

# Chapter 10: Resources

## Websites

Show information you find on the internet to a transplant coordinator to make sure it is medically correct. Reliable websites to visit include:

- Allina Health: [allinahealth.org](http://allinahealth.org)
- National Kidney Foundation: [kidney.org](http://kidney.org)
- Life Options: [lifeoptions.org](http://lifeoptions.org)
- United Network for Organ Sharing: [unos.org](http://unos.org)
- The Transplant Patient Partnering Program: [tppp.net](http://tppp.net).

## Quit Tobacco For Your Surgery

### Did You Know?

Tobacco products contain more than 7,000 chemicals. More than 70 are known to cause cancer.

### Tobacco and surgery risks

Tobacco products include cigarettes, electronic nicotine delivery systems (ENDS, includes e-cigarettes), cigars, smokeless tobacco (dip or chew), hookahs, pipes, roll-your-own, and oral and oral nicotine products.

Using tobacco increases your risk of the following during and after surgery:

- heart problems
- lung problems (complications) such as pneumonia
- infections such as infections of your surgery site (incision)
- blood clots
- slower healing of your surgery site
- higher levels of pain and more problems with pain control.

Tobacco use keeps oxygen from reaching your surgery site and it can increase your recovery time.

### Benefits of quitting

- Research shows that quitting 4 weeks before surgery can reduce any problems after surgery up to 30 percent.
- People who quit smoking report having better pain control.
- Your body responds quickly to quitting:
  - **8 hours:** the carbon monoxide level in your blood drops to normal. The oxygen level in your blood increases to normal.
  - **48 hours:** Nerve endings start to grow again.
  - **2 weeks:** Your circulation improves and your lung function increases. (Source: World Health Organization)

## When you should quit

Ideally, you should quit as soon as possible. Research shows that:

- the harmful effects from cigarettes begin to go down about 12 hours after your last cigarette smoked
- at least 8 weeks without cigarettes is the best way to reduce problems almost as low as people who do not smoke.

The American College of Surgeons recommends at least 4 weeks without cigarettes.

You should not use tobacco the day of surgery up to 1 week after your surgery. Your doctor may tell you when to quit before your surgery.

If you quit for surgery, you double the chance of staying off cigarettes for good. Many people report they have no cravings while in the hospital.

## Did You Know?

Using your surgery as a motivator to quit tobacco increases your success rate of quitting for good.

## Nicotine Replacement Therapy (NRT)

NRT can nearly double your chances of successfully staying off cigarettes. It works best if you use it with the help of a doctor or counselor.

Ask your doctor about using NRT around the time of surgery.

Go to [quitforsurgery.com](http://quitforsurgery.com) to learn more.

## Not ready to quit? Consider taking a break!

If quitting tobacco makes you feel nervous and seems overwhelming, consider taking a break or a vacation from tobacco use.

- You will get the physical benefits for the period of time that you are not using tobacco.
- You will reduce your risk of problems during surgery and still increase your chances of a smooth recovery after surgery.

If you can, set a goal to stop using tobacco for 1 month after your surgery. This will allow your body to heal the best after your surgery.

## Ways to quit or take a break

- abrupt stop (cold turkey)
- nicotine replacement therapy\* (gum, lozenge, patch or inhaler)
- medicines (varenicline and Zyban®)
- behavioral strategies (such as calling a friend or going for a walk)
- aromatherapy (black pepper oil)
- take a break (vacation) from tobacco.

Any step you take without tobacco is going to help you. Small steps are better than nothing!



## Product-specific Resources

- financial aid Nicotrol® inhaler
  - 1-844-989-PATH (7284)
  - [pfizerrxpathways.com](http://pfizerrxpathways.com)
- Plant Extracts aromatherapy
  - 1-877-999-4236
  - [plantextractsinc.com](http://plantextractsinc.com)

## Resources

### Allina Health (for your hospital stay)

- Tobacco Intervention Program at Abbott Northwestern Hospital
  - 612-863-1648
- Tobacco Intervention Program at Mercy Hospital
  - 763-236-8008
- Tobacco Intervention Program at River Falls Area Hospital
  - 715-307-6075
- Tobacco Intervention Services at Allina Health United Hospital – Hastings Regina Campus
  - 715-307-6075
- \*United Hospital Lung and Sleep Clinic Tobacco Cessation Program
  - 651-726-6200
- \*Penny George™ Institute for Health and Healing (LiveWell Center) tobacco intervention coaching
  - 612-863-5178

### Other

- Quit Partner
  - 1-800-QUIT-NOW (1-800-784-8669) or [quitpartnermn.com](http://quitpartnermn.com)
  - American Indian: 1-833-9AI-QUIT or [aiquit.com](http://aiquit.com)
  - Spanish: 1-855-DEJELO-YA (1-855-335-3569) or [quitpartnermn.com/es](http://quitpartnermn.com/es)
  - [asiansmokersquitline.org](http://asiansmokersquitline.org)
- online tobacco cessation support
  - [smokefree.gov](http://smokefree.gov)
- American Lung Association/Tobacco Quit Line
  - 651-227-8014 or 1-800-586-4872
- \*Mayo Clinic Nicotine Dependence Center's Residential Treatment Program
  - 1-800-344-5984 or 1-507-266-1930

**\*There may be a cost to you. Check with your insurance provider.**

## Glossary

**ABO blood typing:** Blood typing is done to see if a donor and recipient are compatible. A donor and recipient do not always have to be the same blood type but they must be compatible. Blood types include A, B, O and AB. The Rh factor (+ or -) does not matter.

**Antibiotic:** A medication used to fight infection from bacteria.

**Antibodies:** Proteins made by your immune system to fight off things that are not you.

**Biopsy:** A procedure to remove a sample of tissue, cells or fluid.

**Cholesterol:** A type of fat that is found in foods from animals. A diet high in cholesterol can cause health problems.

**Clots:** A clump of blood cells that interfere with blood flow.

**Crossmatch:** Blood tests to see if a donor's kidney is compatible with you.

**Cytomegalovirus (CMV):** A type of virus that can cause an infection which can be serious after transplant.

**Deceased donor:** A person who has died and consent was given to donate organs.

**Delayed graft function:** A kidney may not work right away after surgery. This is more common with deceased donor kidneys but it can happen with living donor kidneys. The delay can last days to many weeks. Dialysis may be needed until the kidney starts to work.

**Diabetes:** A disease that keeps your body from using glucose like it should. Your body has trouble moving the glucose from your blood into your cells causing the level of glucose to rise in your blood.

**End-stage renal disease:** This is permanent kidney failure. You need dialysis or a transplant.

**Foley catheter:** A tube is placed into your bladder to drain urine.

**Glucose:** A type of sugar in the body.

**Hypertension:** Another name for high blood pressure.

**Immunosuppressants:** These are medications that suppress your body's natural response to anything foreign or non-self.

**Living donor:** A person who offers a kidney for a transplant.

**Recipient:** A person whose kidney no longer works and has had a transplant.

**Rejection:** This is your body's natural response of fighting off a foreign object, such as a transplanted kidney. The rejection can occur quickly (acute) or more slowly over a long period of time (chronic).

**Renal:** Having to do with the kidneys.

**Steroid:** A medication used to treat many health issues. It is used after transplant for immunosuppression.

**Tissue typing/HLA typing:** This is a blood test that looks at the genetic markers of donors and recipients. The markers are compared to see how many the donor and recipient have in common. The best match is six out of six but you don't need to match any to have a successful transplant.

**Transplant:** A surgery done to replace a failed kidney with a healthy kidney.

## Questions for My Insurance Provider

1. Is the transplant a covered service under my policy? Yes / No

2. What is my lifetime maximum amount or cap? \_\_\_\_\_

Cap amounts may apply to: one procedure / treatment or illness  
all procedures / treatments or illnesses combined

3. Is there a pre-existing clause? Yes / No

4. What are my outpatient coverage benefits? \_\_\_\_\_

\_\_\_\_\_

5. What are my benefits for medicine or prescription coverage? \_\_\_\_\_

\_\_\_\_\_

6. Is a second opinion required (two doctors or two transplant hospitals)? Yes / No

7. Are there any deductibles or copayments? Yes / No

8. Are there separate deductibles or copayments on prescriptions? Yes / No

9. Is there a provider network or center of excellence for the type of transplant I need? Yes / No

There are policies that will not provide benefits for transplants that are not performed at a designated provider or center of excellence. Some policies provide benefits for the patient's transplant at non-designated centers but the out-of-pocket costs (yours) are higher. Other negotiated benefits apply at the center of excellence as well.

10. Do I need authorization before I can have surgery? Yes / No

Other questions or information: \_\_\_\_\_

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