

Your  
Guide  
to  
Kidney  
Transplantation

**UK**HealthCare®

Transplant Center

**UKHealthCare®**

## Transplant Center

**Living With Your New Kidney:  
A Postoperative Guide  
to Kidney Transplantation**

## **Congratulations on your new kidney!**

This manual is for you and your caregiver. Please become familiar with the contents, as it will serve as a guide and resource to you in the coming months. It is important to understand that, although this is a guide, your specific plan of care will be determined by your surgeon and transplant nephrologist.

## Transplant Clinic

- The Transplant Clinic is located on the fourth floor of Pavilion H in the UK Albert B. Chandler Hospital.
- Visits will be twice weekly for one to two weeks after discharge. Then you will have weekly visits for the next two to four weeks, followed by every other week for one month. After three months you will be seen monthly until you are nine months out from transplant, at which time we will see you every six weeks.
- Arrive at the clinic at your scheduled time. You will have blood drawn for tests that will measure your kidney function, blood count, cyclosporine, sirolimus (Rapamune®) or tacrolimus (Prograf®) levels.
- Always bring your medications to the clinic.
- Do not take cyclosporine, sirolimus (Rapamune®) or tacrolimus (Prograf®) until your labs have been drawn. Once the labs have been drawn, you may take your medications and go to the cafeteria for breakfast. It will take one hour and 15 minutes for your results to be reported.
- Please be prepared to spend all morning in the Transplant Center. You may want to bring reading material or another quiet activity to help pass the time.
- We will call you on the day of or the day after your clinic appointment if any changes need to be made in your medications. We must be able to contact you or leave a message so please know how to retrieve messages on your answering machine or cell phone.
- You must notify the transplant team if your phone numbers change so that we may contact you if your medication changes.

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## TRANSPLANT CLINIC

## Discharge from the Transplant Clinic

- After three months, the transplant team will return you to the care of your family physician or local nephrologist, **except for issues directly related to your transplant**. You are required to have a primary care physician. The correct and up-to-date physician information must be on file with the transplant team.
- Your family physician or local nephrologist will take care of your regular medical needs, including stomach medicine, blood pressure checks, blood sugar medicine, chronic pain management issues, thyroid issues, etc.
- The transplant team will continue to monitor your lab results on a regular basis. You can have your blood work done in a local laboratory or at the Transplant Clinic **by appointment only**.
- You will be given physician lab orders for your blood testing to be performed locally.
- It is your responsibility to make sure that the Transplant Center receives the results of your blood work on a regular basis. **Lab results can be faxed to 859-257-8966.**
- Your family doctor may contact the Transplant Center to ask questions or seek advice about your care after surgery.

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DISCHARGE FROM CLINIC

## Protecting your new kidney

- **WEAR YOUR MASK** – It is important to wear a mask. This is critical immediately after kidney transplantation.
  - You should wear a mask everywhere outside of your home for the first three months after your surgery.
  - If you are treated for rejection, you may be asked to start wearing your mask again.
  - Wear your mask to and from the transplant clinic since there is frequent construction in and around the hospital.
- **INCISION CARE** – Once you are feeling strong enough, you will be allowed to shower.
  - Use soap and water and wash right over the wound and staples.
  - After you shower, replace the dressings that cover any open wounds.
  - The incision may itch, feel numb, and be bruised and/or sore.
  - Staples are generally removed in clinic two to three weeks after your surgery.
- **HANDWASHING** – Frequent handwashing by you and your family is the most effective way to prevent infection. Use antibacterial soap or alcohol-based hand sanitizer.
- **PLANTS AND YARDWORK** – Avoid live plants and do not touch the soil for three months after your transplant. Houseplants do not have to be removed from your home, but they should not be in your immediate living or sleeping areas.
  - After three months, you must wear gloves and a mask when disturbing the soil.
  - Mowing grass, including riding lawnmowers and using a weed eater, is not recommended until six months after transplant.
- **SEXUAL ACTIVITY** – Once you feel strong enough, you may resume sexual activity.
  - **Be careful not to become pregnant or cause someone else to become pregnant following your transplant.** The effects of most anti-rejection medications on fetuses are still unknown. Cellcept® and Myfortic® are harmful and may cause birth defects.
  - **It is important to always practice safe sex to avoid the risk of sexually transmitted diseases.**

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## PROTECTING YOUR NEW KIDNEY

## Nutrition

Eat a healthy, low-fat diet with lots of fruits and vegetables. You may eat fresh fruits and vegetables, but be sure to wash all produce thoroughly. Do not eat raw fish. All meats should be cooked to a minimum of medium well. **Avoid grapefruit and grapefruit juice completely.**

- **Weight gain** is a very common problem after transplantation.
  - This is usually the result of increased appetite from steroid medications.
  - Eliminating nearly all fat or fatty and fried foods from your regular meals will help control this problem as well as your cholesterol.
  - You may need to see a dietary specialist if weight gain becomes severe.

- **Weight loss** is also common after transplant. Some people experience a loss of appetite.
  - Medications and general weakness may cause loss of appetite.
  - Eating five or six small meals daily rather than three large meals is often helpful.
  - You may need to see a dietary specialist if weight loss becomes severe.
- **Renal diets** are usually not needed after transplant.
  - Occasionally, patients have problems controlling their blood sugar due to steroid medications. The transplant team will review any special dietary changes that you may need to make. Continue diets related to diabetes (unless you have received a pancreas transplant), cholesterol or high blood pressure.

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## NUTRITION

## Caregiver responsibilities

You must have at least one caregiver to assist you post-transplantation. The caregiver(s) must:

- Be present at the hospital prior to the patient's discharge. The transplant nurse coordinators will provide education to the patient and the caregiver.
- Provide transportation to the Transplant Clinic twice a week initially, then less often as needed.
- Perform general errands such as grocery shopping, picking up medicine from the pharmacy, doing laundry, transportation to the clinic for unscheduled appointments, emergency department visits and anything else that is needed.
- Ensure that the transplant patient takes all medications as prescribed, including insulin injections if needed.
- Check and record patient's blood pressure, blood glucose levels as needed, temperature and weight daily.
- Assist with meal preparation, bathing, dressing and wound care, if needed.
- Encourage the patient to drink fluids and eat healthfully to avoid dehydration.
- Encourage and assist the patient with minimal daily exercise.
- Make sure the patient wears his/her mask.
- Notify the transplant team in case of emergency.

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## CAREGIVER RESPONSIBILITIES

## Things you must do

- Wear your mask!
- Take your medications as directed.
- Take and record your blood pressure four times a day.
- Take and record your temperature every morning and every night.
- Weigh yourself every morning and record the results.
- Check your blood sugar as directed.
- Drink two liters of fluid every day.
- Use an incentive spirometer (blow bottle) every four hours.
- Walk at least every four hours.
- Continue to abstain from alcohol, cigarettes and all illegal drugs.
- Keep all of your appointments.
- Wash your hands often!
- Stay involved with your care – ask questions and keep notes.
- Always ask your coordinator before starting any new medications.

## Things to avoid

- Do not drive until your physician says it is OK (usually 30 days after the operation).
- Avoid direct sunlight. Wear long sleeves, a hat and sunblock with at least SPF 25.
- Avoid swimming in public pools, lakes, rivers or oceans for at least six months.
- Avoid anyone who has had a live vaccination for a minimum of two weeks after that person received the vaccine.
- Avoid climbing multiple steps (more than two) until directed otherwise.
- Avoid large crowds of people for three months.
- Avoid being around others with colds, fevers, sore throats, etc.
- Do not lift anything heavier than a gallon of milk until otherwise instructed.
- Do not take any over-the-counter medication without approval.
- **Do not adjust or change your medications unless instructed to do so.**

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## DO'S and DON'TS

## Guidelines for living with your new organ

- **PHYSICAL ACTIVITY** – Be patient with yourself. Regain your strength through a gentle, gradual increase in the amount of physical activity you do each day.
  - For the first month, do not lift anything heavier than a gallon of milk.
  - Begin increasing your activity level by walking.
  - Eventually, you may begin jogging, playing golf or riding a bicycle with your transplant doctor's approval.
  - Contact sports such as boxing, martial arts, football and hockey are not recommended.
- **DENTAL CARE** – It is important to practice good oral hygiene.
  - You should see your dentist approximately every six months.
  - For patients on immunosuppressive medications, some routine dental infections can become quite serious if the treatment is delayed.
  - When you receive dental work of any kind you will require a short course of oral antibiotics.
  - **Your dentist will arrange for antibiotic therapy prior to dental work according to the American Heart Association guidelines.**
- **IMMUNIZATIONS** – The standing rule is that all patients must be given **ONLY** killed-virus immunizations (shots). Under **NO** circumstances should live or weakened virus vaccines such as mumps, measles, rubella, chicken pox, shingles or oral polio be given.
  - It is okay to get a flu shot once you are six months post-transplant.
  - Family members do not have to wait six months and should get a flu shot immediately.
  - You and your family must avoid the nasal flu vaccine.
- **SMOKING** – Stop smoking.
  - The blood vessels in transplanted organs have a faster rate of hardening. Smoking and other tobacco use further increases this process.
  - Nicotine found in all tobacco products causes spasms of arteries in the body, including the ones in your transplanted kidney.
  - Chewing tobacco is also a known source of oral cancer.

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## GUIDELINES FOR LIVING WITH YOUR NEW ORGAN

## Contacting the transplant team

- The transplant team is in the office Monday through Friday **8 a.m. – 4 p.m.** Non-emergent calls after 3 p.m. may be returned the following business day.
- Call your coordinator with any questions that are not emergencies.
- Please be aware that the transplant nurse coordinators work in the clinic frequently.
- You will be directed to leave a voicemail when your nurse is unavailable. Expect this to happen frequently. Leave a message and your call will be returned as soon as possible.
- **PRESCRIPTIONS – It is your responsibility to notify the transplant team 7-10 days prior to running out of medications.**
  - Many insurance companies need to have preauthorization. Requests must be made to your coordinator during regular business hours.

For **EMERGENCIES**, contact the 24-hour UK Answering Service. Follow these steps:

**UK ANSWERING SERVICE: 859-323-6667**

1. From your home phone, **dial 859-323-6667.** You do not need to dial the area code if you are calling from Lexington.
2. Your call will be answered by a UK operator. Inform the operator that you need to speak with the **on-call kidney transplant nurse coordinator.**

### Contact us immediately for the following:

- Temperature greater than **100.5° F.**
- Systolic (top number) of blood pressure greater than 180 or less than 100.
- Diastolic (bottom number) of blood pressure greater than 100.
- Significantly increased or new drainage from your wound.
- Vomiting, diarrhea or constipation lasting more than **two to three days.**
- Vomiting so severe that you cannot keep your immunosuppressive medications in your stomach.
- Pain that is not relieved by your pain medicine.
- Bright red blood in your urine or stool.
- New onset of weakness.
- Decreased or dark urine output.
- Major fluctuations in your weight (greater than three pounds in 24 hours) or blood pressure.
- New pain at the site of your transplant (once healed from the operation).

**DO NOT use the emergency contact for nonemergency questions.** Please direct nonemergency-related questions to your transplant nurse coordinator during normal business hours. The transplant nurse coordinators will return your routine calls within 24 hours or during the next business day.

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## CONTACTING THE TRANSPLANT TEAM

## Possible complications

Most patients do well after transplantation, however, some can develop complications resulting in long hospital stays and even death. Possible complications include:

- **Primary nonfunction** – A serious, rare condition in which the transplanted organ did not start working immediately after surgery. It can be caused by multiple factors.
- **Bleeding** – As with any surgery, there is a risk of bleeding. It is possible that after surgery bleeding may still occur and you may have to return to the operating room.
- **Rejection** – This term is used to describe how your body responds to anything it recognizes as “foreign.” Your body will not recognize the new organ as being part of you. Anti-rejection medication will help your body accept the new organ. **Rejection can happen any time after your transplant and is usually treated successfully.**
  - Rejection has no symptoms, although some patients experience discomfort at the site of the transplant, as well as a slight fever greater than 100.5 F. You may also experience decreased urine output, weight gain or fluctuations in blood pressure.
  - Lab tests will become abnormal. If this occurs, you may need a biopsy.
  - You may need to be admitted to the hospital for treatment.
  - When you are discharged, you may have medication changes and require more frequent follow-up, labs and clinic visits, etc.
- **Infections** – Anti-rejection medication reduces your body’s ability to fight infections, so you should stay away from people who have colds, flu or any other contagious illnesses.
  - **Viral** – Three common viral infections are cytomegalovirus (CMV), BK virus and the herpes virus (HSV). Most people have been exposed to these viruses during normal daily activities. With anti-rejection medication the viruses can become reactivated and cause significant illnesses that may

require treatment. Medicine is available to treat these infections. If the infection is severe, you may require a period of hospitalization to receive this medicine intravenously.

- **Bacterial** – Wound infections can occur after transplantation. These will most often require antibiotics. Occasionally, they may require additional operations.
- **Fungal** – Fungal and yeast infections may occur. Medicine and good hygiene will help prevent infections. Fungal infections of the lungs can be very serious and may be contracted by inhaling dust or mold.
- **Urinary tract infections (UTI)** – contact your coordinator if you experience pain, urgency, frequency, burning or foul smell on urination.
- **Dependence on ventilator** (breathing machine), from pre-existing lung problems or pneumonia.
- **Poor nutrition** from the inability to eat.
- **Kidney dysfunction** and failure requiring dialysis.
- **Neurological side effects** that can vary from mild confusion to seizures and stroke.
- **Blood supply** to your new organ may become compromised after surgery, requiring an additional operation.
- **Development of tumors:** Immunosuppression increases the risk of cancer, especially skin cancer and lymphoma. It is important to follow up with your primary care physician for mammograms, pap smears, prostate exams, skin exams, colonoscopies, etc. Contact your primary care physician if you develop new skin lesions. Notify your coordinator of any cancerous diagnosis.
- **Mood changes:** Depression, crying spells, irritability, difficulty sleeping, night sweats or memory loss. Your caregiver and transplant team will help you through this difficult period. Please let your transplant team know if you have been experiencing any of these issues for more than a week.

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## COMPLICATIONS

## Medication reminders

**Taking your medications correctly is the most important thing you can do to prevent rejection of your kidney transplant.** Never skip a dose or change your dose unless you are instructed to do so. Here are some general medication rules for kidney transplant patients:

- Always contact the transplant team before starting any new medications, whether over-the-counter or prescription.
- Store all medications at room temperature unless otherwise indicated on the medication container.
- Do not store medication in the bathroom medicine cabinet. Always keep medications in their prescription bottles or your weekly pill box.
- Please protect these medications from children.
- When flying, keep your medications in your carry-on. Airline regulations require you to keep all medication in the original pill bottles or they will be thrown away.
- Make taking your medications a part of your daily routine, just like eating and sleeping.
- While you are in the hospital, the transplant pharmacist will teach you about your medications.
- Always bring your pill bottles to every clinic visit.

## Medication resources

Abbott, the makers of Gengraf®  
[www.abbott.com](http://www.abbott.com)

Astellas, the makers of Prograf®  
[www.us.astellas.com](http://www.us.astellas.com)  
[www.prograf.com](http://www.prograf.com)

Novartis, the makers of Neoral® and Myfortic®  
[www.novartis.com](http://www.novartis.com)  
[www.myfortic.com](http://www.myfortic.com)

Genetech, the makers of Cellcept and Valcyte  
[www.cellcept.com](http://www.cellcept.com)  
[www.valcyte.com](http://www.valcyte.com)

RxAssist, patient assistance program  
[www.rxassist.org](http://www.rxassist.org)

Rx Outreach, patient assistance program  
[www.rxoutreach.com](http://www.rxoutreach.com)

Pfizer, the makers of Rapamune  
[www.rapamune.com](http://www.rapamune.com)

Partnership for Prescription Assistance  
[www.pparx.org](http://www.pparx.org)

Transplant Experience  
[www.transplantexperience.com](http://www.transplantexperience.com)

MyMedSchedule  
[www.mymedschedule.com](http://www.mymedschedule.com)

See reverse side for more information.

## Medications

### TACROLIMUS (PROGRAF®)

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Type of drug: Anti-rejection

How often to take: Every 12 hours

Possible side effects:

- Decrease in kidney function: We will closely check your kidney function by lab tests. Keeping to the correct dose will minimize the risk.
- Tremor of hands: This usually stops as the dosage is reduced. A new onset of tremor may indicate the level is too high.
- Increased blood pressure: We will use medications to keep your blood pressure under control.
- Headache.
- Increased blood sugar: We will closely check your blood sugar with lab tests.
- Flushing of the skin.

What to do if you miss a dose:

If you remember the missed dose within six hours, go ahead and take it. If you remember the dose after six hours, do NOT try to make up for the missed dose.

Take your next dose at the regular time and get back on schedule. **Never take a double dose.** If you miss two or more doses, call your transplant nurse coordinator.

If you are not able to tolerate tacrolimus, we may replace it with another drug called cyclosporine (Neoral® or Gengraf®).

**DO NOT** eat grapefruit or drink grapefruit juice while taking this medication.

### MYCOPHENOLATE MOFETIL (CELLCEPT®)/ MYCOPHENOLIC ACID (MYFORTIC®)

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Type of drug: Anti-rejection

How often to take: Every 12 hours

Possible side effects:

- Decreased blood counts: We will follow your labs closely and adjust this medication as needed.
- Dizziness.
- Drowsiness.
- Nausea, vomiting or diarrhea.
- Insomnia.
- Mood changes.

What to do if you miss a dose:

If you remember the missed dose within six hours, go ahead and take it. If you remember the dose after six hours, do NOT try to make up for the missed dose.

Take your next dose at the regular time and get back on schedule. **Never take a double dose.**

### PREDNISONE

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Type of drug: Anti-rejection, steroid

How often to take: Once a day in the morning

Possible side effects:

- Sodium (salt) and water retention: Because of this, your ankles may become puffy.
- Stomach ulcers: Always take the medicine with food. You will be started on a medication to prevent ulcers until your dose is decreased.
- Weight gain: This may be from extra fluid or from your body storing extra fat. “Moon face,” gaining weight in your face, is a common side effect of steroid treatment. This is usually reduced as your steroid dose is lowered.
- Increased appetite: You may have to “push yourself away from the table” to avoid weight gain.
- Muscle weakness: Be careful getting out of chairs and climbing stairs until you regain your strength. Continue to walk and exercise to maintain your strength.
- Blurred vision: This improves as your steroid dose is reduced. Do not get new glasses immediately after your transplant, as your vision will change over the next six months. You may also develop cataracts. Have your eyes examined regularly by an ophthalmologist.
- Difficulty sleeping.
- Slow wound healing.
- Mood swings: You may feel happy one minute and depressed the next. You should feel like your normal self again when your steroid dose is reduced.
- Increased risk for infection.
- High blood sugar: Any signs of high blood sugar such as increased thirst or tiredness should be reported to your doctor. You may need to start on insulin if your blood sugar remains high.
- Osteoporosis or low bone density: This medication can make your bones brittle. You should have your primary care doctor monitor this every year. You may need to start taking a medication to help treat osteoporosis.

What to do you if you miss a dose:

Take the missed dose as soon as you remember if it is within 12 hours from the time you should have taken it. If it is more than 12 hours past your regular time to take it, then skip the missed dose. **Never take a double dose.**

**Do not** stop this medication suddenly without approval from the transplant team.

## **SULFAMETHOXAZOLE/TRIMETHOPRIM (BACTRIM, SEPTA, COTRIM)**

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Type of drug: Antibiotic (to prevent infection)

How often to take: Once a day in the morning

Possible side effects:

- Nausea, vomiting, abdominal cramping or diarrhea: If these side effects occur, take the medication with food.
- Skin rash or itching: If these side effects occur, contact your physician immediately.
- Light sensitivity: Always wear sunscreen when outdoors.

What to do you if you miss a dose:

Take the missed dose as soon as you remember, if it is within 12 hours from the time you should have taken it. If it is more than 12 hours past your regular time to take it, then skip the missed dose. **Never take a double dose.**

If you are allergic to sulfa drugs, we will use another drug called dapsone.

## **VALGANCICLOVIR (VALCYTE®)**

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Type of drug: Anti-viral drug (to prevent viral infections)

How often to take: Once or twice a day

Possible side effects:

- Decreased blood counts: We will follow your labs closely and adjust this medication as needed.
- Nausea: If nausea occurs, take your dose with a meal or snack.
- Tremors and neurological side effects: Let us know if you develop tremors or confusion. The dose may need to be reduced or the drug stopped.

What to do you if you miss a dose:

Resume taking the medication with the next scheduled dose. **Do not take a double dose.**

In some patients we may use another drug called acyclovir. It has similar side effects and is given once or twice a day.

## **FLUCONAZOLE (DIFLUCAN®)**

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Type of drug: Anti-fungal (to prevent fungal infection)

How often to take: Once a day in the morning

Possible side effects:

- Upset stomach.
- Altered sense of taste.
- Headache.
- Dizziness.

What to do if you miss a dose:

Take the missed dose as soon as you remember, if it is within 12 hours from the time you should have taken it. If it is more than 12 hours past your regular time to take it, then skip the missed dose. **Never take a double dose.**

## **DOCUSATE (DOSS)**

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Type of drug: Stool softener

How to take: Two times a day as needed

Possible side effects:

- Upset stomach.
- Cramping.
- Diarrhea: If you have diarrhea, do not take.

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### **Pain medication**

Pain medications will be prescribed for a short while after transplant. If you were taking pain medications for chronic pain before transplant, contact your local physician for new prescriptions to continue these medications. The transplant team will prescribe pain medications related to the transplant surgery only.

### **Other medications**

Other medications may be prescribed for you after your transplant. Common drugs include antibiotics, blood pressure medication and insulin. However, not all patients will need these medications.

### **Disclaimer**

This is not an all-inclusive list of medications and side effects. This information is to be used only as a guide and is not considered a formal drug reference. Please contact the Transplant Center for more information.

See reverse side for more information.

## ATM

There is an ATM located on the first floor of Pavilion H, near the Registration Desk. Another ATM is located near the elevators on the ground floor of Pavilion A.

## Buses

Lextran bus schedules are available at the Information Desks. Taxi cab service is available by calling **859-231-8294**.

## Calling cards

Calling cards are available for purchase in the gift shops.

## Dining Options

- **Hospital cafeteria**

The cafeteria is located on the first floor of Pavilion H. It is open daily from 6:30 a.m. to 11 p.m.

- **Coffee Shop**

The Coffee Shop is located on the first floor of Pavilion H, just inside the main entrance. Call **859-323-5000** for hours of operation.

- **Courtyard Café**

The Courtyard Café is located on the ground floor of Pavilion A, near the auditorium. It is open Monday – Friday, 7 a.m. – 3 p.m.

- **Terrace Café**

This kiosk is located on the first floor of Pavilion A. Call **859-323-5000** for hours of operation.

- **Vending area**

The vending area is located on the first floor in Pavilion H, near the cafeteria. It is open daily, 24 hours.

## Don and Cathy Jacobs

### Health Education Center

This resource center is open to visitors and family members. It offers health information as well as Internet and fax machine access for patient families. Located on the first floor of Pavilion A, the center is open Monday – Friday, 9 a.m. – 4:30 p.m. For information, please call **859-323-7808**.

## Gift shops

Our gift shops sell various personal care items, reading materials, candy and gifts. One gift shop is located in the Pavilion H lobby, across from the Information Desk. A second gift shop is located on the first floor of Pavilion A. Both are open Monday – Saturday, 10 a.m. – 6 p.m. and Sunday, 1-5 p.m.

## Mail

A post office is located on the ground floor of Pavilion H in Room M63. It is open Monday – Friday, 8 a.m. – 4:30 p.m. Mail slots are located at the main elevator on each floor.

## Newspapers

Newspapers can be purchased from a vending machine located beside the ATM near the Registration Desk in Pavilion H.

## Parking

You can park in the Hospital Parking Garage located on South Limestone between Conn Terrace and Transcript Avenue. Enter the garage from Transcript Avenue.

Free shuttle service from the garage provides door-to-door service to the hospital. Shuttles depart from Level A of the garage every three to five minutes. An ambassador is stationed in the parking garage from 6 a.m. to 11 p.m. daily to answer questions and help patients and visitors onto the shuttles, which are wheelchair accessible. Passengers who have difficulty walking may be dropped off in the passenger drop-off and pickup areas located on each floor of the garage near the elevators. The Transplant Clinic is located in Pavilion H, which is the second shuttle stop.

In lieu of the shuttle, you may walk across the concourse bridge, located on Level C of the Hospital Parking Garage. On the concourse bridge, golf carts are available for those who find the walk difficult.

There is a fee for parking; please note the rates posted as you enter the garage. Parking is free on weekends and at certain hours of the day. Extended stay parking passes are available for purchase in the parking office located on Level A of the Hospital Garage. Once you have purchased two consecutive seven-day passes, parking in the garage is free for the remainder of your visit. Contact the parking office by calling **859-257-1000** or **1-800-333-8874**.

## Pastoral services

A chaplain is available 24 hours a day, seven days a week. The chaplain can be contacted at **859-323-5301**.

A sanctuary is located on the first floor of Pavilion H in room H-122. In Pavilion A, the nondenominational Myra Leigh Tobin Chapel is conveniently located on the ground floor.

## Showers and laundry

Located on the fifth floor of Pavilion H in the South Wing. As a courtesy to patients and staff, please do not use the showers after 9 p.m.

## Tobacco free

The UK HealthCare campus is tobacco free. Nicotine replacement products may be purchased in the gift shops.

## University of Kentucky Transplant Center

UK Chandler Hospital, Pavilion H  
800 Rose Street  
Lexington KY 40536-0293  
Toll-free: **888-808-3212**  
Local: **859-323-8500**  
Fax: **859-257-3644**  
Website: [ukhealthcare.uky.edu/transplant](http://ukhealthcare.uky.edu/transplant)

**Patient/Lab Appointment Line**  
859-323-1691

### Transplant Surgeons

**Roberto Gedaly, MD**, Associate Professor of Surgery  
**Michael Daily, MD**, Assistant Professor of Surgery  
**Malay Shah, MD**, Assistant Professor of Surgery

### Transplant Physicians

**Jens Rosenau, MD**, Assistant Professor of Medicine  
**Prem Thurairajah, MD, PhD**, Assistant Professor of Medicine

### Transplant Advanced Practice Providers

**Cathy Jones**  
Phone: 859-323-4661; email: [cathy.jones@uky.edu](mailto:cathy.jones@uky.edu)  
**Hender Rojas, ARNP**  
Phone: 859-323-5882; email: [hroja2@uky.edu](mailto:hroja2@uky.edu)  
**Carol Broughton, ARNP**  
Phone: 859-323-4664; email: [clhilb2@uky.edu](mailto:clhilb2@uky.edu)

### Transplant Nurse Coordinators

**Kim Severson, RN, CCTC**  
Phone: 859-323-2766; email: [kimseverson@uky.edu](mailto:kimseverson@uky.edu)  
**Dana Grantz, RN, CCTC**  
Phone: 859-323-4663; email: [dana.grantz@uky.edu](mailto:dana.grantz@uky.edu)  
**Jennifer Watkins, RN, CCTC**  
Phone: 859-323-8790; email: [jwatk2@email.uky.edu](mailto:jwatk2@email.uky.edu)  
**Fran Stone, RN, CCTC**  
Phone: 859-323-3655; email: [fmedel0@email.uky.edu](mailto:fmedel0@email.uky.edu)  
**Missy Wells, RN**  
Phone: 859-323-0290; email: [mtwell2@email.uky.edu](mailto:mtwell2@email.uky.edu)

### Transplant Scheduling Coordinators

**Ashley Adkins**  
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