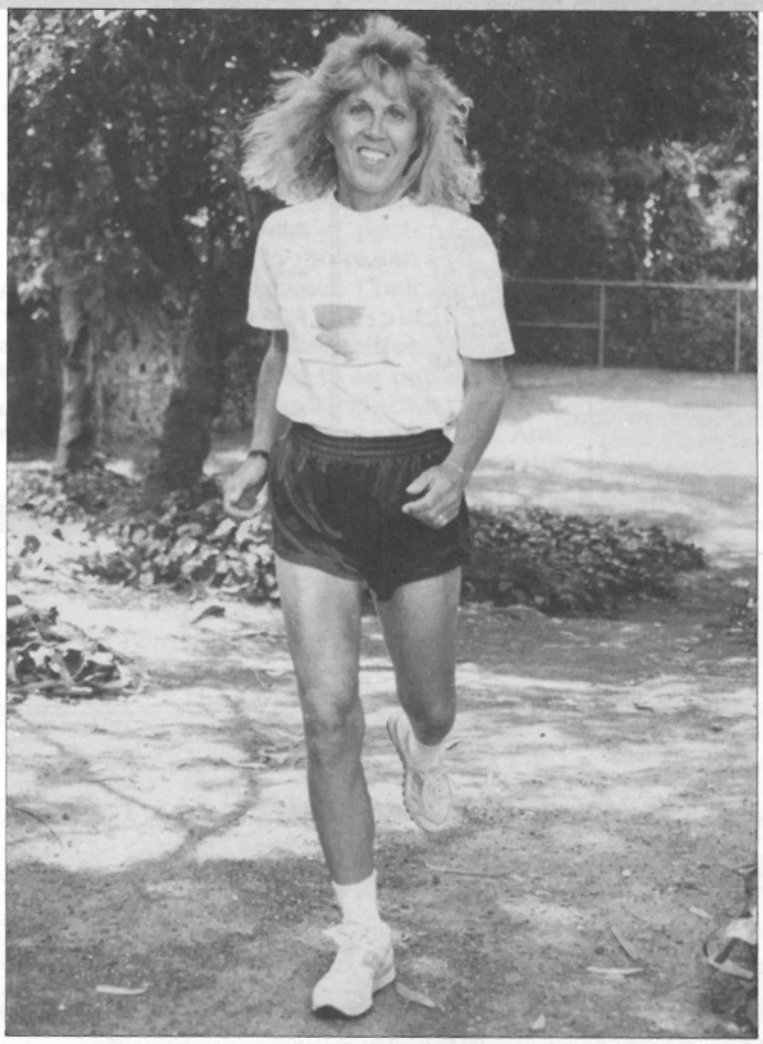
NKF Family Focus

Transplant Chronicles

A publication for transplant recipients and their families
published by The National Kidney Foundation, Inc.

Going For The Gold



U.S. Transplant Games draw nearly 1,000 participants. ***See story on page 3.***

Sandra Pridham, a multiple gold medalist at past transplant games, trains for The 1992 U.S. Transplant Games – an Olympic style event that demonstrates the success of organ transplantation.
(Photo: Bonnie Toman)

Transplant Chronicles is a Family Focus Program of The National Kidney Foundation made possible through an educational grant from Stadtlanders Lifetime® Pharmacy Program

Stadtlanders™ Pharmacy Lifetime Program

editor's desk

Introducing A New Family Focus Program

Greetings! On behalf of the Editorial Board, I want to welcome you to the first issue of *Transplant Chronicles*— a brand new *Family Focus* program. This publication is brought to you by The National Kidney Foundation, Inc. through a grant provided by Stadtlander's Lifetime® Pharmacy Program. Its intent is to provide you — transplant patients, your families and friends — all sorts of information related to transplantation. We plan to include articles featuring medical updates, advice on fitness and nutrition, as well as personal insights as experienced by patients themselves. We promise to keep the information easy to read — both by eye and mind! We will also encourage each and every one of you to contribute to this publication — there are lots of places to choose from — no matter how much or how little you have to say!

Your Editorial Board is very excited about this opportunity to reach out and communicate with transplant patients across the country. Let us know what you want to read about, share your poems, recipes or simply your thoughts, send photos or cartoons — whatever inspires you to communicate with other transplant recipients and their family members. Help make this new *Family Focus* program a success.

We look forward to getting to know you.

Nancy Spinozzi, R.D.
for the Editorial Board

Transplant Chronicles

Transplant Chronicles is published by The National Kidney Foundation, Inc.

Opinions expressed in this publication do not necessarily represent the position of The National Kidney Foundation, Inc.

Editor-in-Chief:

Nancy S. Spinozzi, R.D.
Boston, Massachusetts

Editors:
Judy Hoff, R.N.
St. Louis, Missouri

Beverly Kirkpatrick, L.S.W.
Philadelphia, Pennsylvania

Linda Moore, R.D.
Memphis, Tennessee

John F. Neylan III, M.D.
Atlanta, Georgia

Thomas G. Peters, M.D.
Jacksonville, Florida

Trish Painter, Ph.D.
San Francisco, California

Joyce Willig
Fairfield, Connecticut

Editorial Office:

The National Kidney Foundation, Inc.
30 E. 33rd Street, New York, NY 10016
(800) 622-9010 / (212) 889-2210

Executive Editor: Gigi Politoski

Managing Editor: Sara Kosowsky

Editorial Manager: Laura Hitchens

Design Director: Oumaya Abi-Saab

THANK YOU

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The officers, volunteers and staff of the National Kidney Foundation and its Affiliates wish to extend sincere appreciation to Stadtlanders Lifetime® Pharmacy Program for the educational grant received in support of this publication. On behalf of all patients and their families -- Thank you.

1992 U.S. Transplant Games

Olympic Style Action Hits West Coast

This year, you don't have to go all the way to Barcelona for Olympic action. For more than 1,000 transplant recipients from all across the country, going for the gold, silver and bronze in Los Angeles this July is more of an Olympian challenge than some world-class athletes undertake.

"Without a doubt, The 1992 U.S. Transplant Games will be an action-packed weekend that will bring out the best in everyone participating," said world and Olympic champion Carl Lewis. "The excitement throughout the country has built over the past several months to a new high for the Transplant Games, and it's really going to soar out of control in Los Angeles," he said.

The National Kidney Foundation, Inc., presenter of the Games, expects that the turnout in Los Angeles will be the world's largest-ever gathering of transplant recipients — up to three times the size of the 1990 Games.

Many of the 1992 transplant athletes are traveling to Los Angeles as part of a regional team; 33 teams are represented at the Games.

"In the Games, teams travel together and sometimes train together, but aside from some old-fashioned rivalry, they don't compete as teams," said Lewis, who has been involved with the event since 1984. "Here, the accent is on gathering together and enjoying the tremendous gift of life received through organ donation."

Primary sponsor of the Games is Sandoz Pharmaceuticals Corporation of East Hanover, New Jersey, manufacturers of cyclosporine; associate sponsor is Stadtlanders Lifetime® Pharmacy Program of Pittsburgh, Pennsylvania, a nationwide medication delivery service.

In addition to competition in ten sports, transplant recipients, their families and friends will be treated to a menu of special events and programs throughout the weekend.

Beginning with an all-day Disneyland excursion, participants have plenty of time to get to know one another. The traditional opening ceremonies will officially open the Games through the pageantry of the parade of athletes, donor family recognition, the National Anthem (performed by kidney recipient Jane McClure), and lighting of the torch.

"We also have planned an extraordinary patient/family symposium for registrants," said Andrew Harman, Chairman of The 1992 U.S. Transplant Games Organizing Committee. "Everyone is also invited to an outdoor fiesta and volleyball exhibition on the first evening of competition. And the gala closing ceremonies take place during the Celebration Banquet, which features the Outstanding Male and Female Athlete Award presentations, a video program, and a few surprises for everyone," Harman said.

"The greatest thing about the event, though, is that we are joining not only for the competition and camaraderie, but to spread the word to all America about the success of transplantation and the value of organ donation," Harman said. "This is our chance — the entire transplant community's chance — to raise our voices together and reach out to individuals throughout the country — because individuals help save lives — with our message of the gift of life."

The NKF elevated the Transplant Games to its national scope in 1990 with 400 participants in The 1990 U.S. Transplant Games — a turnout 10 times larger than any previous event of its kind. The 1992 Games will once again bring transplant recipients together to show the success of transplantation and the value of organ donation; to call attention to the thousands of Americans waiting for a transplant; to recognize thousands of donor families; and to spotlight the need for all Americans to discuss organ donation with their families.

"Thoughts From Transplant Athletes"

"I'm participating in the transplant games so I can be with other kids like me who had transplants. I'm also going because I want to have fun...Since [my second transplant], I can do everything better now than I could with my old transplant...Since then more girls like me, too. I'm a regular kid now. My transplant means everything to me."

Michael Mittelman, age 11
Melrose Park, PA
Kidney Transplant, 1988, 1990

"Being an ex-football player, I have always enjoyed competition...The mere fact that I am able to compete is in itself a miracle. I never thought that I would be able to compete again, but since my transplant, I am amazed at the things I have been able to accomplish...I have learned to live life to its fullest, take life a day at a time, and to reach out to those that I am able to help."

Ronald Richardson, age 38
Detroit, MI
Kidney transplant, 1987

Marking A Milestone

❝ ATTITUDE is the Heart (Lungs, Liver, Kidney, Pancreas and other Associated Organs and Tissues) of Transplantation! ❞

by Joyce S. Willig

True story! About 5 months after my transplant surgery, my husband and I were playing scrabble in a hospital lounge when an operating room transport orderly walked by, looked at me, did a double take and yelled: "Oh my G-d, you're still alive!"

Ten years later, the characters have changed, but the scenario frequently remains the same. I never cease to be amazed at the number of people who continue to look at me expecting to see my transplanted organ dangling from my nose or navel, and continue to marvel at the fact that I'm still here.

Well, I am. And so are over 130,000 other transplant recipients who are living proof that life goes on – and that there are no limits to what transplant recipients can do and accomplish.

There is no greater endorsement of the viability and success of organ donation and transplantation than a healthy thriving recipient. Unfortunately, much of the world still remains to be convinced that organ transplantation is the opportunity of a lifetime and one of the most beneficial advances of modern medicine. Our work is cut out for us.

As recipients we need to accept our individual responsibilities not only to take an active role in our own well being, but also to help educate others and dispel many of the myths that are often associated with organ donation and transplantation.

By adopting a positive attitude and sharing our well being with others, the rewards are threefold. We enrich our own lives. We encourage the growing number of transplant candidates to reach for their second chance. And we convince a society that still remains timid about organ donation that miracles are a cooperative effort. G-d's handiwork imbues each of us with the capacity and grace to help make a miracle. The rest is up to humankind!

The dictionary defines attitude as a manner of acting, thinking or feeling that shows one's mental state, emotion or mood. As recipient families, each of us has taken a giant step into a new and unique situation. Certainly we have encountered obstacles, hurdles and often what appeared to be insurmountable barriers in the road to our restored health. But we've climbed, scrambled and sometimes even crawled over them. And we're still here.

Those of us who are fortunate enough to have been given a second chance can do no less for donors, ourselves, our families, and the scientific and medical community than to help provide similar opportunities for other transplant candidates. We each have a right to our personal privacy and joy – but we each also have an obligation to help fulfill the PUBLIC promise for transplantation.

The best way we can contribute to the welfare of others is by taking care of ourselves. Empower yourself to be the best you can be. Be faithful to your medications and maintenance. Cooperate both with your physicians and your family. Transplantation is not a one way street and no one goes through the process alone. Most of all, remember, it's a proven fact: "A spoonful of healthy attitude helps the immunosuppressant go down!"

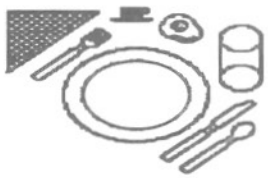
Ten years ago when I lay dying in a Connecticut hospital and my family was told my only hope for survival was a liver transplant, I had never heard of or met another soul who had undergone a similar experience. Watching the enormous growth and strides the transplant community has taken over the past decade has been one of the most exhilarating and satisfying experiences of my second lifetime.

I share with each of you the fear and frustration of the occasional setback – but most of all I express to all of you the ongoing joys of recovery. I know where you've been. And I think 10 years down the road I can safely say I know where you're heading – straight down a yellow brick road filled with sunshine, moonbeams and rainbows. There is a wonderful future ahead of you. Together we can create our own OZ. Put your head on straight. Adopt the right attitude and I promise you all your other solid organs and tissues will fall into place.

Many happy re-birthdays to all of us. Together we can, we are and we will continue to make a difference.

Joyce S. Willig received a liver transplant on February 27, 1982.

eating right



AN ABUNDANT LIFE: A FOCUS ON

TRANSPLANTATION AND NUTRITION

You just received a transplant, maybe a heart, liver, pancreas or kidney, and now you can eat anything you want, anytime you desire it and there are no limits on the amount, right? Not necessarily. While it is true that you have new freedom, there are responsibilities accompanying this freedom or it may become limited, even lost. To discuss this, let's review some background first.

Chronic disease has plagued most of you for several years, many of you for most of your life. When major organs are damaged, especially to the point that is considered "end stage", there is an interruption of important physiological functions. At the very least, this causes chronic fatigue and disability. Lifestyle changes and limitations accompany this long term illness, restricted diets become part of your culture and eating becomes a medical event. You are forced to be different from your friends and social contacts, you do not have the freedom to choose anything and everything you want to eat. However, we live in a society where everything is in abundance and foods from all over the world are available to us. Placing restrictions on the foods we like to eat can be a slow torture for some people.

Nutrition is the science of food and its effects on living organisms. How then did food become so psychologically important to us? It is probably your mother's fault. The nature of a mother is to nourish her children to provide food needed for life and growth. Mothers also use the process of nurturing to provide comfort and security for their offspring. We often are unable to distinguish between the nourishment of food that is for life and that which is comforting. Because of our abundant food supply it is easy to use food for emotional support as well as for health promotion. Our eating styles are developed early in life and are difficult to change as many of you experienced when you learned of your chronic illness. Suddenly you were expected and admonished to deprive yourselves of many foods that previously were both nutritious and nurturing but had become dangerous to your well-being.

Now everything has changed again and you have been allowed to exchange that old, diseased, non-functioning organ for a new one. What a miracle! New life is yours and all that is in the world is waiting for you. You have a chance to start over with renewed strength and physical abilities. You have freedom from your previous restrictions. What is the first thing you are going to do? Reward yourself and EAT! You should, you deserve it, you've been through a lot. The only problem with this kind of reward is when it gets out of control. The medications that you require to maintain your new organ are often accompanied by an enhanced appetite, a hunger that is difficult to satisfy. You may find yourself eating enormous amounts of foods, strange things like fig bars by the package (in one setting) or cans of nuts. Some people have reported sitting at the table after the other family members left for their outside activities of the day and eating all day long until everyone came back home.

You may never find yourself in one of these categories, but you may experience some difficulties in controlling your appetite and your weight gain after transplantation. Most people gain weight during the first 6 to 12 months following transplantation and the average weight gained is around 25 pounds. This amount of weight gain is undesirable and has negative effects on blood pressure, blood sugar and fat metabolism. So keep in mind that the food we eat is most important for nutrition and not for emotional support. Try to eat what your body needs and save those non-necessary foods for special, occasional events. Remember that the food choices you make should first be for your health and not just because it is available to you. Excess weight gain increases your chances of having complications with your transplant and can lead to more frequent hospitalizations, longer stays in the hospital and even death. The American Academy of Physicians, the American Dietetic Association and the National Council on Aging have issued a joint statement that people who are well-nourished have fewer and shorter hospitalizations. Becoming well-nourished, however, does not require overeating, just good judgement.

You have another chance at good health, follow the advice of your medical team. Saludos and bon appétit.

Linda W. Moore, R.D., is Director of Renal Nutrition and a Transplant Nutrition Consultant at the University of Tennessee in Memphis, Tennessee.

Seven Athletes Take Challenge and Win Big

Stadtlanders, associate sponsor of The 1992 U.S. Transplant Games, recently challenged all its patients to write an essay about the obstacles and hurdles each had to overcome to get to the Games. The result – seven lucky athletes and a companion of their choice were flown to Los Angeles to compete in the event. The winning essays were selected from hundreds of entries and were based on their originality, content and merit.

Here is a profile of the winners:

Ryan Zinn of Tiffin, Ohio, received a heart transplant in his sophomore year of high school. Now an engineering student at Ohio University, Ryan is competing in track and field, table tennis and basketball at the Games.

Catherine Harris received a liver transplant after waiting only one day for a match. She's a resident of Rocky Hill, Connecticut and will compete in swimming events during the Games.

Johnnie Younger is a kidney transplant recipient and a sports fanatic from Forest, Virginia. His kidney came from brother Alfred. A medalist in the 1990 Games, Johnnie will compete in track and field events in Los Angeles.

Kally Heslop of Kaysville, Utah, also was a medalist in the 1990 Games. Married with four children, Kally received a heart transplant. During the 1992 Games, she'll participate in golfing and swimming events.

Jane Barrett is a kidney transplant recipient who works full-time as a dental hygienist in Pittsburgh. She plans to compete in tennis, swimming and table tennis events.

Richard Amazon of Cincinnati, Ohio, received a kidney transplant from his mom. He wins A-league racquetball tournaments, competes in long-distance bicycle races, lifts weights year round and plays tennis.

Kenneth McAffee of Savannah, Missouri is a kidney recipient who makes his living as a cabinet builder. He will compete in bowling and golfing events at the Games.

Congratulations to all the winners of the essay contest and best of luck during The 1992 U.S. Transplant Games.

Lifestyles

Everybody Into The Pool

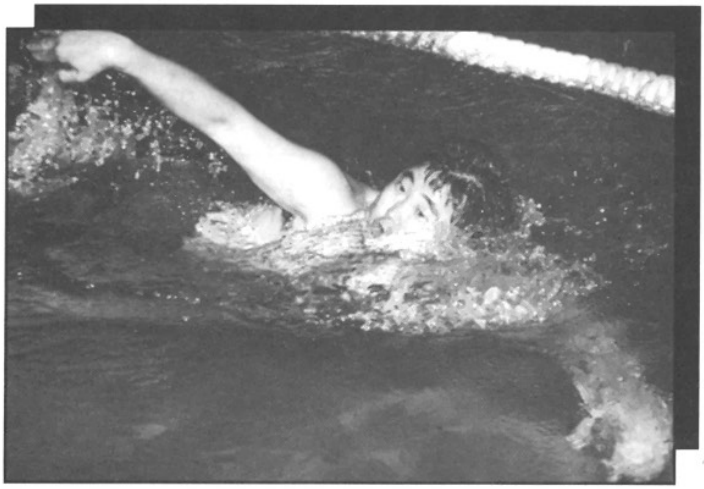
Jae Won Yang takes an early dive into his training for the swim competition. A transplant recipient, Jae Won makes a splash with his gift of life!
(Photo: Bonnie Toman).

Brotherly Love

Stephen McAllister (left) with his wife Donna and children, Ryan 3 and Amanda 4. Stephen received a kidney transplant from his brother Paul in February, 1989. Brotherly love sure helped keep this family together!

The Ride of His Life

Jerry Benterou received a liver transplant in June, 1990, at the University of California, San Francisco. In October of 1990, he was racing with the wind during the bike race at the 1990 Transplant Games!



Spring Flowers

Laurie Oliviera, 15, received her kidney transplant a year ago this past March. She lives in Fall River, Massachusetts, and certainly looks ready to dig into Summer!

Becoming a Healthy Happy Traveler

by Nancy Noedel, R.N., M.S.N.

It's that time of the year! If you have been planning a special vacation for this summer here are some important things to remember when traveling. The habits and conveniences of being away from home can interfere with your exercise routine and make nutritious eating difficult. The following tips, with the commitment to maintain a healthy lifestyle on the road, will make your vacation more enjoyable and less stressful.

It is important to maintain some type of fitness program while away from home. Many people find that setting aside special time in the morning, before the day gets hectic, is best. For a complete workout many hotels now have fitness facilities. Walking is an easy and excellent way of maintaining fitness and is a great opportunity to explore the sites. Ask the hotel desk for the best places to walk.

Dining out can be terribly tempting while on vacation. While ordering from the menu don't be afraid to ask questions about how the food is prepared. Just about any restaurant will alter the preparation of a meal to satisfy specific dietary needs. Watch Out! Restaurant entrees are notorious for their high content of cholesterol, sodium, sugars and fats. Order dressing and sauces to be put on the side.

Always make advance arrangements where medications are concerned. Keep your medications with you and have several extra days' supply in case your plane is delayed or an emergency keeps you from home. If your travel plans are overseas it is a good idea to carry a letter from your doctor listing your medications and the reason why you are required to take them. All patients who have been transplanted should have a medic alert bracelet in case of an emergency.

Observing these common sense guidelines will ensure you return home as healthy as you departed! Happy Traveling!

Nancy Noedel, R.N., M.S.N. is a Cardiac Transplant Nurse Coordinator from St. Louis University Medical Center.

LIFE AFTER TRANSPLANT:
Taking A Look At Some Common Barriers

by Beverly Kirkpatrick, L.S.W.

What do you expect from a transplant? What kind of changes will a transplant bring to your life? What are your plans after transplant?

Every transplant patient has probably been asked these questions in one way or another. Each patient will have individual answers, expectations and goals for the transplant. However, some common barriers may get in the way of your goals. Let's take a look at some of these barriers:

❑ **Physical Changes** — secondary to medications such as weight gain, hair growth, steroid induced "moon face" may cause you to become discouraged and in many cases depressed.

❑ **Fear of Rejection** — tends to leave you with the uncertainty of the future and inability to make long-term plans.

❑ **Financial Problems** — may arise when you
- lose disability benefits due to transplant changing your status to abled.
- are not able to locate a job.
- do not have skills to obtain a job.
- your previous employer is unwilling to take you back.

❑ **Health Insurance** — problems may arise when
- Medicare ends due to disability termination or thirty-six months "post kidney transplant."
- medical assistance ending due to SSI termination or increase in family income.
- you've reached the maximum life benefits for your private insurance.
- you have used your one year coverage for immunosuppressive medications from Medicare.
- your group insurance ends.
- your insurance plan has no prescription coverage or covers only partial costs of your prescriptions.

❑ **Factors Impeding Your Return to Normal Lifestyle** —
- loss of motivation.
- inability of you, family and friends to let go of the "sick role."
- dependency.

As a patient you may be experiencing none, some or many of the above "transplant barriers". To help you cope with these barriers, there are counseling services, agencies, and organizations available to specifically assist you. Some are listed on this page:

N.O.R.D. (National Organization for Rare Diseases)
P.O. Box 8923
New Fairfield Connecticut 06812
Attention: Maria Hardin
(800) 447-NORD

The National Kidney Foundation, Inc.
30 East 33rd Street
New York, New York 10016
(800) 622-9010

The American Liver Foundation
1425 Pompton Avenue
Cedar Grove, New Jersey 07009
(800) 223-0179

TRIO (Transplant Recipients International Organization)
244 N. Bellefield Avenue
Pittsburgh, Pennsylvania 15213
(412) 687-2210

American Heart Association National Center
7272 Greenville Avenue
Dallas, Texas 75231-4596
(800) 242-1793

O.V.R. (Office of Vocational Rehab)
See social worker or telephone directory for your local office. Offers educational and job training to the disabled.

Mail Order Pharmacies
There are several pharmacies that offer discounts to transplant patients and assist with financial hardships concerning medication. See your social worker for details.

A complete list of every organization assisting transplant patients would not be possible to publish here. Your transplant social worker will be better able to assist you with agencies in your local area or with those best to suit your specific needs.

Many of you do not live in close proximity to the transplant center that is considered your "lifeline". This can be very frightening and also inconvenient but it should not keep you from contacting the transplant social worker when you are having difficulties with the above addressed issues. Assistance can be given by phone or referrals can be made to your local agencies.

Beverly Kirkpatrick is a transplant social worker at Albert Einstein Medical Center in Philadelphia, Pennsylvania.

THE TRANSPLANT SURGEON'S ROLE:

What Is It?

by Thomas G. Peters, M.D., F.A.C.S.

What do transplant surgeons do and how do they interact with patients having an organ transplant? The answer is in part simple: transplant surgeons perform the operation placing a new vascularized organ in a patient who has end-stage organ failure. This is, of course, the common thread of the transplant surgeon's role everywhere. Interestingly, however, other roles of the transplant surgeon may be considerably different in one center compared to another. Also, the role of the transplant surgeon may vary depending upon whether the organ transplant recipient is an adult or a child, and may be different in the care of a liver patient compared to a kidney patient. The surgeon's role, then, may be different in different centers, different with different aged patients, and different with different organs which are transplanted.

> ***"Differences in treatment between adults and children are evident to all."***

The roles which a surgeon might play, for example, in kidney transplantation at one center may be quite unlike the surgeon's counterpart at another center. There are kidney transplant centers where the surgeon is not only the center director, but where all preoperative patient assessment, preoperative patient care (excluding dialysis care), intraoperative management, and postoperative care are directed by the surgeon. This is true at the Jacksonville Transplant Center where I work and where our clinic not only manages the evaluation process for transplant recipients but also manages the immunosuppressive aspects of care following transplantation for as long as the patient has a functioning kidney. In contrast, there are very fine centers in which a nephrologist is the center director, cares for the patient through all pretransplant aspects of evaluation and management, and attends to the details of postoperative care including total immunosuppressive management. In such a center, the transplant surgeon's role might be limited solely to the operation in which the kidney is transplanted and the immediate postoperative follow-up.

Differences in treatment between adults and children are evident to all. The participation of pediatric transplant physicians usually includes active patient care by the nephrologist for kidney transplantation, hepatologist for liver transplantation, and cardiologist for heart transplantation – even in centers where the surgeons are a bit more active in the

> ***"Recipients of one organ may be managed differently than recipients of another organ even though the recipients may be at the same center."***

pre and postoperative care of adult recipients. The special requirements of small children receiving transplants are recognized by transplant surgeons – most of whom are not specifically trained in general pediatric surgery, but rather trained in the aspects of transplantation surgery as it applies to children. This may appear at first to be a fine distinction, but actually the cooperative efforts of pediatrician (nephrologist, hepatologist, or cardiologist) and transplant surgeon make for excellent outcome in virtually all types of pediatric organ transplantation. In most busy centers, the pediatric specialist would generally manage not only the preoperative patient evaluation and care, but also a significant portion of the postoperative management to include immunosuppression. Obviously, the surgical staff would follow any transplant recipient carefully for surgical complications.

> ***"In all aspects of patient evaluation, intraoperative care, and postoperative management, the transplant surgeon has an intense interest in the outcome of the organ transplant operation."***

Recipients of one organ may be managed differently than recipients of another organ even though the recipients may be at the same center. The usual circumstances in cardiac transplantation is that the cardiologist manages the patient for the majority of pre and postoperative care questions. While some centers have cardiac surgeons quite active in many aspects of pre and post-operative heart transplant management, it seems as though the role of physician caregiver generally falls to the cardiologist when heart transplantation is carried out. Interestingly, liver transplantation – especially in adults – is the opposite in many centers. While the preoperative evaluation for liver transplantation may be shared jointly by surgeon and internist, the problems of postoperative

Continued on page 10

doc talk

Q. I've had my kidney transplant for over two and one-half years now. How much longer will I have to take the drugs for the transplant?

A. I am going to guess that like many transplant recipients today, the immunosuppressive medicines you refer to are cyclosporine, azathioprine, and prednisone. I am also going to assume that the kidney is functioning well, and that you have not had any recent episodes of acute rejection. Taking all of that into account, my answer is: *a very long time.*

Unless you received your new kidney from an identical twin, there are and always will be important differences between you and your transplant. Usually there is more similarity between members of a family than there is between unrelated individuals. But whether you received your kidney from a living or cadaver donor, your immune system is capable of recognizing whatever is different about the kidney and is capable of attacking it. Without the immunosuppressive medicines to suppress this attack, the transplant will always be rejected.

As the months pass after a transplant operation, the risks of having an episode of acute rejection are less, and the dosages of the immunosuppressive medicines can be reduced to a regular routine amount. What that routine amount might be depends upon you and your needs. There is no single standard dose for everyone. A balance is struck with each of the medicines for each transplant recipient. This balance takes into account how much immunosuppression is required to keep the transplant from being rejected and what side-effects are being caused by the medicines. **The balance must be closely watched by you and your physician** as other conditions such as infections, other illnesses, or the addition of new medications can cause important changes.

Some transplant recipients need less immunosuppressive medicines than others. Some experience side-effects which make particular drugs less useful or more difficult to take. Any medicine can create problems with side-effects, but it may be possible to reduce or eliminate some of these side-effects by adjusting the dosages. There are many reasons why changes in the routine may be necessary. One thing is 100% certain: The transplant will only last as long as the immunosuppressive medicines are there to do their job. The transplant will fail if these medicines are stopped or cut back too much.

Ask your doctor about how well that balance is going for you. If on the whole, you're doing fine then as the New Englanders say, "Don't fix it if it ain't broke." On the other hand, if there are problems some adjustments may be possible. But **never** undertake these adjustments on your own. Even the smallest of changes in these critical medicines must be closely followed by you and your doctor. That's the best way to ensure that, as I said before, you'll be taking your medicines for a very long time.

John F. Neylan III, M.D., is Medical Director of Kidney Transplantation at Emory University in Atlanta, Georgia.

The Transplant Surgeon's Role continued

management are so often related to the technical features of liver transplantation that the surgeon would play a key role in almost every center. This relates to not only the role of postoperative surgical management (complications such as bleeding and bile leak) but also immunosuppression decisions and management of many circumstances such as care for infection and cardiopulmonary problems.

In all aspects of patient evaluation, intraoperative care, and postoperative management, the transplant surgeon has an intense interest in the outcome of the organ transplant operation. At all transplant centers, the various talents of the non-surgeon physician specializing in diseases of the kidney, liver, heart, lung, and immune system are important in the overall management of any patient. In many centers, the surgeon is expert not only in the technical aspects of organ implantation but also the medical — immunosuppressive management of transplant recipients. Therefore, depending upon the mix of talent and interest at any given center, the role of the transplant surgeon may be one of almost daily active participation in patient care, or may be one of largely technical expertise in terms of organ procurement and surgical transplantation.

Surgeons are physicians with special technical skills applied to the sick patient. The surgeon with a special interest in immunology may pursue the same types of research and patient care problems with the immune system as would a non-surgeon immunologist. The surgeon with a primarily technical interest in the transplant operation may not be involved in other aspects of transplant patient management. In the many fine transplant centers in America, there is an interesting mix of physician-surgeon talent applied to recipients for the best outcome in organ transplantation.

Thomas G. Peters, M.D., F.A.C.S., is Director of the Jacksonville Transplant Center at Methodist Medical Center and Clinical Professor of Surgery at the University of Florida Jacksonville, Florida.

EXERCISING AFTER TRANSPLANT ... Just Do It!

by Patricia Painter, Ph.D.

Isn't it interesting that after a heart attack or open heart surgery such as coronary bypass surgery, the standard practice is to put people on an exercise program, with extensive education on diet, stress management and other 'healthy' lifestyle issues? Among transplant patients, it seems that the same service is only provided to heart transplant recipients — probably because heart transplant surgeons are also those who do bypass surgery, and it is routine for them to refer their patients to a cardiac rehab program.

Is it because other transplant patients don't need exercise or the other information available in cardiac rehab? I don't think this is the case. Individuals coming in for transplant are typically very inactive and have lost significant strength and muscle mass, due both to their disease as well as to the lack of exercise. After transplant over-eating is a real problem for many possibly due to the prednisone, but more likely due to feeling better, no restrictions in diet and possibly boredom during the initial recovery time. It is well known that transplant recipients have a high prevalence of risk factors for coronary artery disease (high cholesterol, high blood pressure and smoking), and that kidney recipients and heart recipients are at high risk for developing heart disease (kidney transplant recipients have 4 times higher risk for developing heart disease than the general population). It, therefore, seems reasonable to expect some kind of rehabilitation programs after transplant.

Exercise can be a very important factor in helping transplant recipients return to a normal functioning life. Exercise is the only way to regain muscle mass and strength that results from long-term inactivity and prednisone therapy. Regular exercise (along with control of dietary intake) will assist in weight control by increasing the calorie expenditure during the exercise, and by increasing or at least maintaining muscle mass, which is more metabolically active. In some individuals regular activity may help control blood pressure, and may result in a more favorable blood lipid profile. (The high density lipoprotein fraction of cholesterol, which is thought to be protective against heart disease, increases with regular exercise.)

Another interesting thing about exercise is that of taking control. Many transplant recipients feel that they are not 'in control' of many things in their lives. No one else can exercise for us. Thus participation in regular exercise can empower transplant recipients in that they are taking control of something that makes them stronger, feel more energetic and often better able to deal with other stresses that face them.

Until the transplant community recognizes the importance of exercise rehabilitation after transplant, transplant recipients are just going to have to do what they can on their own. Here's some guidelines for getting started with exercise:

Type of activity

The only restrictions in the types of physical activity are those which pose a threat of direct hit to your transplant (i.e., boxing, football). Activities that will best develop overall strength and endurance are walking, cycling, swimming, aerobics (low impact is recommended), cross country skiing, and similar activities. Running can cause problems in joints in some people. This may be more likely in those taking prednisone, since this drug can cause problems in the joint. You should be on maintenance dose of prednisone and be able to walk BRISKLY for 30-45 minutes continuously before starting to jog.

Regular participation in these aerobic activities will develop and maintain good levels of fitness. Sports such as tennis, downhill skiing, golf, etc. are great, but are often not a consistent sustained effort and may not be as effective in resulting in the desired benefits. Thus, maintaining an adequate level of fitness through the endurance activities mentioned will facilitate safe participation in other recreational sports and activities (and make them easier to do and lots more fun!).

Strength (or resistance) training is not out of the question and may actually help in counteracting some of the muscle weakness related to the prednisone. The primary concern with strength training is that of blood pressure control. Blood pressure increases when lifting - the heavier the weight, the greater the blood pressure response. Thus, blood pressure should be under control before starting a strenuous weight training

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program. For most individuals, it is best to use lower weights, with higher repetitions (12-15 repetitions) instead of very heavy weights that can only be lifted 2-3 times. Both approaches will develop strength in the muscles worked. With strength training it is essential that the exercises are done correctly and that you start LOW and GRADUALLY UP to increasing weights. prednisone may make it so you adapt to the strength training slower than those not on Prednisone. So, adjust your program accordingly, and realize that you may not progress as fast as the person next to you in the gym and you may have to modify a program that has been developed for the general population to match your own responses and adaptations.

Frequency of exercise

Exercise four to five times per week is recommended to develop and maintain adequate levels of fitness. If exercise is being used as a part of a weight management program, then daily exercise is recommended to assure the caloric expenditure required to achieve the desired caloric balance.

Duration of Exercise

Gradual progression to 30 minutes of exercise per session is recommended. Many individuals after transplant can tolerate only 5 minutes per session. From this starting point, add 2-3 minutes per session - gradually achieving the 30 minute goal. Those who can only tolerate a few minutes of exercise may also want to exercise several times a day, gradually increasing in duration and cutting back to one session per day as they are able to tolerate a longer duration of exercise. Individuals interested in weight loss may choose to exercise longer than 30 minutes (or several times a day) - again to increase caloric expenditure.

Intensity of Exercise

Exercise does not have to be strenuous to be beneficial. Moderate effort that is sustained is adequate to achieve the benefits described previously. The exercise session should start out slowly, with a warm-up period (2-5 minutes) at an 'easy' level of exertion. Then the intensity should increase to an exertion level that would be described as "somewhat" or moderately hard (conditioning period). At this level the breathing should be increased, but not so labored that a conversation couldn't be maintained. The duration of this conditioning period should be gradually increased to 30 minutes. The session should end with a cool-down period, which is an 'easy' level of exertion.

None of this is difficult to understand - the hard part is actually DOING IT on a regular basis. Each of us must make a commitment to ourselves and set aside a time for our exercise session. Each of us needs to determine what it takes for us to stick with the exercise...perhaps a friend or a dog, maybe joining a group exercise session or club, or keeping records in some visible place (i.e., on the refrigerator). Find out what will work best for you and...JUST DO IT!

Patricia Painter, Ph.D., is an exercise physiologist at the University of California, San Francisco.

The National Kidney Foundation, Inc.
30 East 33rd Street
New York, NY 10016

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