


Name of Policy: <u>Immunosuppressant Withdrawal After Loss of Kidney and/or Pancreas Allograft</u> Policy Number: 3364-140-36 Department: Transplant Administration Approving Officer: Chief Nursing Officer Director, Renal Transplant Program Director, Pancreas Transplant Program Responsible Agent: Director, Renal Transplant Program, Administrative Director, Renal Transplant Program, Transplant Coordinator Scope: The University of Toledo Medical Center	 Effective Date: July 1, 2024 Initial Effective Date: August 1, 2008
<input type="checkbox"/> New policy proposal (for Med Staff) <input checked="" type="checkbox"/> Minor/technical revision of existing policy <input type="checkbox"/> Major revision of existing policy <input type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

Patients who no longer have a functioning Kidney and/or Pancreas Allograft will continue to be seen routinely in the Transplant or Nephrology Clinic until the patient goes back on dialysis or is completely off of immunosuppressant medications. In patients with both kidney and pancreas transplants if one of the allografts fail, the patients will continue to follow up routinely in transplant clinic to monitor allograft function and immunosuppression.

(B) Purpose of Policy

To provide continued monitoring and prevention of complications associated with immunosuppression until the patient is successfully tapered off of all immunosuppressant medications.

(C) Scope

This policy applies to members of the medical staff and UTMC Personnel involved in the kidney and/or pancreas transplantation programs of the University of Toledo.

(D) Procedure

- (1) Transplant Surgeon or Physician will notify the Transplant Coordinator when a patient loses function of his/her kidney and/or pancreas allograft.
- (2) If the physician feels it is appropriate, the physician will begin to taper the patient off of immunosuppression. The exact method of tapering will be at the discretion of the physician.
- (3) The Transplant Physician/Surgeon will instruct the patient on the importance of continued follow up and prevention of complications while still on immunosuppressant medications, as

well as giving him/her instructions at the clinic visit on signs and symptoms of rejection to report to the Transplant team.

- (4) Patients with failed pancreas transplant allograft will be referred to an endocrinologist for optimal blood glucose control.
- (5) The Transplant Coordinator will inform the data coordinator of the reason for graft loss, date that the patient returns to dialysis, any rejection episodes and the type, if appropriate.
- (6) The Transplant Surgeon or Physician will continue to see the patient in the clinic until withdrawal of immunosuppression is achieved.
- (7) Patients with both kidney and pancreas allografts will continue to be on immunosuppression after failure of one of the allografts.

<p>Approved by:</p> <p>/s/ _____ Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer/CNO</p> <p>/s/ _____ Michael Rees, MD Director, Renal Transplant Program</p> <p>/s/ _____ Kunal Yadav, MD Director, Pancreas Transplant Program</p> <p><i>Review/Revision Completed By:</i> <i>Transplant Surgeon</i> <i>Transplant Program</i> <i>Hospital Administration</i></p>	<p>Review/Revision Date: 2/6/2009 1/12/2010 8/31/2012 5/26/2015 5/1/2018 5/3/2021 3/1/2024</p>
<p>Next Review Date: 7/1/2027</p>	
<p>Policies Superseded by This Policy: Prior Immunosuppressant Withdrawal After Loss of Renal Allograft that was departmental only.</p>	