

# POST-LIVER TRANSPLANTATION

YOUR RECOVERY IS IMPORTANT TO US



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RESPECT FOR LIFE



POST TRANSPLANTATION CARE



Diet and Nutrition

Patients' may have loss of appetite after surgery. The appetite will slowly improve with time. However, it is important to take a high protein diet to help with wound healing and liver regeneration. If necessary, the dietician will advise supplements in your diet. If you have preference for a certain type of meal or cuisine, please check with the dietician.

Foods - How to prepare / consume
Food should be cooked hygienically and in clean water
Wash utensils well before cooking
Use boiled / filtered water
Eat small frequent meals
Drink plenty of liquids; intake is not restricted, as before transplant
Salt restriction is not necessary unless you have high blood pressure
Eat plenty of fresh fruits and green leafy vegetables after washing well and peeling off their skin
Consume a balanced, low-fat high-protein diet
Take foods rich in calcium, such as skimmed milk, cheese, soya, eggs, chicken and fish
In a few weeks, patients can resume eating as they did before the transplant

Foods to avoid

Avoid deep fried or greasy foods
Do not eat food left overnight
Avoid partially cooked foods
Avoid red meat & cold meat
Avoid overripe fruits
Do not consume expired packaged foods
No intake of alcohol
No smoking or tobacco
If your potassium is high, avoid foods such as banana, coconut water, fruit juices / pulp
If your blood sugar is high, avoid sweets, fruits such as Custard Apple, Grapes and Mangoes, etc.

ACTIVITY AND EXERCISE



- At the time of discharge, patients are generally allowed active walking and routine activities like bending or climbing stairs. Regular exercise will increase your energy level, strengthen your muscles and make you feel more active
- It is common to experience weakness and mild discomfort at the site of the operation, especially with movements for the first few weeks to months after transplant
- Do not postpone exercising because of this reason, in case you have severe discomfort with movements, talk to the transplant team
- Perform deep breathing exercises to expand your lungs and help you cough out sputum



- The physiotherapist will teach you to exercise limbs, so that limb muscles are strengthened, blood circulation is increased and the risk of complications such as venous thrombosis are reduced
- Speak to the physiotherapist to progressively increase the level of exercise and optimize your exercise schedule
- Take adequate rest and sleep
- Avoid lifting heavy weights (> 5 kgs), including babies or performing abdominal exercises for the first 3 months to allow the scar to mature and prevent hernia in the long term
- After 3 months, you can resume normal physical activities. Exercises, including abdominal exercises, weight training and swimming will help you strengthen your abdominal muscles and flatten your tummy.

## PERSONAL HYGIENE AND WOUND CARE



- Frequent hand washing with soap, especially before eating, should be practiced by all the family members and after using the bathroom
- Maintain oral hygiene, brush teeth daily, rinse your mouth after eating
- Keep your finger nails trimmed
- After discharge, the dressing might need to be changed 2-3 times a week
- Few donors / patients may be discharged with a drain tube in the abdomen, which may have to be removed few days after discharge till it stops
- While you have the wound dressings and drain bags, clean your body with a wet towel and wear fresh washed clothes daily or you may use waterproof dressings and take a normal bath before every dressing change
- Once the wound heals and drain bags are removed, you may take a normal bath
- If the incision oozes some fluid or pus, speak to the transplant team immediately

## TESTS AND APPOINTMENTS



Being regular with follow-up tests and visits to the transplant team are the most important things you can do to make the transplant a success.

- Post-transplant clinic held on every Tuesday and Friday at 3 pm
- Donors need follow up after 1 week at discharge & suture removal after another 1 week and LFT at 3 months only
- Recipients need life-long follow-up, very frequently initially and less often later, as per the schedule given at discharge. The reports may be shown in post-transplant follow up clinic every Tuesday / Friday at 3 pm or in one of our peripheral clinics. The reports can also be mailed at [RFH.Transplant@rfhospital.org](mailto:RFH.Transplant@rfhospital.org)
- Transplant clinics are held in selected cities every month. Please contact the post-transplant coordinator to know the schedule for your city
- In case of problems, please call the transplant team immediately. However, you might need to see a doctor locally. Please identify a local physician and gastroenterologist for such a situation
- Routine monitoring of blood pressure, blood sugar, diet intake, exercise log and other parameters and insulin administration is commonly advised at discharge. Post-transplant coordinators will teach you the same and should preferably be done by one of the family members
- Maintain a file and keep a chart of all the lab reports in chronological order and the dose of Immunosuppression taken and bring this file with you when you come for the clinic visits
- In case, patients need dressing changes, physiotherapy or administration of injections at home, the family should make arrangements for a nurse or physiotherapist to visit at home for the same. The coordinators will help you in identifying qualified people familiar with the needs of transplant patients
- It is important that you follow your team's instructions about any problems before they become serious

## MEDICATIONS



At the time of discharge, patients are generally prescribed 10 - 15 medicines, some of which may be injections. As they make progress, the number of drugs will reduce and at the end of 12-18 months, most patients will be on a 1-2 anti-rejection medicines and those for pre-existing illnesses. Patients and their families should become familiar with the medicines prescribed:

- Anti-rejection (immunosuppressive) drugs lower the patients' immune response, thus preventing rejection of the liver and have to be taken life-long, because the liver always retains its original identity. Failure to take anti-rejection medicines will lead to rejection and organ failure even many years after transplant
- Drugs to prevent complications and side-effects: antacids, antibiotics, anti-fungals or blood thinning medicines
- Supplements: vitamins, calcium, magnesium
- Drugs for pre-existing illnesses (e.g. anti-asthmatic, anti-diabetic & anti-hypertensive)
- Medications should be taken at affixed times and their doses, frequency or duration should not be changed unless advised by the transplant team
- Drug levels of anti-rejection medicines (Tacrolimus, Cyclosporine, Everolimus) should be drawn before taking the medicine in the morning, this is to ensure effective desired effect and avoid side effects
- Missed medication doses should not be double dosed; it should be resumed at the normal dose
- Failure to take prescribed medicines is dangerous and is the most common reason for rejection and even failure of transplanted liver
- Patients should not self-medicate, with over-the-counter medicines, even for apparently small problems such as cough, cold, loose motions or fever because they might not be aware of the interactions of these medicines with their transplant medicines

They should speak to the transplant team before starting treatment, including the ones prescribed by other doctors

- Patients should always check with their transplant team before any immunization or vaccines
- Patients should discuss and learn side effects of various medicines and inform the transplant team if they are experiencing any problems after taking them
- Most importantly, one of the family members or the patient himself / herself should take charge and responsibility for medication administration

### Guide for medication frequency

OD	: Once a day (24 hours gap)
BD	: Twice a day (12 hours gap)
TDS	: Thrice a day (8 hours gap)
QID	: Four times a day (6 hours gap)
BBF	: Before breakfast
HS	: At night before going to sleep
A/D	: Every alternate day
SOS / PRN	: Whenever needed

## BLOOD SUGARS / INSULIN



Please check your blood sugars as instructed by the transplant coordinator, generally it should be checked 4 times daily.

- Before breakfast : 7 am
- Before lunch : 12 Noon
- Before dinner : 7 pm
- 2 hours after dinner : 9 pm
- Insulin should be given only after checking blood sugar and patient should have food after that
- If blood sugar is less than 100, please skip the dose, however, regular meal can be taken
- If blood sugar is less than 80, eat some glucose rich food such as sugar, chocolate, etc. Skip insulin dose, have a regular meal and re-check blood sugar
- If blood sugar is more than 400, please take prescribed insulin, have your meal and speak to the endocrinologist / transplant team

## WARNING SIGNS

At home, some of the warning signs to watch for are:



Fever greater than 100° C



Shortness of breath



Cough with yellow / green sputum



Nausea / Vomiting / Loose motions



Drainage / Redness / Swelling at incision site



Persistent or worsening abdominal pain



Burning sensation while passing urine

If you experience any of these symptoms, please contact the transplant helpline no. and speak to the doctor. One of the doctors from the transplant team is always available in the hospital to take care of urgent problems. If the problem appears serious, please directly visit the Emergency department.

## RESUMING YOUR LIFE AFTER TRANSPLANT

### Quality of life



Most patients are able to lead a comfortable and healthy life, return to work and enjoy an excellent quality of life in the long term after transplant.

### Work/Sports



Most people can go back to their normal daily activities, get their strength back and return to work in 2-3 months after surgery. Children can resume schooling after 3 months.

Playing sports and getting healthy exercise is possible after 3 months although it is advisable to avoid contact sports such as boxing, karate, rock climbing, etc. for 6 months.

It may take longer in patients who are very sick before the transplant. Initial family support is very crucial to live an active and productive life in the long term.

### Driving / Traveling



Most patients can resume driving a car in about 1-2 months after a transplant.

It is recommended that patients do not drive themselves after taking pain medications as they may contain narcotics.

If the seat belt rubs against the wound and bothers you, you may place a towel between the abdomen and the seat belt.

Most patients can undertake train / plane travel in 2 months.

If you are traveling to another city or country, discuss the trip with the transplant team to make sure that you carry enough supply of medications and have contact with a doctor locally if required.



## Sexual activity / Pregnancy / Breast feeding



There are no restrictions of sexual activity and may be resumed when one feels comfortable.

Donors can resume sexual activity in a month and recipients in 2-3 months.

Women should not conceive for up to 6 months after donation and 12 months after transplantation.

For recipients, use of oral contraceptives and hormones should be done in consultation with the Hepatologist and Gynaecologist. Recipients who are planning to conceive should discuss the same with the transplant team as some medicines may have to be stopped to avoid any ill effect on the child. During pregnancy they should have regular follow up with the liver transplant team & high risk pregnancy team & the delivery should be preferable be done in or any other transplant specialty hospital.

## DENTAL CARE



- Maintain your oral hygiene and keep your teeth healthy
- You should see your dentist every 6 months
- Inform your dentist about the transplant as you might have to take antibiotics before any dental procedure

