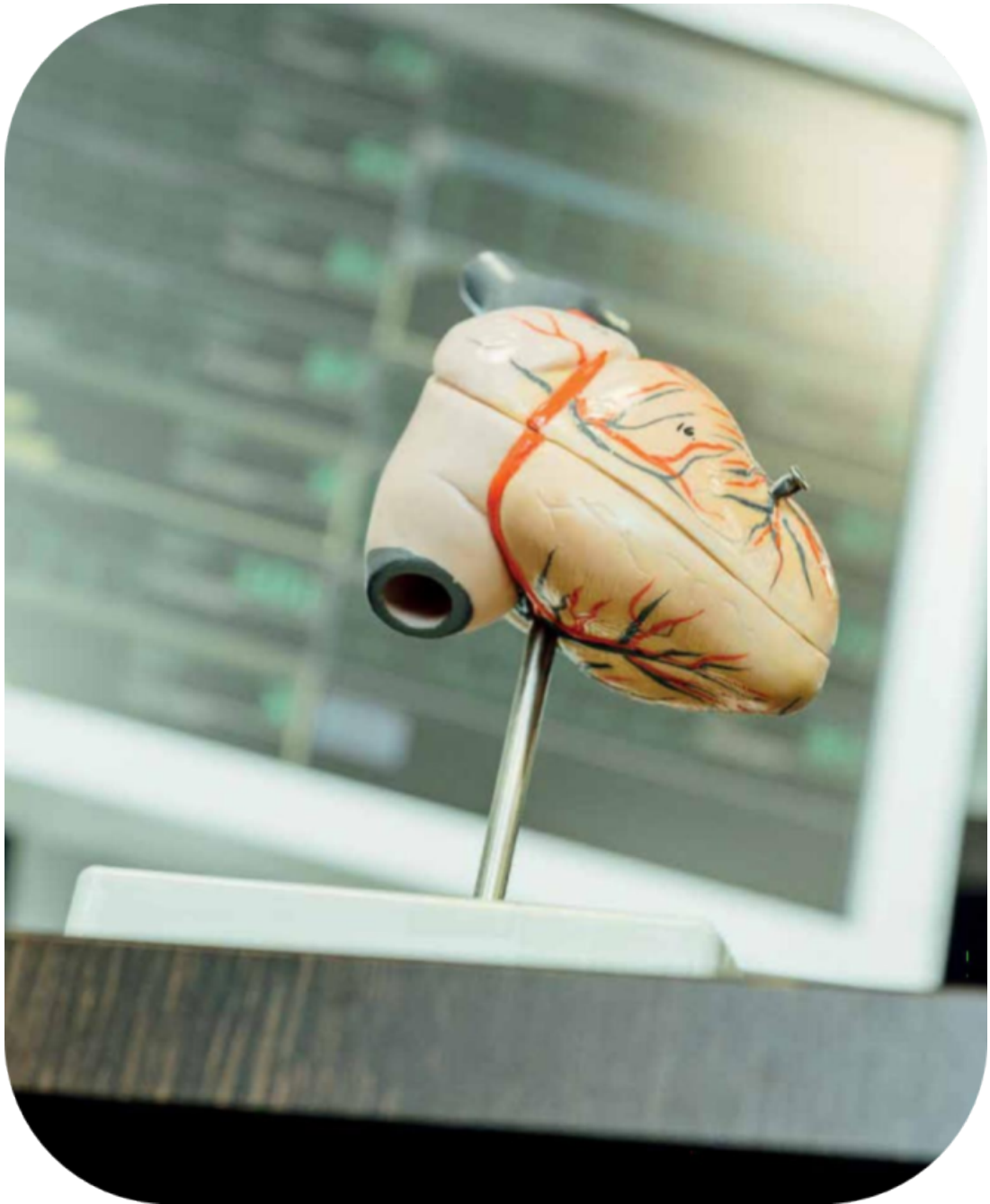


Hartcentrum
OLV Aalst

BROCHURE FOR PATIENTS
AND FAMILIES

Living with a donor heart



1. Scope

Transplant patients and their families.

Introduction

You have been informed that you need a heart transplant because of your heart disease. Preparing for this operation is a long process, and you undoubtedly have many questions related to it. With this brochure, we wish to provide you and your family with all the information you need and want to know when you undergo a heart transplantation.

It is important to note that this brochure only provides objective information. The best source of information is the heart transplant team's medical personnel, so do not hesitate to ask any questions you may have.

On behalf of the heart transplant team at OLV Hospital Aalst, we wish you a full and speedy recovery!



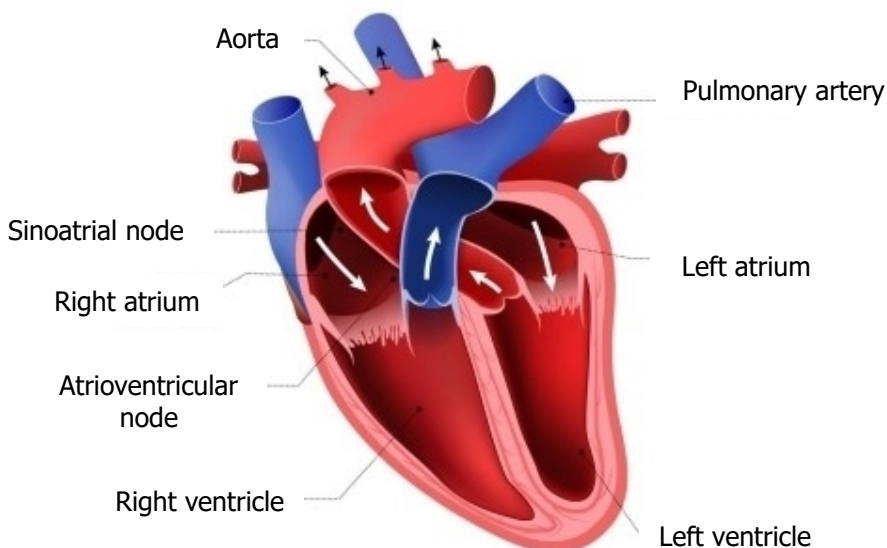
2. How the heart works

The heart is a hollow muscle shaped like a rounded-off cone. It can be best compared to a pump that supplies the whole body with blood. The size of the heart depends, among others, on gender, age and fitness of the individual. An average adult heart weighs 300g and is as big as a clenched fist.

The heart is divided into right and left sides partitioned by the wall, called septum. Each side is divided into an atrium and a ventricle, separated by valves. Both atrias serve as collection points for blood. Deoxygenated blood enters the right atrium via the superior and inferior venae cavae. The blood is then pushed into the right ventricle, from where it is pumped to the lungs through the pulmonary artery. There, carbon dioxide is released, and oxygen is absorbed into the bloodstream. The oxygenated blood enters the left atrium, and then the left ventricle, from where it is pumped throughout the whole body via the aorta.

When the heart is not working properly, either because it does not pump enough, or the valves are not functioning properly, or one of the blood supply vessels are clogged, etc., different treatments are possible.

In some cases, the heart is underperforming to such a degree that a heart transplant is the only treatment option.



2.1 When is a heart transplant needed?

Your transplant cardiologist has informed you that a heart transplant is a potential treatment for your underlying heart disease. What now? What steps will be taken? How do you know if you will be considered for a heart transplant? In order to check whether a heart transplant could be an effective solution in your case, you will be admitted to the cardiology ward X2 Noord of Onze-Lieve-Vrouweziekenhuis (OLV Hospital) and will stay there for about 10 days. A thorough screening of your current condition will take place during this period (screening phase).

3. Screening phase

If a heart transplant is an option, you as a patient must undergo a series of tests and consultations with different specialists.

The aims of this screening are:

- To assess the severity of your heart failure
- To rule out the possibility for any other treatment options
- To verify that a heart transplant will definitely be a solution in your case
- To rule out contra-indications
- To detect and where necessary treat other conditions before the heart transplant

The physicians will base their decision whether or not you can be considered for a heart transplant on the results of these examinations.

The specific examinations you will undergo are as follows:

- Blood tests
- Urine tests
- Electrocardiogram (ECG)
- Holtermonitoring and cycling test
- Echocardiogram (TTE) of the blood vessels of the neck, liver, bile ducts, kidneys, pancreas, spleen and abdominal aorta
- Right and/or left heart catheterisation and coronarography (images of the coronary arteries)
- Test of lung function and a lung scan
- Endoscopy of the stomach, oesophagus (gullet), large intestine and small intestine (>50 years old)
- An electrophysiological study (to detect potential arrhythmias)
- A CT of the stomach organs (<50 years old)
- X-ray photos of lungs, sinuses in the nose and frontal sinuses
- Bone measurement (osteoporosis?)
- Dental examination (infections and tooth decay)
- Gynaecological examination and mammography (for women)
- Urological examination (for men)
- Consultations: dermatology (skin diseases), neurology (nervous system disorders), psychiatry, eye diseases, ear, nose and throat disorders, etc.

During the screening phase, you will be vaccinated against hepatitis A and B and pneumococcal pneumonia as standard, and possibly measles too. You will also be tested for TB.

A social nurse, psychologist, dietitian, physiotherapist and the transplant surgeon will come to see you while admitted on the ward.

All examinations are conducted to ensure that you have no other significant conditions that make it impossible to perform a heart transplant. This is mainly related to immunosuppressive therapy after the transplant, which can worsen existing conditions.

The physician in charge of your treatment may decide that some of the screening tests are not necessary, or that other tests that are not listed are required. It is important to know that you may undergo several examinations on some days while other days will be less intensive.



4. The heart transplant team

As soon as all tests have been carried out, the multidisciplinary heart transplant team will address whether you are a suitable candidate (i.e. whether or not you fulfil the defined criteria) for a heart transplant. The team is composed as follows:

- Cardiologists
- Cardiovascular surgeons
- Transplant coordinators
- Heart failure nurses
- Perfusionists
- Physiotherapists
- Dietitian
- Psychologist and social nurse
- Ward nurses

The results from your screening tests and your further practical planning are reviewed extensively during a follow-up consultation with your transplant cardiologist, after you have been discharged from hospital.

A lot of important information will be provided during this consultation, and a family member and/or friend should come along with you.

5. Contra-indications for a heart transplant

A heart transplant is a major surgery. Apart from your heart, you must be in sufficiently good condition to undergo such a serious medical procedure.

You also need to be very motivated about the transplant and be compliant to take medications according to a schedule.

Therefore, a heart transplant may not be a good solution for you for either medical or psycho-social reasons, known as 'contra-indications'.

Contra-indications for a heart transplant include:



- Active smoking, alcohol and/or drug use
- Malignant conditions or the recent treatment thereof
- Irreversibly bad functioning of the liver, kidneys or lungs
- Blood pressure in the lung circulation is too high
- An active infection
- Serious arterial and/or peripheral vascular disorders
- Extreme obesity
- Advanced diabetes
- Careless use of medication



6. Waiting for a heart transplant

When the heart transplant team decides that you need a heart transplant, a number of your medical details, including blood type, height, weight, tissue characteristics, cause of your heart disease and urgency, will be forwarded to Eurotransplant.

Eurotransplant is an organisation that coordinates transplants in Belgium, the Netherlands, Luxembourg, Germany, Austria, Croatia, Slovenia and Hungary, and ensures that organs are correctly distributed. This means that organs that become available in Belgium can go to any of these countries, and vice versa. As soon as your details are sent to Eurotransplant, you are placed on an international waiting list, and from that moment your own waiting time commences.

7. Availability

Once you are placed on the waiting list, an uncertain waiting period begins. It is difficult to predict how long this waiting time will last in your specific case. Usually, it is a matter of months, or up to 1-3 years. You can be called in for the operation at any time of day or night.



!!! Therefore, we must ALWAYS be able to reach you !!!

We recommend that you get a mobile phone (if you do not already have one), so that you are free to go where you want and do not have to stay at home 24/7 waiting for your landline phone to ring. You may travel abroad while you are on the waiting list, but please tell your transplant coordinator/heart failure nurse exactly where you will be.

In order to make everything smooth as possible once you would have received the call, it is important to make prior arrangements ensuring your swift transport to the hospital, and address any other family matter such as for instance taking care of your children (if you have children that need looking after). It may also be useful to draw up a list of what you need to take with you on the day of the transplant. It is essential to bring your ID card.

8. Regular check ups

Regular appointments with the transplant cardiologist are required to ensure that you remain in the best possible condition to undergo a heart transplant. Appointments take place on Monday morning at the transplant consultation clinic, either monthly or once every two months. At these appointments, you will have the opportunity to address any questions or concerns. You can always reach us by phone—the contact details of the heart transplant team are enclosed in this brochure. You will be admitted to hospital for a short time approximately every 6 months to follow-up on your heart failure condition including catheterization to evaluate in heart function in detail by measuring pressures in your heart and lungs.

8.1 Physical preparation

While waiting for a new heart, there are several things you can do to improve your current physical condition and to shorten the recovery period after the operation. It is very important to remain as active as possible.

Regular walking or doing simple exercises while sitting or standing up are highly recommended. Make sure you speak to your transplant cardiologist about how much you can exert yourself. He/she will tell you what sort of exercises are recommended for you.

Prior to the transplant, your weight is an important factor to monitor: obesity increases the risks associated with the operation. The heavier you are, the more difficult it is to find a suitable donor. If you are obese, your heart needs to work harder, and the recovery phase will be less smooth. Therefore, you should maintain a healthy diet, limiting your intake of salt, fat and sugar. Furthermore, you must limit your intake of liquids. It is important to stick to these eating habits, because you must also be careful about what you eat after the transplant (see chapter 13, 'Back home').

Take your medication as prescribed. This is important to keep your heart disease under control.

8.2 Mental preparation

You will probably have many questions about how the operation will go and what will happen afterwards. For some patients, this is not easy to process posing distress. It is not unusual to fear, to be depressed and/or uncertain at the beginning. You are encouraged to speak openly about this or any other concerns with your social nurse and/or psychologist or physician. They can guide and help you by providing you with extensive information and assistance with regard to social services, home help, transport costs, etc.

It is also possible to get in touch with patients who have had a heart transplant in the past. The social nurse can give you more information about this. The pastoral service is also always available to the patients and their families. They help you with listening to you and working with you to find meaning.

Finally, a number of websites contain articles and explanations (in Dutch) about heart transplants in Belgium and the Netherlands:

- <http://www.hart-falen.be>
- <http://www.hartziekte.be> (search: ruilhart)
- <http://www.hartgenoten.nl>
- <http://www.hartcentrumaalst.be>

9. The day of the operation, and the post-operative period

As soon as a donor heart is available, Eurotransplant will immediately get in touch with OLV Hospital's transplant coordinator. The heart transplant team is called in and the transplant coordinator will contact you.

After you receive the call, you may not take any food or drink and go to the hospital as soon as possible. Once you get to the hospital, please report to Emergency department (Spoedgevallen). The medical staff will inform the clinical transplant coordinator/ heart failure nurse, who will guide you further. The preparation for your operation will take place on ward X2 Noord.

9.1 Preparing for the operation

Before the actual operation, a number of routine tests are carried out: an RX thorax, an electrocardiogram and a blood test. Urine and sputum samples will also be taken.

The clinical transplant coordinator/ heart failure nurse will measure your blood pressure, pulse, temperature and weight.

Then, the hair in the area from your neck to above your knees will be removed. You will be asked to clean your teeth well and to use antiseptic mouthwash, and also to take a shower with an antiseptic soap. If you are unable to do this unassisted, please ask a nurse for help. You will then be given a hospital gown and a wristband with your details to put on, and a drip will be inserted so you can be given medication. Jewellery, piercings and nail varnish must all be removed.

Once this is all done, you will be taken to the operating theatre, where you will meet the anaesthetist who will put you under anaesthesia. The heart failure nurse will stay with you until you fall asleep.



Important to know: while you are preparing for your operation, your donor heart will be thoroughly inspected by the transplant surgeon. If the surgeon approves the donor heart for transplantation, the operation can begin. If the donor heart is rejected, however, the operation cannot happen, which is of course a very painful and emotional experience. This will often take you and your family some time to process. However, please bear in mind that the operation can be cancelled right up to the last minute.

9.2 The heart transplant

On average, the heart transplant surgery lasts 4 to 6 hours. It is advised that your family is waiting for information about the course of surgery and next steps at home. They will be contacted once the surgery is done.

After the surgery, you will be transferred to the Intensive Care Unit, where you will be monitored 24 hours a day.

9.3 Hospitalisation

9.3.1 Intensive care

At the Intensive Care Unit, dedicated and highly specialised team of physicians and nurses will continually monitor clinical and using monitoring devices. They follow your heartbeat and blood pressure, and monitor overall heart performance. The monitor gives off alarm signals in case of any slight changes in your condition.

Once you are completely awake and can breathe independently, the breathing tube is removed and you will be able to breathe and speak normally.

In the first days after the operation, fluid can build up around the heart and in the chest cavity. This fluid is removed by drains (plastic tubes that are left in the wound). In addition, in these first days, your urine will be removed via a bladder catheter.

Because of the medication you take to prevent the rejection of your new heart, your immunity will be reduced. Therefore, you will stay in a separate room, both in Intensive Care and on the X2 Noord ward, in order to avoid infections from your surroundings. All physicians, nurses and family members will disinfect their hands, and will put on a gown, gloves and a mask prior entering your room. Family members who have a cold/flu are not permitted to visits.

To allow you to have sufficient rest during the post-op recovery phase, family visiting hours are restricted.

Visiting hours intensive care:

053/72.45.46



Family members may not visit outside of these times, but can call 053/ 72.45.41 to find out about your condition. In Intensive Care, it is not necessary to bring your own toiletries or pyjamas. Your family can bring these in later, when you are transferred to ward X2 Noord.

9.3.2 Nursing ward

After your stay in Intensive Care, you will be transferred to the nursing ward. Generally, you will remain on this ward for about two weeks, depending on your health condition.

Visiting hours nursing ward X2Noord:

053/72.48.20

Cardiac revalidation begins immediately after the surgery, while you are still in the Intensive Care Unit. The revalidation primarily consists of breathing exercises and mobilisation in bed. At later stages, physiotherapist will work with you on mobilising your upper and lower limbs.

Once you leave Intensive Care, you will start walking slowly on the nursing ward. After that, you will be walking up and down stairs and doing weights in the rehab room.



10. Potential complications

10.1 Rejection

The body's immune system is its defence mechanism to protect it from harmful matter (bacteria, fungi, abnormal cells, etc.). The body considers the new heart as a 'foreign organ' and tries to reject it as natural response. Few patients do not experience a period of rejection after a heart transplant.

There can be acute and late rejection reactions. Acute rejection means that the reaction happens almost directly after an operation. Late rejections occur only months or years later. Sometimes a rejection reaction cannot be observed immediately, which is why a heart biopsy is taken regularly in the first post-op months so that early signs of rejection can be detected.

The treatment for rejection depends on the seriousness of the reaction. It will require medication that is either taken orally (via the mouth) or intravenously (via a drip, directly into the blood).

10.2 Infection

Anti-rejection medication (immunosuppressants) lowers infection resistance.

Susceptibility to an infection is greatest shortly after a transplant or after a rejection treatment.

The dose of immunosuppressants prescribed is then at its highest.

10.3 Lungs

The lungs are the most susceptible to infection. In the early post-operative period, X-rays are taken on a daily basis. The aim is to detect the first signs of a potential lung infection as early as possible. Regular checks are performed after being transferred from Intensive Care. It is important that you also look out for the symptoms of an infection such as heavy coughing, shortness of breath and/or fever (from 38 °C).

You must always report these symptoms to your physician.

10.4 Wounds

Wounds are another possible source of infection. They must be looked after carefully and hygienically. This mainly concerns the operation wound, but this requirement also equally applies to any wounds that occur once you return home (cuts, scratches, burns, etc.). You must report any abnormal sores, blisters etc. to your physician, as they can be a sign of infection.

10.5 Mouth

The mouth is a significant source of infection. Teeth and mouth hygiene regimens must be carried out extremely carefully and regularly. These are important to prevent gum infection, a condition that is often reported as a result of the medication.



11. Medication

11.1 Anti-rejection medication or immunosuppressants

After the transplant, you must continually take medication to prevent the heart being rejected. Examples include: Neoral®, Prograft®, Advagraf®, Cellcept®, Medrol®, Certican®, Imuran®

The dosage of the above medication is adjusted according to your weight and the amount of medication in your bloodstream. Therefore, it is important that you take the right dosage at the right time. The dosage is highest after the transplant, and is then gradually reduced, but it is never interrupted or stopped!

The most common side effects of these meds are: headaches, higher blood pressure, shaking hands, diarrhea, nausea and vomiting, insomnia, and heightened sugar and/or cholesterol levels. These may occur, but not necessarily. It varies from person to person.

11.2 Anti-infection medication

Immunosuppressants make you more susceptible to infections. To prevent or treat such infections, you will be given medication such as: Nystatine®, Corsodyl® (mouthwash), Zovirax®, Bactrim Forte®, Valcyte®.

Corsodyl® (mouthwash) can stain your teeth and cause a burning sensation in the mouth. If this is the case, please inform the nurse in the heart transplant polyclinic.

11.3 Keeping to the therapy regime

You are NEVER permitted to reduce or increase medications yourself, or to combine them with other medications. It is vital to take the medicine exactly as prescribed by the physician in charge of your treatment, i.e. to keep to your therapy regime.

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Why is this so important?

Not following the therapy regime as set by your physician is risky and reduces the chances for a sustainable good health. This leads to:

- The occurrence of complications that can threaten your life or the future of your transplanted organ
- The rejection of your transplanted organ
- The loss of your transplanted organ

12. Check-ups

12.1 Outpatient (policlinic) check ups

In the first year after the transplant, you will be required to undergo frequent examinations (electrocardiogram, echography, etc.) and/or blood tests. The examinations always take place on a Monday morning between 8am and 11.30am.

Some of these examinations are carried out by the transplant cardiologist, and others by the nurse from the heart transplant polyclinic.

For more information, please call the heart transplant secretarial team: tel.053/72 45 85.

12.2 Biopsy test

In the first 4 weeks after the operation, a heart biopsy (removal of a piece of heart tissue) will be carried out every week. This is the only way to detect a rejection. Subsequently, this period is gradually reduced to monthly, and then with longer pauses in between until the tests are done once a year.

What happens in practice?

Under local anesthesia, a fine catheter is inserted via a vein in the neck or groin to the right ventricle of the heart. A biopsy forceps is advanced through this catheter and used to remove various fragments of heart tissue.

These fragments are very small, so that the thickness and quality of the heart muscle are not affected. The procedure lasts about half an hour. It does not require hospital admission, and takes place in the outpatient clinic. Before you leave the outpatient clinic, your transplant cardiologist and the nurse from the heart transplant polyclinic will speak to you and the necessary appointments will be scheduled at that time.

12.3 Annual check-up

Each year, extensive tests are carried out in order to check the functioning of the heart and other organs. This annual check-up requires a 3-day stay on the cardiology ward X2 Noord and consists of:

- Blood and urine tests
- Radiological and/or ultrasound examinations of the chest cavity, stomach organs and neck veins
- Nuclear tests (measuring pump function of heart muscle, measuring bone thickness)

- Full cardiologic checks including echo, holtermonitoring (to rule out arrhythmia) and potentially a dobutamine stress echo
- Biopsy via catheterization in the neck or groin
- Dermatological (skin) examination
- Pulmonary (lung) examination
- Ear-nose-throat examination
- Dental examination (also possible with your own dentist)
- Eye examination (also possible with your own eye doctor)
- Gynaecological examination (also possible with your own gynaecologist)
- Other additional examinations possible, in consultation with the transplant cardiologist

The aim of these tests is to detect potentially dangerous complications (e.g. from medication) at an early stage: cancer, infections or functional reduction of your new heart.

13. Back at home

13.1 Temperature

If your temperature rises to above 38 °C and does not decrease, inform the nurse from the heart transplant polyclinic, who will tell you what you need to do. Outside of office hours and at the weekend, get in touch with your GP.

You cannot take any fever-reducing medication (e.g. Aspirine®, Aspégic®, Dafalgan®) without permission, since such medications conceal symptoms that can signal the start of an infection or rejection.

13.2 Food

When you are in hospital, the dietitian will propose and discuss a personal food regimen with you. Initially, it is important to build up sufficient reserves and to get your strength back after such major surgery. Once you are back home, you are responsible for maintaining a healthy diet.

Sugar and sweet items (cakes, chocolate, fizzy drinks, etc.) are very high in calories and lead to weight gain. Furthermore, they have an indirect influence on blood lipid levels.

Cholesterol has a direct influence on the occurrence of cardiovascular diseases. Therefore, you should limit your intake of high-cholesterol foods (egg yolks, offal and anchovies).

Furthermore, you should avoid fats from animal sources. These are fats that are solid at room temperature, such as butter. As much as possible, they must be replaced by vegetable fats that are soft or liquid at room temperature, such as soft margarine or oil.

Do not add any salt to your food, and avoid high-salt foods such as salted meat, crustaceans and shellfish, stock cubes, crisps, ready meals, etc. Consuming salt can raise blood pressure and can lead to fluid retention. You can any use herbs and spices as a replacement for salt, but be careful with herb/spice mixes (e.g. spaghetti herbs, chicken herbs), as they contain large quantities of salt.

NOTE

Some guidelines must also be observed when preparing food. Your food must be as fully cooked as possible to minimize the number of sickness-inducing micro-organisms such as bacteria or fungi. This is called low-bacteria or low-germ food. Definitely avoid raw meat. You can have uncooked fruit and vegetables, but make sure you rinse them well beforehand.

13.3 Weight

If you are underweight, you must gain weight to have sufficient fat and protein reserves to protect you in the event of infection or rejection. If you are too heavy, you should follow a moderate weight-loss diet.

Being overweight increases the risk of arteriosclerosis, high blood pressure and diabetes. It is therefore important to strive for and maintain a healthy weight. Contact the dietitian for personal guidance in this regard.

13.4 Alcohol

It is not forbidden to drink alcohol, but limit yourself to 1 or 2 glasses of red wine, 1 glass of beer or 1 glass of spirits per week, because drinking can damage your liver.

13.5 Smoking

Smoking is damaging for your health, certainly after a heart transplant. It leads to the narrowing of the coronary arteries, causes irritation of the airways, and increases susceptibility to infections and cancer.

Therefore, smoking is absolutely forbidden. Also try to avoid passive smoking as much as possible. If you would like some guidance on stopping smoking for good, do not hesitate to get in touch with the psychologist attached to the heart transplant team.

Important!

Do not make any sudden exertions. Do everything slowly. Long, sustained, moderate exertion is preferable to short, heavy demands on your heart muscle.

13.6 Physical Activity

Your physical condition may have seriously worsened due to your heart failure, so it is very important to gradually build your condition back up again. During your hospital stay, you will have done a great many breathing and strength-building exercises. However, they are not enough on their own. After your hospital discharge, you can follow a rehabilitation program in the hospital. Before being allowed to do so, you need to see the rehabilitation cardiologist for clinical checks and a bike test. Your rehabilitation program will be drawn up on the basis of the results of those checks and tests.

After discharge, walking and cycling are permitted. Swimming is not allowed until 6 months after the operation.

You must always talk with your transplant cardiologist before restarting work or studies.

13.7 Skincare

Just after the transplant

Check your scars. If they are red, warm or painful, consult the physician responsible for your transplant follow-up as soon as possible.

Daily care

Take a shower every day. Do not forget to dry the skin folds well to avoid the risk of softening.

Always wash your hands before preparing food, before eating, and after using the toilet.

If you have a wound:

- § Wash the wound out well and use an antiseptic.
- § Check when you last had a tetanus vaccine.
- § Check whether the wound heals properly. If there are problems, consult your physician.



Important!

If you have problems with warts, changing birthmarks and/or freckles (they are getting bigger, they are itchy and/or bleed easily), get your GP to refer you to a dermatologist. This is because the chance of skin cancer is increased by the use of medication such as Neoral®, Prograft®, Advagraf®, Cellcept®, Imuran® or Certican®.

13.8 Mouth and teeth

Regularly inspect your mouth cavity. If you see white scale that you cannot brush away, you need to go to your GP. Often this is a yeast infection (thrush), which can be easily treated with medication.

13.9 Pets

Pets often carry certain bacteria and/or viruses. Therefore, it is not recommended to get any new pets. If you already have a pet, be careful with regard to hygiene (use gloves and make sure you have good hand hygiene). If possible, get someone to take your pet to their house for the first year after your operation. Animals can easily transmit illnesses and you are more susceptible to infections than people who have not had transplants!

13.10 Flu and pneumococcal vaccines

A flu and pneumococcal vaccine is strongly recommended, from 2 years after your operation. You can get this from your GP.

13.11 Relaxation

For the first three months after the transplant, you are advised to avoid visiting public places, such as theatres, concert venues, cinemas, nightclubs, public swimming pools etc.

It is also best to avoid busy shopping centres. Going shopping is fine, but go when it is not busy.

13.12 Holidays

You cannot travel abroad for at least the first year after your operation. After that, if you plan a trip abroad, you are advised to make an appointment with the physician responsible for your transplant follow-up a month before you depart. Together with this transplant cardiologist, you will look at which medical documents and so on you need to take with you.

If you are travelling, it is important to get good travel insurance that covers your medical costs and possible repatriation.

If you are unsure about holiday destinations, you can get in touch with the heart failure nurse. He/she can consult with the transplant cardiologist about whether a holiday destination can be recommended. During this consultation, an assessment of the vaccines required will be made. This depends on your destination. Please note that it takes one month for most vaccines to work effectively.

Furthermore, it is recommended, when travelling, that you take a letter with you (in English) containing your medical information and the latest laboratory data. If you have any health problems when you are away, you can give this letter to the local doctors.

It is crucial that you take enough medication with you for the duration of your trip. If you are flying, put it in your hand luggage. As medicines can have different names abroad, you should always take the package insert (leaflet giving information for the user) with you.

As soon as you arrive, change your watch to the local time. You must take the medication at your usual time, following the local time of the country in which you are staying. Moreover, it is important to take extra medication with you (at least two weeks' worth).

13.13 Sunbathing

We recommend that you do not sunbathe for long periods. This also applies to repeated use of a sunbed. Because of the medication, your skin may be more susceptible to sunburn than it was before your transplant.

Therefore, you should always use sunscreen with a high protection factor, and wear head protection and/or use a parasol. Extensive sunbathing increases your chances of skin cancer.

13.14 Driving

You are not allowed to drive for the first six to eight weeks after your operation. Discuss with your transplant cardiologist when you will be able to drive again. You will also need to get the necessary suitability declarations filled in.

13.15 Sex life

Sex is part of life. In the early days after a heart transplant, people often lack sexual desire. You do not need to worry about this, as it is very normal. A reduced sex drive can be accounted for by physical problems and/or as a consequence of taking medication,

Once your biological balance and normal physical condition have improved, your sex drive will gradually recover. For some patients it is not easy to return to having a satisfying sex life. If this is the case, do not hesitate to get in touch with your physician and/or the psychologist from the transplant team.

13.16 Pregnancy

If you and your partner want to have children, discuss this - preferably before the transplant - with the physician who is in charge of your transplant follow-up.

Our heart transplant team



Campus Aalst

Moorselbaan 164 - 9300 Aalst



You can always consult the below list of names and telephone numbers. The contact persons are available for you and will support you through both words and actions.

- Team leader HTX cardiologist: Dr. Riet Dierckx
- HTX cardiologist:
Dr. Riet Dierckx, Dr Ward Heggermont, Dr Marc Vanderheyden
 - Tel: 053/72 44 33
- Lead HTX surgeon: Dr. Bernard Stockman
- HTX surgeons: Dr. Filip Casselman, Dr. Ivan Degrieck, Bernard Stockman, Dr Frank Van Praet
 - Tel: 053/72 46 99
- Intensive Care: Dr. Koen De Decker, Dr. Nikolaas De Neve and Dr. Stefaan Bouchez
 - Tel: 053/72 45 46
- Transplant coordinators: Benny Elsen, Geert Van Gijsegem, Luc Vermassen and Birgit Viaene
 - Tel: 053/72 46 99
- Clinical transplant coordinators: An Beernaert, Elly Boel, Imke De Pelsmaeker, Annelies Muylaert and Debby Pollet
 - Tel: 053/72 45 85 (secretariaat Marinelli Van Eeckhaut)
 - Hartransplant.aalst@olvz-aalst.be

Contactgegevens

Campus Aalst



Moorselbaan 164 - 9300 Aalst

You can always consult the below list of names and telephone numbers. The contact persons are available for you and will support you through both words and actions.

- Psychologist: Annick De Roeck and Astrid Goossens
 - Tel: 053/72 44 53
- Social nurse: Ann Van Elsen, Ines Vroonhove and Jennifer Ledegen
 - Tel: 053/72 44 38, 053/72 47 49 or 053/72 85 43
- Responsible physiotherapy: Inge Du Bois
 - Tel: 053/72 44 40
- Dietitian: Micheline De Deurwaerder and Anneleen De Pauw
 - Tel: 053/72 48 15
- Central OLV Aalst: 053/72 41 11
- Pastoral service: 053/72 44 01
- Palliative service: 053/72 46 65

www.hartcentrumaalst.be
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The information in this brochure is of a general nature and is intended to give you a general picture of the care and explanations that you can expect. In every situation, and therefore yours too, other advice or procedures may be appropriate. Therefore, this brochure does not replace the information that you receive from the physician in charge of your treatment, which takes account of your specific situation. If you have questions after reading this brochure, write them down and discuss them with the physician in charge of your treatment.

