UNC CENTER FOR TRANSPLANT CARE

PATIENT HANDBOOK

This book is about getting a heart transplant at the UNC Health Center for Transplant Care. Keep this book and look back to it if you have questions. There is a place for you to write down questions at the back of the book. Bring this book with you to appointments so you can remember to ask your transplant providers. If you have any questions, call the transplant office at 984-974-7530.

UNC
HEALTH℠

THE HEART

Introduction to the Heart

- The heart is a muscle located near the middle of your chest.
- Healthy hearts are about the size of your fist.
- An electrical signal in your heart makes the muscle squeeze and relax.
- The heart is made of four chambers. Think of them as rooms with doors.
    - The top two are called **atria**. They fill with blood coming back from your body and lungs.
    - The bottom two are called **ventricles**. They pump blood out to your lungs and body.
- The heart is divide in two sides, left and right, by the septum. The septum is like a wall of muscle.
- Four valves help direct blood through the heart. Think of them as the doors to the rooms. The valves:
    - Open when the chambers squeeze, to let blood out.
    - Close when the chambers relax, so blood cannot go backwards.

How does blood circulate?

- Blood moving through your body is called **circulation**.
- **Arteries** carry the blood away from you heart. This blood carries oxygen from your lungs to all your cells.
- **Veins** carry the blood back to your heart from your body. This blood will go back to your lungs to pick up more oxygen.
- The cells in your body use the oxygen from your blood.
- When the cells use the oxygen, they make carbon dioxide. Blood cells carry the carbon dioxide away from your cells and back to your heart.
- Blood without oxygen is sent back to your lungs to drop off the carbon dioxide and pick up fresh oxygen.
- When you breathe out, the carbon dioxide leaves your lungs. When you take a breath, oxygen comes into your lungs.
- It takes about 1 minute for you heart to send your blood out to your body and back

Parts of the Heart

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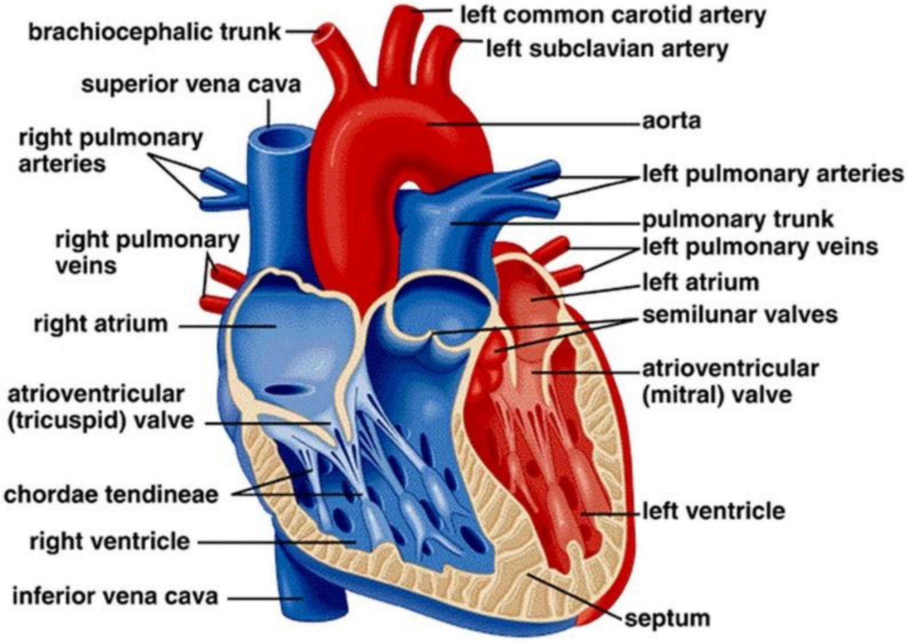
Internal View of Heart



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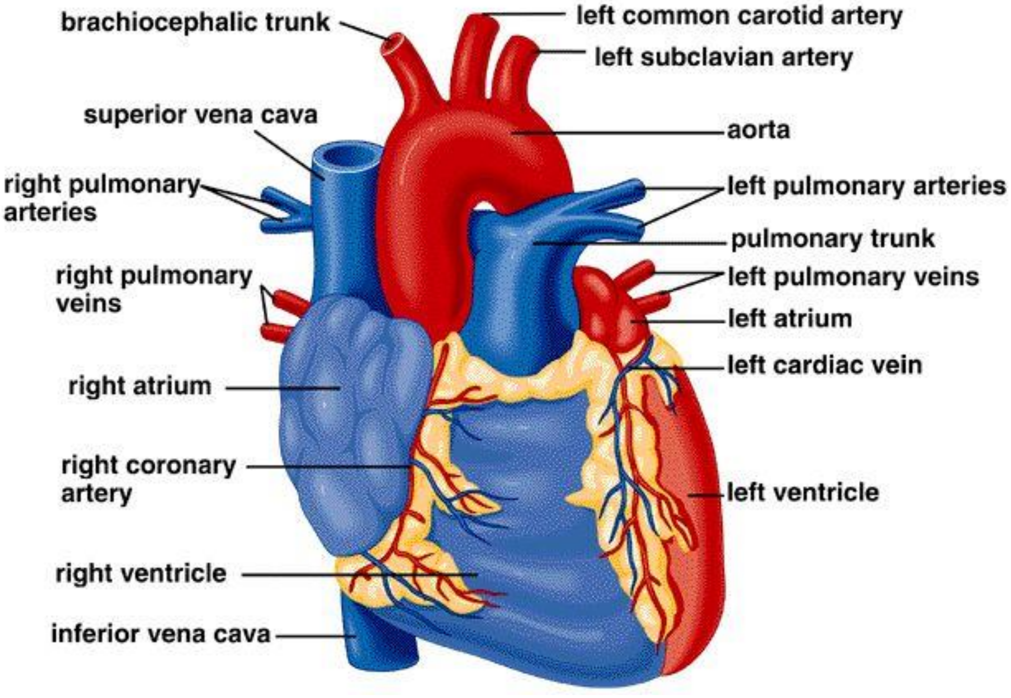
External Heart Anatomy



HEART FAILURE

- Heart failure happens when the heart cannot pump blood to all the organs and cells in your body. Your doctor may call it **cardiomyopathy.**
- When the heart cannot pump, oxygen will have a hard time getting to your organs. That can cause the organs to not work well.
- Fluid may back up in your blood vessels, lungs, liver, belly, and legs.
- You may need medicine or surgery to help your heart work better.

Types of Heart Failure

- Dilated Cardiomyopathy: your heart gets "dilated" or bigger and does not pump well. This can be caused by:
  - Infection with a virus.
  - High blood pressure.
  - Post-partum (period of time after you are pregnant).
  - Alcohol.
  - Drug Abuse.
  - Sometimes we do not know what causes it. We call this idiopathic.
- Restrictive Cardiomyopathy: your heart muscle is stiff and not as flexible as it should be. Diseases, such as Amyloid, can cause this.

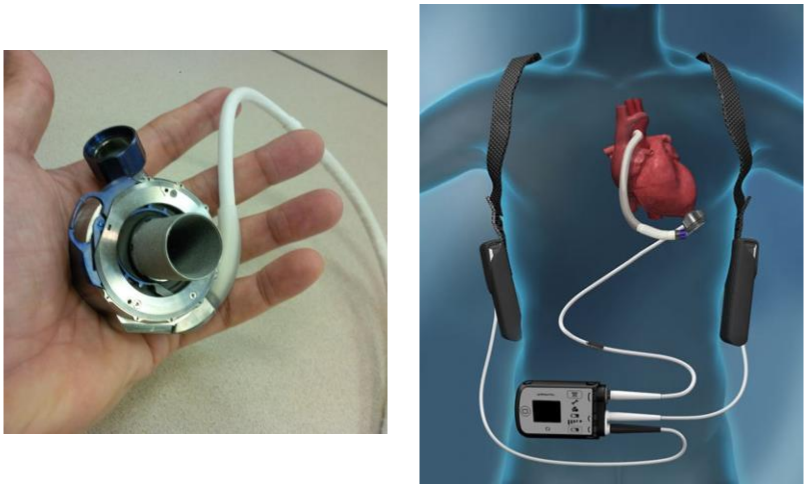
- Ischemic Cardiomyopathy: your heart is damaged by a heart attack. This can cause your heart to not pump well or you may have severe or frequent chest pain. This is called angina.
- Congenital: you were born with abnormal heart chambers or valves (rooms or doors). This causes your heart to not pump well.

Treatments for End-Stage Heart Failure

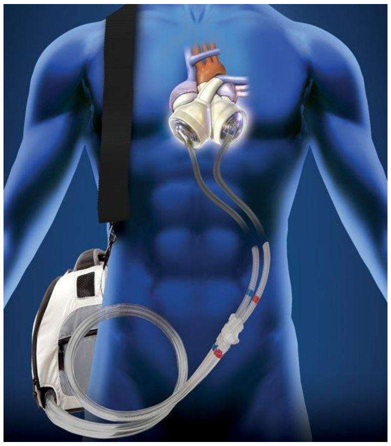
There is no cure for end-stage heart failure but you do have options that may improve how you feel.

- Inotrope Medicines
    - Given by a special type of IV called a central line. This IV can stay in place when you are at home.
    - Helps your heart squeeze better. This may help you breath better, have less swelling, and have more energy.
    - Can be used while you are being evaluated for an LVAD or heart transplant.
    - Can be used even if you are not a good candidate for or do not want surgery.
    - You will wear a small bag to carry the medicine and pump.
    - You cannot go into a pool or underwater. You can take a shower.

- Left Ventricular Assist Device (LVAD)
    - A machine that helps your heart pump blood.
    - Placed in your chest and connected to your heart during surgery.
    - It requires equipment and a power source to be with you all the time.
    - Some patients can get an LVAD before they get a heart transplant.
    - Some patients who get an LVAD never get a heart transplant.
    - You may also meet with an LVAD coordinator during your evaluation to learn more.



- Artificial Heart
    - We do not offer an artificial heart at UNC, but other hospitals do.
    - It is similar to an LVAD; it is a pump that does the work for your heart.
    - Your ventricles are removed during surgery and are replaced with the artificial heart.
    - It requires equipment, including a power source, to be connected to the patient at all times.



- Heart Transplant
    - Removes your heart that does not pump well and replaces it with a new heart from an organ donor.
    - A donated heart can only come from someone who has died. It is a gift of life from the donor and their family.
    - A heart transplant should help you be healthy and live longer.

  - Transplant is not a cure, but it could be a good treatment for your end-stage heart failure.
  - There can be problems with transplants. We cannot promise that it will work. You will have to take medicine for the rest of your life and there may be side effects.
  - There are not enough hearts for everyone who may want or need a transplant.
- Palliative Care/Hospice
  - This may be a choice for patient who may die in a short time from because of end-stage heart failure and who:
    - Are not a candidate for other heart failure treatments.
    - Are not interested in other heart failure treatments.
    - Have goals that focus on comfort and quality of life.
    - Have less concern for how long they may live.
  - Can help the patient and family with the medical, emotional, and spiritual parts of dying.
  - Allows you to be at home and limit hospital and clinic visits.
  - You can also receive care in a hospice center or other facility if you do not want to be at home.
  - Medicare, Medicaid, and most private insurance cover it.

THE HEART

TRANSPLANT

PROCESS

Heart Transplant Overview

- This is a long and complex process with many steps.
- This is not something we do to you; it is something we do with you. You must commit to it for the rest of your life to make it work.
- After your doctor says you may need a transplant, they will send a referral to a heart transplant center.
- Your evaluation is the first step. It helps us to determine if you are a good candidate for a transplant.
- You will come to the Jason Ray Transplant Clinic at UNC Medical Center to meet with the transplant team.
- If you are too sick to be at home, we can do your evaluation while you are in the hospital.
- You will get a full medical work-up during your evaluation. We want to learn about your whole body, not just your heart.
- During your evaluation we will talk to you about:
  - Your disease and treatment options.
  - Possible benefits of transplant.
  - Possible risks of transplant.
- We want you to understand as much as possible about heart transplant so you can make the right choice for yourself.

YOUR TRANSPLANT TEAM

You will meet many people during your evaluation. Below are just a few of the team members you may meet.

- **Patient and family/caregivers:** You are an important part of the team! Your family, caregivers, and friends are too. Having support can help you be successful with your transplant.
- **Transplant Program Assistant (TPA):** This person will work with your transplant nurse coordinator to schedule all of the appointments you need for your evaluation.
- **Transplant Nurse Coordinator:** This nurse will help guide you through the evaluation process. If you have any questions or concerns, they should be your first contact.

- **Transplant Social Worker:** Our social workers will:
    - Listen to your thoughts and feelings about transplant.
    - Make sure that you understand all of the risks, benefits, and responsibilities of getting a transplant.
    - Make sure that you have the things you will need after surgery to be successful. This could include:

        - Safe housing.
        - Family/friend support to help take care of you after surgery.
        - Reliable transportation
    - Help the transplant team understand how transplant may affect you and your family and what support you may need.
    - Share resources for fundraising with you.
- **Transplant Financial Coordinator:** Our financial coordinators will meet with you and:
    - Review Medicare, Medicaid, or any private insurance rules that apply to you.
    - Talk with you about any additional insurance you may have, like a Medicare supplement plan.
    - Help make sure that you will have insurance coverage for hospital and medicine costs related to transplant.
- **Transplant Cardiologist:** A transplant cardiologist has had special training in how to take care of patients with heart failure or had a heart transplant. The will:
    - Review your medical history.
    - Talk with you about transplant benefits and risks.

  - Give you a physical exam.
  - Review the results of your tests and decide if other tests are needed.
  - Answer your questions.
  - See you while you are in the hospital and in clinic after you go home.
- **Transplant Surgeon:** A transplant surgeon has had special training in how to do transplant surgeries. They will:
  - Review your surgical history.
  - Talk with you about transplant benefits and risks.
  - Give you a physical exam.
  - Review the results of your tests and decide if other tests are needed.
  - Answer your questions.

- **Transplant Psychologists:** Doctors who have had special training to help you cope with emotions, such as anxiety or depression, which may happen when you are very sick.
    - All patients being evaluated for a heart transplant at UNC Health will see a psychologist.
    - They may help you find ways to handle stress caused by waiting for and having a transplant.
- **Transplant Pharmacists:** Our transplant pharmacists are specially trained on the medicines you will need to take after your transplant. They help the transplant team choose the right medicines for you. They will help you understand the medicines you are taking.
- **Transplant Dietitians:** Our dietitians know a lot about how what you eat affects your body. They will help us understand how you should eat to help you be as healthy as you can before your transplant. Your diet is important to how you heal from your surgery. It can also help you with some medicine side effects.
- **Infectious Disease Doctors:** Doctors who have had special training on infections. They help make sure you have all your vaccines before and after transplant. They help you learn about the infection risk related to transplant.

- **Other Providers:** You may need to see other medical providers during your evaluation depending on your health history. Your transplant nurse coordinator will let you know what you need and a TPA will help you schedule the appointments. Your transplant team must review all tests and results before making a decision about putting you on the wait list. Examples may include:
    - Dentist.
    - Dermatology (skin doctor).
    - Hepatology (liver doctor).
    - Hematology (blood doctor).
    - Pulmonology (lung doctor).

ARE YOU READY FOR TRANSPLANT?

There are many reasons why someone may not be able to get a transplant. Some of the reasons could change over time or with treatment, but some may not.

Absolute Contraindications for Heart Transplant

We cannot put anyone on the transplant list that has the following:

- High blood pressure in the lungs that does not get better with medicine. Your new heart would not be able to pump against the pressure and would fail.
- Other serious medical problems that may limit how long you live.
- A history of cancer that has not been "cured".
- Severe chronic bronchitis or obstructive pulmonary disease.
- Unresolved alcohol, drug, or tobacco use.
- Irreversible kidney dysfunction, unless you are a candidate for a combined heart/kidney transplant.
- Severe peripheral vascular disease.
- Inadequate social support system.

Relative Contraindications for Heart Transplant

Some of these things may prevent you from being placed on the transplant list and are evaluated on a case-by-case basis:

- Obesity defined as greater than 140% of your ideal body weight or a BMI >35
- Older than 75 years old with other medical comorbidities.
- Factors that would limit your ability to adhere to medical care post-transplant.

BENEFITS AND RISKS OF HEART TRANSPLANT

Having a transplant can help you in many ways. You may feel better and live longer. The transplant evaluation and surgery have some risks too. We will discuss both the benefits and risks here, and will answer any questions that you may have.

Benefits

Many patients will:

- Live longer.
- Feel better and have more energy.
- No longer need IV medicine.
- No longer need an LVAD.
- Do more things around the house.
- Be able to return to work, school, or other activities.
- Regain their independence.

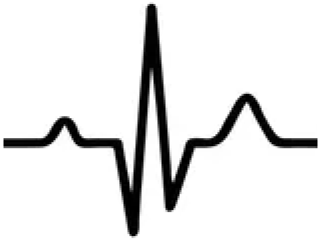
Recipient Risks

Include but are not limited to:

- Being put to sleep for surgery (anesthesia).
    - The anesthesiologist, a doctor with special training on keeping patients asleep safely during surgery, will watch you and make changes to the medicine if you have problems.
- Bleeding during or after the surgery.
    - May require you to go back to the operating room or get a blood transfusion.

- Blood clots.
    - May cause pain and swelling.
    - If they move and are stuck somewhere they can cause trouble there. We worry most about clots in the brain or the lungs.
    - Getting up out of bed and walking can help prevent clots.
- Stroke.
    - Damage from lack of blood flow to a part of the brain.
    - May be caused by:
        - Blood clot.
        - Air bubble.
        - Bleeding.

    - May cause you to have trouble talking or moving one side of your body. This may get better over time.
- Fluid around your heart & lungs.
    - Heart: pericardial effusion
    - Lung(s): pleural effusion
    - This extra fluid can make your heart and lungs not work, as they should.
    - You will have tubes in your chest after surgery to help drain this extra fluid.
    - You may also take medicine to help get rid of the extra fluid.
- Abnormal heart rate or rhythm.
    - Your donor heart is denervated, meaning it has lost the nerves that help control you heart rate.
    - Your body will depend on hormones called catecholomines to help your heart rate respond to stress.
    - It may take your heart rate longer to increase when you exercise. Remember to give yourself time to "warm up" and "cool down" when being active.



    - You may also experience a slight light-headed feeling when you change positions quickly (sitting to standing, bending over, etc.).
    - An abnormal heart rhythm may be a sign of rejection. If you do not have rejection, you may need medicine to help the rhythm stay normal.
- Your new heart may not work right at first.
    - If this happens, we will give you medicines to help it.
- Death is also a risk for any surgery or procedure.
- Nerve damage.
    - Your diaphragm is a large muscle that helps you breathe. The nerve that makes it move is very close to the heart and could be hurt during surgery.
        - This could make it harder for you to breathe. Your other muscles will get stronger over time to help with this.
        - You may need surgery to help it.
    - The nerves in your skin around your incision are cut during the surgery; this may cause you to feel numb around your incision. This may get better over time.
- Kidney damage/failure.
    - The stress of your heart failure and surgery can hurt your kidneys.

    - We will be very careful about giving you medicine that may be hard on your kidneys.
    - If your kidneys are not working well you may need dialysis. This machine cleans your blood since your kidneys are not able to.
    - If you need dialysis, you may need to have a kidney transplant.
- Rejection.
    - Your immune system fights things that should not be in your body, like bacteria, virus, and cancer.
    - In the beginning, your immune system will see your new heart as something that should not be in your body. We will give you anti-rejection medicine to help make your immune system weaker and keep this from happening.
        - You will need to take this medicine for the rest of your life.
        - Sometimes people still have rejection even when they take their medications.

    - Sometimes people may need a second transplant because of rejection.
    - If you do not take your anti-rejection medicine, your heart could be damaged so badly that you die.

- Infection.
    - You will be at a higher risk for infection because of your anti-rejection medicine.
    - You could get sick from bacteria, viruses, or different kinds of fungus.
    - Good handwashing and staying away from people who are sick can help prevent infection.

- Cancer.
    - Your immune system does not just fight infection. It can also fight cancer.
    - After transplant, your risk for skin cancer and other cancers will go up.
    - You should wear sunscreen every day.
    - You should have your doctor look at your skin for any concerning spots at least once a year.
    - You may need to see a skin doctor called a dermatologist if there are any concerns.
- You may have some changes in your mood, including feelings of sadness/depression, worry/anxiety, fear, anger or guilt.

    - Some patients need medicine to help with these feelings.
    - Some patients find it helpful to talk to someone about these feelings.
    - If you are feeling this way, please let your transplant team know. We are here to help!

Donor Risks

Your donor may have some risks that include:

- Infection.
    - Organ donors get many tests for infection. We look for bacteria, viruses, and fungus.
    - The tests are very good, but they are not perfect.
    - In rare cases, a donor may have an infection that we do not know about and it is passed to the people that get their organs.
    - We have a list of certain things people do can increase their risk of getting HIV or hepatitis, like having unsafe sex or using dirty needles to take drugs.
    - If we know that your donor has done things that are on this list in the 30 days prior to donating their organs, we will tell you.
        - We will tell you that you have an offer from a donor with a risk for acute infection with HIV, Hepatitis B and/or Hepatitis C.
        - We will not tell you what they did.

- We will not offer you a heart that we think is bad, but you have a right to know if there is an acute risk.
- The tests we use to look for these infections are very good. The risk of not detecting them is very low, but it is not zero.
- There is a small chance that the test is negative, even if the donor has the virus or infection.
- You are tested for HIV, Hepatitis B, and Hepatitis C as part of your transplant evaluation.
- We will test you again just before you transplant operation and again 1-2 months after your transplant.
    - You will have these tests done even if your donor did not have a risk for acute infection.

EVALUATION

THE EVALUATION

The evaluation process is matched to you and your needs. This means your evaluation may be different from others. We know that each person is different and we do not want to do tests that are not needed. Each test will help us learn more about you and your health.

EVALUATION VISITS

Our goal is to complete most of your visits and tests in 4 days.

- For some visits you will need to be seen in-person in one of our clinics or at UNC Medical Center.
- For some visits you will be able to stay home for a phone or video visit. You must be able to have time with no distractions during these visits.
- Your primary care partner will need to be at some of your visits.
    - Education visit with transplant nurse coordinator.
    - Social Work visit.
- Visits may take different amounts of time to complete. Some may take more than an hour, while others may take less.
- Once your visits and tests are complete, we will discuss your case at our weekly conference.

- Your transplant nurse coordinator or cardiologist will call you to let you know what we think.
- You may need other visits or tests after your case is discussed. We will talk with you about these if you do need them.

EVALUATION TESTS

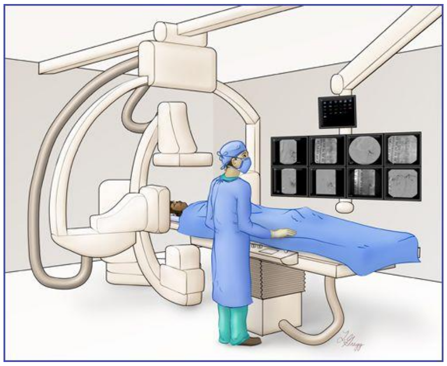
You may not require all of the tests on this list. You may require other tests that are not on this list. Your transplant team will let you know which tests you will need.

- **Blood Work or "Labs"**
  - Blood Type.
  - Tests to look for infections like HIV and hepatitis.
  - Tests to look for other problems like anemia, bleeding problems, problems with your kidneys and/or liver.
  - Special transplant tests that will help us make sure you receive a heart that is a good match.
- **Chest X-Ray**
  - Shows us the size of your heart.
  - Checks your lungs.

- **Electrocardiogram (EKG/ECG)**

  - Shows us the rhythm of your heart beat.

- **Echocardiogram (ultrasound of your heart)**
  - Shows us how your heart moves.
  - Shows us how your valves open and close.
  - Shows us the size of the chambers of your heart.
- **VO_2 Max/Stress Test**
  - A test to see how well your body uses oxygen during activity or exercise.
  - You will exercise on a treadmill or a bike while wearing a special face mask.
- **Left Heart Catheterization**
  - A thin tube, called a catheter, is placed in one of the large arteries in your arm or groin and dye is injected.
  - Helps us look for blockages in your coronary arteries.



- **Right Heart Catheterization**
  - A catheter, is placed into a vein in your neck or groin to check the pressure inside your heart and lungs.
  - Helps the doctors know if you are a transplant candidate.

    - May be done at the same time as your left heart catheterization.

- **Pulmonary Function Tests**
    - You blow into a machine so we can see how well your lungs are working.
    - Tests how well your lungs can carry oxygen to the rest of your body.
- **Abdominal Ultrasound**
    - Looks at the shape and size of your liver, gallbladder, pancreas, spleen, and kidneys.
    - Helps us find abnormalities that might keep you from having a good transplant surgery outcome.

- **Carotid Doppler Studies**
    - Ultrasound of the blood vessels in your neck that carry blood to your brain.
    - Looks for blockages that could cause a stroke.
- **Peripheral Doppler Studies**
    - Ultrasound of the blood vessels in your legs to look for blockages.

    - Blockages in the legs can make placing catheters during and after surgery more difficult.
- **Colonoscopy**
    - Everyone over the age of 45 must have a colonoscopy to check for colon cancer.
    - You may need to have one sooner based on your family history.
- **Vaccines**
    - Helps protect your from infections after transplant.
    - Flu, pneumonia, hepatitis, tetanus, shingles, COVID
    - Vaccines may need to be given as part of your evaluation based on your test results.
    - Some vaccines you will need to continue to get after your transplant.
- **Bone Density Scan (DEXA)**
    - X-Ray to show how strong your bones are.
- **Dental Exam**
    - Checks your team and gums for infection or other concerns
- **Urine Collection**
    - Checks to see if you are smoking cigarettes (nicotine), taking any drugs, or drinking alcohol.
- **Quantiferon Gold Blood Test**

    - Checks if you have ever been exposed to Tuberculosis (Tb)

Patients born as Female

- **Mammogram**
    - Women over 40 years old.
    - Need every year to check for breast cancer.
- **Pap Smear**
    - Women 21 years or older will need a recent Pap smear to check for cervical cancer.

Patients born as Male

- **Prostate Specific Antigen (PSA)**
    - Blood test to check for prostate cancer.
- **Testosterone level**
    - Blood test to check hormone level

AFTER THE EVALUATION

The transplant team meets every week to discuss patients who have been evaluated for heart transplant. The team will review your results to make sure you meet our guidelines and are healthy enough for transplant.

IMPORTANT

You cannot be placed on the waiting list until your evaluation is completed and the transplant team approves you.

The team could decide:

- Transplant is a good idea and this is a good time to move forward.
    - You insurance company will review your results and decide if they will approve insurance coverage for your transplant.
    - Once approved by your insurance company, your name will be placed on the heart transplant waiting list.
- Transplant is a good idea, but not this soon. Take good care of yourself and come back to us when you are sicker.
- Transplant is not the best option for you. You may have problems that our transplant team cannot help or could make worse.
    - A different transplant center may make a different decision.

    - We can refer you to a different center and send them your records.
- Transplant may be a good idea, but you have some work to do first.
    - We will talk with you about the steps you need to take.
    - We will write down goals for you.
    - We will tell you how we can help.
    - We will check in with you and see how you are doing on your goals.
    - After some time, the team will talk with you about if transplant is a better idea now.
- Once a decision has been made, we will call you to let you know. We will also send you a letter in the mail or via MyChart.

THE WAITING LIST

THE WAITING LIST

The waiting list:

- Is a national list managed by the United Network for Organ Sharing (UNOS).
- Each person in the country who needs a heart is on this list.
- You can have your name on more than one transplant center's waiting list. You can be on waiting lists in other parts of the country.
- Your transplant coordinator uses information from your evaluation to put you on the waiting list.
- This information is how your status on the wait list is decided.
- Your transplant coordinator will need the following information to place you on the waiting list.
    - First and Last name
    - Social Security Number
    - Date of Birth
    - Weight range for the donor
    - Blood Type

Adult Heart Status

Patients who are at least 18 years old are listed at one of the following statuses:

- **Status 1**
  - In the hospital on temporary mechanical circulatory support (MCS) and cannot be discharged home.
  - In the hospital on mechanical circulatory support (MCS) with a life threatening arrhythmia.
- **Status 2**
  - In the hospital on a temporary device supporting their heart, like an Intra-Aortic Balloon Pump (IABP) and cannot be discharged home.
  - Has a life threatening arrhythmias that we are unable to treat with medicine or an ablation.
- **Status 3**
  - In the hospital on IV medicine, for heart failure and has a pulmonary artery catheter to monitor their heart function.
  - Has a left ventricular assist device (LVAD) and has a complication that cannot be resolved or fixed.
  - 30 days of discretionary status 3 time for patients with an LVAD.
- **Status 4**
  - Supported by a left ventricular assist device (LVAD).

  - Congenital Heart Disease (CHD).
  - On IV medicine to treat heart failure at home.
  - Diagnosis of amyloidosis, hypertrophic cardiomyopathy, or restrictive cardiomyopathy.
  - Requires a second heart transplant.
  - Ischemic heart disease with intractable angina.
- **Status 5**
  - Patient is registered for more than one organ and does not qualify to be higher on the list.
- **Status 6**
  - Does not meet any criteria to be Status 1-5.
- **Status 7**
  - Patient is inactive on the list and not able to receive organ offers.
  - May happen when a patient is unable to receive a heart transplant for a period of time. This may be due to being too sick or too well.
- **Exception**
  - A transplant center can apply for a patient to be listed at a higher status than what they qualify to be.
  - The UNOS review board may then approve or deny this.

Pediatric Heart Status

Patients who are less than 18 years old are listed at one of the following statuses:

- **Status 1A**
    - In the hospital and
        - On a ventilator.
        - Has an Intra-Aortic Balloon Pump (IABP)
        - Has a congenital heart disease diagnosis and requires IV prostaglandin or other medicine for heart failure.
    - Is on Mechanical Circulatory Support (MCS)
- **Status 1B**
    - May be in the hospital or at home.
    - Requires IV medicine for heart failure but does not meet Status 1A criteria
    - Younger than 1 year old at the time of registration with hypertrophic or restrictive cardiomyopathy.
- **Status 2**
    - Any patient on the waiting list that does not meet Status 1A or 1B criteria.
- **Status 7**
    - Patient is inactive on the list and not able to receive organ offers.

  - May happen when a patient is unable to receive a heart transplant for a period of time. This may be due to being too sick or too well.
- **Exception**
  - A transplant center can apply for a patient to be listed at a higher status than what they qualify to be.
  - The UNOS Pediatric Heart review board may then approve or deny this.

WHILE YOU ARE WAITING

We want you to be ready when it is time for you to have a transplant. That means you have a lot to do. Start this work during your evaluation. Keep working at it while you are on the waiting list.

Get Your Body Ready

- Take your medicine.
- Go to your doctor visits.
- Eat a healthy diet.
- Watch your weight.
- Attend Cardiac Rehab or other supervised exercise program, or exercise on your own if you are able.

- Call us if you feel worse.
    - We may need to repeat some tests.
    - New test results could make your status go up and help you get a transplant sooner.

Get Your Mind Ready

- Make lists so you can keep track of what you need to do.
- Try to stay positive, try not to worry.
    - Get up and get dressed every day.
    - Follow a routine.
    - Stay busy.
    - Do things you enjoy.
    - Stay in touch with friends.
    - Get out of the house.
- If you feel sad, angry, or worried a lot:
    - Let us know, we can help.
    - You might need to see a counselor.
    - You might need to take medicine to help your mood.
- Talk to other people who have had a transplant. We can help you find them.

Get Your Loved Ones Ready

You will need support from family and friends in order to have a successful transplant. Make sure your social support system is ready. It takes a village!

- You will need two care partners who agree to help you after your transplant. You only need one care partner at a time, but that care partner needs a backup in case they get sick or need to take a break.
- Your care partner will need to:
    - Come to your clinic visits with you.
    - Come to the hospital with you and learn about your care after your transplant.
    - Stay with you around the clock for the first three months.
    - Help you pick up prescriptions, fill your pillbox, get groceries, cook meals, etc.
    - Call the transplant nurse coordinator on call if there is a problem.
    - Drive you to UNC Medical Center, anytime of the day or night, in case of emergency.
    - Drive you to your medical visits.
    - Drive you where you need to go for the first 2-3 months. The doctors will tell you when it is OK for you to drive again.

- If you have kids at home, make a plan for where they will go while you are in the hospital.
- If you have pets, find someone to care for them while you are away.
- Make sure the people who will be your care partners:
    - Have a plan for their kids and pets.
    - Have a plan for their jobs.
    - Have a plan for their bills.
- Bring the people who will care for you to your visits. They need to know as much as you do.
- Decide who you will tell when you get the call.
- Set up a way for people to know how you are:
    - Phone tree.
    - Blog.
    - Caring website.

Get Your Finances Ready

- Apply for disability benefits.
- Know what your insurance will cover. Each insurance is different, but costs could be:

  - Co-payments- the part you have to pay each time you have a visit or buy medicine.
  - Deductibles- the part you have to pay for medical bills each year before your insurance starts to pay.
  - Getting to the hospital and back.
  - Parking at the hospital.
  - Living in the Chapel Hill area for three months or more.
  - Bills for people who have to leave work to take care of you.
- Make a plan to cover these costs.
  - Most people need to raise some funds to help.
  - We can help you learn how to do it.
- Follow your plan.

Stay in Touch

Keeping in touch with your transplant team is very important. Be sure to tell your transplant nurse coordinator or call the transplant office at 984-974-7530 if:

- Your phone number of address changes.
- You get sicker or have any kind of infection (the flu, a cold, etc.).
- You go to the emergency room, are admitted to the hospital, or have any kind of surgery.

- Your insurance changes.
- There is a change in who will help you.
- Call us if you have any questions or concerns. We are here for you!

Pack a Bag

You need to come to the hospital quickly when you get the call, so be ready.

Things you might want to pack ahead of time are:

- Phone charger.
- Soft, comfortable socks or slippers.
- Pajamas or big shirts.
- Lip balm.
- Something to put your hair back, if you have long hair.
- Dry erase board with fat markers or index cards with messages.
    - I am in pain.
    - I need to go to the bathroom.
    - I need to rest.
- **Do not bring**
    - Jewelry.
    - Cash.
    - Your wallet.

WHERE CAN I LEARN MORE ABOUT TRANSPLANT?

If you or your loved ones would like to know more about transplant, please check out some of the below resources for more information.

UNOS/United Network for Organ Sharing

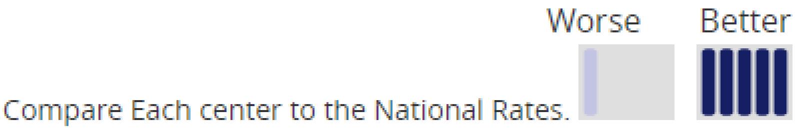
UNOS is the private, non-profit organization that manages the nation's organ transplant system. Their website has some great information about transplant for both patients and their care partners.

UNOS provides a toll-free patient services line to help patients and families who are interested in transplant understand where organs come from and how they are transplanted. You may also call this number to discuss a problem you may have with your transplant center or the transplant system in general.

The toll-free patient services line number is 1-888-894-6361. UNOS also has a website at www.unos.org

SRTR/Scientific Registry of Transplant Recipients

- The Scientific Registry for Transplant Recipients (SRTR) collects data about transplants in the U.S.
    - They collect information about how patients at each transplant center do like:
        - How long patients wait for heart transplants.
        - How long patients live after they get a heart transplant.
- Every six (6) months they update the information and share it with the public. When we get the updates, we will share them with you.
- They use a rating system of five (5) bars to help you compare different transplant centers.



- You can find more information about the information they collect at www.srtr.org

THE SURGERY

Who Will Be My Donor?

- Donor hearts come from people who made a decision to donate their organs when they die. Their family can also make that decision.
- A heart transplant cannot be planned. You may be called to the hospital at any time day or night.
- You may have to wait a long time to get a transplant. There are more people waiting than there are donated organs.
- Once you have been placed on the UNOS waiting list, your wait for the donor heart begins.
- You will be matched to a potential donor based on:
  - Your blood type (A, B, AB, O).
  - Your height and weight.
  - Your status on the waiting list.
  - There may be other specifics that your doctor considers at the time of an organ offer.

- We do not know where you are on "the list" until you receive an offer. Your place on the list will change for each offer based on many factors.
- You will not be given any specific information about your donor.
- You can write a letter to your donor's family after transplant. Your transplant coordinator can help you with this process.

Getting the Call for Transplant

- If the transplant team receives an offer that we think is a good fit for you, we will call you to talk about the offer. You will have the choice to accept or decline the offer.
- We may call you anytime of the day or night with an organ offer. We need to have current phone numbers for you, your family, and other care partners so we can reach you when a heart is available.
- Be prepared to come to the hospital quickly and safely when we call. You should keep your hospital bag packed. Do not bring jewelry, cash, or your wallet.
- The transplant nurse coordinator calling you will talk to you about the following:
    - If you have been sick or taking antibiotics.
    - When to stop eating and drinking.
    - If you should not take any of your medicine.
    - Where to check in when you get to the hospital.
- If you have diabetes, bring glucose tablets or hard candy that is not sugar free to help keep your blood sugar from getting too low.
- Bring your medicine.
- Bring your insurance cards.

What Happens Next?

- If you accept the heart offer, two big things happen at the same time:
    - You come to the hospital to get ready for surgery.
    - Doctors go to your donor to check on, remove, and bring back the heart.
- When you get to the hospital, you will have tests done to make sure you are okay to go through the transplant surgery. These tests include:
    - Blood Work
    - Urine tests
    - EKG
    - Chest X-Ray
    - Weight
    - Vital Signs
        - Blood Pressure
        - Temperature
        - Pulse
        - Respiratory Rate
- The cardiologist and transplant surgeon will see you and check you.
- You will also meet with the anesthesia doctor who will help you go to sleep for surgery.

- You will sign consent forms for surgery.
- Nurses will help prepare you for surgery. They will:
    - Place an IV in your vein so you can have medicine before and during surgery.
    - Use clippers to remove hair from your chest if needed.
    - Help you with cleaning your skin with special soap. You will either take a shower or use special wipes.

Dry Runs

- Getting a heart offer does not mean you will get a transplant. Even though you may go to the operating room and be put to sleep, you will not undergo surgery until the team sees and approves the heart.
- Sometimes the surgeons see a problem with the heart that the tests do not show.
- A heart that started out looking good can look bad when we go to get it.
- We do not want to give you a bad heart or a heart that we do not think will work well.
- If we decide the heart is not good enough, we will tell you and then we will wait some more.
- If this happens to you, we call this a dry run.

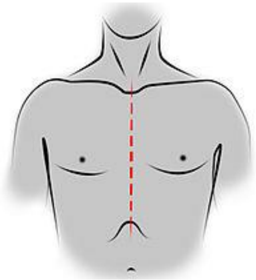
The Surgery

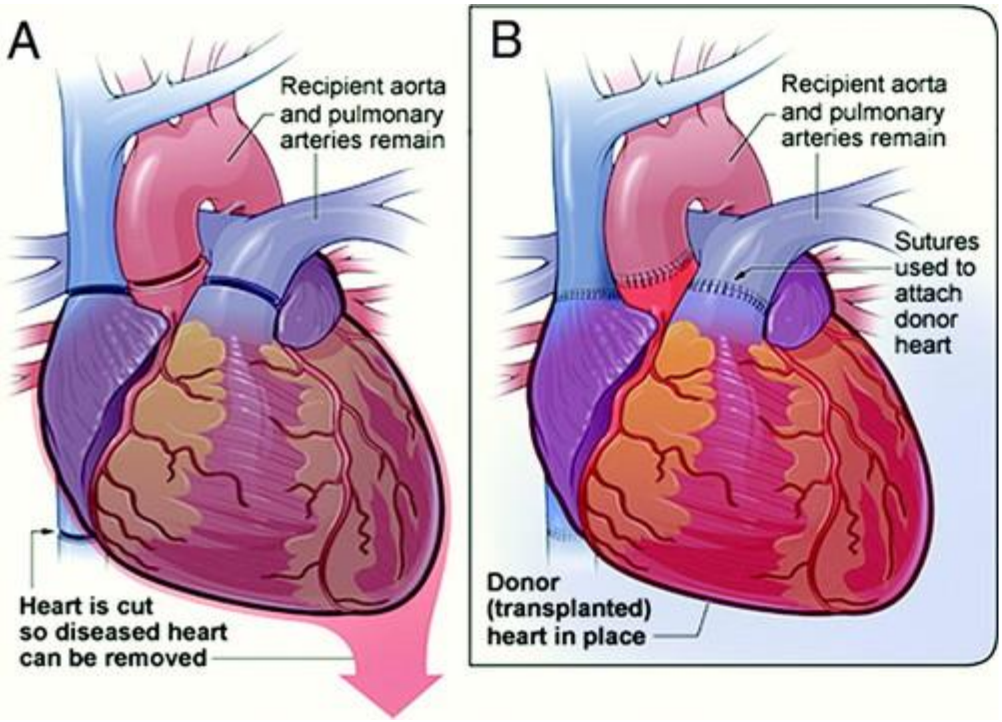
- Sometimes we need to bring you to the operating room before we see the donor heart. Timing is very important for a heart transplant.

- When you go to the operating room, you will lie down on a table with your arms out to the side.
- An anesthesia doctor will give you medicine to help you “sleep”. Once you are asleep and unable to feel anything, the surgery team will start to work.
    - A tube called a urinary catheter will be put into your bladder. This lets us measure how much urine you are making during and after surgery.
    - You will have a catheter (IV) placed into a large vein in your neck. You will get medicine and fluids through this IV during and after the surgery. This will stay in place for several days.
    - You will have a catheter (IV) paced into one of your arteries. This will help us monitor how you are doing during the surgery. It may stay in for a few days.
    - You will have a breathing tube placed in your throat. This tube is attached to a breathing machine (ventilator) and helps you get the

oxygen you need during surgery. You will keep this in until you can breathe well on your own.

- You will have an incision down the middle of your chest.
- The surgery will last 5 to 6 hours.
- During the surgery, most of your old heart will be taken out. The doctor will leave a small piece of your heart to sew the new heart to.
- You will have new coronary arteries and valves.



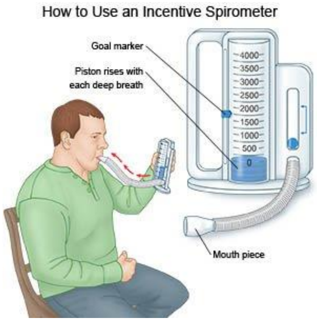


Source: National Heart, Lung, and Blood Institute; National Institutes of Health; U.S. Department of Health and Human Services.

Patel, J.K. and Kobashigawa, J. A. (2011). Heart transplantation. *Circulation.* 124, e132-e134. https://doi.org/10.1161/CIRCULATIONAHA.110.017319

After Surgery

- Someone from the surgery team will talk with your family and let them know how you are doing.
- After the surgery, you will go to the intensive care unit. Doctors and nurses who are trained to care for patients after heart transplant will watch you very closely.
- Everyone who enters your room will need to wash their hands. This protects you from infections. Your family may also be asked to wear a special gown and gloves when they are in your room.
- For the first day or two, you will be on a breathing machine. You may be asked to communicate with your nurse and family by nodding your head, squeezing hands, or writing messages on a tablet.
- After you are off the breathing machine, you will be taught to use an incentive spirometer. It will be important for you to use this and to cough and take deep breaths every hour. This will help keep you from getting pneumonia.



- You will still have the catheters (IV) that were put in while you were in the operating room. These will stay in place for several days.

- You will still have the urinary catheter that was put in while you were in the operating room. This will stay in for several days while we make sure you are urinating enough.
- You will have 2-3 tubes coming out of your chest. These help drain extra fluid from around your heart and lungs. Once the amount of fluid draining decreases, the doctors will take these out.
- You will have two wires coming from below your incision. They may be attached to a temporary pacemaker if your new heart needs help. These will be removed before you go home.
- You will have a bandage over the incision in your chest for the first day. If there is no drainage, the bandage will be removed. You may have staples, sutures, or special glue on your incision to help hold it together while it heals.
- If you have pain or are uncomfortable, do not be afraid to ask your nurse for pain medicine. Reducing your pain will allow you to move easier and heal faster.

- You will get out of bed and sit in a chair the day after your surgery depending on how you are doing. Getting out of bed helps you heal faster.
- We anticipate that you will be walking without help by the time you are ready to go home, but you may need assistance depending on how sick you were before transplant.
- You will be encouraged to enroll in a cardiac rehabilitation program after your surgery. They will be able to help you become stronger and more comfortable with your new heart and how your body deals with exercise. They will monitor you while you exercise.

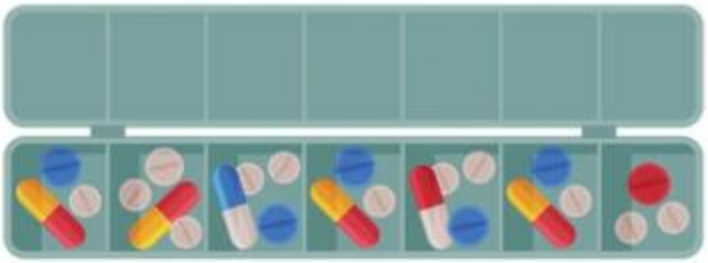
Getting Ready to Go Home

Before you leave the hospital, you and your care partners need to learn about all of the new things that you need to do to stay healthy.

- We will give you information to read about life after transplant.
- We will set up a time to talk with you and your care partners about your care after transplant.

- A big thing you will need to learn is all of your new medicines. You will need to take anti-rejection medicine for the rest of your life. You will also need to take other medicines. You need to know:
    - What medicine you are taking.
    - Why you are taking it.
    - When to take it.
    - How much to take.
- You should never stop taking a medicine or change how much you are taking without talking with your transplant team.
- You should check with your transplant team before starting any new medicines.
- You must do many other things to take good care of yourself and your new heart. You and your care partners will also learn how you should:
    - Exercise.
    - Eat right.
    - Check your blood sugar, if needed.
    - Stay away from germs.
- You will need to have a thermometer, scale, and blood pressure cuff at home. The transplant nurse coordinator will help you get these if you do not have them already.

- You will need to learn signs of infection and rejection.
- You will need to have all your home medicine before you go home. The pharmacist or transplant nurse coordinator will:
    - Help you fill your prescriptions.
    - Give you a pillbox and help you fill it.



AFTER

TRANSPLANT

After Discharge

- Once you leave the hospital, your transplant nurse coordinator will be your main contact.
- Your transplant nurse coordinator is involved in most aspects of your care. They will put you in touch with other team members who can help address your needs.
- Once you are home, there are several things you will need to do:
    - Check your weight, temperature, blood pressure, and heart rate. The team will give you a place to write all this information down.
    - Communicate with your transplant team by phone or MyChart.
    - Keep up with your scheduled follow up visits and blood work.
    - Make sure all of your doctors, your dentist, and pharmacist know about the medicines you are taking.
- We have a transplant nurse coordinator on call all day, every day, including holidays and weekends. **If you need help after hours**, you can reach out to the on-call transplant nurse coordinator by:
    - Calling the UNC Medical Center's hospital operator at 984-974-1000 and asking the operator to page the "on-call heart transplant nurse coordinator".

Medicines at Home

After you have received your heart transplant, you will need to take medicine for the rest of your life to keep your new heart healthy.

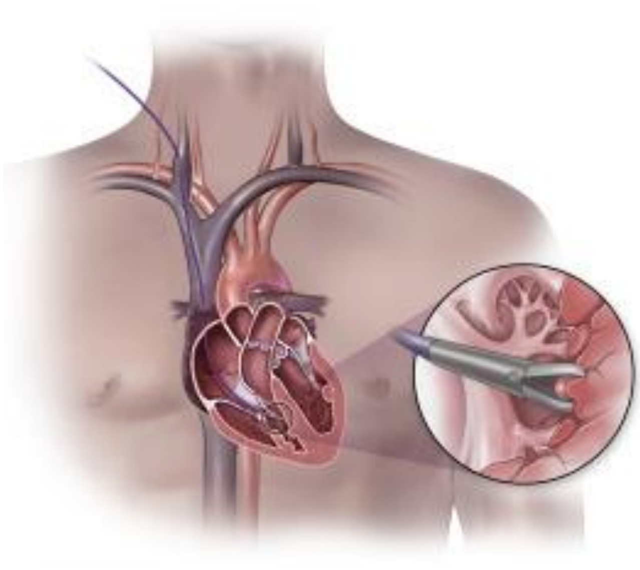
- Right after your transplant, you will need many different medicines to keep your new heart healthy. Over time, if you are doing well we may be able to stop some of these medicines.
- Anti-rejection/Immunosuppression
    - Most patients will be on three medicines to prevent rejection for the first six months.
    - **Prednisone**. Over time, the dose will be decreased and you may be able to stop taking it around six months.
    - **Tacrolimus.** We may also call this medicine Prograf. You will take this medicine twice a day, 12 hours apart. Your transplant team will have you get blood drawn to make sure your level is correct. It is very important to have this blood drawn at the same time you would usually take the medicine; you will hold your medicine until after your blood has be drawn.
    - **Mycophenolate.** We may also call this medicine Cellcept. You will take this medicine twice a day, 12 hours apart.

- Anti-infection Medicine
    - Most patients will be on three medicines to prevent infection for a period. The amount of time you will need to take them will depend on your blood test results.
    - **Acyclovir or Valcyte.** This medicine helps protect your from viruses, specifically one called CMV (cytomegalovirus). Your transplant team will let you know which medicine you need to take based on your blood tests results and how long you will need to take it.
    - **Bactrim.** This medicine helps protect your from pneumonia. If you are allergic to it or do not tolerate it, your transplant team will use a different medicine that will work best for you.
    - **Nystatin.** This medicine helps prevent thrush in your mouth and throat. It is a liquid that you will swish in your mouth and then swallow. Most patients only need this for a short time.
- Other medications.
    - You may go home on other medications to help your blood pressure or blood sugar be normal.
    - You may also go home on vitamins or supplements to help keep your blood work normal.

  - The team will give you a list of all of your medicines and will teach you how to take all of them before you go home.
  - The team will make sure you have a pillbox and that you practice filling it before you go home.

Heart Biopsy

- The only true way to check for rejection of your heart is through a biopsy.
- You biopsy schedule will look something like this:
  - Every week for 3-4 weeks.
  - Every 2 weeks times two.
  - Every month for the rest of your first year after transplant.
    - If you are doing well you may have some biopsies replaced with an office visit, echocardiogram, and a special blood test.
- Your biopsy is done in the cardiac catheterization lab. They usually take about 30 minutes, but may take longer for some.
- Numbing medicine is used to help you not feel the needle stick but you may feel pressure.



- A catheter is placed in a vein in your neck or groin, similar to the procedure you have as part of your transplant evaluation.
- The catheter has small jaws at the end that are used to pinch off very small pieces of heart muscle.

- Those small pieces are looked at under a microscope for signs of rejection.
    - You may not have any symptoms, but your biopsy result may show that you have rejection. This is why getting your biopsies done is very important!
- Based on your results, your transplant team will decide the best treatment for you. If you have no rejection, you may be instructed to decrease your medicine doses. DO NOT make and changes without instructions from your transplant team.

- Pediatric patients are usually given medicine to help them sleep through the biopsy. They also have a different biopsy schedule. Your cardiologist and transplant nurse coordinator will make sure you know when your biopsy will be.

POST TRANSPLANT ISSUES

Patients may experience several issues after transplant. You may experience some of these, but you may not.

Rejection

- Your immune system protects you from infection by attacking foreign bodies like bacteria and viruses.
- Your immune system sees your new heart as a foreign body and may attack it. This is called rejection.
- To prevent rejection you must take anti-rejection medicine for the rest of your life.
    - Your transplant team may also call this medicine immunosuppression.
- Many heart transplant patients will have at least one episode of rejection in their first year, even though they are taking their anti-rejection medicine.
- The first rejection episode often happens within the first six months of your surgery.
- Rejection does not mean your new heart is going to fail. Most episodes can be reversed or treated with anti-rejection medicine.

- Since most rejection episodes can be reversed or treated if they are found early, you should look for the signs of rejection and call your transplant nurse coordinator if you have any of the following:
    - Fatigue.
    - Weakness.
    - Temperature of 100.5°F or higher.
    - Shortness of breath.
    - Fast heartbeat or skipping some beats.
    - Swelling of your hands, feet, or stomach.
    - Sudden weight gain.
    - Drop in your blood pressure.
    - Not feeling “quite right” or flu-type aches and pains.
    - A feeling that you are sick to your stomach.

- Do not attempt to treat your symptoms at home or wait until you are schedule for a visit to report these symptoms.
- If you are concerned about something, it is a reason to let you transplant nurse coordinator know.

Treating Rejection

If you have an episode of rejection, there are several ways it may need to be treated:

- Increase dose of anti-rejection medicine(s).
- Prednisone
    - A steroid that you take by mouth at home.
    - If you are already on Prednisone, you may be told to increase your dose for several days.
    - You will have a repeat biopsy after treatment to make sure your rejection has resolved.
- IV Steroids (Solu-medrol or Methylprednisolone)
    - A steroid that is given through an IV while in the hospital.
    - You will usually receive three doses before going home.
    - You will have a repeat biopsy after treatment to make sure your rejection has resolved.
- Other IV Medicines
    - If your rejection is severe, you may need other IV medicines to help treat it.
    - You will need to be in the hospital to receive these medicines.

    - You will have a repeat biopsy after treatment to make sure your rejection has resolved.
- Plasmapheresis
    - This is used if you have “antibody mediated rejection” or AMR.
    - It is similar to dialysis where the bad antibodies are cleaned out of your blood by a machine.
    - You will need a special IV placed and be admitted to the hospital to have this done.

Cardiac Allograft Vasculopathy

- Some heart transplant patients will develop a specific type of coronary artery disease. This is different from the coronary artery disease or blockages you may have had before your transplant.
- This type of disease is often a sign of chronic rejection.
- In some patients, it may appear suddenly and worsen quickly.
- You will have testing at least once a year to look for this.
- Sometimes balloons or stents can be used to open up the blockages but sometimes it is at the end of the artery and cannot be reached.
- Limiting your risk factors is important! Risk factors include:
    - Diabetes.

  - High blood pressure.
  - Obesity.
  - High cholesterol.
  - Smoking.
  - Drinking alcohol.
  - Not getting enough exercise.

Infection

- You will always be at a higher risk of infection after transplant. This is because of your anti-rejection medicine.
- Cytomegalovirus (CMV) is a viral infection that happens most often in transplant patients.
  - Your risk for CMV is highest in the first few months after transplant.
  - Depending on your CMV status, you may be on medicine to protect you from this while your anti-rejection medicine doses are high.
  - If you have CMV, you may need to be admitted to the hospital for IV medicine to treat it.
- Herpes zoster (Shingles) appears as a rash or small water blisters. It usually happens on the chest, back, or hip, but may be in other spots.
  - May occur in patients who have had the chicken pox in the past.

    - For some patients the rash is very painful, for others it is not.
    - Call your transplant nurse coordinator right away if you think you have this rash.
    - There is a shingles vaccine that transplant patients can take called Shingrix. We recommend all our patients receive this if able. Please know that there are some age restrictions.
- Candida is a fungus that can cause several types of infections in transplant patients.
    - May start in your mouth or throat and is often called thrush. It looks like a white coating on your tongue that you cannot scrape off.
        - If you have thrush, we can give you liquid medicine to swish in your mouth and swallow to help treat it.
    - Candida may also cause infections in your surgical incision, eyes, and respiratory or urinary tracts. It is most severe if the infection is in your blood.
        - If you have candida in any of these places, you may need to be admitted to the hospital for IV medicine.
- Wound infections can happen in your surgical incisions, these are often cause by bacteria.

  - If you have any of the following symptoms, call your transplant nurse coordinator:
    - Fever.
    - Redness, Swelling, or Tenderness of your incision(s).
    - Drainage from your incision(s).
  - After a test called a culture is taken, you will be given an antibiotic to treat the infection. The culture helps your team to choose the right medicine.

  - An infection in your surgical incision can make it hard for your skin to heal. If the wound comes open, you may need more surgery to close it.
- Pneumocystis jiroveci is a germ that is a lot like a fungus that can be found in the lungs. In transplant patients, it may cause a type of pneumonia. You will be on medicine to help prevent this for at least 6 months after your transplant.

High Blood Pressure

- High blood pressure may be a side effect of some of the medicine you will need to take.
- You may need to take medicine to help control your blood pressure.
    - There are many different types of medicine for high blood pressure. You may need to try more than one before we find the right one for you.
    - You may also need to take a water pill to help lower your blood pressure by helping you get rid of extra fluid. This may make you go to the bathroom more often.

Diabetes

- Many patients have high blood sugar in the hospital right after their transplant. Some of the medicine we give you can make your blood sugar go up.
- If your blood sugar is too high, you may need insulin to help bring it back down.
    - Not everyone needs insulin.
    - Some people only need insulin for a short time.
    - Some people may need insulin for the rest of their life.

- You will be taught how to check your blood sugar and give yourself insulin shots if needed before going home from the hospital.
- Signs of diabetes may include:
    - Increased thirst.
    - Increased urination.
    - Blurred vision.
    - Confusion.
    - If you have any of these, please let your transplant nurse coordinator know.
- If you were diabetic before your transplant, you may have more problems controlling your blood sugar after transplant while you are on higher doses of steroids.

COMING TO UNC

THINGS TO KNOW ABOUT COMING TO UNC

Travel

- Plan to arrive a little early for your appointments.

- Allow yourself time for traffic, weather, parking, and hospital construction. Arriving early will give you plenty of time to park, register, and find your way around the hospital.
- Check your appointment letters carefully; your appointments could be in several locations. The majority of your appointments will likely be at UNC Medical Center or at the Eastowne Medical Office Building.
- Your appointment could also be by phone or video, so please check your appointment letters carefully for instructions.

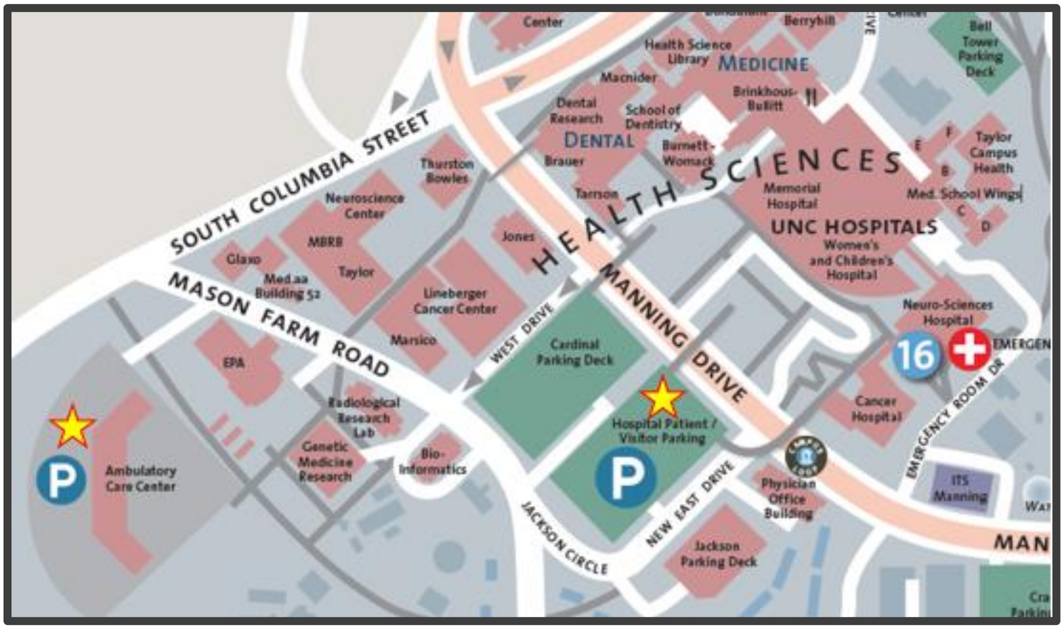
Parking

Public parking is available in the Dogwood Parking Deck across from the hospital.

- The cost for the visitor’s parking deck at the hospital (Dogwood Deck) is $1.50/hour with a maximum cost of $10/day. You can pay by cash or debit/credit card.

  - Because of the distance, a golf cart “shuttle” is available to and from the Dogwood Deck and the main hospital.
- Valet parking is available Monday-Friday, 5:30am-7:30pm, in front of N.C. Children’s Hospital.

  - The cost for Valet Parking is $12/day, no matter how long your stay. If you leave and come back on the same day, they will charge you two times.
  - You can buy valet coupons from the valet cashier. The come in books of five at a cost of $55 per book.
- **We do not have vouchers for parking.**



Getting Around UNC Medical Center

- If walking is hard for you, you can ride to and from the Dogwood Deck to the hospital in one of the golf cart shuttles.
- Wheelchairs are available for visitors and patients once you get inside the hospital.
- Hospital staff can also help you push a wheelchair or provide directions on where you need to go. Just ask any staff at one of our Visitor/Information Desks, which can be found throughout the ground floor of the hospital.

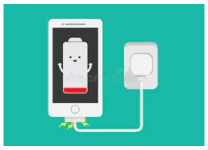
Food and Snacks

Patients are welcome to bring their own snacks and drinks from home, especially for our patients with diabetes. However, food and drinks are available at the hospital.

- Hospital Food Service locations accept debit/credit cards and Freedom Pay **only.**
- Hospital gift shops and vending machines accept cash for drinks and snacks.
- **We do not have vouchers available for food/meals.**

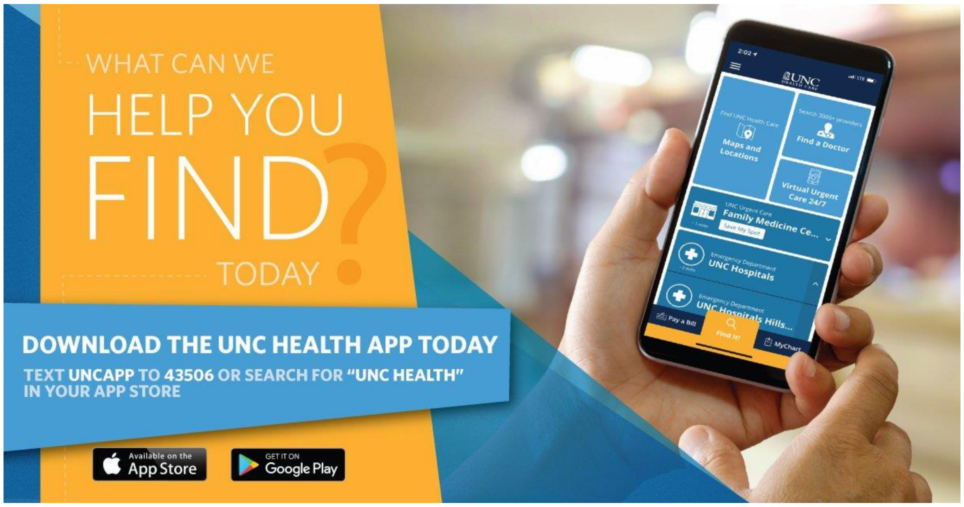
Other Things to Think About

- Plan for the day.
- Bring a bag with books, magazines, food/snacks, water, chargers…whatever you can carry that will help you be more comfortable as you wait for your appointments.



- Temperature can vary a lot from one end of the hospital to the other. Bring a sweater or dress in layers.
- Wear shoes that are comfortable to walk in for most of the day.

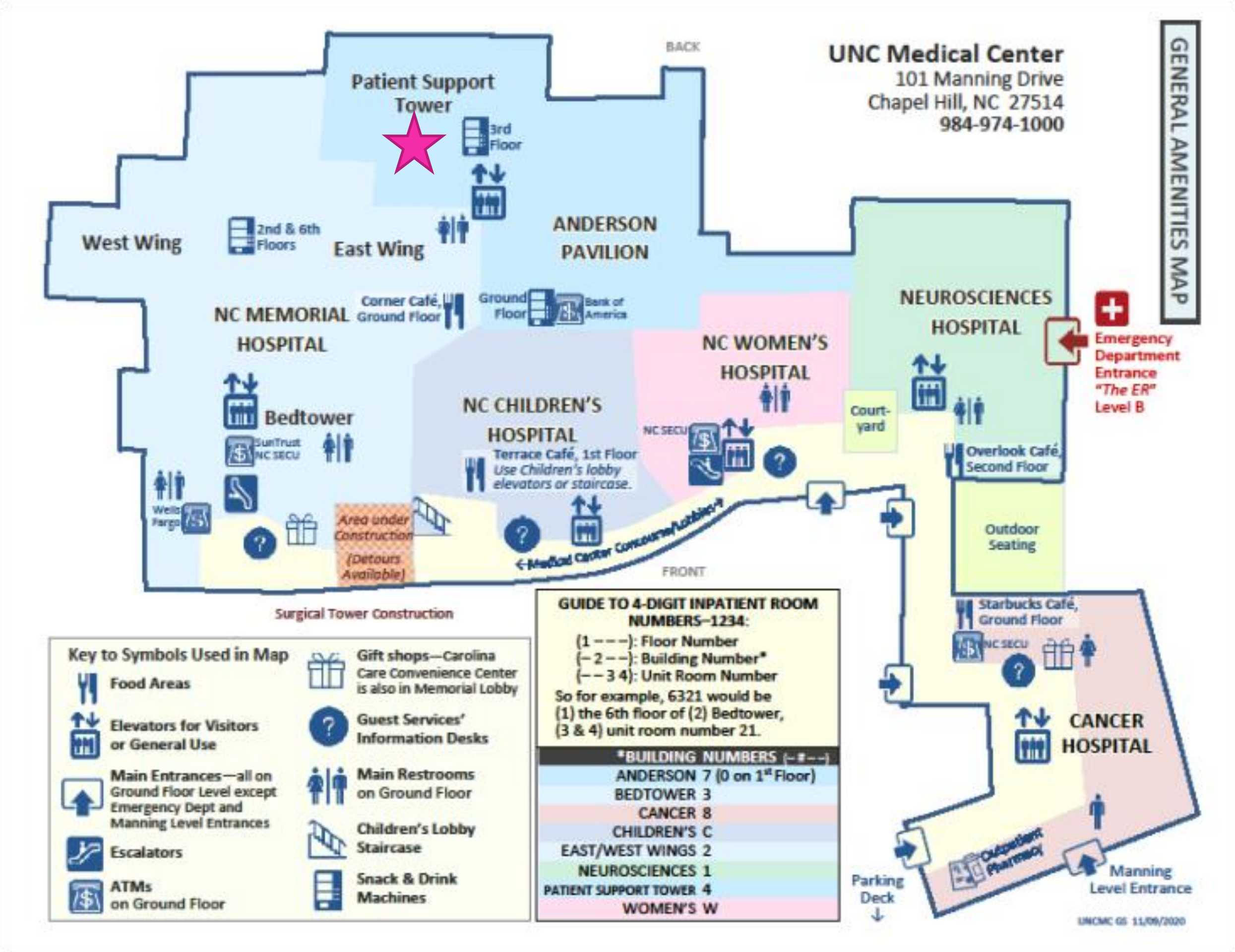
- **Do not** hesitate to ask questions or ask for directions. It is easy to get lost! Any hospital staff member will try to help you find where you are going.
- You can download the UNC Health app on your phone, which can help you find your way throughout the hospital buildings.



MAPS

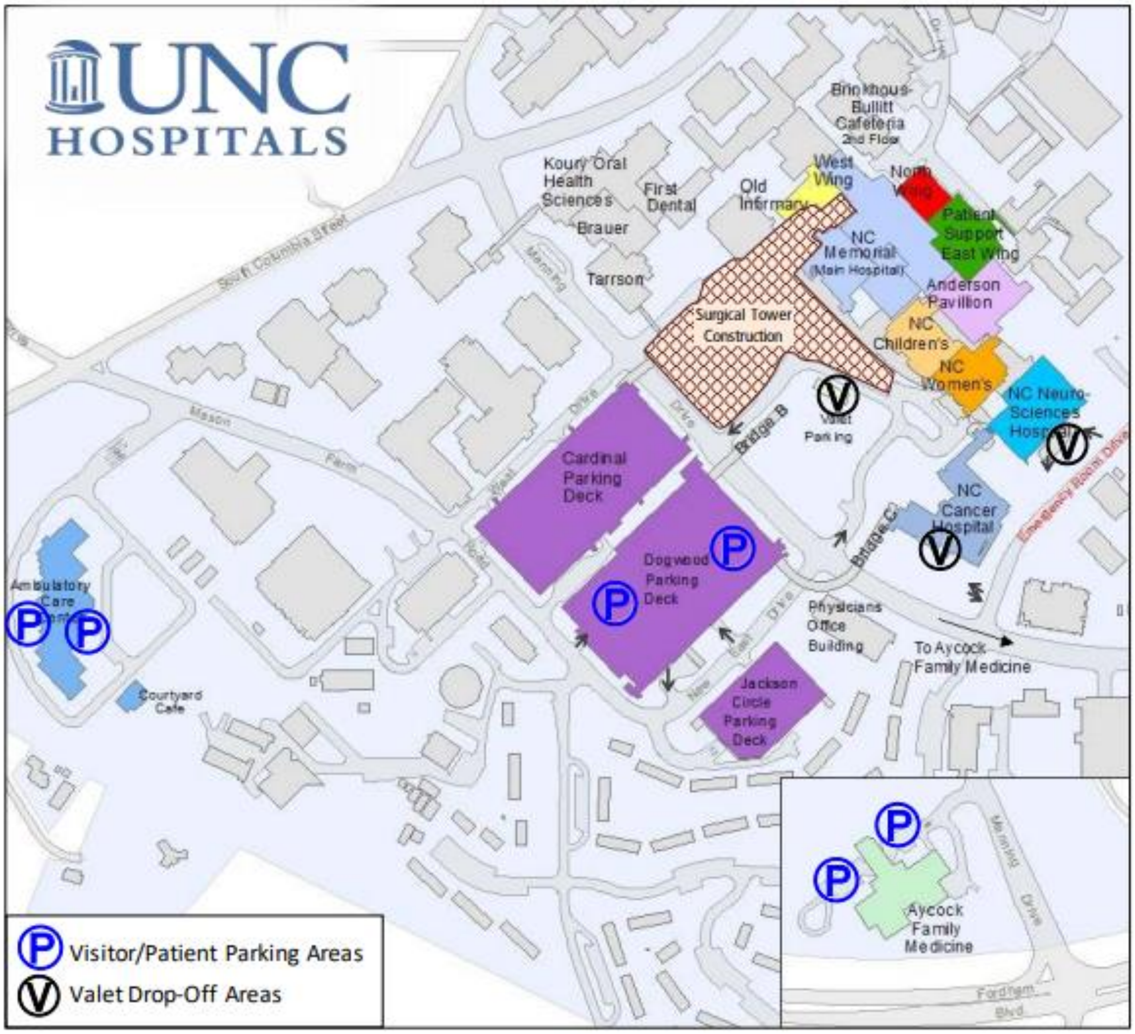
UNC Medical Center can feel like a big place, especially if you have never been here before. For your convenience, we have attached some maps of common areas to help you find your way to your appointments.

UNC Medical Center Map



★ *Jason Ray Transplant Clinic, 4th Floor*

UNC Medical Center Parking & Construction



The UNC Health App

If you have an iPhone or Android phone, you can download the **UNC Health app** for wayfinding assistance and more! Just scan the QR code below and select the link it provides or search for "UNC Health" in your app store.

For additional information, please visit the following websites:

UNC Medical Center **uncmedicalcenter.org**
For Family Resource Guide, click on "Patients & Visitors", then "Family Resource Guide".

UNC Health Care **unchealthcare.org**

UNC Campus Maps **maps.unc.edu**

05/20/2021

UNC Medical Center- Driving Directions

From the North:

- Take NC 86 South (Martin Luther King Drive) to downtown Chapel Hill.
- Turn right onto Cameron Avenue (2nd light after Franklin Street) and make an immediate left onto Pittsboro Street.
- Bear right when the road splits.
- Go straight across Columbia Street and you will be on Manning Drive. The hospital will be on your left, the parking deck will be on your right.

From the South:

- Take 15-501 North to Chapel Hill. 15-501 becomes South Columbia Street at the NC 54 intersection.
- Turn right onto Manning Drive, continue about 0.5 mile. The hospital will be on your right; the parking deck will be on your left.

From the East:

- Take I-40 West to exit 273B.
- Take NC 54 West to Chapel Hill.
- Take 15-501 South to Manning Drive.
- Turn right onto Manning Drive, continue about 0.5 mile. The hospital will be on your right; the parking deck will be on your left.

From the West:

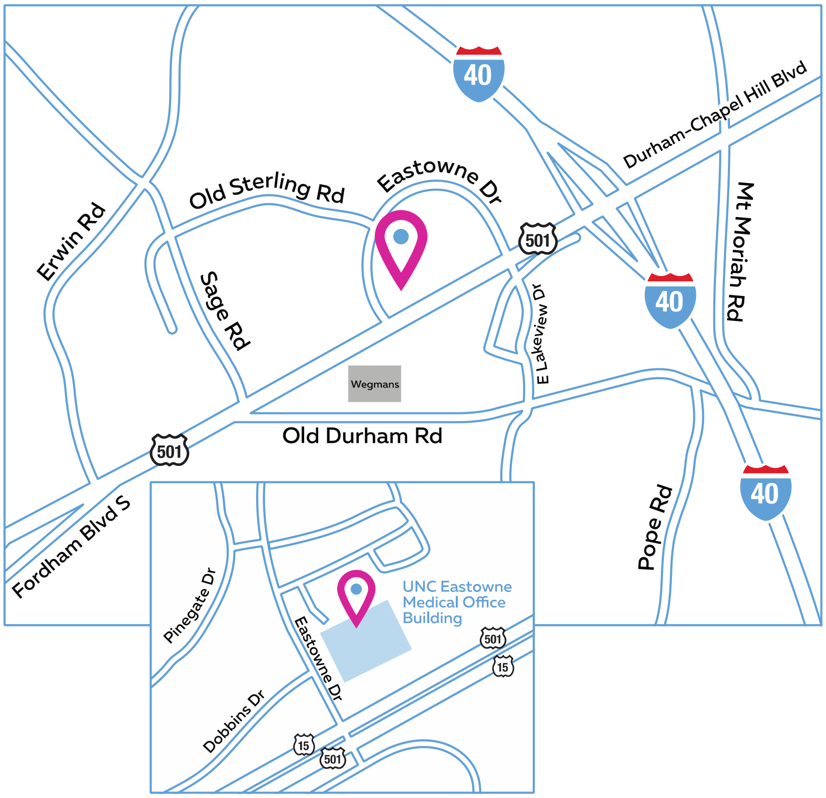
- Take NC 54 East to Chapel Hill.
- Exit at Columbia Street/15-501 and turn left onto Columbia Street.
- Turn right onto Manning Drive, continue about 0.5 mile. The hospital will be on your right; the parking deck will be on your left.

From Durham:

- Take 15-501 South/Fordham Avenue to Manning Drive.
- Turn right onto Manning Drive, continue about 0.5 mile. The hospital will be on your right; the parking deck will be on your left.

UNC Health- Eastowne Medical Office Building

UNC Eastowne Medical Office Building



Location

100 Eastowne Drive
Chapel Hill, NC 27514

Directions from I-40 Eastbound

1. Take exit 270 for US-15/US-501 toward Chapel Hill/Durham
2. Turn right onto US-15 S/US-501 toward Chapel Hill/Durham
3. Turn right onto Eastowne Dr
4. Turn right onto 100-150 Eastowne Dr
5. Parking deck and the Medical Office Building are located on the right

Directions from I-40 Westbound

1. Take exit 270 for US-15/US-501 toward Chapel Hill/Durham
2. Use the left 2 lanes to turn left onto US-15 S/US-501 S/Durham-Chapel Hill Blvd
3. Turn right onto Eastowne Dr
4. Turn right onto 100-150 Eastowne Dr
5. Parking deck and the Medical Office Building are located on the right

Directions from the Medical Center

1. Turn left onto Manning Dr
2. Use the left 2 lanes to turn left onto Fordham Blvd S
3. Turn left onto Eastowne Dr
4. Turn right onto 100-150 Eastowne Dr
5. Parking deck and the Medical Office Building are located on the right

UNC HEALTH®

Learn more at
unchealthcare.org/eastowne

NOTES

NOTES & QUESTIONS FOR MY TRANSPLANT TEAM

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