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PATIENT TO PATIENT... A NEWSLETTER SERIES FOR THE AAKP PATIENT PLAN



THE AAKP PATIENT PLAN[®]

PHASE 4: ONGOING TREATMENT

A Friendly Note: Congratulations on choosing to receive Phase 4: Ongoing Treatment of the AAKP Patient Plan[®]. You've successfully traveled the end-stage renal disease (ESRD) road to this point and you should feel proud. This is exactly why AAKP created this program – to provide you with a “road map” of what to expect with kidney failure and its treatments, and to help you and your family do well during this journey.

During this phase, you can say you understand what's happened and you've learned how to cope. There may still be times, however, when you'll face changes in your treatments. Your doctor may change your medication schedule or you may decide to try a different treatment option. For instance, if you're on **hemodialysis**, you may want to try **peritoneal dialysis** or receive a transplant. Change is a natural part of anyone's life, whether or not that person has ESRD. Because of this, you should always be ready for possible changes.

The best way to make sure you're ready is to understand everything you can about kidney failure. As you've learned by reading the different phases of the AAKP Patient Plan[®], we go through different physical and emotional changes as we adapt to ESRD. **Phase 4: Ongoing Treatment** isn't much different from the other phases, except now you're going to be maintaining your care. Phase 4 is also important because it lets you know it's OK to journey “back” to different areas of your care. It's OK to change your treatment option, it's OK to have changes made in your treatment prescription, and it's OK to go through emotional changes.

This is the last phase in the AAKP Patient Plan[®], but that doesn't mean AAKP and your healthcare team won't continue to be there for you. To put it simply, Phase 4 is the beginning of the rest of your life. 🌐

A DECADE OF GROWTH



A Friendly Note: Her story may be similar to yours or it may be completely different. Whatever the case, it's the conclusion of the story that's most important. To get to where we are today, we've all overcome obstacles. Take a look at how you've allowed these challenges to impact your life. This next article was written by a young, scared college student who was uncertain about her future. However, 10 years later, she appreciates the challenges she's overcome.

The years have come and gone so quickly, it's hard to believe I once doubted the fact I would ever celebrate the 10-year anniversary of my transplant. But on July 1, with my donor (my wonderful father) and my support (my strong and encouraging mother), I celebrated a very cherished experience. My life has been so fulfilling because of my kidney disease. I often wonder what roads would have been taken if I never experienced it, and how I would have reacted to the challenges.

I was a junior at the University of Florida when the headaches and dizziness began. Having been born with one kidney, I was quick to visit my doctor, but surprised and angry to find out I had high blood pressure and my kidney function had slowed. My blood pressure was out of control, but medication was prescribed and it appeared that everything was under control.

It was two months later when I sat with my parents, physician, social worker and nurse and was told my kidney was failing. I can still remember the anger I felt as I looked at how calmly everyone was reacting. Not me – I was mad. I jumped up and walked out. No one was going to tell me I was sick. The rain was falling hard as I ran to my car. I simply wanted to run away and hide from what was happening.

After I came to terms with the fact that my kidney was failing, I decided to take control.

A transplant was the best choice for me, and testing showed both my parents were matches. We decided my father would be the most appropriate donor.

When I finally came to terms with the idea of needing a transplant, another curve ball was thrown my way. I became too ill to survive without dialysis. The thought of dialysis scared me more than needing a transplant. Education was my only resource and I visited the dialysis unit to learn about the different types of dialysis. After talking to nurses, patients and family members, I chose **continuous ambulatory peritoneal dialysis (CAPD)**.

Six weeks after beginning CAPD, I received my father's gift of love. The transplant surgery went smoothly for both of us. As I spent the night in recovery with an eight-year-old transplant recipient, we were flat on our backs singing the Itsy Bitsy Spider. Maybe it was the morphine or just our excitement, but singing seemed a lot more fun than sleeping.

My father recovered quickly, but I entered a severe rejection. I required dialysis, a biopsy and lots of pain medicine for the undetermined horrible pain in my knees. But after a week, the rejection reversed and my much appreciated kidney was named Percy for Perseverance. Within four weeks of being discharged, I was back in school finishing my final semester.

I believe the last 10 years have been a gift that I have been fortunate enough to be given. Because of my kidney disease, I have experi-

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enced things I never would have otherwise. I find I'm very appreciative of the time I have here and have a sense to work quickly to accomplish my goals. I'm more aware of the daily treasures, like time spent with friends, sunrises and beautiful days. I respect others, not just kidney patients, who spend their lives overcoming obstacles and continue to lead as normal lives as possible.

The last 10 years haven't always been easy, but I wouldn't have traded them for anything – not even for a perfectly normal life. Like many transplant recipients, I have some joint difficulty, but exercise reduces the pain and immobility. I constantly have to watch my weight. I've experienced scares when my creatinine rose for no explanation and my blood chemistry values hit every mark on the scale. But overall, I've had a very healthy life for the past 10 years. So much of what I've achieved personally and professionally is because of the family support I've received. My parents have never questioned whether I would go on to lead an active life, it was just assumed, and no physician ever told us differently. My doctors encouraged me to finish school, get a job, and be a healthy adult. But, when things have been bad, scary or too consuming, my mother and father have been right beside me – encouraging, supporting and helping.

I look forward to what lies ahead during the next 10 years. I know there will be challenges, but I believe they will guide me to being a better person. 🌍

Web Site Resources

American Association of Kidney Patients
www.aakp.org


American Diabetes Association
www.diabetes.org

Medicare
www.medicare.gov

Nephron Information Center
www.nephron.com

United Network for Organ Sharing
www.unos.org

STRIVING FOR EMPOWERMENT

 *A Friendly Note: No matter where you are in your level of care, it's always important to remember your dreams and hopes. During the phases of your care, these values may have changed. This article helps us remember the importance of empowerment, not only for us, but also for our family members.*

Empowerment is a natural process all human beings have that grows out of goals – and goals have their roots in dreams and hopes. Everyone has dreams and hopes. Therefore, everyone has the possibility of being empowered.

Think back to before you or your loved ones knew about kidney problems or failure. What did your goals, dreams and hopes look like then? Now, think about what you or your loved ones felt when you first found out about kidney failure. What happened to your goals, dreams and hopes then?

Come back to where you are today as you read this article. Many things have changed. You've changed. The one common thing through all the changes is the way the human spirit finds new meaning for living. This happens even when ESRD, in one of its forms, is a part of that new meaning. As you journeyed back to today, you may have come across some goals, dreams and hopes you'd forgotten. You saw some of them shattered. Then something amazing happened, as you reached today, some new goals, dreams and hopes became clear. Why? Because, along the way, people who cared helped you find your new meaning for living. You started to dream again. Your new dreams and hopes began to define the goals you set for yourself.

It begins in very subtle ways. First, you begin to become comfortable with the diagnosis, and slowly let others in. That can be family, friends, and even your dialysis or transplant team. As

these people come into your life, they show you what it is about you they value. When you feel valued, you begin to feel acknowledged. As you feel acknowledged, you begin to develop your dreams and hopes again. You feel strong inside and you begin to feel in control and energized. It's the feeling of being in control that causes you to understand the wonder of empowerment and the possibilities life can hold.

Some of you are on this journey alone. Sometimes, the diagnosis isn't what stops you, it's your mind and emotions. Things like fear, anger and guilt create road blocks and give you an excuse to isolate yourself. It's OK to feel bad for yourself sometimes, but you need to keep letting others in.

There are five steps that help people feel empowered.

1. **Gratitude** - Gratitude helps you focus on what you have. You let go of what you don't have because it robs you of the strength you need. Every time you choose to look at what you have, it grows. As it grows, it gives you strength. You have an opportunity to live well with ESRD.
2. **Hope** - Hope motivates you for the journey. It's your gasoline. It helps you set goals and move toward them. The goals can be changing your treatment modality, entering the work force, going back to school, starting school, taking care of your family, working in your garden, going for a walk or volunteering.
3. **Belief** - Belief is trusting your goals are good for you. These goals are based in reality. You have used all the available wisdom of your family, friends and team in setting goals. Move slowly and steadily in spite of setbacks toward the goals. Keep reminding yourself that setbacks are often reality checks. Setbacks offer at least two possibilities:
 - a. They give you a breather, an opportunity to pause and think.
 - b. They give you the time you need to redefine your goals in light of reality.
4. **Perseverance** - Perseverance is not losing sight of your goals. You see the light at the end of your tunnel. You don't move recklessly. You're not so stubborn that you insist on your way, even when the wisdom around you says the goal is not in your best interest.
5. **Prayer** - Prayer is the private place you go to be alone and be who you really are, with no strings attached. It's unconditional in acceptance in you. It's peace rendering. It's mind clearing. It's your most intimate place with yourself and the one you believe in.

In conclusion, the journey is not easy. Many things have and will change from the moment of your diagnosis. Every patient has the opportunity to journey with their loved ones and their ESRD team, because empowerment is not just "I think I can, I think I can," it's also "I will." 🌍

Written by Rosa Rivera-Mizzoni, MSW, LCSW. Rosa was the special projects coordinator for The Renal Network, Inc. (ESRD Network 9 and 10). She is also a former member of the AAKP National Board of Directors and assisted with the development of the AAKP Patient Plan©.

PILLS

A Friendly Note: We all have a certain number of pills to take each day. Here's a unique outlook on the daily schedule of medications.

Pills, pills, pills and more pills. These days I take 25 pills – caplets, tablets, capsules or whatever you want to call them – every 24 hours. The number has been higher and even, once, lower. It's the way I remember how to count. Other positive forces result – like game playing.

Smirking is one of my favorite little games, and I smirk happily when I overhear someone say, “Oh, I hate to take a pill.” So do I, but I swallow them by the handful. There are little amusements. Shall I take the three big ones and then all the little ones? What colors go together? Does a long flat one followed by a small circular one make an exclamation mark and will my stomach understand what I'm trying to say? Oh boy – a simple to identify specimen. Looks like two round ones stuck together. That's just the morning set. Dinner and bed time call for more.

Let's see – there are the timed ones – breakfast and supper consumption will take care of them. But wait a minute, here's a big flat circular one that has to be taken two at a time, half an hour before breakfast and supper. I guess I can remember those.

Success was mine when I convinced the doctors to organize them all into three groups. I refused to schedule myself for midmorning or midafternoon doses. They'd be forgotten. It doesn't sound like it, but I do things besides take medicine and when I'm involved in other projects, I'm involved – not a patient. My disease or diseases must learn to live with ME, not me with them. Easy to say, but I'm human. I get depressed and angry at what has happened to me. Nobody wanted to grow up handicapped, trapped in a body that doesn't work very well. I've come to the conclusion that my body is lucky I still talk to it. But there are good things to keep me going.

As I pill pop, it occurs to me that I'm glad my pills have minds of their own. What do I mean? You don't



think they have minds? OK. Please explain to me, how do they know where to go? When I swallow 10 of 'em, they seem to get where they belong. One doesn't just follow another and arrive in the wrong spot. They get where they belong. No minds? HAH!

Pills have more marvelous properties. Mine like to travel. I know because they eagerly jump into my little sandwich bags when I announce a trip is coming. My tricks for globe wandering with them are simple. Well, maybe not simple, but they work. First, I make two sets of drugs – one for my purse and one for my suitcase. That way, if one set is lost, stolen, drowned or burned, I'm not out of business. They're always right with me. I won't let happen to me what happened to a man I know. Caught in the big San Francisco earthquake, he added his own set of shudders to the movement of the pavement when he realized his Cyclosporine was 15 floors up in a hotel whose elevators were now electricity free. He climbed and climbed and climbed. Not me – I'm lazy.

Anyhow, back to my globe-trotting medicines. Days before the trip, I bring all my bottles to the kitchen table, add a pile of plastic sandwich bags and a cup of coffee to keep me alert. Let's say it's a 10-day trip. Twelve sandwich bags are arranged on the table (have you ever tried to get sandwich bags to sit on a surface – open?). In order, the correct number of each kind of pill is dropped into each bag and the top knotted. I can hear you. You're saying, “Why 12 for a 10-day trip?” I'm as nutty as anybody. The extra two are for a short highjacking. Back to my little plastic bags. The next one contains 12 sets of dinnertime pills. They're easy to tell apart – one kind is big and the other small. Tie up the

CONTINUED ON NEXT PAGE

bags and on to bedtime portions. Different colors and sizes, so they can go in the same container – 12 sets and tie a knot. Next come the emergency supplies, once-in-a-while stuff including antibiotics and pain killers – into a bag, knot at the top. Finally, all the little bags go into the master bag which is usually too full to knot at the top. Rubber band to the rescue. Another cup of coffee. Another set of pills and my major packing is done. Clothes? Five minutes – no more.

When the trip is shorter, like to a restaurant for dinner, pill packing is less complicated. I'm beginning to acquire a selection of little pillboxes. Speaking of pillboxes, think for a minute of the pill organizers you've seen advertised. I admire them and turn away. Not big enough spaces for my collection, not the right compartments, too large to carry, but pretty colors. Anyway, time to get ready for dinner out. Pillbox selected, I bring out the pill bottles. Always prepared, I decide to put in enough for two restaurant excursions. That involves putting in one extra of the little orange guys, which I frequently manage to drop on restaurant floors. They're important, don't skip ones, so I try to plan for my clumsiness. So far, it works.

Last but not least, let me tell you the story of Charlie, my goldfish. At home during suppertime, I take my pills and then feed Charlie. It's a way of not forgetting him. But the day came when I dropped a pill into Charlie's aquarium. Strong medicine. Instant aquarium cleaning. Love that fish. Won't share my pills with him! 🐟

Written by Mildred "Barry" Friedman. This article originally appeared in the fall 1996 issue of aakpRENALIFE. Barry, a diabetic and transplant recipient, wrote regularly for the magazine's column, Diabetic Directions.

ANSWERING YOUR QUESTIONS ABOUT PHOSPHORUS BINDERS

Q: *Why are calcium and phosphorus important in kidney failure?*

A: They are important minerals in the proper formation of bone. When your kidney function decreases, the kidneys cannot get rid of all of the phosphorus that you eat. When phosphorus in the blood stream increases, it combines with calcium. The combination of calcium and phosphorus sometimes causes deposits or bumps under the skin, in your muscles, lungs and even in your heart. The deposits can cause itching or heart problems, and may make hardening of the arteries worse.

When phosphorus combines with calcium in the blood, another result is a decrease in the calcium level in the blood stream. In order to keep the calcium level normal, your body responds by stealing calcium from your bones. Of course, this makes your bones softer and can lead to pain and fractures.

Q: *How can I prevent my bones from getting soft?*

A: Keep your phosphorus level normal. You can do that by watching how much phosphorus you eat. It may be a good idea to limit dairy products in your diet and to avoid cola drinks, because they contain a lot of phosphorus. Your doctor may prescribe medicines, called phosphate binders, that combine with phosphorus in your stomach and prevent the phosphorus from being absorbed into your bloodstream. There are several kinds of phosphate

binders, and you and your doctor may have to try different ones until you find the one that works best for you. Usually, the phosphate binders work best if you take them just before you eat or during your meal. This can be inconvenient, but they work best that way.

Q: Do I need to take extra calcium?

A: Yes. Kidney patients have trouble absorbing enough calcium from their diet. The kidneys normally help make vitamin D. We need vitamin D to absorb calcium from our diet and make healthy bones and teeth. When kidneys fail, they don't make enough vitamin D, so your doctor may prescribe extra vitamin D and calcium to prevent your bones from getting soft. In addition, if you are avoiding dairy products because of the extra phosphorus, you may not be getting enough calcium either.

Remember that the problem with your bones starts with too much phosphorus. If the phosphorus level in your blood stream is too high, your doctor can't prescribe extra calcium or some kinds of vitamin D, because the extra calcium won't go into your bones. It will combine with the phosphorus in your blood and form deposits. So, the phosphate binders are really important.

Q: My doctor says that I need an operation to keep my bones from getting soft. Why?

A: Sometimes, parathyroid glands in your neck become overactive because of high phosphorus levels. The overactive parathyroid glands cause the loss of calcium from your bones. If you are having a lot of itching, pain in your bones, weakness, or calcium deposits in your skin, taking out your parathyroid glands can help. Your doctor can tell if you might benefit from the surgery by measuring some blood tests.

In summary, to keep your bones healthy, you must:


- Restrict the amount of foods you eat containing high amounts of phosphorus.
- Take your phosphorus binders that your doctor and dietitian prescribe.
- Be aware that some calcium carbonate preparations don't correctly dissolve and don't bind phosphorus the way they should. If you're taking the right prescription and your serum phosphorus doesn't decrease, think about changing brands. Ask your doctor or dietitian if he or she can recommend reliable brands. 🌐

Written by George Aronoff, MD, FACP. Dr. Aronoff is a professor of medicine and pharmacology at the University of Louisville and member of AAKP's Medical Advisory Board.

**Visit the AAKP
Web Site
www.aakp.org**

- Latest news from AAKP
- Recent articles by leading healthcare professionals
- Links to other kidney organizations and businesses
- Information on AAKP's educational materials

TRANSPLANTATION AND CHILDBIRTH: ADVICE FROM SOMEONE WHO'S BEEN THERE

 *A Friendly Note: The decision to have a child after transplantation is a consideration for many women. This article is written by a transplant recipient who decided to have a child. She offers advice from her personal experiences. If this is something you're thinking about, this article may help shed some light on what to expect. Remember, before making a decision, you should always talk to your doctor.*

I began chronic kidney failure in 1973 when I was 15 years old. In the last 25 years, I have experienced 12 years of home hemodialysis, one year of CAPD, four kidney transplants, and nine years of in-center hemodialysis. While the fourth kidney transplant was functioning, my husband and I had a baby.

The quality of one's life is far more important than the quantity of life. For me, the desire to bear children was a normal and important aspect of a fulfilling life. As with any pregnancy, there is always a possibility of complications. The complications could affect the function of the transplant. One has to balance the risks of pregnancy against the quality and fulfillment of life. In my personal situation, the pregnancy probably made the kidney transplant quit sooner than it would have. If given a choice, I wouldn't trade the experiences of raising my son for a few more years of a functioning kidney transplant.

When my husband and I decided we wanted a child, we first researched the idea by talking to my doctors. We discovered there were several necessary steps to assure the best possible outcome. I've summarized a few you should investigate and understand if you're thinking about having a child.

Before conceiving, transplant surgeons suggest waiting at least one year after transplantation when **prednisone** levels are low or non-existent. Discuss your desire to have a baby with your transplant doctor. You and your doctor should talk with a high-risk obstetrician. Medication levels may need to be changed for the baby's safety. Complete any needed dental work and surgery before conceiving. Make sure all yearly routine X-rays and tests are performed that may be due during pregnancy. If an IUD or birth control is in use, your doctor may suggest waiting two to three months after discontinuing it for conception. Make sure the hospital where you plan to deliver is equipped for high-risk and premature infants. And finally, choose and visit a pediatrician so he is aware of your situation. Have him prepared to talk with the surgeon and obstetrician, and to monitor your baby from birth.

Knowing the exact conception date helps the doctors follow the growth and due date of your baby. Your doctor will prescribe high-potency prenatal vitamins for you. During the pregnancy, eat healthy! High protein, low sodium, moderate calories, sufficient 1 percent milk, and a variety of fresh fruits and vegetables are ideal. Avoid all over-the-counter medications. Watch your weight and gain only as much as advised. See the OB/GYN frequently. Your doctor may advise ultrasounds when you're three and six months pregnant. If needed, he may also suggest an **amniocentesis**.

It's a good idea to prepare the baby's room and supplies early in the pregnancy. During the last months, you could be ordered to bed rest or possibly hospitalized. I had a cold and was hospitalized for observation. There is also a high risk of early delivery, so be prepared.



During the last trimester, your obstetrician may want to see you weekly. There is a high risk of toxemia with these types of births.

The delivery may be early and the baby may be small. My son weighed four pounds, nine ounces. It may be best for you and your baby to remain in the hospital for three to four days for observation, even if there are no other complications.

Breast feeding is an issue in debate lately. Depending on your levels of **Cyclosporine** and **Imuran**, your doctor may suggest bottle feeding. The immune system is compromised with these drugs, so the baby's immune system will be stronger with commercial formulas, because the drugs get into your breast milk.

Your infant should be frequently seen by the pediatrician. The doctor will want to chart your baby's growth. The immunization schedule may need to be started a little earlier than normal. Make sure all immunizations are completed and the pediatrician sees the baby if any illness occurs.

Many types of kidney failure are hereditary. Your pediatrician may want to have tests done to evaluate your baby's kidney function. My kidney failure was caused by urine reflux. My doctor estimated a 5 percent chance of my son having the same problem. At age two, an ultrasound of my son's kidneys was performed. At six years of age, another test was performed to make sure his ureter tubes were functioning normally.

Our son is a healthy, 16-year-old high school sophomore. He is an Eagle Scout and a member of the pep band. He has a normal life, enjoys rock climbing and playing the guitar.

The experiences of raising a child have been rewarding. My life is fuller through the joys of my son. Has the risk of having a child after transplantation been worth it? You bet your life it has! 🌍

Written by Nanette Adam. This article originally appeared in the spring 1998 issue of aakpRENALIFE.



AAKP EXISTS
*to serve the needs
and interests of kidney
patients and their
families.*

MEMBERSHIP

MEMBERSHIP APPLICATION

I am not interested in membership at this time; however, I would like to receive a complimentary package of information.

To join AAKP, complete this form and send it with your payment to:
AMERICAN ASSOCIATION OF KIDNEY PATIENTS
3505 E. FRONTAGE RD., SUITE 315
TAMPA, FLORIDA 33607-1796

Membership Information:

Name:

Address:

City: State:

Zip:

- | | | |
|--------------------------------------|--|-----------------------------------|
| <input type="checkbox"/> Transplant | <input type="checkbox"/> Hemodialysis | <input type="checkbox"/> CAPD |
| <input type="checkbox"/> CCPD | <input type="checkbox"/> Family Member | <input type="checkbox"/> Pre-ESRD |
| <input type="checkbox"/> Other _____ | | |

I am already a member of AAKP, but I would like to make a donation of \$

Indicate your AAKP membership category below:

- Patient/Family Member (\$25)
- Professional Member (\$35)
- Sustaining Member (\$100)
- Institutional Member (\$150)
- Life Member (\$1,000)
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- Please charge my credit card:
 - Visa
 - MasterCard
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 - Discover

Account Number

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Signature

Please cut along dotted line.

Founded in 1969, AAKP continues to be the only organization directed by kidney patients, for kidney patients. AAKP is devoted to the interests and concerns of people with kidney disease.

As a member, you will meet people with similar experiences. You will learn about kidney disease, how to control it and who to turn to for help. In other words, we are here to help you with the answers and guidance you need to live a full and productive life.

HOW YOU CAN JOIN AAKP

Patient/family membership in AAKP is \$25 annually. Professional membership is \$35 per year. Please call AAKP at (813) 636-8100 for international rates. To join, just fill out the membership application form and send it with your payment to AAKP. For immediate membership, call (800) 749-AAKP. Please have your credit card information ready.

HOW AAKP HELPS YOU

- AAKP offers you the following benefits:
- Subscription to AAKP's magazines, *aakpRENALIFE* and *Kidney Beginnings: The Magazine*.
 - An opportunity to subscribe to *AAKP Renal Flash*, *Kidney Beginnings: The Electronic Newsletter*, *Kidney Transplant Today* and *AAKP Public Policy Briefing*, Internet newsletters transmitted monthly.
 - A Web site (www.aakp.org) displaying useful healthcare information and providing links to other renal-related sites.
 - A membership packet filled with a wide range of informational brochures on issues affecting the care and treatment of kidney patients.
 - An opportunity to attend our Annual Convention, a three-day event featuring seminars addressing treatment options, rehabilitation, and psychological and social concerns of renal disease patients.
 - Local AAKP Chapters (where available) that provide social and educational support to you and your family with meetings, newsletters and group activities.
 - Special interest brochures that address current medical issues.
 - Assurance that AAKP is representing your interests by defending the Medicare ESRD Program.



GLOSSARY



Amniocentesis

A procedure done during pregnancy that tests for chromosomal abnormalities.

Continuous Ambulatory Peritoneal Dialysis (CAPD)

This type of peritoneal dialysis requires no machine. Exchanges are performed throughout the day using a system of tubing and bags. The **dialysate** is exchanged from the bag to the abdominal cavity using gravity.

Cyclosporine

A medication (immunosuppressant) given to some kidney transplant recipients to stop the body from rejecting the organ.

Dementia

The loss or reduction of intellectual ability due to organic brain tissue impairment.

Dialysate

A specially formulated liquid solution used in dialysis.

Hemodialysis

The use of a machine to clean wastes from the blood after the kidneys have failed. The blood travels through tubes to a dialyzer, which removes wastes and extra fluid. The cleaned blood then flows through another set of tubes back into the body.

Hypercalcemia

A condition that occurs when the body absorbs too much calcium, and calcium in your blood is higher than normal.

Imuran

A medication (immunosuppressant) given to some kidney transplant recipients to stop the body from rejecting the organ.

Parathyroid Glands

Most commonly exist as four glands near (under) the thyroid gland in the front of the neck. The important product of the parathyroid glands is **parathyroid hormone (PTH)**.

Parathyroid Hormone (PTH)

A hormone made by the **parathyroid glands** that keeps blood calcium and phosphate at levels necessary for proper function.

Peritoneal Dialysis

Cleaning the blood by using the lining of the belly (abdomen) as a filter. A cleansing solution, called dialysate, is drained from a bag into the belly. Fluids and wastes flow through the lining of the belly and remain “trapped” in the dialysate. The dialysate is then drained from the belly, removing the extra fluids and wastes from the body.

Prednisone

An immunosuppressant (steroid) given to some kidney transplant recipients to stop the body from rejecting the transplanted organ.

QUESTIONS I WANT TO ASK MY HEALTHCARE TEAM

1. _____

2. _____

3. _____

4. _____

5. _____

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7. _____

8. _____

9. _____

10. _____

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