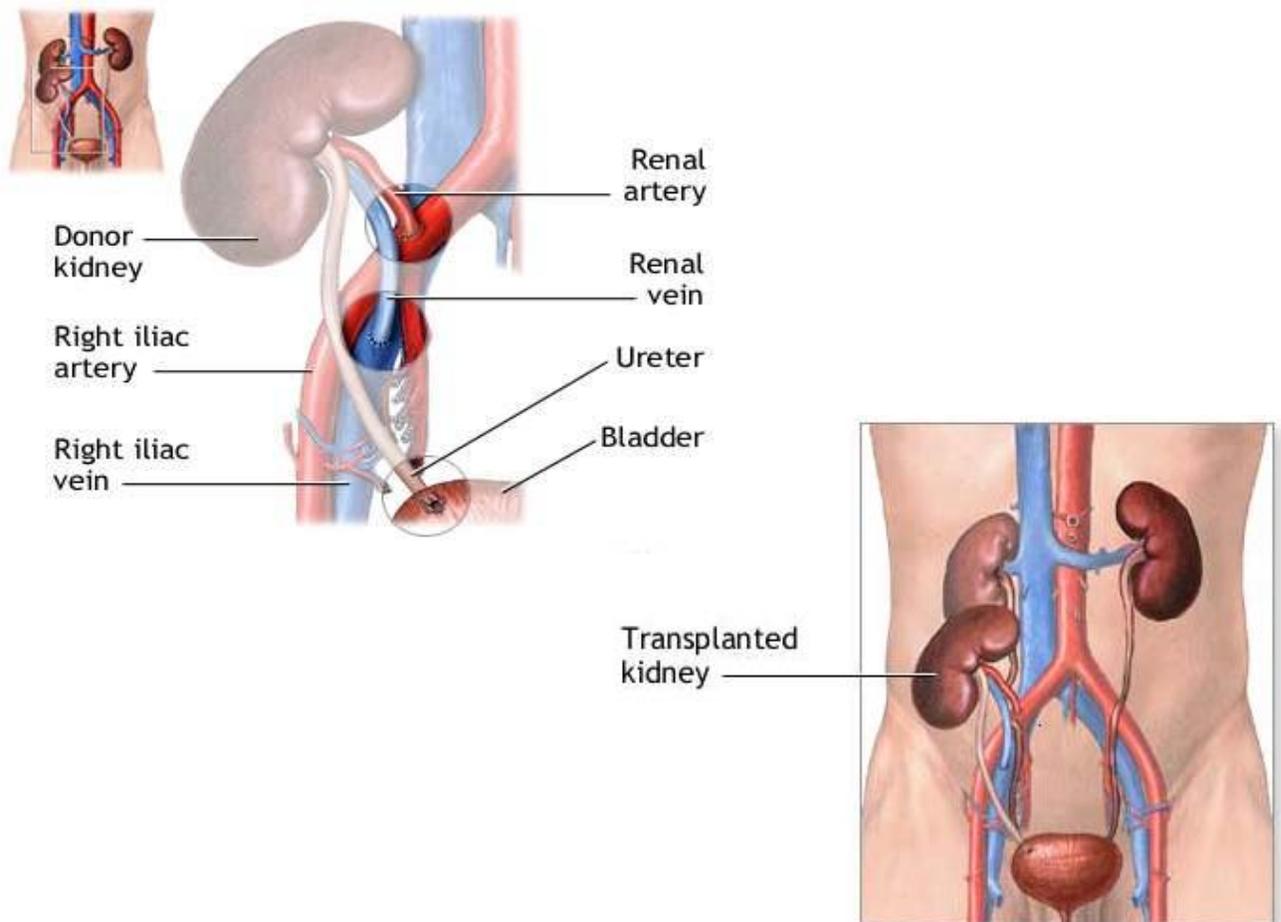
**If you have a Living Donor, he or she must stop smoking at least two weeks prior to their surgery to prevent any potential complications (related to smoking) during their surgery. The operation may be cancelled if the live donor has not stopped smoking prior to their surgery.*

THE OPERATION

The operation will last about four (4) hours. An incision will be made in the lower front half of your abdomen on either the right or left side. This is not where your kidneys are located, so they will not be disturbed. Your new kidney will be connected to your own blood vessels and your bladder.

After you are asleep in the operating room, a tube (Foley catheter) will be placed in your bladder. This is used to drain your urine and keep your bladder empty so that it can heal. This tube (Foley catheter) will stay in for 4-5 days. Also, an IV will be placed in your arm and neck. These may remain in place for a few days until you can eat or until all the medications are given.

The doctors will inform your family when the operation is over and you will be transferred to the Intensive Care Unit (ICU). You will stay here for 24 to 48 hours. Once you are stable you will then be moved to the Transplant Unit.



AFTER THE OPERATION

Once you are in the ICU, you will be monitored very closely 24 to 48 hours. A nurse will check you every hour to make sure your kidney is working and that you are not having any complications.

Blood will be drawn to see how the kidney is working and to make sure you are not having any problems.

The nurse will also measure how much fluid you are taking in and how much urine you are putting out. Your blood pressure, pulse, and temperature will be monitored every hour until you are stable.

If everything is normal in ICU, you will be moved to the Transplant Unit.

At the Transplant Unit, you will be closely monitored for possible complications such as:

- Urine leaks
- Lymphoceles
- Failure of the transplant to function
- Infection
- Rejection

The recipient hospital stay is 5-7 days; the donor hospital stay is 3-4 days.

DELAYED GRAFT FUNCTION

Delayed Graft Function is a condition that may happen right after having a kidney transplant operation. This condition is when the kidney does not start working right away and may need dialysis for a few days or even a few weeks.

The transplant doctors will give you new medications to help the new kidney to start working. Once the kidney starts to work, the creatinine level starts to go down, and the urine output increases.

Acute tubular necrosis or “ATN” and delayed graft function, are not uncommon and does not mean that your kidney will not work. It may take a few days or even a few weeks for the kidney to start functioning properly.

REJECTION

Once you have received a kidney, there is a possibility that you will have a rejection episode. This does not mean that you have lost your new kidney. It means your body has realized that your new kidney was not a part of your body and it is trying to fight it off; like your body does with an infection.

The following are signs and symptoms of rejection that **need to be reported to your doctor immediately**:

- Increased creatinine (the lab test of kidney function) to see this, you **MUST** have labs drawn as ordered.
- Decreased urine output
- Increased weight
- Increased blood pressure
- Swelling of hands and feet
- Increased temperature (over 100^o)
- Flu-like symptoms (body aches)
- Swelling or tenderness to new kidney

To treat the rejection, you will be given medication through an IV or by mouth, depending on how strong the rejection is. Even if you do everything the doctor recommends and you take all your medications, you may still have a rejection episode.

Early detection is very important and also why you must not miss any appointments. The Transplant Team can treat and usually reverse rejection when treated early.

MEDICATIONS

All patients who receive a transplant will be on immunosuppressive medication for the life of the kidney. These medications lower a person's ability to fight off foreign objects so the body would be less likely to reject the kidney. Each person reacts differently to the medications, so each person will have different medications, doses, or combinations of these medications.

Along with these new medications, there will be a few more medications that will be given to you for a short time only. These medications are given to prevent some of the side effects of the immunosuppressive medications.

- **Bactrim** - Prevents certain pneumonias
- **Cytovene/Acyclovir** - Prevents some viral infections
- **Mycelex** - Prevents fungal mouth infections
- **Pepcid** - Prevents stomach ulcers
- **Surfak** - Prevents constipation

Some individuals may also need blood pressure medications and/or medications that remove extra fluid from the body. The medications are given according to each recipient's needs and the dose or drug may change.

Medication classes are given while you are in the hospital for your transplant and you will be responsible for knowing which medications you are receiving.

The recipient will not be discharged until he/she knows the name, dose, action, and side effects of all their medications.

The medications are the most important part of a transplant and you must know everything about them in order to take care of yourself and your new kidney.

The following pages list all the immunosuppressive medications that we give to patients.

PROGRAF

(Tacrolimus)

Purpose: Immunosuppressant (prevents rejection)

Use:

- ❖ Twice a day at 7:00am and 7:00pm
- ❖ Take on an empty stomach

Dose:

- ❖ Your does will change depending on lab results that show how much medicine is in your body. They come in 0.5 mg, 1.0 mg, and 5.0 mg capsules.

This medicine is now available in several generic forms. We do NOT recommend switching from one to another because the drug levels may not be the same and your dose may not be correct. Consult with your doctor regarding a change.

Notify your nephrologist and the Transplant Clinic if you receive a different medication (210-575-8425)

Possible Side Effects	Advise
Increased risk of infection	<ul style="list-style-type: none"> ▪ Avoid people with infection ▪ Report any signs/symptoms of infection to your doctor immediately.
Increased risk of cancer	<ul style="list-style-type: none"> ▪ Observe skin precautions ▪ Undergo cancer screening
Increased creatinine level; possible toxicity to the kidney	<ul style="list-style-type: none"> ▪ Too much Prograf in your body can be harmful to your kidney ▪ Do NOT miss your lab appointments ▪ Report any changes in urine output ▪ Report any swelling
Headaches	<ul style="list-style-type: none"> ▪ Use Tylenol as directed; notify your doctor if headache is not relieved
High blood pressure	<ul style="list-style-type: none"> ▪ Take medications as ordered ▪ Limit salt in diet ▪ Report increases to your doctor
Nausea, vomiting, or diarrhea	<ul style="list-style-type: none"> ▪ Report to your doctor immediately
Elevation of blood tests of the liver	<ul style="list-style-type: none"> ▪ Keep scheduled doctor's appointments & labs
Elevated blood sugar; can cause diabetes and may require insulin to control sugars	<ul style="list-style-type: none"> ▪ Get blood drawn as ordered
Rash Hand tremors Blurred vision Difficulty sleeping and/or nightmares Burning or tingling of hands or feet	<ul style="list-style-type: none"> ▪ Call doctor immediately

CELLCEPT

(Mycophenolate Mofetil)

Purpose: Immunosuppressant (prevents rejection)

Use:

- ❖ Twice a day at 7:00am and 7:00pm
- ❖ Take on an empty stomach

Dose:

- ❖ Medication comes in 250 mg capsules and 500 mg tablets

This medicine is now available in several generic forms. We do NOT recommend switching from one to another because the drug levels may not be the same and your dose may not be correct. Consult with your doctor regarding a change.

Notify your nephrologist and the Transplant Clinic if you receive a different medication (210-575-8425)

Possible Side Effects	Advise
Increased risk of infection	<ul style="list-style-type: none"> ▪ Avoid people with infection ▪ Report any signs/symptoms of infection to your doctor immediately.
Nausea, vomiting, or diarrhea	<ul style="list-style-type: none"> ▪ Report to your doctor immediately
Anemia (<i>low blood counts</i>)	<ul style="list-style-type: none"> ▪ Report sudden tiredness to your doctor
Mouth sores	<ul style="list-style-type: none"> ▪ Brush teeth often ▪ Notify doctor ▪ Visit dentist regularly
Occasional hair loss	<ul style="list-style-type: none"> ▪ Notify doctor

RAPAMUNE

(Sirolimus)

Purpose: Immunosuppressant (prevents rejection)

Use:

- ❖ Take once a day at 7:00am
- ❖ Take on an empty stomach

Dose:

- ❖ This medication comes in 1mg pills.
- ❖ Your dose will change depending on lab results that show how much medicine is in your body.

Possible Side Effects	Advise
Increased risk of infection	<ul style="list-style-type: none"> ▪ Avoid people with infection ▪ Report any signs/symptoms of infection to your doctor immediately.
High cholesterol/triglycerides	<ul style="list-style-type: none"> ▪ Watch your diet & discuss with your doctor
High blood pressure	<ul style="list-style-type: none"> ▪ Take medications as ordered ▪ Limit salt in diet ▪ Exercise and control weight
Rash	<ul style="list-style-type: none"> ▪ Report to your doctor
Acne	<ul style="list-style-type: none"> ▪ Keep skin clean ▪ Use acne medication
Anemia (<i>low blood counts</i>)	<ul style="list-style-type: none"> ▪ Report sudden tiredness to your doctor
Joint pain	<ul style="list-style-type: none"> ▪ Report to your doctor ▪ Do not take over the counter medications without your doctor's approval
Diarrhea	<ul style="list-style-type: none"> ▪ Report to your doctor immediately

NUTRITION

Diet is one of the most important parts in keeping your body healthy. Diet becomes even more important when you have kidney failure. You must be careful about what you eat. Because your kidneys can not get rid of waste products, certain foods must be limited or avoided. At the same time, your body needs nutrients to stay healthy. Your dialysis dietitian will continue to teach you how to stay on a kidney diet.

As part of your evaluation to receive a kidney transplant, your nutritional status will be checked for the following:

- Malnutrition – weight loss, low proteins
- Obesity – especially in the lower part of the belly
- How well you follow your diet – lab values, fluid gains

If you are found to have one of the above problems, it will need to be fixed before you can receive a transplant. Your dialysis dietitian will be able to help you. The following pages can be helpful in keeping your labs and fluids within the ranges set by your clinic.

DIET AFTER TRANSPLANT

After a kidney transplant the diet will change. It will become more normal. You will no longer be restricted in:

- Phosphorus
- Potassium
- Fluids

You may still need to follow a certain diet depending on your medical history. A healthy diet can be useful in keeping you healthy. Because of a working kidney and the new medications you will be on, you will be followed for:

- Anemia
- Weight gain
- Diabetes
- Heart disease

Anemia is when you do not have enough red blood cells. Kidneys help with making red blood cells. When your kidneys do not work or do not work well, you may become anemic. After a transplant your anemia should get better. The color in your face will return and you may notice an increase in your energy level. Some people will also need a vitamin to help their anemia get better.

Weight gain after a transplant is common. After a transplant, your taste buds and appetite will return. Most people return to their normal adult weight. (The weight they were before having kidney disease.) A transplant dietitian will watch your weight. If too much weight is gained, you will be placed on a low calorie diet.

Some people may get diabetes after a transplant due to some of the medications causing the blood sugars to become high. If this happens, the patient will be placed on a diabetic diet to help control blood sugars. The patient may also need insulin (an injection) to help bring the blood sugars into the normal range. If this happens, a diabetes nurse will teach you how to take care of your diabetes.

Kidney transplant patients are at high risk for heart disease. As part of the follow up after a transplant you will be checked for risk factors.

Some of the risk factors are smoking, cholesterol levels, diabetes, obesity, high blood pressure, inactivity, and a family history of heart disease. By lowering the number of risk factors you can lower the risk of heart disease.

FLUID AND WEIGHT GAIN

When the kidneys no longer work or do not work well, you will need to decrease your fluids or they will build up in the body. Fluids are any items that will melt at room or body temperature. Fluids must be measured carefully because fluid weight builds up quickly. Fat or muscle weight gain will build up more slowly.

High fluid gains between dialysis treatments can lead to:

- Swelling
- High blood pressure
- Shortness of breath
- Heart failure

When large amounts of fluid are “taken off” during dialysis you may have:

- Muscle cramping
- Low blood pressure
- Nausea
- Dizziness

If you bring less fluid weight to dialysis, your treatment can be easier. One pound or half a kilogram is equal to 2 cups of fluid. Your doctor and dietitian will tell you how much weight or fluids you can bring to dialysis. If someone always brings in too much fluid, the damage to his/her heart cannot be fixed.

HELPFUL HINTS FOR CONTROLLING FLUID GAINS

- Drink only when thirsty.
- Keep your blood sugar in the normal range. High blood sugars will make you thirsty.
- Try eating ice cold or frozen fruits, vegetables, or fluids (example: berries, grapes, flavored drinks).
- Try eating hard candies, chewing gum, or sliced lemon wedges to wet your mouth.
- Most people find ice more satisfying than the same amount of water, since it stays in the mouth longer. **Remember ice still counts as fluid.**
- Staying busy may help you forget about wanting fluids.
- Know how much fluid your cups and glasses hold. Try marking your glass with stripes to know how much fluid you are drinking.
- Avoid high sodium foods.
- Some high sodium foods are listed below:

Salt	Regular Canned Vegetables	Salted Popcorn
Seasoned salt	Sauerkraut	Crackers
Garlic or Onion Salt	Pickles, Olives	Salted Nuts
Lemon Pepper	Regular Canned Soup	Salted Chips
Meat Tenderizers	Pizza	Pretzels
Worcestershire Sauce	Luncheon Meats	Gatorade
Hot Dogs	Sausage, Chorizo	Pastrami
Salami	Ham	Bacon

COMMON MEASUREMENTS

1 ounce = 30 cc = about one ice cube

4 ounces = $\frac{1}{2}$ cup = 120 cc

8 ounces = 1 cup = 240 cc

16 ounces = 2 cups = 480 cc = 1 pound = $\frac{1}{2}$ kilogram

24 ounces = 3 cups = 720 cc

32 ounces = 4 cups = 960 cc = 1 quart = 2 pounds = 1 kilogram

FOOD SAFETY

In General...

- Wash your hands with soap and warm water before & after handling food.
- Promptly wash cutting boards, plates, and counter tops that come in contact with meat juices or raw meat. Use hot, soapy water. To sanitize after cleaning, put items through the automatic dishwasher or rinse them in a solution of 1 teaspoon of chlorine bleach and 1 quart of water.
- Contamination - Handle raw meat, poultry, seafood, and eggs as if they were contaminated with bacteria. Even if they do not start out with enough bacteria to make you sick, if mishandled they could.

When Shopping and Preparing...

- Dented or damaged cans - Do not eat foods from dented or damaged cans.
- Freshness dates - Do not use food products after their freshness date has expired. The only exception is milk which has a sold by date and is still good for another week.
- Raw eggs - Do not eat raw eggs or uncooked dough which contains raw eggs.
- Wash produce thoroughly with water - Use a scrub brush to remove dirt from potatoes, carrots, and turnips. Peel and discard outer leaves and rinds. Wash prepackaged salad mixes and vegetables, even if the label says they are pre-washed. No soap or detergent is needed.
- Purchase fresh produce - Do not buy any produce which is bruised, shriveled, moldy, or slimy. Buy only what you can use within a few days.
- Thaw frozen foods in the refrigerator, not on the counter.
- Separate your cutting boards - Use one board for raw meat, poultry and fish and use another board for salads and other foods.
- Buy fresh fish - seafood should have a clean smell. The fish eyes should be clear, shiny, and bulging (not sunken).

When Cooking...

- Always cook thoroughly - Only thorough cooking will destroy any harmful bacteria in the food. Freezing or rinsing foods in water will not kill the bacteria.

PHOSPHORUS

Phosphorus is a mineral found in most foods. Normal kidneys help to get rid of phosphorus. When the kidneys no longer work or do not work well, phosphorus can build up in the blood. A high level of phosphorus in the blood can cause weak and brittle bones, bone pain, and itching. Also, high phosphorus can cause calcium to settle inside your blood vessels. When the calcium builds up in the blood vessels they can become clogged. This can cause problems for your transplant surgery.

Keeping your blood phosphorus in the normal range is very important in keeping you healthy. Your dialysis dietitian will tell you how much phosphorus you can eat in a day.

If your doctor has ordered a pill for lowering phosphorus, you need to take it with your meals as ordered.

These are some names of phosphorus binders:

- Phoslo - Tums
- Renagel - Calcium carbonate
- Calcichew - Calcimix
- Basaljel

HIGH PHOSPHORUS FOODS

Dried Beans

Black Beans
Blackeyed Peas
Chickpeas
Garbonzo Beans
Kidney Beans
Lentils
Lima Beans
Navy Beans
Pinto Beans
Red Beans
Refried Beans
Soybeans
White Beans

Main Meal Items

Cheese Enchiladas
Cheese Casseroles
Lasagna
Pot Pies
Salmon
Sardines
TV Dinners

Starch Items

Biscuits
Bran Cereals
Bran Muffins
Granola Bars
Oat Bran
Oatmeal
Wheat Germ

Dairy Items

Cheeses
Cottage Cheeses
Dried Milk
Fluid Milk (Whole, 2%,
Skim, Butter, Goat)
Milkshakes
Yogurts

Miscellaneous

Cola Sodas
Chocolate
Nuts
Raisins
Seeds (Sunflower,
Pumpkin)

POTASSIUM

Potassium is a mineral found in most foods. Normal kidneys help get rid of potassium. When the kidneys no longer work or do not work well, potassium can build up in the blood. A high level of potassium in the blood can cause the heart to stop beating and other muscles not to work right. Keeping the potassium level in your blood in the normal range is very important to your health.

Your dialysis dietitian will tell you how much potassium you can eat in a day.

High Potassium Foods

Fruits

Apricots
Bananas
Cantaloupes
Dried Fruits (apricots,
Brussels Sprouts
Honey Dew Melons
Kiwifruits
Mangos
Oranges, Orange juice
Papayas
Tamarinds

Vegetables

Acorn Squash
Artichokes
Avocados
Broccoli
Kidney Beans
Butternut Squash
Dark Leafy Greens
Guacamole
Hubbard Squash
Mushrooms
Nopales
Potatoes (baked, chips,
french fries, hashbrowns)
Spinach
Sweet Potatoes

Dried Beans

Black Beans
Blackeyed Peas
Chickpeas
Garbonzo Beans
Lentils
Lima Beans
Navy Beans
Pinto Beans
Red Beans
Refried Beans
Soybeans
White Beans

Dairy Items

Dried Milk
Fluid Milk (Whole, 2%
Skim, Butter, Goat)

SOCIAL SERVICES AND TRANSPLANTATION

Transplant social workers are specially trained in the unique financial, education, and support needs of transplant patients. They can provide and connect transplant patients and their families with resources and information about housing, finances, community and support services, and vocational rehabilitation.

Before, during, and after a patient's hospital stay, a social worker is available to provide educational information and individual, family, or group counseling. The same social worker typically follows a patient through the entire transplant process. Social Workers are a valuable asset to the transplant process. You will be able to discuss concerns and ask questions in many areas related directly or indirectly to your transplant.

Questions that come to mind may include:

- How will the transplant change my life?
- How will the transplant affect my family?
- What resources are available near the transplant hospital for out of town patients?
- How much will this cost me?
- How much will my medications be after transplant?
- Will my insurance cover my expenses?
- Will my insurance cover the expenses of a Living Donor?

These are just a sample of the types of issues facing a patient choosing to have a transplant. Answers to these questions and many others can be obtained during your pre-transplant visit, as well as any other time when questions arise.

Your social worker will help you understand your feelings, prioritize your commitments and adjust your activities to meet the requirements of your new lifestyle. Problem solving is a method in dealing with most problems pre and post transplant. Your social worker is a good resource to help you in accomplishing necessary tasks related to preparing for your transplant, as well as post transplant.

Some of the services your social worker may provide:

- Referrals to pharmaceutical companies for help in obtaining medications.
- Community referrals for home care need if indicated.
- Emotional support and encouragement when needed.
- Community resources for vocational assistance.
- Referrals to financial aid programs as indicated.

Through an interview, your social worker can find out what your needs are, provide referrals and resources to help you understand and cope with problems associated with your illness. As you learn more about your illness and the problems associated with receiving a kidney transplant, it is common to feel unsure of what you need to do and who to talk to. The social worker can be the individual that will help connect you with those who can assist in coping with your new kidney, as well as coping with the waiting period prior to a transplant.

Your family may also experience concerns and have questions, which can also be addressed by the social worker. Again, the social worker can provide resources and support to family members and others in coping with your transplant process.

TRANSPLANTATION AND FUNDING

Many questions and concerns come to mind about affording a transplant. Few patients and families are able to pay all the costs of transplantation from a single source. Most often you will rely on a combination of funding sources.

What you need to know may include:

- ◆ Will my insurance cover the cost of hospitalization, outpatient follow up care, and medications?
- ◆ Will there be expenses out of pocket, not covered by insurance?
- ◆ How do I qualify for assistance with the State?
- ◆ What happens if I can't afford my medications after a transplant?

Most insurance policies have some sort of lifetime maximum amount or “cap” on the benefits they will pay on your behalf. Once a patient has reached this amount, the insurance company does not have to pay any additional benefits. The amount of these “caps” varies depending on the individual policy. It is important to be familiar with the amount and terms of your insurance “cap”.

It is best to make the necessary arrangements with your insurance company prior to transplant. Many companies require prior authorization/approval for organ transplant procedures.

Questions you may want to ask your insurance company include:

- ◆ Is there an assigned individual who strictly works with transplant cases?
- ◆ What is the “cap” on my benefits?
- ◆ Are there deductibles I have to pay?
- ◆ Does my insurance cover medications indefinitely, since most of my medications will be needed for the rest of my life?

Though funding issues can be worrisome, it is important to discuss these issues at length with the transplant center's social worker.

Please keep the social worker advised of any changes in your insurance coverage and funding.

MEDICARE COVERAGE

At present, Medicare offers coverage to its beneficiaries for kidney, heart, lung, and liver transplants. This coverage currently includes payment for a number of the direct costs of the transplant operation. One cost in particular is the Medicare Part B benefit for immunosuppressant medications.

At this time Medicare will cover 80% of the 3 immunosuppressant medications.

If you receive Social Security Disability Income or are over the age of 65, your 80% Medicare coverage for these specific medications will be for the life of your transplanted organ.

If you receive Medicare benefits primarily due to your End Stage Renal Disease, the 80% Medicare coverage for these medications will be expected to terminate at the end of 3 years after transplant.

If you have another disabling condition that is documented and validated by social security and Medicare, it is likely your Medicare benefits will remain intact.

In order to maximize your Medicare benefits you must go to a Medicare APPROVED TRANSPLANT CENTER. Methodist Specialty and Transplant Hospital is an APPROVED Medicare transplant center.

Questions you may have regarding Medicare may include:

- ◆ How do I apply for Medicare?
- ◆ Is there a waiting period before I receive benefits?
- ◆ What happens if I'm denied Medicare?
- ◆ Will having savings accounts effect my qualifying for Medicare?

In order to appropriately answer your questions or concerns regarding these benefits, please contact your local Social Security Administration. It is through this office you will be assessed, reviewed and provided your Medicare benefits.

If you receive disability benefits (i.e. a Social Security Disability Income check) you will automatically be enrolled in Medicare 2 years later.

MEDICARE is divided into 2 parts:

Part A: Covers basic hospital care and some types of follow up treatment, i.e. home health care services.

Part B: Covers usual and customary visits with your physician, lab work and 80% of immunosuppressant medications.

If you have a living donor and qualify for Medicare we strongly recommend you participate in Medicare Part B. This ensures that your potential donor is covered if donation complications occur. If you have private insurance, please ensure that it covers for donor benefits. If Medicare Part B is not applied for and the recipients private insurance does not cover for potential donor complications, the recipient will be liable for any physician bills incurred.

Medicare DOES NOT COVER 100% of charges in most situations. Medicare usually pays hospitals and healthcare providers on a fixed fee schedule. You will have hospital deductibles and many other expenses not covered by Medicare. It is important to consider your options related to obtaining a Medicare Supplement or Medi-Gap policy.

Questions you may consider when looking into Medicare Supplements:

- ◆ Will this policy pay the hospital deductible?
- ◆ How expensive is this policy?
- ◆ Are there assistance programs to help purchase these plans?
- ◆ Can I be denied a Medicare Supplement policy?

We recommend you talk with your local insurance agent about these policies.

MEDICARE Prescription Drug Coverage (Part D)

If you have a transplant, your doctor may prescribe drugs to prevent or treat anemia, bone disease, depression, diabetes, heart problems, high blood pressure, high cholesterol, infection, and organ rejection. To stay healthy and protect your transplant, you must take prescribed drugs in the right dose at the right time.

Medicare Part D can help you pay for your prescribed drugs that are not covered by Part A or Part B if you join a plan; anyone with Medicare can join. Medicare coverage for immunosuppressive drugs is often confusing, because it is determined by a number of factors, including the transplant recipient's Medicare eligibility at the time of transplant, disability status, whether the recipient received dialysis treatment, the type of organ being transplanted, and whether the transplant was performed in a Medicare-approved facility (Methodist Specialty & Transplant Hospital is a Medicare approved facility). Adding to the confusion is the Medicare Part D drug benefit which is providing additional drug coverage to many Medicare beneficiaries.

For Medicare beneficiaries who receive immunosuppressive coverage under Medicare Part B, non immunosuppressive drug coverage can be accessible through enrollment in Medicare Part D.

Listed below are two types of plans offering Medicare prescription drug coverage:

1. Medicare Prescription Drug Plans: These plans (sometimes called "PDPs") add drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private Fee-For-Service (PFFS) Plans, and Medicare Medical Savings Account (MSA) Plans.
2. Medicare Advantage Plans (like an HMO or PPO) are other Medicare health plans that offer Medicare prescription drug coverage. You get all of your Part A and Part B coverage, and prescription drug coverage (Part D), through these plans. Medicare Advantage Plans with prescription drug coverage are sometimes called "MA-PDs".

Cost of the plans vary depending on which plan you choose, which medications you take and whether you are eligible to get help paying for your Medicare Part D costs. Most Part D drug plans charge a monthly premium, a deductible, and a co-pay for each drug.

To join a Medicare Prescription Drug Plan, you must have Medicare Part A and/or Part B. To get prescription drug coverage through a Medicare Advantage Plan, you must have Part A and Part B.

Medicare Part D plans are voluntary prescription drug coverage options offered by private insurance companies who meet standards established by Medicare. Everyone entitled to Medicare Part A (which covers inpatient care in hospitals, skilled nursing facilities, hospice care and some home health care) or enrolled in Medicare Part B (recipients pay a monthly premium for Part B, which helps cover physician and specified outpatient care and some outpatient medications such as immunosuppressants for qualifying patients) qualifies to enroll in a Part D plan.

Most Medicare recipients will pay a premium to participate in Part D, with premiums varying from plan to plan in each state. Part D plans' monthly premiums range from less than \$20 to greater than \$60; however average premiums range from \$32.20 to \$37 for the average standard plan (Medicare defines standard plan as the minimum coverage that a drug plan must provide).

Prior to choosing a plan, make a list of all the medications you take, the doses and the pharmacy you use. Choose a plan that covers all or most drugs that you take now or you may need to take later. A plan's list of covered drugs is called a "formulary". Standard plans DON'T cover everything, including over-the-counter medications, most vitamins and herbal supplements. Each plan has its own formulary and they can change.

Note: Discount cards, doctor samples, free clinics, drug discount websites, and manufacturer's pharmacy assistance programs aren't considered prescription drug coverage and are not creditable coverage.

Use the following resources to get more information about Medicare prescription drug coverage:

- ◆ Contact the plans you are interested in
- ◆ Visit www.medicare.gov/pdhome.asp to get general information, view publications, and compare plans in your area.
- ◆ Call (800) MEDICARE (800-633-4227) and say “Drug Coverage”. TTY users should call (877) 486-2048.
- ◆ Call Medicare and ask how you can get free, personal health insurance\ counseling through your State Health Insurance Assistance Program.

The reality of utilizing Part D to maximize benefits is not simple, but rather complicated. The intricacies of Part D involve not only understanding premium costs and benefit stages, but formularies, and particularly for transplant patients, deciphering how Medicare Part B immunosuppressant coverage influences Part D coverage.

If you did not have Medicare Part A when you got your transplant or if you did not have your transplant in a Medicare approved transplant program, your anti-rejection drugs have not been covered by Part B, but may be covered under Part D.

Transplant recipients not eligible for Medicare Part B will have access to immunosuppressive and non immunosuppressive drugs through the Part D program (if a plan in your region has a drug formulary that includes immunosuppressive drugs). In the event that a plan in your region has a drug formulary that includes immunosuppressive drugs, transplant recipients will still incur \$420 in monthly premiums, a yearly deductible of \$250, as well as significant coverage limits.

If you have limited income, you may get extra help to pay for your plan and drug costs. You do not need to apply if you got a letter from Medicare telling you that you get extra help. If you did not get a letter from Medicare, apply for extra help on Social Security’s Web site at www.socialsecurity.gov, call (800) 772-1213 or (800) 325-0778 for TTY, or fill out an application.

TEXAS MEDICAID COVERAGE

The Texas Medicaid Program covers the cost of kidney transplants. Coverage is limited to a lifetime benefit of one initial transplant and one subsequent re-transplant.

Prior authorization is needed prior to surgery. This will be obtained through the Transplant Center. You may need to follow up to verify authorization has been obtained prior to surgery.

It is necessary to note that Medicaid does not cover the medical expenses for a living donor transplant. Methodist Specialty and Transplant Hospital will however waive these costs for these individuals.

The Medicaid program has limited funds for medication assistance. You will need to know if your type of Medicaid benefit offers you this coverage on an unlimited or limited basis. There are some Medicaid benefits that do not include any medication coverage. Please be sure to check with your Department of Human Services Caseworker to be clear as to which type of benefits you are currently covered by and which you may be eligible for in the future, based on medical and financial changes you may incur.

Some types of Medicaid benefits you may wish to apply for include:

- ◆ MQMB – Medicaid Qualified Medicare Beneficiary - This program is for those individuals already covered by MEDICARE. The benefits will include 3 prescriptions per month; the 20% co-insurance costs of your hospitalization; your hospital deductible; as well as the 20% costs of your Medicare Part B benefits (i.e. lab tests, doctor's visits and 3 immunosuppressant medications).
- ◆ QMB – Qualified Medicare Beneficiary - This program is for those individuals already covered by Medicare. These benefits include the 20% co-insurance costs of your hospitalization; your hospital deductible; and the 20% cost of your Medicare Part B benefits (i.e. lab tests, doctor's visits and 3 immunosuppressant medications).

Questions you may have about your Medicaid benefits may include:

- ◆ Are there outstanding costs I will have for the hospitalization?
- ◆ What happens if I lose my Medicaid benefits?
- ◆ How long will my Medicaid benefits cover my immunosuppressant medications?

Your Medicaid benefits are reviewed regularly and any changes in your income will affect your continued access to Medicaid.

**Any Changes To Your Insurance Coverage, Including
Discontinuance Of Medicaid Needs To Be Reported To The
Transplant Center.**

This is most significant for those who are on a cadaver waiting list. This will give the Social Workers an opportunity to assist you in finding the appropriate funding to help with the costs of hospitalization and medications post transplant.

TEXAS KIDNEY HEALTHCARE (KHC)

The Texas Kidney Healthcare program is a state renal program that was established to financially help the renal failure patient. It is DIFFERENT from Medicare and Medicaid. If you have been diagnosed with End Stage Renal Disease and have started treatment for renal failure you should apply for assistance through this program. The Texas Kidney Healthcare program recognizes treatment for renal disease patients as any form of dialysis or kidney transplants. Please discuss your eligibility for this program with your dialysis clinic Social Worker who can assist you in the application process. If you have not started dialysis and have a kidney transplant, the Transplant Social Worker will assist you with this application process.

There are 2 major criteria a renal disease patient must meet to qualify for this program:

- ◆ You must be a resident of Texas
- ◆ Annual adjusted gross income must be under \$60,000 per year.

You must provide residency documentation and income information at the time you make this application.

Your benefits under this program include transportation costs and medications costs such as:

- ◆ Mileage reimbursement for patient transportation.
- ◆ A monthly maximum transportation allowance.
- ◆ 4 roundtrips per month for transplant patients, including the trip for the transplant surgery.
- ◆ 4 prescriptions per month if you DO NOT have insurance or a prescription card. These medications will need to be related to your kidney disease treatment.

Exclusions from these benefits are:

- ◆ If you have Medicare, your anti-rejection medications will not be covered, unless your Medicare is discontinued. You will need to have documentation from Social Security if your Medicare benefits stop.
- ◆ If you have Medicaid and have the prescription benefit covered under this State program, Texas Kidney Healthcare will only cover 1 medication per month.
- ◆ If you have Medicaid and you have the transportation benefit, The Medical Transportation Program (MTP) will be your primary source for transportation reimbursement. The Medical Transportation Office needs to be contacted BEFORE your medical appointments, and when you come for transplant surgery.

**Often Texas Kidney Healthcare is mistakenly called
“The Kidney Foundation”**

It is important to recognize the limits this program has and how it differs from other national organizations like the National Kidney Foundation or The American Kidney Fund. These programs have often assisted renal disease patients, primarily those on dialysis with financial assistance in obtaining Medicare supplements.

Please be aware of how these programs fund your needs. Once you have a kidney transplant, these programs will stop paying for your needs, especially premium payments toward your Medicare Supplement.

Your clinic social worker in the dialysis center can assist you with your options for assistance from programs that will make dialysis more affordable.

MILITARY BENEFITS/PROGRAMS FOR TRANSPLANT

There are several options available to potential kidney transplant patients through their military benefits programs.

Champus: This program is the Civilian Health and Medical Program of the Uniformed Services, established in 1966. This government funding is for families of active duty, retired or deceased military personnel. We recommend you contact the Health Benefit Advisor at the nearest facility to you for more information.

V.A. Benefits: This program is through the Veteran's Administration. This is designed around the healthcare needs of those military personnel and their dependents that first became ill while in the military service and are indigent as defined by the Veteran's Administration. This program may assist with medications for transplant patients. We recommend you contact your local Veteran's Administration office for additional details on how to access this program.

Tricare: This program is designed for the healthcare needs of military personnel and their dependents. When a beneficiary develops kidney failure and is eligible for Medicare benefits, the beneficiary must apply for Medicare. Tricare will become secondary to Medicare the day Medicare becomes effective. You will lose Tricare benefits if you do not apply for Medicare. We recommend you contact the case manager for Tricare for additional details.

DISCHARGE FROM THE HOSPITAL

While you are in the hospital, the Transplant Team will prepare you for discharge by teaching you everything you need to know about caring for your new kidney.

You will learn:

- All about your medications
- How to prevent infections
- How to identify rejection
- What you can or cannot eat
- When you can return to daily activities
- When you can exercise
- When you can return to work

When you are discharged to go home, you will continue being seen by the transplant surgeon and by your own doctor. Blood work will be done once or twice a week and eventually taper to once every 4-6 months. Appointments for blood work and doctor visits will be set up for you by the Transplant Coordinator. It is very important to keep all appointments because often rejection or other complications can be identified and treated before they become a problem.

Remember – Transplantation is another treatment for renal failure, there is no cure. You must take an active role in your life with a transplant.

WHY CHOOSE A TRANSPLANT?

Although transplantation is not for everyone, it does give a chance for a more normal life. The success of the transplant depends a great deal on you. If you keep your appointments with the doctor and take your medications as instructed, then you greatly increase your chance of being rewarded with a healthy, functioning transplanted kidney. Reasons to help you decide to choose or decline a transplant are listed below:

Benefits

- No dialysis
- No fluid or diet restrictions (unless you are diabetic)
- More energy
- More freedom to travel
- You can return to work
- You are able to live a more “normal” life

Drawbacks

- Not a cure
- You have to take medications for the rest of your life
- The medications have side effects that affect everyone differently
- May get diabetes from one of the medications
- May get complications such as infection or rejection
- The kidney may not work at all or for only a short period of time

Discuss transplantation with your family and doctors to be sure you are making the decision that is right for you.

If you have any questions about transplant or donation, you can call our transplant coordinators at (800) 888-0402.

WHAT NEXT?

Now you have completed your general orientation and evaluation for transplant.

You must:

- Decide whether or not you are interested in transplant and let us know.
- Finish your evaluation if you are interested.

The next part of the evaluation will include any or all of the following:

- A letter notifying you and your nephrologist of specific tests that are needed to complete the evaluation.
- Completion of specified testing is necessary, either here or with your nephrologist. All copies of results must be sent here to be reviewed by the Transplant Team.
- Start donor evaluation once your testing has been completed.
- Insurance clearance will be done by us once you and your donor have completed all testing and are cleared by the Transplant Team
- Schedule surgery
- Add to the waiting list

You will be working very closely with the Transplant Team to ensure that your evaluation is completed in a timely manner. If you have any questions, please call one of the transplant coordinators.

IMPORTANT PHONE NUMBERS & MAPS

Texas Transplant Institute

On the Campus of Methodist Specialty and Transplant Hospital

8201 Ewing Halsell Drive, 2nd Floor

San Antonio, TX 78229

Kidney Transplant Department – San Antonio

Telephone: (210) 575-8425

Fax: (210) 575-8420

Toll Free: (800) 888-0402

Transplant Clinic – Corpus Christi

Telephone: (361) 884-2809

Fax: (361) 884-2781

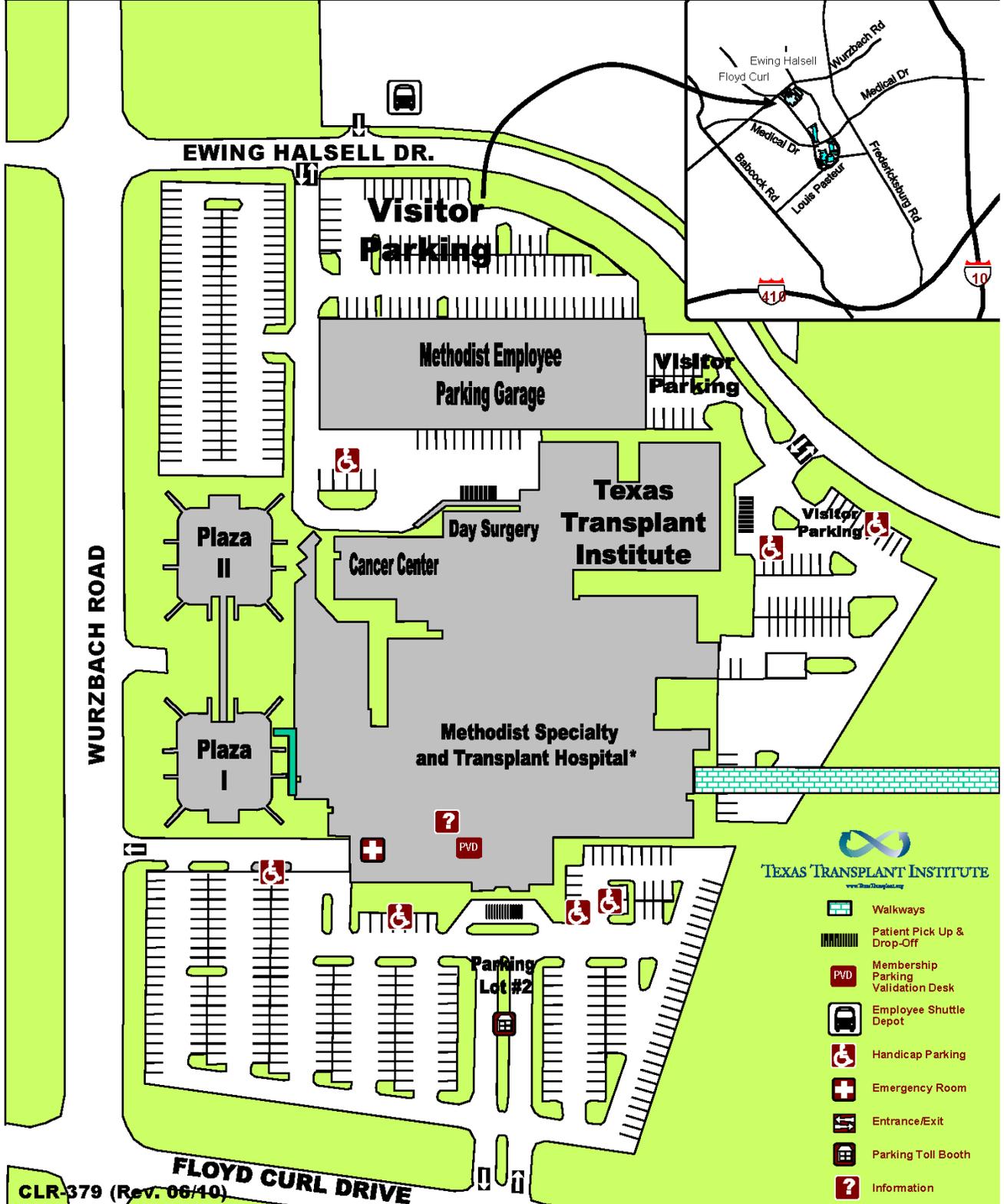
My Transplant Surgeon: _____

My Transplant Nurse: _____

My Social Worker: _____

My Pharmacy: _____

Texas Transplant Institute




TEXAS TRANSPLANT INSTITUTE
www.TexasTransplant.org

-  Walkways
-  Patient Pick Up & Drop-Off
-  Membership Parking Validation Desk
-  Employee Shuttle Depot
-  Handicap Parking
-  Emergency Room
-  Entrance/Exit
-  Parking Toll Booth
-  Information

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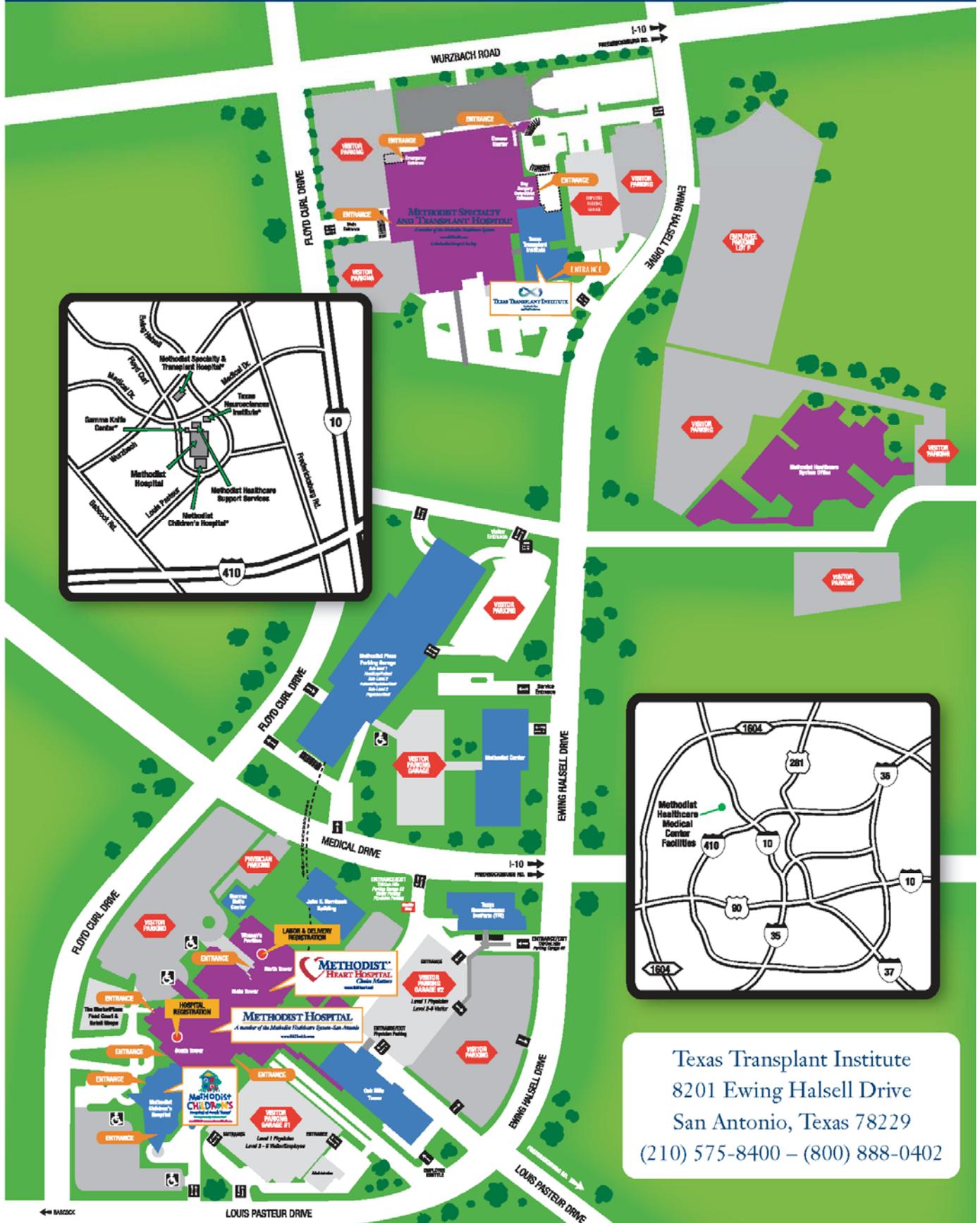
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