TAKE CHARGE
TRANSPLANT

You are reading this because a student in your school has had a liver transplant. It contains some basic information about medical care after transplant and how it will affect the student's time at school.

If you have further questions, please talk to the student or their family. If necessary, they can put you in touch with the student's transplant team.

Transplant fact sheet

Medical follow-up

A liver transplant is a treatment for liver disease. It is not a cure. Follow-up is very important, especially in the early stages, because the student's body can reject the new liver at any time. Rejection happens when a person's immune system identifies that the liver is not its own and makes antibodies to "fight" it.

It is important to detect and treat the signs of a rejection as soon as possible. To do this, your student will need to regularly visit the hospital for routine blood tests and other check-ups.

Impact on attendance

Blood samples must be taken in the morning to allow the transplant team to take an accurate reading of the medication levels in the student's blood. As a result, the teen might need to miss some mornings at school for blood tests and clinic visits.

Medications

The student will need a number of medications called immunosuppressants after their surgery. These medications suppress, or weaken, the body's normal reaction to disease or foreign material to make sure that the new liver does not get rejected. With the help of these medications, the weakened immune system won't recognize the transplanted liver as being foreign and will be less able to attempt to destroy it.

Impact on school routine

The student will take most medications at home, but they may need to take some at school. It is **very important** that the student takes their medication regularly. We encourage the teen to have an extra set of medications in their school bag at all times in case they forget to take their medications before they leave home.

Impact on contact with other students
The combined effects of all the medications make transplant recipients more prone to developing infections such as coughs and colds. If the student's classmates have colds, it would be ideal if the student did not have close contact with them.

What to do in the case of chicken pox

If the transplanted teen has never had varicella (chicken pox) you must tell the teen and/or parent **immediately** whenever someone in the teen's classroom has developed this common childhood disease.

We recommend that the teen and their parent(s) also be informed when siblings of classmates develop chicken pox. This will enable the transplanted teen to receive a medication that will protect them from getting very sick with chicken pox. The medication needs to be given within 96 hours of the teen having contact with the infection, so the sooner the teen and parent can be notified, the better.There is less concern if the transplanted teen has had the varicella (chicken pox) vaccine or had chicken pox and has developed immunity. However, it is always important to make the teen and parent aware if chickenpox is in the school.

School vaccination programs

A transplanted teen cannot receive all the same vaccines as other teens. For example, they cannot receive any live vaccines and may need to have the dose of other vaccines adjusted. If there are any questions, encourage the student or their parents to consult their transplant team to check what vaccines the teen can receive.

Diet

Transplanted students are encouraged not to have the hamburgers, hot dogs and other “junk” food their friends might enjoy.

Conclusion

Although there are some things that make a liver transplant recipient special, the security of being just like the rest of the classmates is also very important.

School staff need to consider the impact of a transplant on a teen’s day-to-day school routine, but they should also do their best to treat the teen in the same way that they would treat other students.