

Lung Transplant Rejection

Rejection is started by white blood cells and antibodies that make up your immune system. Your immune system works by constantly ridding your body of bacteria and disease that may be harmful. Unfortunately, the immune system sees a newly transplanted organ as a foreign object that could be harmful to you and it attempts to rid your body of it. This is what is known as **rejection**. There are two types of rejection, acute (early) and chronic (long term process). Everyone will have some form of rejection at some time of varying degrees.

The anti-rejection drugs, called immunosuppressants, taken after surgery help prevent **rejection**. These drugs weaken the immune system to allow your body to accept the transplanted organ.

Acute rejection is most common in the 6 months after transplant surgery, but it can happen at any time. It can also be treated. Treatment is most effective if rejection is caught early. While you are in the hospital, you will learn to recognize signs of rejection. After you go home, you need to be aware of the **signs of rejection** so that you can report them to your transplant coordinator right away.

Warning signs of rejection for lung transplant patients:

- **A fever great than 100 degrees F**
- **Flu-like symptoms (fatigue, chills, nausea or ache)**
- **Cough**
- **Chest congestion**
- **Shortness of breath**

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Learn more about your health care.

If the transplant team thinks you may be having rejection, special testing is done to check if rejection is happening in your lung.

Tests may include:

- Blood work
- Bronchoscopy
- Lung biopsy
- Pulmonary Function Tests

These tests are also done on a routine basis, even if you are not having symptoms. Sometimes patients with rejection have no symptoms at first, so it is important to do routine checks to catch any “silent rejection” early.

Your routine care after transplant:

- Incentive spirometry / Acapella
- Visits to the transplant center clinic for tests that include frequent blood draws as well as pulmonary function tests (PFTs), bronchoscopies and chest x-rays according to the schedule below.

Follow-up schedule:

- Twice weekly for the first month
- One time weekly for the second month
- Every other week for the third month
- One time monthly for up to 1 year

Should hospitalization occur, the follow-up schedule starts over until the doctor advises differently.

PFT and bronchoscopy schedule:

- One time monthly for 4 months
- After 4 months, every other month up to 1 year
- After 1 year, every 6 months

Treatments for rejection:

If your lung shows signs of rejection, the dosage of your immunosuppression drugs will most likely be increased. If the biopsy shows a significant amount of rejection, you may be hospitalized for a more intensive immunosuppressive therapy.

Unfortunately, rejection is a part of transplantation. Although every precaution is taken to prevent it, rejection still happens to most everyone from time to time. You must take your medicines as prescribed, follow the lifestyle changes and attend follow-up testing as scheduled to reduce your risk of rejection.

- ✦ **Talk to your doctor or others on your health care team if you have questions. You may request more written information from the Library for Health Information at (614) 293-3707 or email: health-info@osu.edu.**