Pre-Op Lung Transplant Patient Guide
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Thank you for choosing UK HealthCare as your medical provider. The purpose of this guide is to provide you and your family with a better understanding of the transplant process. We hope that this guide will prepare for the journey ahead. We are passionate about improving the quality of life for those with end-stage lung disease. In the coming days and weeks, you will meet members of our team. You will learn the benefits and risks of lung transplant. Our goal is to provide all the information you need to decide if lung transplant is the right choice for you.
We want you and your family to understand the transplant process. The more you know, the better prepared you will be. We designed this booklet to help you get ready. Please read it to learn what to expect and what steps you can take.

You will read about evaluation, surgery and life after transplant. If you become a transplant candidate, we will give you a more detailed manual. The manual will explain your medicines, clinic visits and tests you will have after transplant.

The education process begins here and never ends. As you read, write down the questions you have. When you have a question, don’t be afraid to ask. We are happy to go over the details until you feel comfortable. We know that you will receive a lot of information. If you need help, we are here 24 hours a day, 365 days a year.

We are excited about the chance that you will join our UK HealthCare transplant family. Once you become a candidate, you will be part of the transplant team, along with your doctors, nurses and other health care providers. We also encourage you and your caregivers to attend the transplant support group. There are more details about the group later in this booklet.

We promise to work as hard as we can to make this a smooth process. You can help by keeping all your appointments and asking questions.
Transplant coordinators
The coordinator is a registered nurse. This nurse will be your main contact person. Throughout the process, the coordinator will work with you and the transplant team. Before transplant, the coordinator will teach you and your family what to expect. If you are a transplant candidate, the coordinator will add you to the transplant list. After transplant, you will have a new coordinator, who will teach you how to care for yourself going forward.

Transplant surgeon
This doctor will perform your transplant. The surgeon will help decide if a transplant is right for you. The surgeon will meet with you before transplant and meet with your family after the transplant. While you are in the hospital, the surgeon will help manage your care.

Transplant pulmonologist
The pulmonologist has special training in treating lung disease. This doctor will help decide if transplant is the best treatment for you. The pulmonologist will help care for you during your hospital stay. After transplant, the pulmonologist will manage your care. You will see the pulmonologist at all your transplant clinic visits.

Advanced practice providers
Advanced practice providers, such as nurse practitioners or physician assistants, work with the other transplant doctors to care for you during your hospital stay.

Social worker
A social worker will be here to help you throughout the transplant process. You will meet the social worker during your evaluation. The social worker will see what social, mental and financial needs you may have. In addition, your mental health plays a significant role in the transplant process. If you feel stressed or afraid, the social worker may be able to help. Or he or she can refer you to a transplant psychiatrist for help. After transplant, the social worker will help you find resources and support.

Financial coordinator
After referral, the financial coordinator will check your insurance benefits. He or she will let you know if there are steps you need to take. The coordinator will tell you what you should expect to pay out-of-pocket. If you have problems with your insurance or with hospital billing, the coordinator will help. If you have a change in your insurance during the process, you must let the coordinator know.

Transplant pharmacist
The transplant pharmacist will make sure you are on the right medicines and that they work well together. He or she will teach you about your medicines. The pharmacist will meet with you before and after transplant to discuss your medicines.

Transplant dietitian
Eating right is a key to successful transplant. The dietitian will make sure the foods you eat have the vitamins and minerals you will need. During your evaluation, the dietitian will check your weight, lab results and eating habits. The dietitian will create an eating plan of care just for you. This will help you get the most out of your transplant. In the hospital after transplant, the dietitian will make sure you get the nutrition you need. He or she will teach you how to eat healthy before you go home.
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Problems that lead to lung transplant

Each year, more than 2,000 people have lung transplants. Some common health problems that lead to transplant include:

- Alpha-one-antitrypsin deficiency
- Pulmonary fibrosis
- Cystic fibrosis
- Pulmonary hypertension
- Sarcoidosis
- Eosinophilic granuloma
- Bronchiectasis
- Lymphangioleiomyomatosis
- Emphysema due to tobacco smoking

What are the available lung transplant options?

Single-lung or double-lung

We can transplant one or both lungs. This decision will be based on a thorough review of your past medical history.

Heart-lung

Some patients need to have their lungs and heart replaced. This is often because they have damage to these organs that cannot be fixed.

Pediatric lung

Some children need a lung transplant. This may be caused by

- Cystic fibrosis with end-stage lung disease
- Pulmonary hypertension
- Pulmonary fibrosis
Lung transplant is not just a surgery. It is a process with several steps, including evaluation, a waiting period, a hospital stay for surgery and follow-up care after transplant. It is important for you and your family to understand each step in the process.

Getting started

The process starts when your doctor refers you to us. We will then schedule a visit for you at the Transplant Clinic. You will meet with the coordinator and at least one transplant doctor. After this initial visit, the team will meet to decide if you should have an evaluation.

The evaluation process

To be a candidate for lung transplant, you must have a transplant evaluation. You will have many tests and exams. These will help us make sure transplant is the best treatment for you. They will also tell us if transplant could make your other health problems worse.

You will need to come to UK for three days of outpatient testing, which includes tests, consults, and labs. We typically expect patients to stay in town for those three days of evaluation testing and you will need to arrange for oxygen if you require it. Your transplant coordinator will give you a list of tests that will be scheduled here at UK during your three-day stay, with the exception of general health maintenance exams such as a colonoscopy for individuals older than 50 years of age; and for women, a pap smear and mammogram. You will need to get these with the help of your other doctors. Here are some of the tests you will have during your three-day stay:

- Chest X-ray
- CT of abdomen and pelvis
- CT of chest
- Bone Mineral Density scan
- Diaphragm fluoroscopy (sniff test)
- Mandible Panorex
- Barium Swallow
- Ventilation Perfusion Scan
- Pulmonary Function Test
- EKG
- ECHO
- Hearth catheterization
- Cerebrovascular duplex
- Arterial lower extremity duplex

During the evaluation, you will meet the pharmacist, social worker, and dietitian on the transplant team. They will ask you for information and tell you more about transplant. To help you remember some of the people involved in your care, a list of transplant team members is provided with this guide. We also encourage you to add names of people you meet that are not on the list.
**Conditions to be a candidate**

You must meet these conditions to be considered for lung transplant:

- Transplant is an effective treatment for your condition.
- You have severe and progressive lung disease and medical treatment no longer helps.
- You accept the risks of transplant and medical treatment after.
- Your body can handle the transplant and medical treatment after.
- You do not smoke or use any type of nicotine. And you do not abuse alcohol or drugs.

If you meet these conditions, the team may still find that you are not a candidate. This may happen if transplant or transplant medicines will make your other health problems worse.

**How we decide**

We have a weekly meeting which consists of the following hospital personnel: doctors, surgeons, nurse coordinators, nurse practitioners, financial coordinators, social workers, dietitians, pharmacists, laboratory staff, and physical therapists. At this weekly meeting, we will discuss your need for lung transplant, review your evaluation testing, and discuss your options. We will discuss any problems that could make transplant too risky. We may need to run more tests before we can decide. If so, we will arrange for these tests as quickly as we can.

**How you will find out**

Once we decide your plan of care, the transplant coordinator will call you. Here are the possible results:

- You are a candidate. The transplant coordinator will explain the listing process. You will get a letter to confirm you are on the list.
- You are not a candidate. The coordinator will explain why and tell you your options.
- You need more tests. The coordinator will order those tests. Based on the results, the team will make a decision.
We place transplant candidates on a national waiting list. UNOS (The United Network for Organ Sharing) keeps this list. It is a fair and organized process for transplant patients. For more information, go to www.unos.org. There is a list for each transplant center. Each center decides who to accept as candidates. It may be helpful to be on the list at more than one transplant center.

**Matching donors and recipients**

Donor lungs are assigned based on Lung Allocation Scores. For each donor, there will be a list of potential recipients. If the donor is local, KODA (Kentucky Organ Donor Affiliates) will make the list. There is a system that makes sure all transplant centers follow the same rules. A patient’s listing is based on waiting time and how well the patient and donor match.

**Waiting list status**

**Active:** If you are on the active waiting list, your transplant team can get a call with a new organ for you at any time. Your coordinator will tell you about average wait times.

**Inactive:** If you are inactive on the waiting list, you are still listed for transplant and gaining waiting time. But the transplant team will not get any organ offers for you. There are many reasons you may be inactive. The most common reasons are:

- You are too far from the transplant center.
- You are using tobacco or drugs your doctor did not order.
- You need to lose weight for surgery.

When your status changes, your transplant coordinator will let you know.
Being on the waiting list may be the toughest part of the process. It is normal to wonder if you will get your new lung in time. The wait may seem to go on forever. Follow these steps to manage your time on the waiting list:

**Stay healthy at home.**
- Talk about your feelings with family and friends.
- Eat healthy meals.
- Exercise as much as you can.
- Take all medicines as ordered.

**Keep in touch with the transplant team.**
- Talk with the transplant team about your health. Tell the team about new medicines, hospital stays, or if you feel worse.
- Always be near a phone.
- Tell your coordinator if you will be traveling more than five hours from the transplant center, as you may be inactivated from the waiting list until you return from your trip.
- Go to all transplant clinic appointments.
- The transplant coordinator, social worker and other team members are here to help. Call us at any time during the waiting period.
- Meet with the transplant psychiatrist or another psychiatrist. Discuss ways to manage anxiety or depression while waiting.

**Prepare financially.**
- Organize fundraisers to help pay for the transplant.
- If you can, save money for costs after transplant.

Plan for the day we call you to come to the hospital for the transplant. Keep a packed suitcase ready the day of your surgery. Think about what clothes and items you would like to have in the hospital. You may want to pack books, magazines or a music player. Plan the route you will use when coming to the hospital. Know where your family plans to stay when they visit the hospital. The more prepared you are, the less stress you will have.
As soon as there is a lung for you, the transplant coordinator will call you. Once you get this call, come to the hospital as soon as you can. After we call you, do not eat or drink anything. When you get to the hospital, go straight to the registration desk. A person at the desk will tell us you are here.

**Getting ready for surgery**

Before surgery, members of the team will check on you, including your nurse, anesthesiologist, and surgeon. For your safety, we will do many tests and procedures before surgery, including:

- Chest X-ray, EKG (electrocardiogram) and urinalysis
- Blood samples from a vein and artery in your arm
- Place an IV in your arm or hand
- Vital signs: blood pressure, pulse and temperature

We will ask you to sign a consent form. It explains the possible risks involved. When you sign it, you give the medical team permission to do the transplant. Your family can stay with you for most of the time before surgery. Once you go to the OR (operating room), we will take your family to a waiting room.

**In the OR**

In the OR, doctors and nurses will prepare you for surgery. The anesthesiologist will give you medicines to help you relax and sleep. The start time will depend on when we get the lung from the donor team. The donor team is a group of doctors and specialists who travel to get the lung.

The donor team keeps UK informed about the progress. Once the donor team decides that the new lung is right for you, they will tell the UK team. If the lung will not work for you, the donor team will tell us. In that case, we will have to cancel your transplant at this time.

**Right after surgery**

If the lung is a match for you, you will have the transplant. After that, you will recover in the CTV-ICU (Cardiothoracic and Vascular Intensive Care Unit).
The CTV-ICU phase

After surgery, you will be placed in a private room in the Cardiothoracic and Vascular Intensive Care Unit, or CTV-ICU. In the CTV-ICU, the lung transplant team will follow you very closely during this critical initial healing period. The nurses and doctors will be following your vital signs every hour. You will have frequent labs drawn and a chest X-ray done every day. This type of close monitoring is essential for your team to see how you are progressing and healing.

The acute care phase

As you heal, we will move you to a private room on a less acute floor, where you will be attached to fewer monitoring machines. During this phase of your hospital stay, we will expect you to participate in more physical therapy and education in preparation for your discharge.

You should limit the number of visitors that come to your hospital room to limit your risk for infections. If your loved ones are sick, please ask them to refrain from visiting you in the hospital at this time. Make sure to wash your hands frequently and wear a mask when you leave your hospital room.

There will be many things for you and your family to do and to learn. We will try to educate you as much as we can prior to your discharge. You will be educated on medications, how to take your vitals and any new equipment that you will be using when you are discharged.

Many members of the transplant team will be involved in your care at this time. You will meet with doctors, nurses, respiratory therapists, physical therapists, dietitians and social workers. Do not be afraid to ask us any questions. Please speak up if you do not understand something.

Immunosuppressant therapy

Your body will want to treat your new lung as foreign. Your immune system will try to attack it. This could cause your body to reject the lung. To avoid this, you will need to take special medicines to suppress your immune system. You will need to take some of these medicines each day for the rest of your life. Because these medicines suppress your immune system, they make it easier for you to get infections. Again, we recommend that our patients stay away from people who are ill, and we recommend our lung transplant patients to practice thorough hand washing.
You will need to learn to care for yourself at home. We will teach you what to do and make sure you can do it on your own.

**Taking medicines**

The pharmacist and coordinator will teach you about your medicines, including:

- When to take them
- How much to take
- Potential side effects

During your last few days in the hospital, you should be ready to take all of your medicines on your own.

**Exercising**

Physical therapists will help you exercise while in the hospital. As you get ready to go home, a therapist will review your daily exercise program. The therapist will make sure you exercise the right way and set you up for outpatient physical therapy locally, once you are discharged.

**Eating right**

Before going home, you will meet with the transplant dietitian. The dietitian will teach you the basics of eating right and how to choose the right foods. You and your family can ask any questions you have about nutrition.

**Taking vital signs**

Your transplant coordinator will teach you how to check and record your vital signs. These include your temperature, pulse, and blood pressure, and peak flow.

**Other needs**

- The coordinator will help you arrange clinic visits and order prescriptions from the pharmacy.
- For a couple weeks after transplant, you must stay within 30 minutes of Lexington. The social worker and coordinator can help arrange local housing if needed.
- If you have other needs after you go home, a member of the transplant team is only a phone call away.
**Rejection**

This means your immune system is attacking your new lung. This happens because your body knows it is foreign. Rejection should be expected. We can treat it with medication if caught early. This is why it is important to record your vitals and peak flow, as this information will help us catch rejection as early as possible.

To test for rejection, a doctor will do a bronchoscopy and take a biopsy. For the biopsy, we take a small piece of the lung tissue – about the size of a bread crumb. We examine it under a microscope. You may also need other tests. These tests include chest X-rays, breathing tests, and sputum and blood samples.

For a few months after transplant, you will have regular biopsies. The coordinator will tell you the results and make any medicine or other changes.

Please be sure to notify your transplant nurse coordinator if you experience coughing after transplant, shortness of air, or temperature 100F or great. These may be a sign of rejection, and your transplant team needs to be notified as soon as possible.

**Infection**

You will be at greater risk for infection after transplant. The drugs you take to prevent rejection make it easier to get infection. The tests for infection include X-rays, sputum and blood tests, and urine tests.

To prevent infection in the hospital:
- Wash your hands. This is the best way to prevent infection.
- Stay in a private room.
- Limit your visitors.
- Wear a mask outside you hospital room. Wear a make when being transported to another part of the hospital.
- We will check your temperature, blood oxygen, and blood tests.

To prevent infection at home:
- Wash your hands. This is the best way to prevent infection.
- Avoid construction sites.
- Avoid gardening or any contact with soil.
- Do not change litter boxes or bird cages.
- Avoid crowds, crowded rooms, and sick people.
- Check with transplant team before getting flu shots or vaccines.
- Take with the transplant team before having any dental work performed – including cleaning. You must have antibiotics before these procedures.
- Wear a mask when you are in the hospital or clinic.
- Check your heart rate, breathing, and blood pressure.
- Watch for coughing, sputum production, scratchy throat, and changes in the color of your sputum.
- Check your temperature every day. Call if your temperature is above 99.5 F
Call the nurse coordinator right away if you have any concerns. It is important to learn about infection early. Once we are sure you are not having rejection, we can treat the infection with medicine.

**Tumors and cancers**

When taking immunosuppressants, you will have a greater risk of these. Your body’s immune system naturally fights tumor and cancer cells. But the medicines you take after transplant may keep your body from doing this.

Skin cancer. This is the most common cancer in transplant patients. To prevent skin cancer, you should:

- Use sunscreen when out in the sun.
- Wear a broad-brimmed hat, long sleeves, and pants protect your skin.
- See a dermatologist every year. Have any suspicious growths removed.

**Lymphoma**

This is another type of cancer more common in transplant patients, occurs in approximately 3 percent of patients. Symptoms include fever, feeling tired, weight loss, poor appetite, and sweating. Should you feel these symptoms, please let us know immediately, so that we may run tests to see whether or not you have this type of cancer. As soon as we have confirmation of lymphoma, we will work closely with our oncologists to provide you with the best treatment plan.

Transplant patients should get regular health maintenance screenings as needed. These include mammogram, Pap smear, prostate exam and colonoscopy. You should see your family doctor to schedule these.
You will need to take medicines daily for the rest of your life. Here are some common medicines patients need after transplant.

**Immunosuppressants**

These medicines help prevent your body from rejecting the lung. You will likely need to take them for the rest of your life.

**Steroids**

You may take a steroid called Prednisone. You will be weaned to a low dose if there is no rejection.

**Anti-infection**

Transplant patients have a high risk of infection. Taking immunosuppressants causes this. You will need to take medicines that fight infections.

**Anti-ulcer**

These will help protect your stomach and bowels. Some of the other medicines you take can cause ulcers and upset stomach.
Taking medicines

• Talk to the transplant team before you start taking any new medicines.
• Talk to the team before you change the time or dose of any medicines.
• Do not run out of any of medicines. If you get your medicines from the Kentucky Clinic Pharmacy, please allow two to three days for delivery. You need to order medicines yourself. The Kentucky Clinic Pharmacy telephone number is 859-323-5855.
• Never take aspirin or medicine that contains aspirin or ibuprofen – unless your transplant doctor orders it. These medicines irritate your stomach and can harm your kidneys. Many pain cold medicines have aspirin in them. Ask the pharmacist if you have questions. Use acetaminophen (Tylenol) only.

Exercise

• Follow an exercise plan.
• Walk at least two times a day.
• Stop if you are short of breath, feel dizzy or have pain.
• You may ride a bike or swim if you wish.
• Avoid lifting anything heavier than 10 pounds until your doctor says it is OK. For about eight weeks after surgery, you should lift up to five pounds to make your arms stronger. After that, you may increase the weight.
• Check your heart rate before and after you exercise for the first few weeks at home.

Tracking important numbers

• Weigh yourself each morning.
• Each morning and evening, check your heart rate, blood pressure, and temperature. Call if temperature is above 99.5 F.
• Check peak flow once a day.

Record these values in your handbook – see the vital signs diary sheet. Bring your handbook with you to each clinic visit. Call a lung coordinator if any vital sign has a significant change. We will give you the ranges to watch for before you leave the hospital.

Eating and nutrition

• Follow the low-salt diet worked out with your dietitian.
• Do not eat sushi or other raw meats.

Vomiting

If you vomit after taking your medicine, call us right away. We will tell you if you should take another dose. During business hours, call the transplant office at 859-323-3408. After hours, call the hospital at 859-257-2211 and ask for the transplant coordinator on-call.

Hair care

Prednisone will likely affect your hair. Tints, dyes, bleaches and permanent wave lotions may cause your hair to break. Tell your beautician that you are on prednisone and to use a good conditioner on your hair.

Increased hair growth

This problem can especially annoy women since facial hair may increase. You may remove hair with a hair remover cream. Follow the directions on the bottle to test a skin area. Apply it carefully. This cream causes severe
irritation to the eyes and mucous membranes, even your lips. You may use a half peroxide solution to bleach excess hair. Once your prednisone dose is less than 20 mg a day, you may use wax or electrolysis.

**Smoking**

You must not smoke. Smoking can damage the lungs. This makes it easier for you to get a lung infection. Try to stay away from places where people smoke. If family members smoke, they must smoke outside your home. To someone taking immunosuppressive drugs, lung infections can lead to death.

**Alcohol**

You may drink an alcoholic beverage in moderation (one drink). Excessive alcohol with immunosuppressive drugs can cause liver damage.

**Pets**

- Avoid all birds and amphibious lizards.
- If you have cats, do not change the litter box.
- Dogs are OK.

**Sexualty**

**Female patients:**

- You must have a Pap smear and a breast exam every year. Have a mammogram as recommended by your gynecologist.
- Any doctor may do these tests, but all reports must be sent to the transplant office.
- You must use some form of birth control. You should not get pregnant.

**Male patients:** If you notice a change in your sexual ability, discuss it with us.

**Cold sores**

Herpes simplex virus causes cold sores. These sores look like tiny water blisters on the lip or face. Always tell us if you get a cold sore.

**Diseases like chicken pox, measles, or mumps**

Tell us if you are exposed to any communicable disease you have not had before.

**Shingles (herpes zoster)**

Shingles appear as a rash or small water blisters. They are usually on the chest, back, or hips, but they may be on other areas. The rash may or may not be painful. Your family doctor may treat your shingles, but tell the transplant office. You may use any topical treatment or pain medicine.

**Regular clinic visits**

At first, you will see a doctor once a week and have labs drawn twice a week. This is a very important time in your healing. We will check labs, chest X-rays and pulmonary function tests. We will also see you as needed if you have any changes that might mean infection or rejection.
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Diet and nutrition

Before transplant

It is important that you start eating healthy. It will help you heal better after transplant. Healing well means less time in the hospital and better quality of life. A registered dietitian will meet with you before transplant. The dietitian will work closely with you to help you eat healthy before transplant.

After transplant

Eating healthy will be one of your most important jobs after transplant. You should do all you can to have a healthy body weight. Weighing too much is bad for your new organ. Consuming too much salt, cholesterol and triglycerides can also cause problems. The dietitian will work with you to design an eating plan you can follow. You will also learn how to eat heart-healthy food at home. Eating heart healthy foods is important to your health after transplant.

Sugars: Gaining too much weigh after transplant is bad for your health. It can cause your cholesterol, triglycerides, blood sugar, and blood pressure to go up. To avoid weight gain, you should cut back on simple sugars and concentrated sweets. This means you should limit table sugar, brown sugar, corn syrup, honey, sodas, rich desserts and candy. You should use fresh fruit as dessert most of the time. Save heavy desserts for special occasions. The dietitian can help you learn to eat balanced meals.

Fats: You will need to change the kinds of fat you eat. Here are three ways to do this:

• Eat foods with a little less cholesterol.
• Eat less saturated fat.
• Use polyunsaturated and monounsaturated fats instead.

These changes are very important. Too much saturated fat is related to high cholesterol. This causes problems in your arteries. Also, some of the medicines you will take may cause higher cholesterol and weight gain. So, you will have a greater risk of artery disease after transplant. The best way to fight it is to eat less fat and follow the heart-healthy diet.

Blood sugar: Some of the medicines you will take may cause high blood sugar. If your blood sugar is not under control, it can damage your new organ. This can lead to rejection. So it is very important you control your blood sugar. Right after transplant, you may need insulin through an IV. After a few days, you will get Insulin shots as needed. If need insulin shots at home, a nurse will teach you how to:

• Use a glucometer.
• Draw up insulin in a syringe and give yourself a shot.
• Decide how much insulin you need.
• Care for yourself if your blood sugar is too low.

The nurse will watch you do these things before you go home. You can keep your blood sugar under control. You should also:

• Eat a heart healthy diet.
• Cut back on sweets and carbs.
• Exercise often.
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Fundraising for your transplant

Start raising money before transplant

We want you to be ready to meet the costs of your transplant. We recommend that you have $5,000 to $10,000 in savings to help cover your transplant costs. At UK, we do recommend fundraising and/or saving money to help with these costs.

Raising money can be a scary job to tackle. But there are people who can help to get you started and to guide you along the way. There are some common expenses patients struggle to pay after transplant:

- Medicines – you will need to take these after leaving the hospital.
- Local housing – you must stay close to the hospital for two to three weeks after your transplant.
- Your utility bills and other household expenses.

You can help ease these costs by raising funds ahead of time. A goal of $5,000 to $10,000 is a great place to start. You will certainly need that much if you have high deductibles, high copays or no secondary insurance.

Get help raising money

These fundraising groups help transplant patients all across the country. They may be able to help you.

HelpHopeLive
www.helphopealive.org
800-642-8399

- Helps patients of all ages raise money for transplant costs.
- Charges a 4 percent fee for services. There is a fee for credit card services.
- Offers matching funds when certain goals are reached.

National Foundation for Transplants
www.transplants.org
800-489-3863

- Helps patients of all ages raise money for transplant costs
- Charges a 2 percent fee for services. There is a fee for credit card services.

Children’s Organ Transplant Association
www.cota.org
800-366-2682

- Helps patients under 21 years old and patients of any age with a single-cell genetic disorder like cystic fibrosis
- All services are free. There is no fee for credit card services.

Tax considerations

Money raised through the groups above is not taxable income. This means it will not affect income-based benefits like Medicaid.

Websites like GiveForward.com and GoFundMe.com should be claimed as taxable income. This means it could affect your income-based benefits.
Your transplant team

A lung transplant is a life-changing event for you and your loved ones. The transplant team is here to guide you through this. We will help you set realistic goals for getting back to your normal life. Unrealistic goals can discourage you and keep you from working to get better. An optimistic outlook before transplant is the key to success after transplant.

Your caregivers

You must have a support team in place before transplant. Your team will include people close to you, such as friends, family and co-workers.

Learn more about transplant

Contact UNOS (United Network for Organ Sharing) at 888-894-6361 (toll free), or visit www.unos.org or www.transplantliving.org.