



AT THE FOREFRONT

UChicago
Medicine

Pre-Transplant Patient Education for Diabetics

Pancreas and Islet Cell Transplant

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What is a pancreas

- The pancreas is an organ that sits behind your stomach.
- It normally makes insulin and other enzymes to break down food and turn it into energy for your body to use

Type I Diabetes

- When someone has Type 1 diabetes the parts of the pancreas that make insulin do not work.
- Patients take insulin since their pancreas does not make its own



Insulin

- Working with your diabetes doctor and taking insulin are the preferred way to manage diabetes.
- When this is no longer working, a transplant might be another treatment option

Transplant

- Transplanting a pancreas from an organ donor who has died into a person with Type 1 diabetes allows that person (transplant recipient) to make insulin again.
- There is more than one way to transplant a pancreas:
 - Whole organ pancreas transplant
 - Islet Cell transplant
 - Intra-portal
 - Cell pouch

Evaluation

- To make sure you are healthy enough for transplant, every patient needs to go through an evaluation
- Some parts of the evaluation are done by everyone:
 - Labs (blood tests)
 - Heart evaluation (chest x-ray, EKG, echocardiogram)
 - Meet with the transplant doctor, pharmacist, social worker, dietician
- Some appointments are specific to your health history, you will discuss these with your transplant nurse or Doctor

Getting on the waiting list

- Once all of your evaluation has been completed, your case will be reviewed by a Multi-Disciplinary Team (team members include transplant physicians, nurses, social worker, dietitian, pharmacist, and finance)
- The team will make one of several decisions:
 - Approved for listing
 - More testing is needed
 - Not a candidate for listing
- You will be notified of the team's decision by phone and in writing

Wait list

While on the waiting list it is important to:

- Stay as healthy as possible
- Monthly blood samples for Gift of Hope
- Tell your transplant team about any changes in your health or insurance
- Keep your transplant team updated with the best phone number to reach you day or night
- Come in to complete an evaluation each year to make sure you are healthy enough for transplant (your coordinator will schedule these appointments for you)

Status on the Wait List

- **Active status** - ready for transplant * you could be called in at any time*
- **Inactive status** - you are still on the list, gaining time, but you are not ready for transplant
 - Too sick
 - Evaluation out-of-date
 - Need further testing

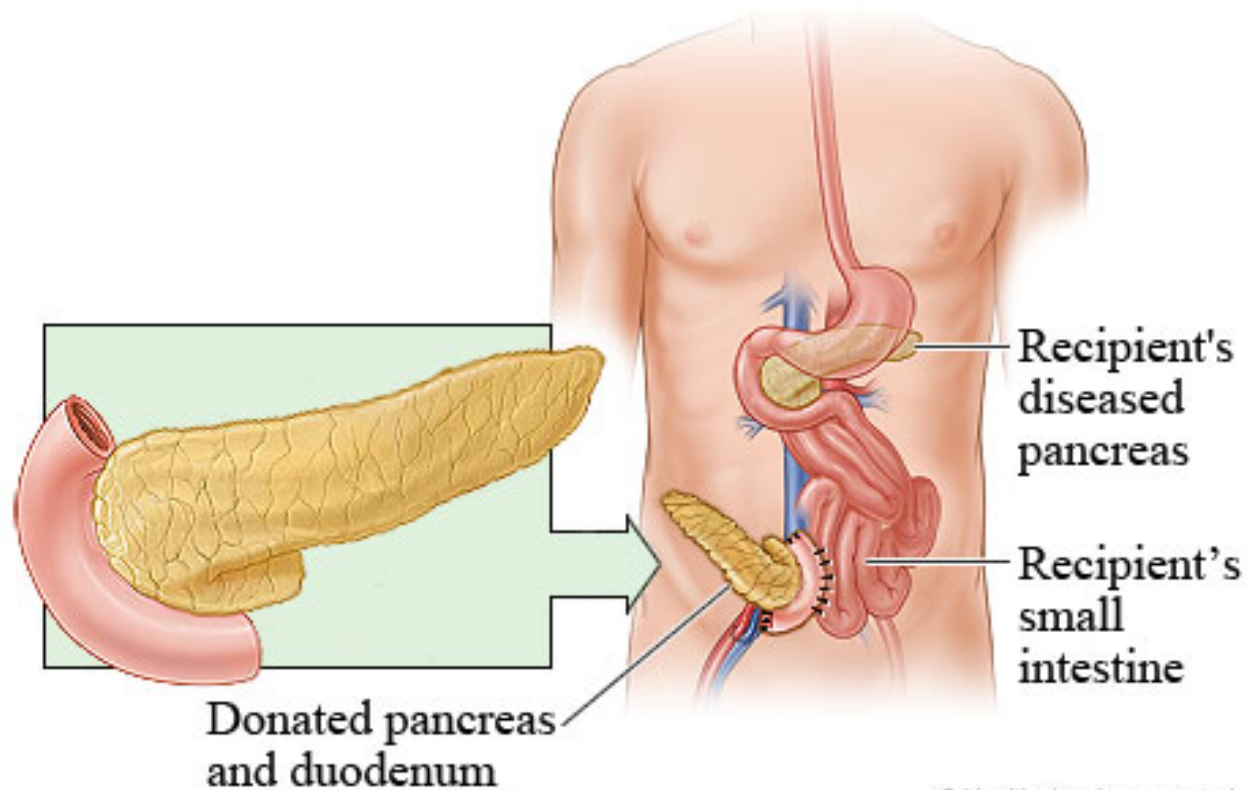
Donor Infectious Diseases

- All donors are tested for infectious diseases and all recipients are tested for infectious diseases before and after transplant
- Screening is done by blood testing and a thorough medical and social history of the donor
- State-of-the-art testing is used to screen for hepatitis and HIV
 - In spite of this testing, there is always a chance of disease transmission
 - Donors that are HIV positive or have active Hepatitis B are NOT used for donation

Transplant procedure

- You will talk to your doctor at our Tx Center about different transplant options and which one fits you best

Pancreas Transplant



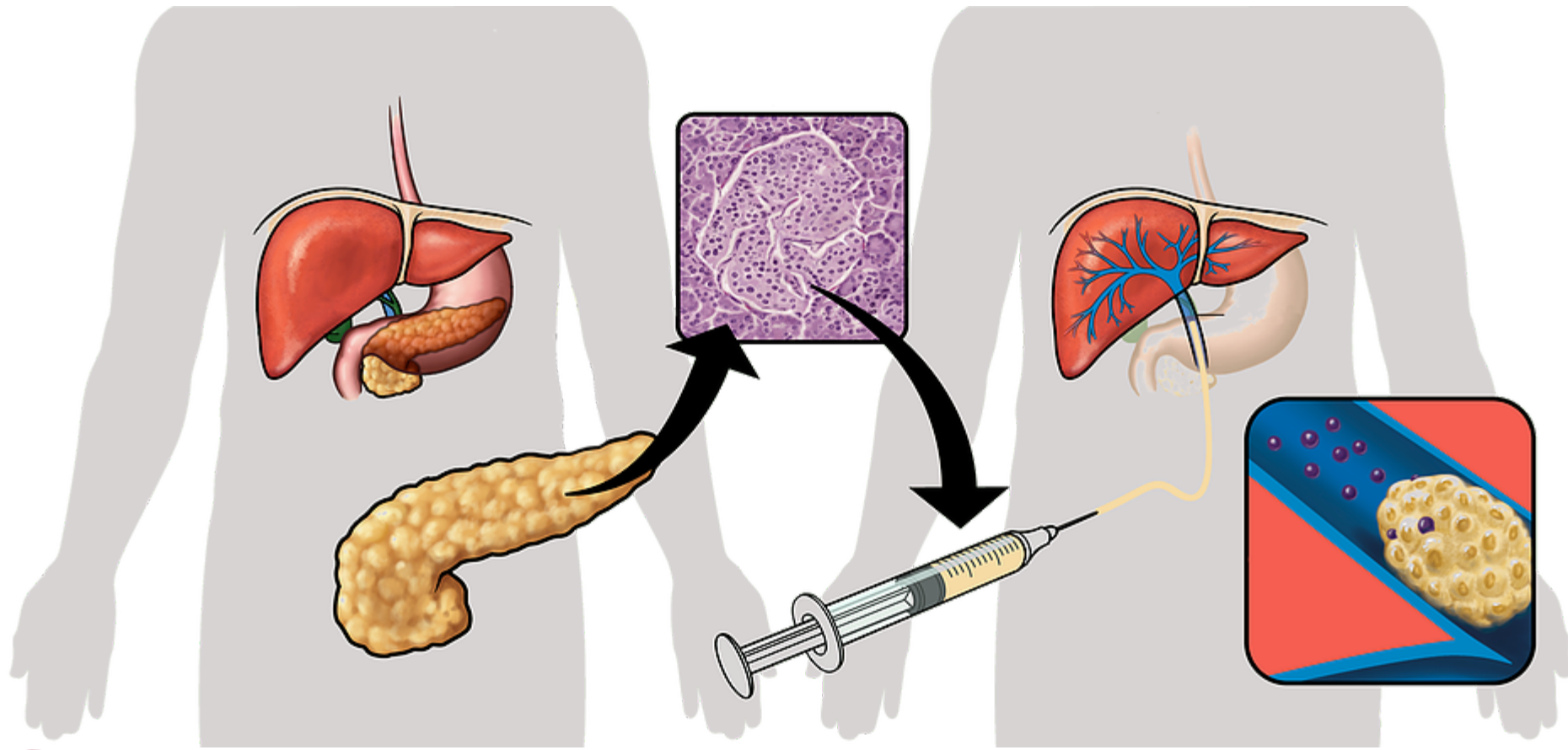
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Pancreas Transplant

- Incision site for most is in the middle of your stomach
- 3 hour operation
- Usually about a week in the hospital
- Leave your pancreas in place



Intraportal Islet Cell Transplant



Intraportal Islet Cell Transplant

- A pancreas comes from a deceased donor, just as a whole organ pancreas does, however, we select the donor pancreas based on special islet related criteria that was developing through a multi-center collaboration
- The pancreas then goes to be processed before transplantation. Pancreatic islets are isolated by Dr. Witkowski's team at The University of Chicago cGMP facility, a special lab designed for processing cells for clinical therapy such as transplant. While the pancreas is being processed, the patient is being prepared for the transplant procedure.

Intraportal Islet Cell Transplant

- Once both the cells and the patient are ready, the patient goes to interventional radiology instead of the operating room.
- The patient receives conscious sedation and numbing medication- they are not put to sleep but relaxed.
- The radiologist accesses a big vein in the liver (like an IV) and the cells, mixed in a special transplant solution, flow into the liver (small catheter is introduced into the portal vein).
- This procedure usually takes under an hour and once complete, patients return to their rooms after a short stop in the recovery area and are able to eat that same day.
- Most patients are ready to go home after 1-2 days in the hospital.

Medications

- You will need to take medications **EVERYDAY** for as long as your transplant is working
- If you stop taking these medications, you will lose your transplant
- Take your medications exactly as your transplant team tells you to
- Call your transplant team with ANY questions about your medications

Follow up visits

- After transplant you will be asked to come back to clinic often to see your transplant team. These visits will include:
 - Having labs drawn
 - Meeting with the Nurse and Doctor
 - Reviewing your medications
- It is very important to come back for your scheduled appointments!



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