

# WHAT CAN THE RENAL PATIENT DO TO HELP EXPEDITE A KIDNEY TRANSPLANT?



By Ramiro Valdez, PhD, MSW

**T**he thought of getting a kidney transplant goes through the mind of virtually every dialysis patient. They probably see it as a way to be done with dialysis once and for all. While a transplant is not a cure, it can make life a lot easier.

If you've been thinking about a transplant, you should know it could be a slow process. If you have a living donor, your wait should be much shorter. If you do not, however, there are several things you can do to help speed things up. Remember that every transplant center is different, but, generally speaking, most of them want the same information. The sooner you give it to them, the sooner you get on their waiting list.

The following list of tips could shorten your wait:

- **“Doctor’s Support”**

*Get your doctor’s support.* Your nephrologist knows your renal and urinary system better than anyone else. He or she can tell you if you are a good candidate.

Getting your nephrologist’s approval is your most important step. While it is possible to get a transplant without your doctor’s referral, it will be much easier with it. Your doctor must be enthusiastic about your transplant. If not, there may be a good reason, and you need to know what it is.

- **Transplant Coordinator**

After you have your doctor’s support, *get to know the transplant coordinator at your dialysis clinic.* This person is usually a nurse, is overworked, and has very little time to spare. But this person is important in the process, so get to know him/her.

At some clinics, the social worker or charge nurse can do some of the legwork, but the coordinator is still in charge. Remind this person about once a month of your interest in a transplant by asking something like: “Is there anything I can do to get things going?”

- **Insurance Coverage**

*Find out the details about your insurance coverage for transplants.* If you have private insurance or belong to a health maintenance organization (HMO), they may require you to get your transplant at a particular center. Starting the work at an unapproved center could mean a delay of several months. If you have Medicare or your insurance does not specify a particular transplant center, ask your doctor’s recommendation. He/she knows the transplant centers in your area and which would be best for you.

Another important point about insurance is to be sure you know what your out-of-pocket expense will be. Even the best insurance providers will not pay all the cost of a transplant. If you are expected to pay 20%, remember that a transplant can cost over \$100,000. Your share could be more than you can afford. Transplant centers are required to have financial counselors on staff who can help you answer these questions.

Find out about post-transplant prescription coverage. A transplant could mean taking lots of medicine the rest of your life. If your insurance pays for prescriptions, find out how long they do it. Also, ask the social worker if your state has a renal program that helps with post-transplant medicines.

Finally, if you have Medicare coverage only, recall that, currently, with some exceptions, Medicare benefits may cease 36 months after your transplant. You have three years to find a job and get your own health insurance and prescription assistance. It is important that you know about this in advance!

*[Editor’s note: Last year, former President Clinton signed the Beneficiary Improvements and Protection Act (BIPA) permanently extending immunosuppressive coverage for transplant recipients who are 65 years of age or older and disabled, according to Medicare specifications. The Medicare End-Stage Renal Disease (ESRD) Program does not consider transplant recipients disabled only because they received the transplant. Earlier this year, S. 880 and H.R. 1839 were introduced in the US Senate and*

House of Representatives that would provide permanent coverage for those patients whose Medicare eligibility is based solely on their ESRD status. Currently, ESRD patients per se remain limited to Medicare coverage for only 36 months post-transplant.]

• **“Doctor’s Reports”**

Contact the transplant center to learn what doctor’s reports they want. Most transplant centers want much the same information, but some will accept it only from a member of their own hospital staff.

If the transplant center is willing to accept information from any doctor in town, coordinate with them and proceed to the next bulleted step. If they will only accept reports from their own staff, they will schedule the exams they require. Your job is to proceed to the last bulleted step and let them know you are ready for the exams.

• **See a Dentist**

If you have not seen a dentist in six months, go ahead and get this done. You may be in perfect dental health, but you still need a dentist’s report. Tell your dentist you are going for a transplant and you want a report of dental health for it.

If you have a few cavities or gum problems, you cannot complete your transplant work-up until this is fixed. Your transplant could be put on hold while you get your cavities filled!

• **Seeing a Gynecologist/Urologist**

*Ladies, get a pap smear.* Along with a clean bill of dental health, you need the same from a gynecologist. For most women, this is a routine pelvic exam with a negative pap. If the doctor finds something abnormal, you need to take care of it before you will be considered a good transplant candidate.

*Gentlemen, ask your doctor if you need to see a urologist.* This is especially true if you have not urinated in a long time. You want to be sure the system still works! If you are passing fluids and your doctor sees no need to do this, skip this step.

• **Enter the Cardiologist**

Ask your doctor to recommend a heart specialist. Renal failure often stresses a person’s heart. You need to be given a clean bill of health by a cardiologist.

If the cardiologist says your heart is not in shape for a transplant, find out if it can be corrected. If so, do it as soon as possible. If you get on the list, then need a cardiac procedure, you will be temporarily taken off the list.

• **“A Clean Bill of Mental Health”**

Find out if you need a psychiatrist or psychologist. Transplant centers want a clean bill of mental health.

Most centers will accept a social worker’s report, but some require testing by a psychologist or an interview with a psychiatrist outside the hospital staff. Many patients have said they enjoyed this part of the transplant work-up.

• **Current Medical Records**

Make sure your medical records are always current at the transplant clinic. Check monthly.

If your records are not current, check with the transplant coordinator at your dialysis clinic and find out what you can do to bring them up-to-date. Usually, just mentioning it to the coordinator will take care of it, but, sometimes, you may need to obtain a current copy of your records yourself and send it to the transplant office.

**Conclusion**

Prior to your kidney transplant, it is important that you follow your renal regimen closely. Do not skip any treatments, avoid high potassium or phosphorus, keep from overloading on fluids, and take your medicine as prescribed. You could be called for a kidney at any time. It would be stressful to have to dialyze knowing your kidney is already in the next room.

During what could be a lengthy process in preparing for a transplant, try not to dwell upon it except for the once-a-month check of your records. Thinking about it every day could make you restless and anxious. The best way to wait for a transplant is to go on with your life as normally as possible.

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