



在医院恢复期间

肾脏/胰脏移植后

此章节为您解说手术后的情况

手术后，您会留在医院里康复约 3 到 7 天。正如在您移植前、您留院期间将有一个团队的医疗专业人员协助您经历康复的过程。积极地参与康复过程、您会学习如何自我护理。

您的护理团队

医护人员

您住院期间的护理团队包括：

- 您的主治外科医师、移植科的研习医生、移植肾脏科医生、医生助理（PA）移植外科住院医师。
- 护士协调员、床边的护士、及病人护理师。
- 药剂师、营养师、社工、及物理或职业理疗师。

移植病房护士提供日常护理、也是您与移植团队的其他成员的联系。这些护士将您的需求和顾虑传达给移植团队的其他成员。



我们鼓励您个人的支持团队在您住院期间常常来看望您、并熟悉您恢复期间的需要。

您个人的支持团队

我们地鼓励您个人的支持团队经常来看望您并积极地参与您的护理。如您的照顾者要留宿我们可以在您病房里加床。

查房

移植住院医生(正在接受特殊训练的医生)每天早晨都会探望移植病人。这些访问被称为“查房”。

整个移植团队每天都会在下午来查房。这是您和您的家人与团队交谈最好的时间。先把要咨询的事项写下来、就可在下午查房时提问。

翻译

如您或您的家人需要一位翻译、您可告诉您的护士或社工。以帮助您了解医疗问题及您在医院恢复时间将会得到的信息。您也可以要求有一个翻译为您在已预定的医生团查房时为您服务。

您会说英语的家人或朋友帮助**仅限于**非医学方面的沟通。

如您有听力或视力上的问题也请告诉我们、以便我们能充分地满足您的需要。

护理的协助

请将下列的物件带来医院以协助您的护理：

- **肾脏/胰脏移植讲义**（重温“在医院恢复”的章节到“出院”的章节）。
- 您家里的量血压器、体温计、及血糖测试仪都带来医院、以便确定它们都能正常运作。

手术后的各类导管

手术后可能安置的导管：

- 在膀胱里放置一条**导尿管**来排出及收集尿液。此导管通常在第3至第4天除去。如您的膀胱有问题、该管则有可能保留10至14天。
- **静脉管**（IV）用于输液及药物。该管通常是在您出院时去除。
- **鼻胃管**（NG）如您是接受胰脏移植就需要它来保持您的胃畅空、。当您排气后、这是一个您肠道已重新开始工作的信号、就可取出导管。
- **鼻道氧气管**供给您氧气、直到您的氧气水平正常。

- 如您装有**腹膜透析管**、在您移植手术中或当您的肾功能稳定后、在4到8周时便可取出导管。
- **支架**（塑料管）安置于输尿管至膀胱、使输尿管撑开以保持尿液通畅。当您的输尿管愈合后该支架就可取出。通常在手术后4至8周。

您腿上也会套**连续压缩(SCDs)器**。此腿套在您的腿上不时充气。来挤压您的腿部有助于防止血栓形成。不论您在床上或坐在椅子上都需戴这压缩器。

在您恢复期间、您的医生或护士就可以告诉您那一个导管在何时可以取出。

控制疼痛

首先、您可以通过**病人自控镇痛(PCA)**泵来适时给予自己止痛的药物。这泵将给您静脉注射止痛药、直到您可以口服止痛药。

一旦您开始服用口服止痛药时、护士会为您解释如何控制疼痛、以便您能参与自我护理并将疼痛保持在一个较舒适的程度。

体力活动

手术后我们就期盼您能尽早地开始活动。一开始可能会很艰难、但手术后即刻起床及走动是有很多益处：

- 协助您更有效地康复
- 更有效地控制疼痛
- 减缓胀气、促进肠的恢复功能
- 减轻血栓形成的风险
- 降低肺炎的风险
- 您术后第一的目标是：
- 您离开麻醉恢复室前就开始用诱发性肺活量计做呼吸训练。
- 手术当晚、就起身在床边站站。
- 手术后第二天、在房间及走廊走动。

预防跌倒

当您在住院的期间、与护士及其他照顾者一起配合以防止跌倒是很重要的。住在医院会增加跌倒的风险。这是因为你可能：

- 手术后深体虚弱
- 与不熟悉的仪器相连

- 止痛药的副作用
- 在没有帮助的情况下想下医院的床

即使您在家中不需要帮助就可以下床、但在医院里没有帮助的情况下下床时您可能会跌倒。**防止下床时跌倒并保证您自己的安全、请您在下床时要求帮助。** 您的理疗师会告诉您何时可以自己下床。

肾透析

如您的肾脏有“**肾功能延迟恢复**”的情况。您可能在移植手术后需要透析数天至数周。这是一个常见的情况、大约 30% 至 40% 接受遗体捐赠肾脏的患者（100 人中有 30 至 40 位）在移植手术后最初几周内需要做透析。

这是很常见的现象、并非表示您的肾脏不起作用。

饮食

- 为了避免恶心、最初您可能只可以喝些许的水或液体
- 当您的肠道重新开始运作了、就可添加固体食物、吃得更正常饮食。
- 对于某些病人、包括糖尿病患者；可能需要更长的时间、可能给您静脉输养几天。您再开始进食时营养师将帮助您决定哪些食物及零食对您较为适合。

洗澡

手术后 48 小时、您就可擦澡或淋浴。

手术后的自我护理

在住院期间、您的护理组员就会教导您一些自我护理的事项。您将学习：

- 如何服用您的药物。您可以利用这时间来阅读本讲义“**药物**”章节。药剂师将与您见面、并向您说明药物的细节及服药时间。之后、您可在住院期间自行服用您的药物。
- 如何护理伤口。
- 移植后的饮食。营养师将与您说明饮食的细节便会给您一本“**移植后的营养**”的讲义。也请阅读本讲义“**营养**”章。
- 如何记录您喝的饮料及排的尿量
- 哪些化验报告及生命体征需要记录
- 有关器官排斥及感染的前兆及症状。
- 一般移植后的自我护理。

访客

我们很欢迎访客、但是务必请他们遵守这些医院的规章：

- 仅限于6岁以上的儿童可以来访。
- 为了防范感染：
 - 禁止携带宠物、禁止携带活的植物或花卉
 - 我们会请正被病毒或细菌感染（感冒、流感等等）的访客回去、等他们好了再来。

个人物件

您可把任何能增加您舒适的物件带来医院。或请您的家人、照顾者于手术后为您带来。

以下是您可能会想带来医院的物件：

- 睡袍
- 您所爱的人的相片
- 书籍、手工艺、及拼图等等
- 音乐播放器
- 宽松、舒适的衣服以便出院时穿着

出院

移植组会在确认您医疗方面都安全后才会让您出院回家。如您已经出院但乃然需要继续静脉注射、或透析、就会为您安排门诊。

备注

Recovery in the Hospital

After a kidney/pancreas transplant

This chapter reviews what to expect after your surgery.

After surgery, you will recover in the hospital for about 3 to 7 days. Just as before your transplant, a team of healthcare professionals will be working with you while you recover. Be an active participant in your recovery so that you learn how to take care of yourself.

Your Care Team

Medical Staff

Your care team while you are in the hospital includes:

- Your attending surgeon, transplant fellow, transplant nephrologists, physician's assistant (PA), and surgical resident
- Transplant nurse coordinator, bedside nurses, and patient care techs
- Pharmacist, dietitian, social worker, and physical or occupational therapists

The transplant unit nurses provide your daily nursing care. They are also your link with the rest of the transplant team. These nurses will tell other members of the transplant team about your needs and concerns.



We encourage your personal support team to visit you often while you are in the hospital, and learn about your recovery needs.

Your Personal Team

We strongly encourage your personal support team to visit often and to be an active part of your recovery care. There will be a cot in your room if one of your caregivers wants to stay overnight.

Rounds

The transplant resident doctors (doctors who are in special training) visit transplant patients every morning. These visits are called “rounds.”

The entire transplant team makes rounds every day in the afternoon. This is the best time for you and your family to talk with the team. Write down any questions you have, so that you can ask them at afternoon rounds.

Interpreters

Tell your nurse or social worker if you or your family members need an interpreter to help you understand all the information you will receive during your recovery in the hospital. You may also ask for an interpreter to be present for your scheduled team visits.

Your English-speaking family or friends can help with communication **only** about issues that are not related to your healthcare.

Also, please let us know if you have hearing or vision problems so that we can fully meet your needs.

To Support Your Care

Bring these items to the hospital to support your care:

- *Your Kidney/Pancreas Transplant Guide*. Re-read the chapters “Recovery in the Hospital” through “Discharge.”
- Your home blood pressure cuff, thermometer, and blood glucose meter. While you are in the hospital, we will check them to make sure they are working well.

Tubes After Surgery

After surgery, you may have these tubes in place:

- A *catheter* in your bladder to drain and collect urine. This catheter is usually removed in 3 to 4 days. If you have had bladder problems, the tube may stay in place for up to 10 to 14 days.
- An *intravenous tube* (IV) for giving you fluids and medicines. The IV is usually removed on your day of discharge.
- A *nasogastric* (NG) tube to keep your stomach empty, if you had a pancreas transplant. This tube is removed when you have passed gas, which is a sign that your bowel is working again.

- *Nasal prongs* to give you oxygen, until your oxygen level is normal.
- If you have a *peritoneal dialysis tube*, it will be removed either during surgery or when your kidneys are stable, in about 4 to 8 weeks.
- A *stent* (plastic tube) to keep your ureter open where it goes into your bladder. As your ureter heals, this stent will be removed, usually 4 to 8 weeks after surgery.

You will also have wraps on your legs called *sequential compression devices* (SCDs). These wraps inflate with air from time to time. This motion squeezes your legs, which helps prevent blood clots. Always wear your SCDs when you are in bed or sitting in a chair.

As you recover, your doctor or nurse can give you a better idea about when each tube is likely to be removed.

Pain Control

At first, you will give yourself pain medicine through a *patient-controlled analgesia* (PCA) pump. This pump gives pain medicine through your IV line until you can take medicine by mouth.

Your nurse will explain how to control pain once you are taking oral medicines. Keep your pain at a level where you are comfortable enough to take part in your own care.

Physical Activity

We will expect you to become active as soon as possible after surgery. It may be hard at first, but there are many benefits to getting up and moving around right after your surgery:

- Better healing and overall physical recovery
- Better pain control
- Relief of bloating and increased recovery of bowel function
- Lower risk of blood clots
- Lower risk of lung infection (*pneumonia*)

Your first goals after surgery will be to:

- Begin doing breathing exercises using the *incentive spirometer* (IS). You will start doing this before you leave the recovery room.
- Get up and stand by your bed the evening after your surgery.
- Walk in your room and the hallway by the next morning.

Preventing Falls

While you are in the hospital, it is important for you to work with nurses and other caregivers to prevent falls. Being in the hospital increases your risk of falls. This is because you may:

- Be weak after surgery
- Be attached to strange equipment
- Have side effects from your pain medicine
- Try to get out of bed in the hospital without help

Even if you do not need help to get out of bed at home, you can fall in the hospital when getting up without help. **Please ask for help to get out of bed to prevent falls and keep yourself safe.** Your physical therapist will tell you when it is OK for you to get out of bed on your own.

Dialysis

If your kidney has *delayed graft function*, you may need dialysis for many days to weeks after your transplant. About 30% to 40% of patients (30 to 40 out of 100 patients) who receive a deceased donor kidney need dialysis after their transplant surgery.

This is a common. It does not mean your kidney will not work.

Eating

- Your diet may be limited to sips of water or liquids at first. This is to keep you from being nauseated.
- As your bowel starts working again, you will add solid foods and eat a more normal diet.
- Some patients, including those with diabetes, may take longer to be able to eat solid food after surgery. If you cannot eat solid food, you may receive IV nutrition for several days. Your dietitian will help you decide which foods and snacks are right for you when you start eating again.

Bathing

You may take a sponge bath or a shower about 48 hours after surgery.

Self-Care After Transplant

Your care team will teach you about self-care while you are in the hospital. You will learn:

- How to take your medicines. This is a good time to review the chapter on “Medicines.” A pharmacist will meet with you to go over the details of your medicines and your dosing schedule. You will start taking your medicines yourself during your hospital stay.

- How to take care of your incision.
- About the transplant diet. Your dietitian will talk with you about your diet and give you the handout “Nutrition After Your Transplant.” Also read the chapter “Nutrition” in this guide.
- How to keep track of the fluid you drink and the amount of urine you make.
- Which labs and vital signs to check and record.
- About the signs of rejection and infection.
- About general self-care after transplant.

Visitors

We welcome your family and friends to visit you in the hospital. Please ask them to follow these hospital policies:

- Only children over age 6 may visit.
- To prevent infection:
 - Do not bring pets, live plants, or flowers to the hospital.
 - If visitors have a viral or bacterial infection such as a cold or the flu, we will ask them to return when they are well.

Personal Items

Feel free to bring personal items with you to increase your comfort. You can also have your family or support person bring them for you after surgery.

Here are some items you may want to bring from home:

- Robe
- Pictures of loved ones
- Books, handicrafts, and puzzles
- Music player
- Loose, comfortable clothes to go home in

Discharge

The transplant team will not discharge you until it is medically safe to send you home. If you are ready to go home, but you need more IV medicine or dialysis, it will be arranged for you as an outpatient.

