

Transplant Digest

Spring/Summer 2025
Issue No. 38



Caputo Family Donates \$20K to the Kidney Transplant Program

Galo Meliton, RN, C Neph (C)
Senior Chief News Correspondent

The Caputo family donated twenty thousand dollars to the St. Michael's Hospital Kidney Transplant Program on March 26, 2025 in honour of Angelo Caputo's legacy. Angelo Raffaele Caputo was a kidney transplant recipient who was followed in our Program for several years. He suddenly and unexpectedly passed away on May 4, 2023. He lived with kidney disease a good part of his life. Despite this, it did not stop him from doing the things he enjoyed doing, including being generous to those in need.

He organized charitable initiatives to feed the homeless in downtown Toronto and Oshawa preparing, cooking, and providing them food and clothing as well. He and his wife Gwen (who was his kidney donor through the kidney paired exchange program) started hosting a Dinner and Dance Fundraising event in 2016 towards supporting the excellent work done by the Kidney Transplant Program at St. Mike's. Over the last several years, his family, through Affiliated Force Inc., which Angelo co-owned, has donated close to ninety thousand dollars to our Program.

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On behalf of Dr. Zaltzman and Dr. Prasad and the entire Kidney Transplant Team at St. Michael's Hospital, we would like to thank the Caputo family for their generous donation and continued support to our Program.

From the Editor's Desk

Dr. Ramesh Prasad

Welcome to the Spring 2025 issue of Transplant Digest. Another spring is upon us, with its warmer weather, greener grass, shooting buds, and overall cheer. Every spring also brings with it the thought of renewal, and a new life full of vitality and energy. A kidney transplant brings with it similar thoughts. Many patients describe how a cloud lifts off their heads. They are sometimes astonished at how they have a better appetite, more energy, and can do things they once thought were no longer possible. If dialysis is the winter, then transplant is most certainly the spring.

In this issue, we cover a diverse range of topics. Timing your transplant, the sex disparity in organ donation, how to keep your kidney for a long time, dietary sodium, herpes zoster infection, hospital readmission, over-the-counter medications, My Chart, and some thought provoking stories from and about transplant donors and recipients are some of the topics covered. As always, feel free to ask any of us questions you may have on these or any other topics, and feel free to contribute articles as well. We shall meet again in the fall.

Contact Information

Dr. Ramesh Prasad - Editor
Meriam Jayoma-Austria, RN, BScN,
C.Neph.C- Newsletter Coordinator

Please send your comments or suggestions of topics for future publications to:

meriam.jayoma@unityhealth.to

St. Michael's Hospital Kidney Transplant Program

(across the hospital)
61 Queen Street East, 9th Floor
Toronto, Ontario M5C 2T2
Phone: 416-865-3665

Disclaimer Note:

Views presented in this newsletter are those of the writers and do not necessarily reflect those of St. Michael's Hospital or the University of Toronto. Subject matter should not be construed as specific medical advice and may not be relevant. For all questions related to your health please contact your health provider.

Hospital readmission

Hospital readmissions are not fun. Don't forget to remind the physicians caring for you that you have a kidney transplant, and the names and doses of all your medications. Ask them to contact the transplant clinic if needed. A transfer to your own transplant hospital is not usually needed, unless there is a specific issue regarding your transplant health, such as possible acute rejection. Sometimes dialysis is started at peripheral hospitals that may be closer to home, and therefore more convenient for the patient and their families. Kidney biopsy usually requires transfer to a transplant centre, but a lot of advice about immunosuppressive medication management can be handled over the phone. A follow-up visit in the transplant clinic after discharge can usually be arranged.

How Can I Keep My Kidney for a Long Time?

Galo Meliton, R.N., C Neph (C)
Chief Senior News Correspondent

The above question is a very common and a very practical one. I am writing you not as this newsletter's Chief Senior News Correspondent (as what I am about to share with you is not new), but as your nurse who wishes to share with you a proven "recipe" in a successful kidney transplant; one that you can use to help you enjoy your kidney for a long time.

I was a nursing student at George Brown College in 1978 (yes, I am not afraid to date myself) when I first got exposed to kidney transplantation. Those days, the outcomes in kidney transplantation were not very good at all. The main question asked then was: Is this patient who's having a kidney transplant tonight going to pull through from their surgery? Forty plus years later, with all the advancements in several aspects of kidney transplantation, the outcomes are so much better. The main question now and for the last several years is: How can this patient keep their kidney for a long time?

You may have heard from our Transplant Nephrologists that kidney transplants from a deceased donor could last anywhere from 10 - 15 years, and those from living donors could last from 15 - 20 years. However, of the close to 2,000 post-kidney transplant patients that we follow in our clinic, quite a number of them have had their kidney transplants for 30 - 40 years. One of them has had his kidney transplant for 52 years! How have they done this, you ask? Read on and find out.

For those who are yet to have a kidney transplant, it is very important to appreciate that your condition BEFORE the kidney transplant has a huge impact on how you are going to do after the transplant. It is very important that you optimize your health before you undergo this life changing procedure.

There are 3 things you need to look after before and after your kidney transplant in this order: blood sugar, blood pressure, and cholesterol. These are issues your family doctor is concerned about in making sure you stay healthy. Unfortunately, they can get worse with the cumulative effect of the

anti-rejection medications you are prescribed to maintain your kidney transplant. Therefore, the main reason why kidney recipients lose their kidney (or their lives) is due mainly to cardiovascular disease.

A big part of your success in maintaining your kidney's health is to ensure that you take your medications as prescribed; this goes without saying. Your life line during dialysis was the dialysis itself. Now that you have had a kidney transplant, it is the anti-rejection medications you are prescribed that is your new life line to "trick" your body to think that the transplanted organ is naturally yours.

Along with the items mentioned above, it is also very important that you make sure that you do your routine blood work. As we see you less often, the only way we can "see" you is through your blood work results. We also cannot underestimate the importance of you having a good relationship with your family doctor, your other specialists, and support at home.

It is also imperative you avoid infections. This is why we recommend that you maintain good personal hygiene and receive appropriate vaccinations as well. Lastly, as part of your health maintenance, make sure your family doctor does routine cancer screening.

I hope I have shared with you the "recipe" in making sure you keep your kidney transplant for as long as humanly possible. Here's a sincere message from our team to you: ENJOY YOUR KIDNEY!

*If you are interested in learning more about the topics mentioned here, check out in our website the several relevant past articles that have been written in this Newsletter. Several future ones will be coming as well to explore them in more detail, so watch out for them.



MyChart, powered by Epic is here

Emily Campbell, RD CDE MScFN

On November 30, 2024 Unity Health Toronto launched a new electronic patient record called Epic. With this exciting change came a new patient portal that gives you access to your health information online, anytime. MyChart, powered by Epic is free and you can access it from your mobile phone, tablet or computer.

MyChart offers you the ability to:

- Keep track of your upcoming medical appointments
- View your lab test results as soon as they are available online
- See notes and summaries from your clinic and hospital visits
- Complete pre-appointment tasks like updating your medications (if appropriate)
- Share your personal information, including your chosen name and your pronouns
- Set your communications preferences

MyChart is available in the following languages:

- English
- French
- Simplified Chinese
- Spanish

Patients that are being cared for by the transplant clinic (pre, post or living donor) can get access to MyChart and can create their own account. There are three ways to get access to the new Unity Health MyChart account:

Ask for an activation link at your next visit or contact us at 416-864-5494 or mychartsupport@unityhealth.to.

Use an activation code provided from the clinic

Self-sign up at <https://mychart.unityhealth.to/>

MyChart provides access to a portion of your health record, including test results, visit summaries, and other relevant information. For a full copy of your health record, you will need to submit a request to the Health Records department at St. Michael's Hospital 416-864-6060 ext. 2169 or ROI.smh@unityhealth.to



Why do women typically donate their kidneys more than men?

Dr. Ramesh Prasad

About 60% of living kidney donors are women, regardless of whether the recipient is man or a woman. A few reasons for this discrepancy have been proposed. Men experience kidney disease more often than women, about 2:1. This may mean less available male live donors. If more men die before reaching end-stage kidney disease, then there may be fewer men too sick to receive a transplant. Male recipient candidates might be healthier. Men also do not have antibodies like women who can become sensitized after pregnancy, so women partners are able to give their kidneys more easily. However, these reasons can all be challenged. Relatively few people in the world have ESKD or a partner with ESKD, so there is still a huge pool from which men and women can donate equally. There are more men among deceased donors, since men have more kidney function to give when they die. Men more likely to die from trauma, which is a good cause to be a donor.

More women sign up to be donors, live longer, and have longer to live with one kidney afterwards. Women should actually be turned down as living donors because they have less kidney function, yet more women are still donors. Could women have more empathy? Women and men are equally

empathic, but women better recognize emotional cues, express their empathy more, and act on it. Women may accept the body changes resulting from donation more because of previous events such as pregnancy. None of this is proven beyond doubt, but many people (maybe even you!) think these reasons outweigh the medical reasons.

Of course, the reasons for more women may all be social and economic. Men typically earn more money, so the family unit may be less willing to allow the man to take time off from work to donate. Unfortunately, could translate into a lower social position and compel them to be the donor when the situation arises.

We need better data about why potential donors are turned down, or refuse to donate. We also need to study our wonderful altruistic donors more to learn why they became donors, and how they feel afterwards. All donors need long-term, serial assessments. Studying economic reimbursement of donors based not on a fixed amount, but by an amount proportional to their pre-donation income would help address any reasons of economic disparity. These kinds of studies require not only lots of research funding, but they also need willing research volunteers.



Timing Your Kidney Transplant

Dr. Ramesh Prasad

Timing your kidney transplant requires finesse. On the one hand, you should not receive a kidney transplant too early, when you have adequate remaining native kidney function and do not require a transplant. On the other hand, if you wait too late, and especially if you have a living donor, then your kidney failure symptoms might progress to the point where you will need to be on dialysis first, even if for a short time. If you wait too long on the list, other health events might interfere with your eligibility to receive a transplant. The best long-term transplant outcomes occur when the transplant happens before you actually require dialysis, but the next best thing is to receive a transplant as soon as possible afterwards. In many jurisdictions, you will not be allowed to receive a deceased donor kidney transplant before you have actually started dialysis, to keep organ access fair for everyone else on the list.

If you are part of the majority who started dialysis before receiving a kidney transplant, then you should do your very best to perform all the required tests and appointments when they are asked of you, so that you may complete your workup as soon as possible and enter the transplant waiting list. Most transplant centres will backdate your transplant waiting start time to your dialysis start date, so that you do not lose time in case the pre-transplant workup is delayed for whatever reason. However, a delay in entering the transplant waitlist

means that you are not potentially able to receive kidney transplant offers in the meantime. We cannot control how and when people die, and any estimate about when you might expect to receive your transplant is just that, an estimate or a guess. Sometimes living donor kidney transplants are timed based on living donor convenience. Donor requests for specific times are usually honored, so as a recipient, you must be prepared to accommodate such requests as well. If you are in the National Paired Exchange Registry, your transplant may proceed only after everyone in the chain is confirmed and ready to proceed. However, if you are healthy and listed, without too many anti-HLA antibodies in your circulation, then you can be assured that you will eventually receive organ offers. An excellent sign that you will receive your transplant soon is if you begin to receive multiple organ offers. Even if your transplant does not eventually happen the first time you are called in, the fact that you were called means that you are very likely to receive another call in the near future. If you turn down an offer for non-medical reasons, you are giving up a valuable opportunity to end your dialysis life. To reemphasize, more time on dialysis means less favourable transplant outcomes. You may be placed on hold from the list until your reasons for doing so are evaluated and your social situation reassessed.



Sodium at restaurants

Katie Poolman, Registered Dietitian

Many people will continue to follow a sodium (salt) restricted diet after transplant to help control their blood pressure. A low sodium diet contains about 2300 mg of sodium per day. This can be challenging when eating outside of the home, as restaurant food is likely saltier than food that you prepare at home. Reading the menu carefully can help you to limit the sodium in your meals when dining out. Meals that contain words like fried, au gratin, salted, and breaded, and meals that come in sauce, gravy, and dressings tend to be higher in salt. It can also be helpful to look up nutrition information online before you dine out. Most larger chain restaurants will publish this information online. Let's have a look at some popular chain restaurants.

Swiss Chalet

Ordering a bowl of Chalet chicken soup with crackers (1220 mg sodium) for an appetizer, and a quarter chicken dinner with white meat (1300 mg sodium) would put you over the daily sodium recommendation of 2300 mg – for just 1 meal. Salty side dishes like fries (610 mg sodium), seasoned rice pilaf (870 mg sodium), or 4 oz Chalet dipping sauce (590 mg sodium) would add even more salt. Other meals, such as the Rotisserie chicken stir-fry contain 3670 mg of sodium per meal.

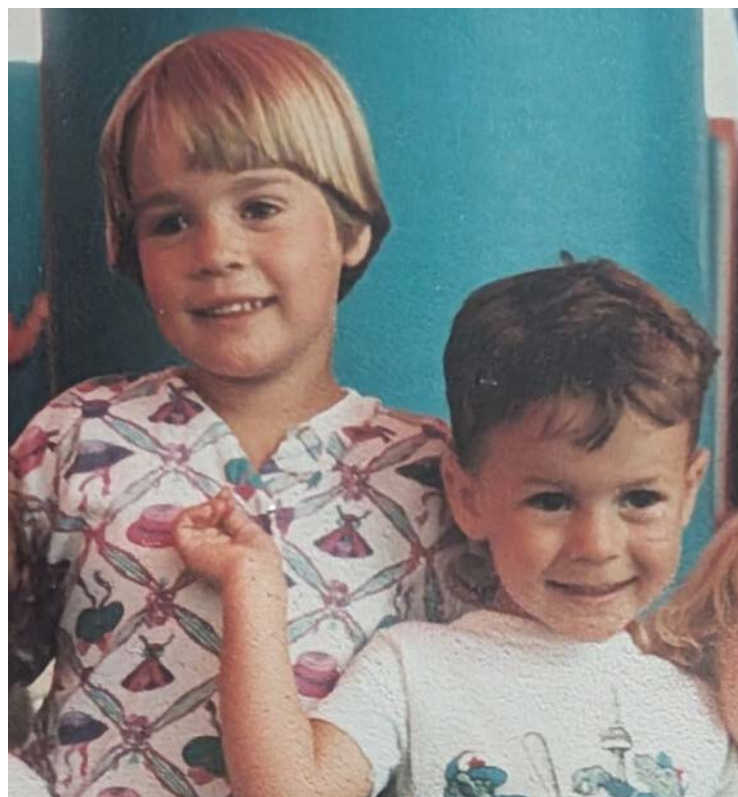
You could reduce the sodium content of your meal by skipping the soup (or ordering a cup instead of a bowl to save 380 mg of sodium), using less of the dipping sauce, and ordering a baked potato (65 mg sodium) for a side dish.

Pickle Barrel

Many of Pickle Barrel's main courses contain a full day's worth of sodium, like the blackened Atlantic salmon penne (2170 mg sodium) and chicken parmesan (2070 mg sodium). A much lower salt main dish would be the chicken Milanese, which contains only 710 mg of sodium. Salads are not necessarily better – the roasted beet and chicken salad contains 2430 mg sodium, compared to the warm chicken spinach salad, which only has 440 mg.

The Keg

A 10 ounce prime rib contains 2200 mg of sodium plus another 1040 mg for fries and ketchup on the side. A lower salt choice would be ordering a 6 ounce grilled top sirloin (930 mg sodium) and a baked potato. Watch out for appetizers too – the crispy cauliflower appetizer has 3110 mg of sodium per order.



SarahJane Smith and Neil Smith at St. Michael's

From kidney donation to world tour: The transplant journey of two St. Michael's Hospital patients

By: Ana Gajic and Caitie Lehman

Just over two months after donating his kidney to his cousin, Neil Smith tackled a completely different physical feat: He climbed on a stage in Brisbane, Australia and performed in front of 3,000 screaming fans as the front man of a rock band on a world tour.

"Ever since I was a kid, I always dreamed of being a musician having people coming to my concerts super excited to see me play," says Neil, a member of the Canadian indie rock band, [Peach Pit](#). "My dreams have come true for me. I've had a lot of good things happen to me, but none of it really compares to how good it feels to donate a kidney. It doesn't compare in any way, honestly."

Back in Toronto, his cousin, SarahJane Smith was experiencing a different kind of euphoria: Freedom from a life on dialysis thanks to her cousin's donated kidney.

"It's an invaluable gift that I'll never be able to repay Neil for," she says.

At age 27, in the prime of her life, SarahJane went on dialysis after her kidney function rapidly declined. For five years, she had been receiving dialysis – a treatment that removes waste and extra fluid from the blood when the kidneys no longer can – three times a week, overnight at St. Michael's Hospital. With this schedule, SarahJane lost her ability to travel and make long-term plans. Dialysis is not a cure and it can be challenging. For many, a kidney transplant is a better option.

When it came time for transplant, four of SarahJane's family members went through testing to see if they were a match. After three unsuccessful matches, the team identified Neil was compatible and able to donate his kidney.

"Because the three of them all got disqualified very late in the game, it was a little disheartening," SarahJane says. "But it was a lot of tears when Neil passed his tests, that's for sure. There was a lot of crying. It was a very big day."



Neil Smith on stage with Peach Pit. (Photo by Bree O'Hagen)

St. Michael's Kidney Transplant program is a specialized centre for people with end-stage kidney disease. Founded in 1969, the program is one of the largest in Canada. St. Michael's performs about 150 transplants in a year and follows nearly 2,000 transplant recipients. The team's ability to tackle the most complex transplant surgeries and provide follow-up care to both donors and recipients gives patients who have often been waiting for a new kidney for years a chance to live free from dialysis.

In the case of living kidney donation, a healthy person's kidney is surgically removed and transplanted in someone with kidney failure. This is possible because most people can live a normal life with only one functioning kidney. Two teams at St. Michael's work simultaneously to prepare both the donor and recipient for their surgeries. The surgery for the Smith family was planned for December 2024. Knowing he had to go on tour in February, Neil leaned on his team at St. Michael's for reassurance about the process and the likelihood he would have a full recovery before he was set to hit the road.

Dr. Michael Ordon, the surgeon at St. Michael's who performed Neil's surgery, understands the nerves his patients feel before a surgery like this one. He connected with Neil early on in the process to talk about the typical recovery time and what to expect.

"It's really nice when you're in medicine, whether it's as a nurse, a physician, a physiotherapist, or whatever role it is that you're in, when what you do on a daily basis can have a positive impact on the patient, and you can see that impact right away," says Dr. Ordon. "Kidney transplant is one of those things where you get that immediate gratification of seeing the huge positive impact."

After receiving Neil's kidney, SarahJane's life changed. Her energy returned almost instantly. Small tasks she couldn't imagine doing prior to the surgery – long walks, showers without risk of infecting her dialysis port, and having every evening to herself – are now routine. It wasn't until after the procedure that she truly realized the constant state of exhaustion her body was in pre-transplant.

Kathryn Salvatore, a living donor coordinator at St. Michael's, worked closely with Neil during his work-up. To avoid conflicts of interest, donors and recipients work with separate medical teams. At the end of the donation journey, every living kidney donor at St. Michael's receives a medal after their surgery as recognition for their donation. This is often a meaningful moment for the staff who have been with the donor through every step of their journey.

"They're always very emotional," Salvatore says. "You give the medal to the donors, and they are the hero."

But to Neil, he sees it the other way. He's grateful he had the opportunity to donate his kidney to his cousin.

"If I think about it, I get a little emotional because it's definitely the best thing I've ever done with my life. It's been months now and every time it pops into my head, I just instantly just feel so happy."

Salvatore says it's important to celebrate each donor and recipient pair.

"I think the Neils and the SarahJanes of the world are unique and special," Salvatore says. "It's wonderful to see when it ends this way."

And now, thanks to Neil, SarahJane has the freedom to plan her future – maybe even her own world tour.

Over-the-counter medicines

Francine Kwee Clinical Pharmacist

Over-the-counter (OTC) medicines are medicines that you can buy at a pharmacy without a prescription from your doctor. They are often used to relieve symptoms such as headache, cough, or allergies. However please note that:

- Some may not be safe for your kidney
- Some may interact with your anti-rejection medications
- If your kidney is not working well, these medicines can build up in your body and cause side effects

Never take more than the recommended dose of any medicine. Read the label carefully before buying over-the-counter medicines. Contact your doctor if your symptoms do not improve within 2 to 3 days, begin to worsen, or if you develop a fever or chills.

Use the list of symptoms below to see which medicines you can take and which you should avoid. This is not a complete list. When in doubt, please ask your doctor or pharmacist.

Allergies

✓ Okay to take	✗ Do not take
chlorpheniramine diphenhydramine (Benadryl®) <ul style="list-style-type: none">• These antihistamines are safe to use but may make you feel drowsy, best used only as needed and at bedtime	Products such as Claritin D®, Zyrtec D®, or Allegra D® <ul style="list-style-type: none">• The D is for decongestants, which you should avoid
loratadine (Claritin®) fexofenadine (Allegra®) desloratadine (Aerius®) cetirizine (Reactine®) <ul style="list-style-type: none">• These antihistamines cause less drowsiness	
triamcinolone acetonide nasal spray (Nasacort®) cromolyn nasal spray (NasalCrom®) sodium chloride nasal sprays	

Bloating and gas

✓ Okay to take	✗ Do not take
simethicone (Gas-X®)	Beano® if you have diabetes <ul style="list-style-type: none">• Beano® produces an extra 2 to 6 grams of carbohydrates for every 100 grams of food. It is used to prevent, not treat, gas symptoms.

Cough

✓ Okay to take	✗ Do not take
<p>For dry cough: dextromethorphan (Benylin DM®, Robitussin DM® syrup)</p> <p>For productive cough: guaifenesin (Robitussin Mucus & Phlegm® syrup)</p> <ul style="list-style-type: none"> If you have diabetes, choose a sugar-free product 	<p>Products with multiple ingredients, such as Robitussin Cough & Cold®, Benylin Cough & Cold®, Benylin Cough & Chest Congestion syrup®</p> <ul style="list-style-type: none"> Products with multiple ingredients usually contain an oral decongestant

Congestion

✓ Okay to take	✗ Do not take
<p>oxymetazoline (Dristan®) nasal spray</p> <p>xylometazoline (Otrivin®) nasal spray</p> <ul style="list-style-type: none"> Use for a maximum of 3 to 5 days, as longer use can cause rebound congestion 	<p>Oral decongestants such as pseudoephedrine (Sudafed®) or phenylephrine (Sudafed PE®), which are found in many cough and cold products</p> <ul style="list-style-type: none"> Oral decongestants can increase blood pressure <p>Combination cold and flu products with several ingredients, such as Tylenol Cold & Sinus or Neocitran</p> <ul style="list-style-type: none"> Products with multiple ingredients usually contain an oral decongestant

Sore throat

✓ Okay to take	✗ Do not take
<p>acetaminophen (Tylenol®)</p> <p>menthol (Halls®, Ricola®, Bentasil®)</p> <p>hexylresorcinol (Bradasol®)</p> <p>benzocaine (Chloraceptic®, Cepacol®)</p> <ul style="list-style-type: none"> If you are diabetic, choose a sugar-free product 	<p>Non-steroidal anti-inflammatory medications (NSAIDs) such as:</p> <p>ibuprofen (Advil®, Motrin®),</p> <p>naproxen (Aleve®), or over 325 mg of</p> <p>acetylsalicylic acid (Aspirin®) per day</p> <ul style="list-style-type: none"> Anti-inflammatories can harm your kidney Note: acetylsalicylic acid (Aspirin®) 75-81 mg is okay to take, if recommended by your doctor to prevent heart attack or stroke

Constipation

✓ Okay to take	✗ Do not take
psyllium (Metamucil®) PEG 3350 (Restoralax®, Lax-A-Day®) lactulose magnesium hydroxide (Milk of Magnesia®) bisacodyl (Dulcolax®) senna (Senokot®) <ul style="list-style-type: none">Separate psyllium (Metamucil®) from your other medications by at least 4 hours	Laxatives that contain phosphate (Fleet®) <ul style="list-style-type: none">If your kidney is not working well, it may not be able to get rid of the extra phosphate in these laxatives

Note that overusing laxatives can lead to diarrhea and dehydration, which can hurt your kidney. Here are some other ways to prevent constipation:

- Unless you are on a fluid restriction, stay hydrated by drinking 8 cups (2 litres) of fluid per day.
- Eat fiber-rich foods such as prunes, fresh fruit and vegetables, and whole grain breads and cereals.
- Do regular, moderate exercise

Diarrhea

✓ Okay to take	✗ Do not take
loperamide (Imodium®)	Bismuth subsalicylate (Pepto-Bismol®) <ul style="list-style-type: none">This contains salicylic acid, which may harm your kidney

Unless you are on a fluid restriction, stay hydrated by drinking 8 cups (2 litres) of fluid per day. If your diarrhea is caused by an infection, do not treat it with over-the-counter medicines.

Contact the Transplant Clinic if:

- Your diarrhea is heavy, bloody or lasts for more than a day
- You have diarrhea and are unable to eat or drink normally – you may become dehydrated, which can harm your kidney

Nausea and vomiting

✓ Okay to take
dimenhydrinate (Gravol®) <ul style="list-style-type: none">Caution, as it may make you feel drowsy

Low-grade fever, pain or headache

✓ Okay to take	✗ Do not take
acetaminophen (Tylenol®) <ul style="list-style-type: none">Maximum dose: 4,000 mg per day (8 extra strength tablets) from all sources	Non-steroidal anti-inflammatory medications (NSAIDs) such as: ibuprofen (Advil®, Motrin®), naproxen (Aleve®), or over 325 mg of acetylsalicylic acid (Aspirin®) per day <ul style="list-style-type: none">Anti-inflammatories can harm your kidneyNote: acetylsalicylic acid (Aspirin®) 75-81 mg is okay to take, if recommended by your doctor to prevent heart attack or stroke

Heartburn

✓ Okay to take	✗ Do not take
ranitidine (Zantac®) famotidine (Pepcid-AC®) esomeprazole (Nexium®) calcium carbonate (Tums®, Rolaids®)	Antacids that contain aluminum (Almagel®, Diovol®, Gaviscon®) <ul style="list-style-type: none">Your kidney may not be able to get rid of the extra aluminum, and a build-up may cause unwanted side effects. Alka-Seltzer , as it contains aspirin

Please contact the Transplant Clinic if you are vomiting and unable to eat or drink normally. You may become dehydrated, which can harm your kidney.

Probiotics

We do not recommend using probiotics, yogurt or kefir because of the risk of infection in people with a compromised immune system.

Instead, choose foods with prebiotics to improve gut health. For example, choose vegetables, fruits, nuts, seeds, and plant-based proteins.

Vitamins

Talk to your doctor or pharmacist about which vitamins are best for you. Some vitamins or minerals may be harmful when taken daily, especially if your kidney is not working well.

It's best to avoid taking certain vitamins and minerals long-term, including vitamin C and zinc. These vitamins can be immune boosting. If your immune system is too strong, there is a higher risk of rejection.



Herpes Zoster

Dr. Ramesh Prasad

Many children experienced chickenpox in the past. The varicella zoster virus (VZV) responsible for chickenpox causes herpes zoster when it reactivates as a result of immunosuppression after your kidney transplant. With herpes zoster, or shingles, recipients can develop a rash over parts of the body. The rash typically corresponds to the area of skin supplied by one nerve, called a dermatome. This rash is associated with nerve pain, making it quite uncomfortable and even debilitating for a few days. At first you may have a headache or be sensitive to light. You may also feel like you have the flu. After a few days, the rash can blister. Fortunately, the rash rarely spreads beyond one or two dermatomes. However, the pain can persist even after the rash subsides. Occasionally, herpes zoster infections can be quite serious, especially when the rash occurs on the face, from where it might extend into the eyes causing vision loss, or into the brain causing encephalitis. The virus can transmit to people who are non-immune, causing chickenpox. Once the rash crusts, the virus is usually no longer contagious.

Herpes zoster can be treated with an antiviral medication such as acyclovir or valacyclovir if it is diagnosed early, within the first 48 to 72 hours of rash onset, with a course of treatment usually lasting for seven to ten days. After that period

has passed, the role of antiviral drugs is less clear, so you must seek medical attention as soon as possible after you notice a rash. Look up some pictures on the internet to become familiar with how the rash looks. Your antirejection drug doses might be lowered temporarily while you have the rash, usually for no longer than one or two weeks.

Vaccination is a big part of preventing herpes zoster infection. You should not receive a live vaccine after your kidney transplant, but fortunately a killed vaccine has been available since 2017, at least to older recipients. This vaccine can be given as two doses, spaced two to six months apart. You should wait six months after your transplant to receive its full benefit. If you are still waiting for your transplant, then you should receive the killed vaccine no later than two weeks before the transplant date, or the live vaccine no later than four weeks before. Although the vaccines are generally well tolerated, they can cause injection site pain, fatigue, muscle pain, fever and headache. You can still receive this killed vaccine even if you received a live vaccine for herpes zoster in the past. If you have already had shingles, then you should wait at least a year before receiving the vaccine.

Welcome

- TO THE TEAM -

Welcome to our new staff!



Charlie Yang

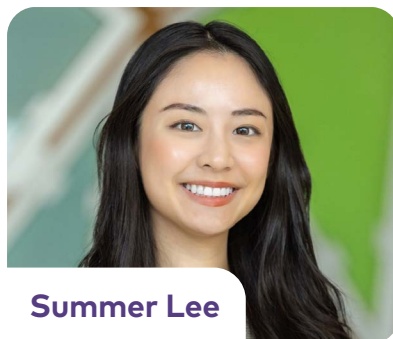
Clinical Leader Manager

Charlie started his healthcare career with Kidney and Metabolism Program (KMP) in 1998. Since that time he has worked in various leadership positions at all three sites of Unity Health Toronto, including ambulatory clinics, inpatient units, and even the emergency department. Within KMP, he has worked with dialysis and transplant patients. As well, he has led several projects that allowed him to work with many of the caring and compassionate staff. Charlie is excited to return to St. Michael's Hospital.



Evan Gammon

RN in the Post Transplant Clinic



Summer Lee

RN in the Pre-Transplant Clinic



Jennifer Silva

RN in the Living Donor Program

Farewell

A Fond Farewell to Two Valued Team Members

Dear Transplant Patients and Colleagues,

I would like to take a moment to share some important news and extend our heartfelt appreciation to two exceptional members of our team who have moved on to new opportunities.

First, we bid farewell to **Michelle Gabriel**, our Clinical Manager, who has been a key part of our program since 2014. Michelle began her journey with us as a Transplant Coordinator and later worked as Clinical Educator on our inpatient unit before stepping into her leadership role as the Clinical Manager of the Transplant team in January of 2023. Over the past two years, Michelle has led our teams through many changes, most notably the successful implementation of the Epic electronic health record system.

Michelle has moved on to pursue her long-standing passion for patient education. She has accepted an exciting opportunity as a Clinical Nurse Specialist – Kidney Care Transition and Education at Michael Garron Hospital. In this role, she will be working to improve continuity of care and support patients transitioning between pre-dialysis, Home Dialysis, Transplant, and In-Centre Dialysis. Her focus will be on optimizing outcomes and making care more accessible to all patients.

Michelle's dedication, clinical expertise, and compassionate approach have had a lasting impact. While we are sad to see her go, we are proud of all that she has accomplished and grateful for the legacy she leaves behind.

We are also saying goodbye to **Sarah Mattok**, a devoted kidney transplant nurse and most recently our Clinical Educator in the transplant program. Sarah has been instrumental in many aspects of our work—from helping new team members during their orientation to playing a vital role in our Health Canada accreditation process and leading several quality improvement initiatives.

Sarah's commitment to excellence and her deep understanding of transplant care have helped shape the strength of our team and the quality of care we provide. She is now moving on to explore a new career path, and while her next steps are outside of Unity, she will always be a part of our community. We wish her the very best in all her future endeavors.

Please rest assured that your care remains our highest priority. While we say goodbye to Michelle and Sarah, our team of excellent and compassionate doctors, nurse practitioners, transplant coordinators, and clinicians remain fully committed to your health and well-being. We are fortunate to have such a great group of professionals who will continue to support you with the same high standard of care.

On behalf of the entire Kidney and Metabolism Program, I thank Michelle and Sarah for their years of service and dedication. They will be truly missed, and they will always have a home with us should they ever wish to return.

Warm regards,

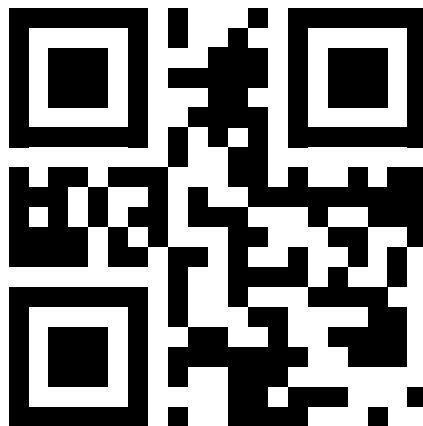
Dana Whitham

Senior Clinical Program Director, Kidney and Metabolism Program



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