

Testing and Procedures

The transplant office has made plans for you to have your labs drawn at a hospital or local lab convenient for you. Please have your lab drawn before clinic visits. The lab results are also faxed to the transplant office for the transplant team to review.

We will not be calling you with lab results or reviewing them over the phone unless they are abnormal. You may review your own lab results. Any labs drawn at Nebraska Medicine can be reviewed by using in the portal, One Chart Patient. For labs drawn at your local lab, we gave them permission to give the results to you, if you ask for them.

Below is a list of the lab values that we will be watching. Your lab results can fall outside of the “normal” range but still be “normal” for you. It is important for you to know what your expected lab range/baseline is. However, it may be several weeks after transplant before we will know what your “normal” lab values are.

It is very important that you have nothing to eat or drink after midnight before your lab draw. You may have a little water. We call this a “fasting lab.” Fasting labs help us monitor your blood

sugar (glucose) levels. The blood sugar levels can be elevated and/or more difficult to control after transplant. If you have received a pancreas transplant, the blood sugar results help us know that your transplanted pancreas is working.

If you live outside of the local area, tubes and mailers will be supplied to you at the time of discharge. These are used by your lab to draw blood to be sent to the transplant center. These lab tests will measure your immunosuppression levels. The tubes and mailers are automatically replaced by our lab to yours, as they are used. However, in the early weeks after transplant you may be having frequent labs drawn and your supply of tubes and mailers may get low. Please feel free to call the transplant office if you or your lab need more. Also, if you have home health care after transplant, you will need to take your tubes and mailers to your local lab the first time that you go (after discharge from home health care). You may leave your supply there and then we will send the next supply to your local lab.

Testing, continued

Things to Keep in Mind

- We will not call unless there are issues
- Use My Chart | Patient as an online tool to review lab values at Nebraska Medicine
- Contact your local lab for results
- Labs are drawn about 30 minutes prior to your morning medication dose

Test	Normal Range
Hemoglobin (Hgb)	10–16 gms/dl
Hematocrit (HCT)	30–46%
White Blood Count (WBC)	4,000–10,000/ul (Usually reported out as 4.0-10.0)
Platelet Count (Plat)	150,000–400,000/ul (Usually reported out as 150-400)
Blood Urea Nitrogen (BUN)	6–20 mg/dl
Serum Creatinine (Scr)	0.64–1.27 mg/dl – male 0.44–1.03 mg/dl – female
Sodium (NA)	135–145 mmol/L
Potassium (K)	3.6–5.0 mmol/L

Test	Normal Range
Bicarbonate	20.0–31.0 mmol/L
Magnesium Level	1.8–2.5 mg/dl
Phosphorus Level	2.4–4.7 mg/dl
Glucose	65–110 mg/dl
Cyclosporine Level	Varies
Tacrdimus Level	Varies
Sirolimus Level	Varies
Everolimus Level	Varies

Testing, continued

Ultrasound

Ultrasounds are done frequently after transplant. This test is done in the Radiology Department and utilizes sound waves to look for abnormalities of your transplanted kidney.

Kidney Biopsy

It is common that a kidney biopsy is needed. A biopsy of the transplanted kidney may be needed to find out the cause of abnormal labs and help us give you proper treatment. Light sedation is typically used. A needle is passed through the skin into the transplanted kidney. A small piece of kidney tissue is taken out and examined under a microscope for signs of rejection. You will remain on bed rest for six hours after this procedure. There may be blood in your urine for up to 24 hours after the biopsy. Drinking more fluids will help with this. Because sedation is used you will need a ride home.

Tell the transplant team if you are taking medicines to thin your blood.

Stent Removal

At the time of the kidney transplant, a small tube (stent) may be placed inside the ureter (the tube that connects your new kidney to your bladder). The tube is left in place for about 4 to 6 weeks. The tube is removed by inserting a lighted instrument into the urethra (tube from the bladder to the outside of your body) and removing the stent. A local anesthetic is

used to reduce the discomfort. Though this procedure sounds uncomfortable, it does not require special medicine or any sedation. It can be safely and comfortably done in a urology office and takes just a few minutes. A general anesthetic to remove this tube is not needed; exception is made with pediatric patients.

Talk to your coordinator if you are not sure if a stent was placed.

Cancer Screening

As a transplant patient, you will need to take anti-rejection medicine for the rest of your life, as long as you have a functioning organ transplant. These medicines place transplant patients at a higher risk for getting cancer. Because of this, it will be necessary to do routine yearly screening tests such as: mammograms (for women), a prostate cancer blood test (for men), and stool specimens for blood. Women will be encouraged to have a yearly Pap test and pelvic exam. We recommend annual follow up with your local primary care doctor for a cancer screening based on age and risk factors. It is also important to schedule complete comprehensive skin exams yearly.

