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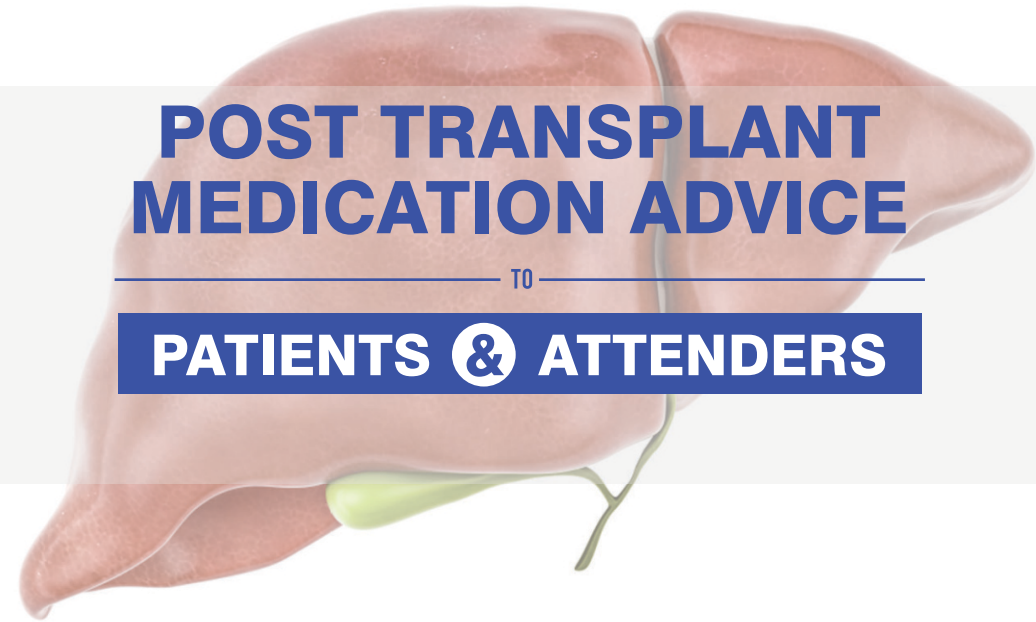
DR. RELA INSTITUTE & MEDICAL CENTRE  
An International Medical Facility



## POST TRANSPLANT MEDICATION ADVICE

TO

**PATIENTS & ATTENDERS**



Receiving a liver transplant both prolongs life and changes it. Taking anti-rejection medicines as prescribed, following diet recommendations, adhering to doctor's orders, and keeping follow-up medical appointments are ways liver transplant recipients can make the most of their new liver

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## MEDICATIONS - POST TRANSPLANT

Liver transplant recipients take medication for the rest of their lives to help prevent the body from rejecting the liver. It is important that they become familiar with the names and dosages of each medicine.

All medicines-whether over-the-counter or prescribed by other doctors-must be approved by the transplant team. If it is believed that the medicine may cause a harmful drug interaction, a different medicine will be suggested to the patient by his or her physician. If it is an emergency, the treating doctor can contact either the transplant coordinator or transplant physician.

### SOME GUIDELINES FOR TAKING MEDICINES INCLUDE:

Attend classes while in the hospital to learn about the medicines.

Take the prescribed doses each day on time and record them in a medication diary.

Always wash hands before taking the medicine.

Unless told otherwise, store medicine in a cabinet at room temperature, away from moisture and sunlight.

Always keep the medicine out of reach of children



## ANTI-REJECTION (IMMUNO-SUPPRESSIVE)

### MEDICATIONS

#### CYCLOSPORINE

This medication is given to prevent rejection of the transplanted liver. It must be taken every twelve (12) hours. The prescribed dosage may be changed frequently to maintain an appropriate blood level.

There are some common side effects of cyclosporine. Most of these are not severe and are treatable. If side effects occur, patients should not stop taking the cyclosporine; instead, they should contact the transplant team to discuss the appropriate treatment.

### COMMON SIDE EFFECTS OF CYCLOSPORINE ARE:

high blood pressure (May require medication)

hand tremors

headache

tingling of hands and feet

running nose with nasal congestion

decreased kidney function (Kidney function is monitored by blood tests and should be checked as directed by the transplant team)

increased hair growth

swollen gums

night sweats

increased sex drive

depression or other mental symptoms

## TACROLIMUS

This drug acts in a similar way to cyclosporine. It comes in 0.5 milligram (yellow) and 1 milligram (white) capsules that are taken twice daily, 12 hours apart. Some patients will take either Tacrolimus (Prograf) or Cyclosporine (Neoral), but never both.

The side effects of Prograf are similar to those found with cyclosporine. Once again, these side effects are treatable, so patients should not stop taking Prograf if one or more of these symptoms occur.

## PREDNISONE

Prednisone is another medication used to prevent rejection. It is classified as a steroid and used in combination with Prograf or Neoral. Patients are gradually tapered off of Prednisone after the transplant as the liver function improves.

### COMMON SIDE EFFECTS OF PREDNISONE ARE:

- Increased blood sugar (thirst, tiredness, and frequent urination may be signs of high blood sugar and should be reported to the transplant team.)
- Stomach ulcers (Anti-ulcer drugs are helpful while taking Prednisone)
- Increased appetite and weight gain
- Salt and water retention  
(Ankles may become swollen. Salt and fluid intake may need to be restricted.)
- Acne
- Increased hair growth
- "Moon face"  
(One way to prevent this is to avoid weight gain from overeating.)
- Mood changes

- Night sweats, nightmares, insomnia
- Increased sun sensitivity, heat intolerance
- Bone and joint weakness
- Cataracts, glaucoma, blurred vision  
(Patients should not obtain new glasses until the dosage is stabilized)

## MYCOPHENOLATE MOFETIL ( M M F )

MMF (CellCept) is another anti-rejection medication that may be used with Prograf or Cyclosporine and Prednisone. It comes in a capsule form and is taken twice daily, 12 hours apart

### COMMON SIDE EFFECTS OF MMF ARE:

- abdominal pain, cramping (Try to take with food if this occurs.)
- diarrhoea
- headache
- decreased white blood cell count and/or platelets
- increased risk of certain infections

# POST LIVER TRANSPLANT

## MEDICATION TEACHING FORM

S.NO.	BRAND NAME	GENERIC NAME	ACTION	DOSAGE	TIMING	REMARKS
1	CAP.PROGRAF	TACROLIMUS	IMMUNO-SUPPRESSANT		8AM-8PM	7 to 8 fasting 8'o'clock Prograf then 8 to 9 fasting
2	TAB CELLCEPT	MYCOPHENOLATE MOFETIL	IMMUNO-SUPPRESSANT		9AM -9 PM	after meal
3	TAB VALCYTE	VALGANCICLOVIR	PREVENTS VIRAL INFECTION		9AM-9PM	after meal
4	TAB FORCAN	FLUCONAZOLE	PREVENTS FUNGAL INFECTION			after meal
5	TAB RANTAC/ZANTAC	FRANITIDINE	PREVENTS GASTRIC ULCERATION			before meal
6	SYP SUCRAFIL	SUCRALFATE	PREVENTS GASTRIC ULCERATION AND IRRITATION			before meal
7	TAB FOLVITE	FOLIC ACID	VITAMIN SUPPLEMENTATION			after meal
8	TAB SHELICAL	CALCIUM + VITAMIN D3	VITAMIN SUPPLEMENTATION			after meal
9	TAB WYSOLONE	PREDNISOLONE	REDUCES INFLAMMATION			after meal
10	TAB ASPIRIN	ACETYLSALICYLIC ACID	PREVENTS BLOOD FROM CLOTTING			after meal
11	TAB UDILIV	URSODEOXYCHOLIC ACID	LIVER PROTECTANT			after meal
12	TAB MAGVION	MAGNESIUM OXIDE	MAINTAIN MAGNESIUM LEVEL IN BLOOD			after meal
13	TAB DOLO	PARACETAMOL	FOR PAIN AND FEVER			after meal
14	TAB OPTINEURON	VITAMIN B COMPLEX	VITAMIN SUPPLEMENTATION			after meal

ASSIGNED STAFF'S  
SIGNATURE

NURSING SUPERVISOR/INCHARGE  
SIGNATURE

CLINICAL PHARMACIST  
SIGNATURE