

Blood Sugar Control Following Transplant

Hyperglycemia or high blood sugars post transplant can occur for several reasons including:

- *Prior diagnosis of diabetes*
- *Prior diagnosis of pre-diabetes, glucose intolerance or hyperglycemia (high blood sugars)*
- *New onset diabetes after transplant (NODAT)*
- *Post transplant diabetes mellitus (PTDM)*

Diabetes or hyperglycemia is an illness that affects how your body's cells utilize glucose for energy.

There are many factors that put a person at risk for diabetes including:

- *A family history of diabetes*
- *Obesity*
- *Being African American or Latino*
- *Being over 40*
- *Inactive lifestyle*
- *Anti-rejection drugs*
- *Hepatitis C*

If you had diabetes prior to your transplant, the anti-rejection medications can make your blood sugars more difficult to control.

Diabetes and other reasons for Hyperglycemia following transplant are important to treat because it:

- *May increase the risk that the transplanted organ will fail*
- *May increase the risk of premature death, especially from heart disease and stroke*
- *May increase the risk of other complications seen in Type 1 or Type 2 diabetes such as blindness (retinopathy), nerve damage (neuropathy), or kidney failure (nephropathy)*

If you develop PTDM your treatment will be individualized based on your blood sugar control needs and will include treatment approaches to protect against possible long-term complications of Type 2 Diabetes. These approaches may include:

- *Maintaining a healthy lifestyle including diet and exercise*
- *Use of Diabetes oral medications and/or insulin based on blood sugar treatment needs*
- *Regular blood sugar monitoring*

Blood Sugar Control Following Transplant, continued

Education Needs During Your Hospital Stay

If you have diabetes or high blood sugars after your transplant, Diabetes Educators and Registered Dietitian/Nutrition specialists will work with you to provide self-management education for your individual treatment plan. Your education needs will vary based on your medication discharge plan for controlling your blood sugars. Education may include:

- *Learning to monitor your own blood sugars*
- *Learning about use of oral diabetes medications or insulin*
- *Recommendations for food choices for meals and snacks*
- *Recognizing symptoms and how to treat high blood sugars or low blood sugars*
- *Individualized blood glucose targets*
- *Follow-up plans for controlling your blood sugars*
- *Who to contact for questions concerning your blood sugars after discharge*

Living with Diabetes or Hyperglycemia following your Transplant

- *Ask questions during your hospital stay and during your follow-up visits*
- *Obtain support from family members, friends and other who you may know have diabetes as well as your transplant team, primary care physician, Nutrition Specialist and Diabetes Educator.*

The more you learn about your diabetes or hyperglycemia the more it will be of help to keep your blood sugars under control. Control of your blood sugar is one of the most important factors in preventing the development of post-transplantation heart disease. We realize having diabetes and/or high blood sugars after your transplant does add more challenges to your treatment plan. It may require you to pay more attention to what you are eating, include diabetes medications and to check your blood sugars on a regular basis. Regular follow-up with your health care team for review of your blood sugars will be needed to help determine if you will continue to need the diabetes medications you were prescribed at discharge. Diabetes medications should not be stopped or adjusted without talking to your doctor or transplant coordinator.

BEFORE SURGERY I WASN'T A DIABETIC, BUT BECAUSE OF THE STEROIDS I WAS TAKING I WAS ON INSULIN FOR THREE MONTHS. NOW THAT MY STEROID DOSE IS DECREASED, I DON'T HAVE TO CHECK MY SUGARS OR TAKE ANY INSULIN.

– Nebraska Medicine patient
