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Transplant Support Group

The Rogosin Institute has many services that improve patients' health by providing comprehensive care. As part of its innovative approach to wellness, The Rogosin Institute offers a transplantation support group for pre- and post-transplant patients and donors. One can utilize the group at any-time during the transplantation/donation process.

Support group meetings are offered to help ease the concerns of patients and their families and to provide information about the transplantation process. The sessions also assist patients in becoming acclimated to the new transplant, the treatments

involved pre- and post-operation, and the services available to help ensure the success of the surgery.

The support group is led by Barbara Desiderio, CSW and is held monthly (typically the fourth Friday of every month). Other volunteers play a critical role in the group's success. Lois Akner is a social worker in private practice who donates her knowledge and expertise and Avis Maye is a former Rogosin Institute transplant patient, who contributes her experience.

This support group is highly recommended for all transplant patients and donors. Family members and close friends are also invited to attend. *Anyone interested may call Barbara Desiderio, CSW at 212-746-1569.*

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NEW PROTOCOL ALLOWS FOR STEROID FREE TRANSPLANTATION

The Rogosin Institute's kidney transplantation program recently instituted a steroid-free protocol. This allows patients to receive successful transplants without experiencing the harmful side effects often associated with long-term steroid use.

During the last three years, almost every Rogosin kidney transplant patient has been on a steroid-free regimen. The acute rejection rates for these patients are less than 10%, which is considered excellent.

In addition to the usual immunosuppression medications, Prograf and CellCept, the steroid free patients also receive Thymoglobulin for the first five days. Thymoglobulin is a strong immunosuppressant given intravenously which helps prevent rejection.

While the protocol is commonly known as steroid-free, steroids are temporarily used for the first five days after surgery while patients are receiving the Thymoglobulin. Steroids are given for this brief period in order to offset some of the side effects from the Thymoglobulin infusion. After five days patients are discharged home on Prograf and CellCept and no further steroids are used.

Patients not on the steroid avoidance protocol typically take steroids for life. Long term steroid use is linked to many negative side effects, including: high blood pressure,

high cholesterol, osteoporosis, acne, excessive hair growth, mood swings, muscle weakness, weight gain, moon-shaped face, and high blood sugars. Limiting steroid use also diminishes the need for hip replacements.

Patients who happen to need steroids for other medical problems, such as lupus or asthma, do not qualify for the steroid-free protocol. Also, patients who rapidly lost a previous transplant to an aggressive acute rejection will remain on steroids.

Overall, Rogosin Institute patients are very happy with the steroid-free protocol and many patients are referred to our clinic from other centers because we avoid using steroids. Other transplant centers have emulated our protocol.

In the future, we hope to be able to further reduce doses of transplant medications as well so patients will enjoy good survival of the transplant with minimal medication side effects. Using less medication may actually lead to longer kidney survival as some of the medications may decrease kidney function. Our long-term goal is to have the kidneys last longer while minimizing medications side effects on our patients.

For more information please feel free to call Dr. David Serur at 212-746-1583.

STAFF COLUMNS

Nutrition After Kidney Transplant

Greetings from your transplant nutritionist! You may have thought that after transplant, you would never have to have anything to do with a nutritionist again but that is not the case. While you no longer have to follow your renal diet, you may need to consult with a nutritionist about any problems or concerns you may have related to your diet. Now I am addressing a couple of questions that I often receive from transplant patients:

Will I be able to follow a normal diet after my transplant?

If "normal" means to eat absolutely anything without regard to nutritional content, then, NO! For example, you may still have to avoid very salty foods because of elevated blood pressure or a tendency to fluid retention. You may have to avoid foods high in sugar, because of elevated blood glucose levels, or saturated fats because of elevated cholesterol levels. Some of the immunosuppressive drugs, especially Prednisone, can cause these effects. Side effects don't occur in everyone and they usually occur right after transplant when the doses are highest. Over time, the doses are tapered and the side effects diminish. Also, you may initially have to restrict potassium as certain medications, in high doses, may elevate serum potassium.

Keep in mind that most health-con-

scious adults these days try to avoid excessive amounts of salt, fat and sugar in their diets, so in that respect you will not really be so far from "normal."

As soon as your kidney is functioning normally, you will no longer need to restrict fluids.

Is there anything that I will need to eat more of?

Because the transplant is a surgical procedure, you will need to eat plenty of protein (8-10 oz/day) for proper healing. Also, the medications will almost always cause a dramatic decrease in your phosphorus levels, so eat foods such as dairy products, nuts, legumes, etc.; all the foods you were told to stay away from before. Most people are only too happy to make this change!

If you have any questions regarding nutrition after transplant, or if you would like to set up an appointment, please contact me at:

*Diane Lieberman, Ph.D., RD, CSR
212 746-1577*

ESRD Medicare

As The Rogosin Institute's Transplant Financial Coordinator, I work very closely with the clinical staff and meet with transplant patients, family, and friends as well as potential kidney donors to discuss financial issues, including insurance coverage and options to obtain adequate medical coverage.

Following are two questions I am frequently asked about End Stage Renal Disease (ESRD) Medicare.

Is an adult patient, who does not have work credits, eligible for Medicare?

Patients with End Stage Renal Disease can qualify for Medicare under a legal spouse's work record, just as a child can qualify for Medicare based on his/her parents' work record(s). This does not affect the spouse's account with the Social Security Administration. There are different beneficiary/categories of qualifying events for more than one spouse: i.e. people that are divorced numerous times. As long as they meet the length of marriage qualification, they can qualify under their spouse for benefits.

For more information, consider these additional resources:

- ESRD Network, in New York, 212-289-4524 or 800-333-4114
- Social Security Administration 800-772-1213
- For free copy of Medicare information booklets, call 1-800-633-4227
- www.medicare.gov

Do I have to pay for my kidney donor's hospitalization?

No. Medicare will pay the full cost of care for your kidney donor. There is no deductible, coinsurance, or other cost that you have to pay for your donor's hospital stay. Coverage will continue for 6 months after the surgery but only for conditions directly related to the kidney transplant.

If you have a financial question(s) that you would like to see in the next issue, please contact me:

Louis Gonzalez, 212-746-3084.

Use of Over-the-Counter Medications after Kidney Transplantation

Hello, my name is Meredith Aull and I am the clinical pharmacist for the transplant team. Transplant recipients meet with me shortly after their transplants, when I begin to educate them about their new medications. I also spend some time in the post-transplant clinic and am available to any patient with questions about his/her medications. Please feel free to contact me with ideas or questions for upcoming columns. This month's medication column is written by Bernie Lee, Pharm.D., a pharmacy practice resident at the hospital. Bernie spent time with the transplant team in August 2004 and wrote this column based on some questions that transplant recipients asked him about the use of over-the-counter (OTC) medications after transplantation.

The most important thing to remember is that you should not take any kind of medication without first asking a doctor, nurse or pharmacist from the transplant team. There are many OTC products that can be safe for a transplant recipient; however, some of the medications may be dangerous to you and your new transplant.

Some examples of over-the-counter **medications that you should not take** (unless specifically directed by your doctor) can be found in the table below:

Type of Medication	Medication Name	Over-the Counter Products That Contain the Medication	Reason Why the Medication May Be Dangerous	Other Information
Non-steroidal anti-inflammatory drugs (NSAID's)	Aspirin	Aspirin generics, Ecotrin, Doan's Pills, Alka-Seltzer Products, Dristan, Ascriptin, Bufferin Aspirin, ASA, Excedrin products	May decrease the function of the transplant kidney	Your doctor may tell you to take aspirin (81 mg or 325 mg per day) in order to protect you from heart disease. This is acceptable; however, remember not to take aspirin for pain or other reasons
	Ibuprofen	Ibuprofen generics, Advil products, Motrin products, Nuprin		
	Naproxen	Naproxen generics, Aleve products		
Stomach medications (for heartburn and other conditions)	Cimetidine	Cimetidine generics, Tagamet products, Heartburn Relief products, Acid Reducer products	Can have a serious interaction with several transplant medications, including Prograf, cyclosporine, and Rapamune	If you take antacids, it is important to remember that you should take them at least 2 hours before or 2 hours after your transplant medications
	Antacids with aluminum and/or magnesium	Maalox, Mylanta, Amphojel, Gaviscon, Gelusil, Milk of Magnesia, Pepcid Complete, Rolaids	Antacids can decrease absorption of your transplant medications if they are taken together	
Decongestants & Stimulants	Pseudoephedrine	Contained in many multi-ingredient products under the following names: Sudafed, Actifed, Contac, Nyquil, Dayquil, Robitussin CF, Claritin D 12 & 24 Hour, many other cough/cold, flu, sinus and allergy products	May increase blood pressure and heart rate	
	Ephedra	Sinustop Pro, some dietary/weight loss preparations		

Please note that this is not an all-inclusive list of medications that should be avoided; please check with a transplant healthcare provider before taking any over-the-counter medications. Avoidance of herbal preparations will be discussed in another issue.

Contact information: Meredith J. Aull, Pharm.D., Clinical Pharmacist, Solid Organ Transplantation, New York-Presbyterian Hospital - Weill Cornell Medical Center, 525 East 68th Street, Box 98, NY, NY 10021, Email: mea9008@nyp.org