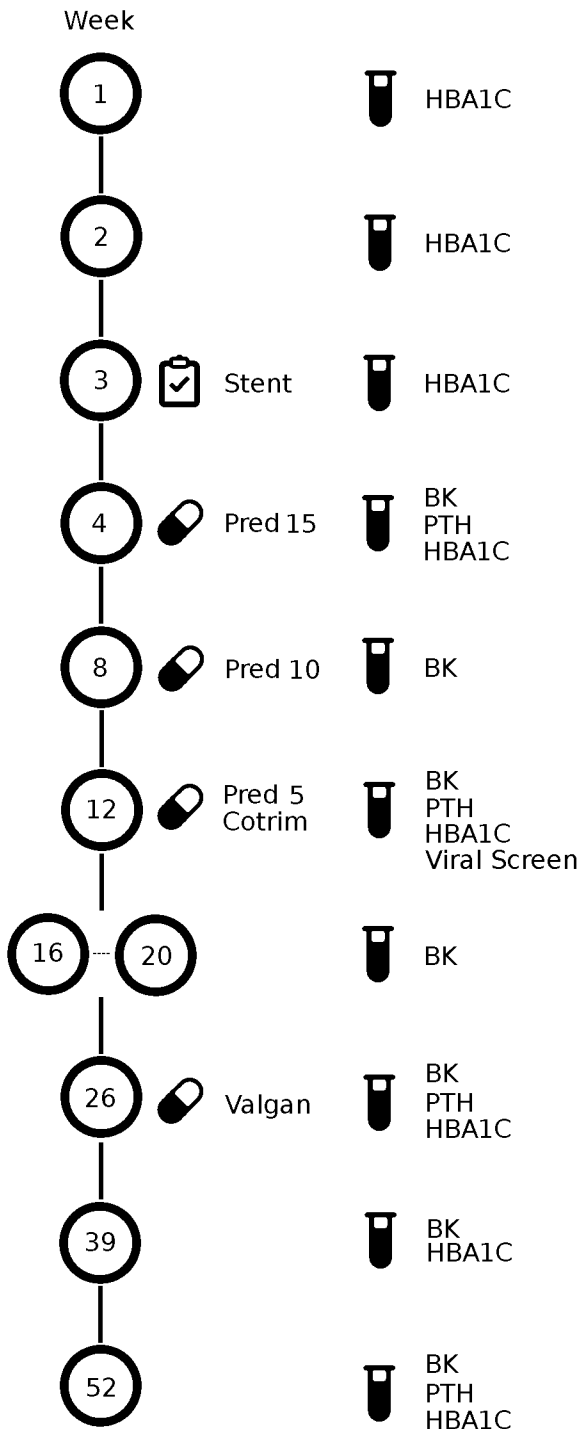


Transplant Cheat sheet



Tacrolimus

Adoport bd (10:00, 22:00), Advagraf od
SE: Hairloss, DM, tremor, ↑lipids, TMA,
nephrotoxic, HTN, ↓Mg
Take on empty stomach
P450 4A4 metabolised, liver cleared
Target level: 5-7 (first transplant non
sensitised). Higher trough target in
sensitised patients and SPKs

Increase levels

Macrolides, antifungals, CCB,
doxycycline, amiodarone,
metoclopramide, alcohol

Decrease levels

Phenytoin, carbamazepine, rifampicin,
isoniazid, St. Johns wort

MMF

500mg – 1g bd, reduced in elderly, frail
SE: diarrhoea, abdo pain, cytopaenia
Higher doses if ↑risk, African ancestry
↓alb or uraemia = ↑MMF level
PPI = ↓AUC
GI side effects

Myfortic

360-720mg bd
Less GI SE
Better absorption with PPI

Valganciclovir

CrCl >40 450mg od
CrCl 25-39 450mg every 2 days
CrCl 10-24 450mg twice weekly

Ciclosporin

Target Level = 100(ish)



Hb

↑ and HCT > 51% = post tx erythrocytosis,
treatment = ACEi (risk = men, smoker, good
graft)
Anaemia = MMF/ACEi/Iron def
Consider malignancy later post tx: iron def/ldh/
colonoscopy/imaging
↓ Plts = ?TMA

WBC

Leukopenia: Common, peak 100days
CMV/B19, MMF, valganc, cotrim, tac, aza, ATG,
PPI. Drugs > viral.

LFT

viral/CMV/EBV/Hep

Electrolytes

↑Ca2+ (check PTH), ↓Mg & ↓Phos common

Live vaccines Contraindicated

Live Vaccines available in the UK:

- Live influenza (Fluenz Tetra)
- MMR vaccine (Priorix, MMRVaxPro)
- Rotavirus (Rotarix)
- Shingles (Zostavax)
- BCG vaccine
- Oral typhoid (Ty21a)
- Varicella (Varilrix, Varilvax)
- Yellow Fever vaccine

MEASLES

Needs HNIG if contact

VZV (chickenpox)

Pre tx vax is safe. Prophylactic
acyclovir if contact. VZIG if preg
weeks 1-20.

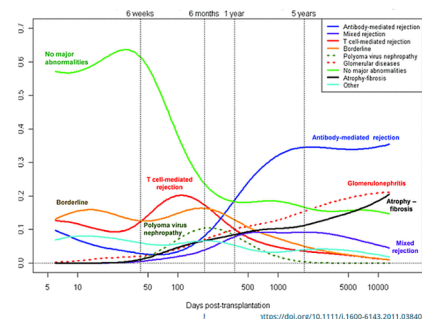


BK Viraemia

Sign of **overimmunosuppression**
If positive, repeat 3-4 weeks later
(specify "follow up" on order)
Consider bx (if low level and stable
function can avoid)

Reduce MMF initially if <10,000
Stop MMF if > 10,000

Tac levels: 3-5 if persistent
U/E and BK 2-4 weekly
DSA if off MMF for >4 weeks



@Clinic

1. Function
Unexplained change?
Planning for RRT/Tx
1. Focused systems:
BP, oedema, skin lesions, gout
2. Medication SE screen
3. Recent Infections
4. Cardiovascular/Metabolic risk
5. Cancer screen
Weight loss, lymph nodes

~40% of Graft losses in UK = death with
functioning graft

Beyond the first year

Consider if appropriate for steroid withdrawal
Consider withdrawing PPI

BK: Every 3 months in year 2, 6 monthly year 3-5
HBA1C: Annually
PTH: 6 Monthly

SPF50, No Hat no Play

@ VitalData

1. Document Weight, urine dip
2. Update Medications
3. Brief clinical note if returning soon