Glossary

**Acute rejection** –
A type of rejection that occurs when immune cells from your body attack the transplanted organ(s). Acute rejection may occur at any time after a transplant. But it usually happens during the first few weeks or months after surgery.

**Allograft** –
An organ that is transplanted between two members of the same species. For instance, an organ transplanted from one person to another person is an allograft. So is an organ transplanted from one pig to another pig.

**Anesthesiologist** –
A doctor who puts you or parts of your body to sleep during surgery.

**Antibody** –
A molecule made by your body. Your immune system makes antibodies to fight off anything that it thinks is foreign or strange. A transplant can increase your antibody level. So, too, might a blood transfusion, or giving birth. We use a test called a panel reactive antibody (PRA) to see how high your antibodies are. A person with a high antibody level is called sensitized.
**Anti-rejection medicines** –
Drugs that weaken or suppress the immune system so the body will not attack and reject a transplanted organ. These drugs are also called immunosuppressant medicines. Common anti-rejection drugs include cyclosporine, prednisone, tacrolimus, azathioprine, and mycophenolate.

**Biopsy** –
A test that allows us to look at tiny pieces of a transplanted organ or tissue under a microscope. We conduct biopsies to look for signs of rejection or disease.

**Blood transfusion** –
When blood or blood parts are donated by one person and given to another person.

**Cardiologist** –
A doctor who detects and treats heart problems. At the University of Chicago Hospitals, you may meet with a transplant cardiologist. This heart doctor is specially trained to care for transplant patients.

**Central line** –
A central line is a thin tube that is inserted into a major vein and threaded into the heart. It is useful for measuring and collecting fluids.

**Chronic allograft nephropathy** –
See chronic rejection.
**Chronic rejection** –
A type of rejection that may become a problem years after you get your transplant. Chronic rejection develops slowly over a period of months. The organ begins to wear out and becomes scarred. Slowly, the organ loses its ability to work well. Chronic rejection is sometimes called chronic allograft nephropathy in kidney transplants.

**Compatible** –
When one person (the donor) can safely give an organ to another person (the recipient). Also called “a good match.”

**Compliance** –
When you do what doctors and nurses ask of you. For instance, a compliant transplant patient takes her anti-rejection medicines as directed by her transplant doctors.

**Co-pay** –
A portion of the medical bill insurers expect you to pay when you visit the doctor or get a prescription filled. For instance, you may pay a $20 co-pay every time you visit the Post-Transplant Clinic after your transplant.

**Crossmatch** –
A blood test to see if a recipient is compatible with a donor. Samples of the recipient's blood and the donor's blood are mixed together. If there's a negative crossmatch, the recipient and the donor are compatible. But a positive crossmatch means the two people are not compatible. When there’s a positive crossmatch, the recipient’s immune system may destroy the organ(s) from that particular donor.
**Cystogram** –
A test to find out the size of your bladder and to see if it works well.

**Deceased donor organ** –
An organ given by a person who is brain dead. The person’s family kindly agrees to donate the organs to give others the gift of life. It’s also called a cadaver donor organ or a non-living donor organ.

**Deductible** –
An initial portion of medical costs that an insurer expects you to pay. For instance, you may need to pay the first $1,000 of your medical expenses each year.

**Delayed graft function** –
When a transplanted kidney takes some time to start working. When this occurs, kidney recipients need to continue on dialysis until their transplanted kidney starts working.

**Dialysis** –
People who have kidney failure (also called end-stage renal disease) need to go on dialysis to remove waste and water from their bodies.

**Donor** –
Someone who gives someone else an organ. Donors may be alive or dead.
**Echocardiogram** –
A painless test that gives us a detailed picture of your heart. Echocardiograms use ultrasound, or sound waves.

**Electrocardiogram (EKG)** –
A painless test that shows us the electrical activity inside your heart.

**Endotracheal tube** –
A tube that is put through your mouth or nose and into your lungs during surgery. The tube helps you control your breathing.

**End-stage renal disease (ESRD)** –
When the kidneys no longer work. When this happens, you need to go on dialysis or get a kidney transplant.

**Heart catheterization** –
This heart test tells us if any of the arteries that supply blood to your heart are clogged. A thin tube (or catheter) is inserted into an artery or vein in your arm or leg and is guided to the arteries of your heart.

**Financial Coordinator** –
See transplant financial coordinator.
**Fellows** –
Doctors who have completed a residency and are getting advanced training in an area of medicine, such as transplant care. Fellows and residents will be helping with your care during your hospital stay. The University of Chicago Hospitals is a teaching hospital. It is also a leading transplant training center in the United States.

**Foley catheter** –
A thin tube that is placed into your bladder during surgery to drain urine. The catheter will stay in place for two to five days after surgery.

**Genetic matching** –
See human leukocyte antigens (HLA).

**Gift of Hope Organ & Tissue Donor Network** –
The local organ procurement organization (OPO) that serves most of Illinois, including the Chicago area.

**Graft** –
An organ or tissue that has been transplanted.

**Health insurance** –
Programs that help patients pay for medical care. Private companies provide insurance. So does the government. Examples of government-sponsored insurance include Medicare and Medicaid.
Human leukocyte antigens (HLA) –
A blood test that helps match a recipient with a donor. HLA antigens are proteins found on the surface of all the cells in your body. You inherit HLA antigens from your parents. During this blood test, a set of the donor's HLA antigens are compared to the recipient's HLA antigens to see how well they match. We look for a match of zero to six. A match of six is best. HLA tests are also called “tissue typing” or “genetic matching.”

Hyperacute rejection –
A type of rejection that occurs when the donor organ fails in the operating room or within a few hours of surgery. Hyper-acute rejection rarely occurs.

Immune response –
When your immune system goes on defense. This can happen when you have an infection or after an organ transplant.

Immune system –
An important part of your body that defends you against infections and disease. The immune system also attacks anything that it thinks is foreign or strange, including a transplanted organ. Anti-rejection medicines help stop the immune system from attacking a transplanted organ.

Immunosuppressant medicines –
See anti-rejection medicines.
**Infection** –
An illness caused by viruses, bacteria, or fungus. Common infections include the flu, pneumonia, and urinary tract infections.

**Intravenous (IV)** –
Inside a vein. An IV usually refers to a thin tube that is inserted into your arm, hand, or neck in the hospital. You receive drugs and fluids through an IV.

**Laparoscopic nephrectomy** –
Surgery to remove a kidney from a living donor through a handful of small cuts. During the operation, the transplant surgeon uses a laparoscope, which is a thin tube that is connected to a video camera.

**Living organ** –
An organ donated by a living family member, friend, or other person.

**Nasogastric tube (NG tube)** –
A tube that is passed through the nose and into your stomach. The NG tube helps keep your stomach empty during surgery or recovery.

**Negative crossmatch** –
See Crossmatch.
Nephrologist –
A doctor who helps people with kidney disease.

Organ procurement organization (OPO) –
OPOs recover and transport deceased donor kidneys and pancreases. There are 59 OPOs in the United States. All of them are part of the United Network for Organ Sharing (UNOS). The OPO that serves most of Illinois is Gift of Hope Organ & Tissue Donor Network.

Positive crossmatch –
See Crossmatch.

Panel reactive antibody (PRA) –
A test to see how high your antibody level is. The more antibodies in your blood, the higher your PRA.

Premium –
A monthly or annual amount that you have to pay to an insurer to keep your insurance active. People who work often have their insurance premiums deducted from their paychecks. But sometimes people pay premiums directly to an insurer.

Pre-transplant coordinator –
The University of Chicago Hospitals nurse who oversees your care before your transplant or donor surgery.
**Post-transplant coordinator** –
The University of Chicago Hospitals nurses who oversee your care once you go home after transplant surgery.

**Recipient** –
A person who receives an organ from another person (the donor).

**Rejection** –
When the body tries to attack and destroy a transplanted organ or tissue. There are three types: hyperacute rejection, acute rejection, and chronic rejection.

**Renal** –
Refers to the kidneys.

**Renal artery stenosis** –
When the artery within the kidney narrows after a kidney transplant. When this occurs, blood cannot get to the organ. Surgery is often needed to fix this problem.

**Residents** –
Doctors with one to five years of advanced training beyond medical school. Fellows and residents will be helping with your care during your hospital stay. The University of Chicago Hospitals is a teaching hospital. It is also a leading transplant training center in the United States.

**Re-transplant** –
When patients lose a transplanted organ and need another one.
Sensitized –
When you have a lot of antibodies in your blood. This can occur because of a past transplant, pregnancy, or blood transfusion. Highly sensitized people have a harder time finding a suitable donor.

Spirometer –
A device that helps you keep your lungs clear after surgery. You breathe air in and blow it out through a tube.

Stent –
A tiny tube that is placed during surgery to help hold tissue or organs in place.

Stress test –
A test that shows us how well your heart works under stress. This test involves walking on a treadmill with monitors on your chest. Patients who are unable to exercise can lie down during a stress test and receive medicines to speed up your heart rate.

Tissue typing –
See human leukocyte antigen (HLA).

Transplant financial coordinator –
The transplant team member who helps you with insurance and financial issues.
Transplant social worker –
The University of Chicago Hospitals social worker who helps transplant patients with practical, financial, and emotional issues.

Transplant surgeon –
A surgeon who performs transplant operations.

United Network for Organ Sharing (UNOS) –
UNOS is a non-profit organization that oversees organ transplants in the United States.

Urine leak –
When the connection between the recipient's bladder and a donor kidney heals poorly. Surgery may be needed to repair the leak.

Waiting list –
Patients who are waiting for a deceased organ are put on a waiting list: One is maintained by the United Network for Organ Sharing (UNOS). The second is a state waiting list that is maintained by the Gift of Hope Organ & Tissue Donor Network.