

Time from Transplant	Follow-up Testing
1 week	Appointment, biopsy and lab
2 weeks	Appointment, biopsy and lab
3 weeks	Appointment, biopsy and lab
4 weeks	Appointment, biopsy and lab
6 weeks	Appointment, biopsy and lab
8 weeks	Appointment, biopsy and lab
12 weeks	Appointment, biopsy and lab
4 months	Appointment, echocardiogram and lab
5 months	Appointment, echocardiogram and lab
6 months	Appointment, echocardiogram and lab
9 months	Appointment, echocardiogram and lab

At one year you will have your annual heart transplant follow up which will entail a number of tests, procedures, labs and an appointment with the doctor. The schedulers will reach out to you a few months before this time to schedule all of these things.

## Living with Your New Heart

Learning the “Do’s and Don’ts” of living with a new heart can be overwhelming. While there will be many expectations and recommendations reviewed with you during your post-transplant education sessions, below is a brief overview of some of those we would like you to know about and plan for in advance.

### Activity

Physical activity is not only safe but important for those who receive a transplant. It will help you heal quicker and prevent complications such as pneumonia. It will also help increase your stamina, promote a healthy heart and improve your mood. You will work with cardiac rehab after surgery who will make recommendations for exercise when you go home.

You cannot lift more than 10 pounds (a gallon of milk) for 8 to 12 weeks after transplant. You will be able to do chores around the house such as dusting, vacuuming, and cleaning after you have been cleared of sternal precautions. Until then, it is important that you have a caregiver available to help with these things.

## Sexual Activity

Many patients have concerns about sexual activity after transplant. You may resume sexual activity four weeks after transplant as long as it does not cause you any chest discomfort and you continue to follow sternal precautions. After 12 weeks sexual activity can resume as one feels up to the activity without fear of injury.

**Fertility:** Fertility (the ability to produce eggs in the female and produce sperm in the male) is not stopped and may not be interrupted by having a transplant or the medications you will be on after transplant. Conceiving a child while on some transplant medications may cause serious birth defects so it is important that two forms of birth control be used following transplant. For females that are sexually active and not already on birth control, you should see your OB-GYN immediately to discuss birth control options. The decision if and when to become pregnant after transplant should be discussed thoroughly with your transplant cardiologist and all other care providers, so that if you do decide to become pregnant, medication adjustments can be made and you can be monitored closely to reduce the risk of complications.

**Sexual dysfunction:** Sexual concerns after heart transplantation are commonly experienced yet seldom voiced. Erectile dysfunction is common in male patients who have cardiovascular disease and in patients who are on high blood pressure medication. The sensitivity of the topic may prevent open discussion with your health care providers and can delay referrals, changes in medications and treatment. ED should be reported to your primary care doctor and your transplant cardiologist as soon as possible so that referrals or treatment can be done as soon as possible.

## Driving

You will not be able to drive after transplant until cleared by the surgeon, usually around six weeks. You are not allowed to drive while taking narcotics. You must have a caregiver that can drive you to and from appointments until you are cleared to drive. Even after you are cleared to drive, you will need someone to drive you home from biopsies if you require any sedation.

## Work

The goal of heart transplantation is to improve your quality of life and get you back to doing things you were previously able to do, one of those things being work. We will help determine your readiness to return as it depends on many factors including the type of work you perform and how you are recovering. Some people are able to return to work as early as three months after transplant. While some people are eager to return to work as soon as they can, we understand for others this may be a source of anxiety. For some there may be fears surrounding the thoughts of losing disability or trying to find a new line of work that fits with their new post-transplant life. It is important to know that one year after transplant, you may no longer qualify for disability from a cardiac standpoint. Because of this, we have many resources including social workers, financial counselors and vocational rehab, which can help you through this process.

## Infection Prevention and Precautions

Because of the medications you will take to prevent rejection, you will be at increased risk of infection after transplant. To decrease your chances of infection you will be instructed to follow these recommendations:

- Bathe or shower daily using a mild soap. Perform frequent handwashing to prevent the spread of germs
- Brush your teeth twice a day and see your dentist twice a year for routine cleanings and check-ups
- You may have pets but should avoid animal waste and animals that roam outside. Do not clean bird cages, fish or turtle tanks, or cat litter boxes
- You should avoid crowds and eating out for the first three months after transplant
- Any stuffed animals you have should be new or clean due to the mold and spores that can be held in them. Old stuffed animals should be thrown away
- You will need an annual flu shot, pneumonia vaccine as directed and tetanus booster every 10 years. You may also need the Shingrix vaccine or hepatitis series if you did not get them before transplant
- You should not work in or visit construction sites
- You will be prescribed a preventative antibiotic for one year after transplant to prevent several infections that transplant recipients are at risk of developing

**Cytomegalovirus:** CMV is a common infection after heart transplantation. More than half of Americans have been exposed to CMV which is a benign illness that causes flu-like symptoms in the normal population. Reactivation of dormant or new infection with CMV can cause serious complications after transplant. Depending on whether or not you or your donor had prior CMV exposure, you are at increased risk of it reactivating. You will be given medications after transplant for the first three months to prevent serious illness from the virus. Your transplant coordinator will also educate you about symptoms of the virus to call for.

## Rejection

Rejection is the normal reaction of the body to a foreign object. When a new heart is placed in your body, the body sees the transplanted organ as a threat and may try to attack it. You will be given medications (called immunosuppressant) to help protect your heart from rejection. Careful adherence to your medication regimen will give you the best chance of avoiding rejection. You will also have close follow up and testing to monitor for rejection. Biopsies are done to monitor for rejection for the first 12 weeks with the goal of using a lab test, called an Allomap/Allosure, to monitor for rejection after that. Because of this it is important to remember that heart transplantation is not a cure. You will still be expected to take medications lifelong and come to follow ups.

## Emotional Well-being

Depression and anxiety are common emotions after transplant. Some potential mental health risks include: anxiety regarding dependence on others, feelings of guilt and post-traumatic stress disorder. Please reach out to us if you are having difficulty managing daily tasks and/or it is interfering with your relationships. Mental health specialists are available to you both before and after surgery.

## Preventative Health Maintenance

It's important to take care of yourself and your new heart transplant gift. A big part of that is making sure to complete all recommended preventive care. Because of the heart transplantation and medications you will be taking, you may notice that you will be required to get testing you previously did not have to and/or some testing performed more often than before. Below is a general overview of the expected preventative health maintenance for after transplant.

**Cancer screening:** Medications that you will take post-transplant put you at increased risk for cancers. Because of this you will be expected to complete the following:

- Colonoscopy – starting at the age of 50, will need completed at a minimum of every five years
- PSA – for males over the age of 50, this lab will need checked every year
- Mammogram – for females over the age of 40, will need to be completed every year
- Pelvic exam/Pap – for females, depending on age, previous results and sexual activity, will need completed every three to five years
- Skin check – because you are increased risk specifically for skin cancer, you will need to see a dermatologist every year

**Dental exams:** Because there is a link between dental hygiene and heart disease, you will need to see a dentist twice a year for a cleaning and check up. A happy mouth is a happy heart!

**Eye exams:** Post-transplant medications can increase your risk for cataracts, diabetic eye complications and vascular changes in the eye. You will need to see an eye doctor every year to evaluate for any of these complications.

## Primary Care Physician

As stated previously, you will need a local primary care doctor after transplant. A primary care doctor is an important part of your team to help manage general health complaints, fill non-cardiac related medications and help manage your care outside of your heart transplant.