

Renal Autotransplant Program FAQs



Why do I need to establish a MyChart account?

MyChart is the best way to communicate with your UW Health team. It is secure.

How long does it take to complete a phone screening?

The coordinator will schedule the call for one hour. Depending on your medical history, the call may take less time.

When will my phone screening be scheduled?

Phone screenings are usually scheduled a few weeks from when you establish your medical record and MyChart account. The timeline depends on the number of patients we are serving at that time.

Where should I request my medical records be sent?

We cannot accept medical records through email. Medical records can be faxed to 608-262-5624. Discs of images may be mailed to:

UW Hospital
600 Highland Ave
Attn: Renal Autotransplant Program
Mail Code 1735
Madison, WI 53792

What medical records are typically requested?

Records that are requested include: recent history and physical with primary care provider, recent hospital admission notes and discharge summaries, recent office visit notes from specialists including nephrology, urology, gynecology, vascular surgery, interventional radiology, pain management and behavioral health, and any necessary procedure reports, pathology and lab results and abdominal imaging that was done in the last three years.

How do I get copies of my UW Health medical records?

If you would like copies of your medical records or imaging, you may contact the medical records department at 608-263-6030.

What if my medical records are not in English?

New patients must have their medical records translated to English by a certified translator and at their own expense.

What happens after my case is reviewed?

Next steps may include: consultation/evaluation by a local specialist (nephrology, urology, gynecology, pain management, psychiatry) or further evaluation at University Hospital.

What could be included in my evaluation at UW Health?

Your evaluation experience will depend on your current health status and the information we've gathered to review your case. Your evaluation may include: CT imaging, cystoscopy, venogram, and/or a kidney biopsy.

How long will it take for my insurance to make a decision about authorization for evaluation?

Each insurance provider takes a different amount of time. Usually their decision happens within 10-15 business days after they get the request. If you also need an insurance referral, our Renal Autotransplant Program Financial Counselor will contact you and your provider to provide instructions.

What if my insurance denies the request?

If your insurance provider denies the request for authorization, we will work with them to see if an appeal is possible. If we can appeal on your behalf, we will. If your insurance provider requires you to submit an appeal, our Renal Autotransplant Program Financial Counselor will give you all the information you need.

Do you provide services for people who live outside of the United States?

Yes. Treatment requires full pre-payment of the estimated charges. After your care is complete, you will either be reimbursed for any overpayment or billed separately for any remaining amount due.

Do you have payment plans for people who are paying out of pocket?

If paying out of pocket, the estimated cost of the care we'll provide must be paid in full prior to receiving care. With a down payment, we can set up a payment plan. After you pay the total of the estimated costs, you can receive care. When all care is complete, you will either be reimbursed any overpayment or billed separately for any remaining amount due.

Why must I have a support person with me during my evaluation?

If tests or procedures are included in your evaluation, you must have a support person with you to provide care after the procedure. This is a requirement because you may be under general anesthesia or receiving sedation. Your support person will also be part of the evaluation, so they can learn about the disease, the treatment options and the ways a support person can help the patient throughout their treatment. They will have time to ask questions. You must also have support during and after your surgery.

Where should I stay during my evaluation?

Contact UW Health for help with patient and family accommodations: 608-263-0315. Patients usually stay at the Inn Towner or the Restoring Hope Transplant House.

How do I make a reservation to stay at Restoring Hope Transplant House?

After your evaluation or surgery is scheduled, you can initiate a referral by calling UW Health Patient and Family Accommodations at 608-263-0315.

Will my insurance cover my travel expenses?

Every insurance is different, but the travel costs and lost wages are usually not covered. You should contact your insurance company.

Will I know if I am a candidate for renal autotransplant at the end of my evaluation?

No. Your physician may offer recommendations, but you will not be given an answer during your evaluation. Every patient case is presented to our interdisciplinary committee, who makes the final recommendation. The coordinator will call you with the committee's decision.

Who will manage my pain treatment between evaluation and surgery?

You must have care established with a local provider to manage your chronic pain prior to surgery, as well as your long-term pain management. The UW Health Renal Autotransplant Program team does not manage chronic pain. Your local providers are asked to help manage your pain before and after your surgery.

When should I make my travel arrangements for my surgery?

This is a personal decision. Some patients plan their travel after their surgery is scheduled, before they receive insurance authorization. If you do this, make sure your flight, hotel, etc can be changed and if there will be charges for changes. Some patients wait to make their travel arrangements until their insurance has authorized the surgery. This is the safest option and avoids change or cancellation fees.

When will I have my pre-operative appointment?

To help patients who are traveling (sometimes very great) distances, the pre-op evaluation is done two days before surgery. It is important to remember that abnormal test results from your evaluation may require us to reschedule the surgery for a different date.

How long will I stay in Madison for surgery?

About 3 weeks, starting with the pre-operative evaluation, which happens at least 2 days before surgery.

How long is the surgery?

Approximately 4-5 hours. This varies if the patient had previous surgeries, complications and with the approach taken for this surgery.

Where will I be admitted following surgery?

Most adult patients are admitted to the general transplant unit (B4/6) following surgery. If there are any unforeseen complications, you may be admitted to the ICU. Patients under the age of 18 are admitted to the Pediatric ICU for 1-2 nights following surgery. When they are ready, they are transferred to the post-surgical unit (P5).

Why must I have 24/7 support from the time of hospitalization through the first post-operative appointment?

This is a major surgery. It is important that you have someone who will help you through this experience. Your support person hears, and will better remember, important information that is shared during your hospital stay, and will help care for you once you are discharged from the hospital.

Can my primary support stay with me in the hospital?

Your primary support person can stay overnight with you while you're in the hospital, but we recommend that they leave to allow for personal time and self-care.

How long is recovery?

It takes 2-3 months to fully recover from autotransplantation.

How long can I anticipate being off work?

You will be off work for approximately 4-12 weeks following surgery.

What activity restrictions will I have after surgery?

No lifting, pushing, or pulling more than 10 pounds for eight weeks following surgery. Do not drive while you are taking pain medication or for the first two weeks, to allow your incision to heal.

Do I need to establish relationships with local specialists prior to surgery?

If you are not already receiving care from a urologist or nephrologist, we do not ask you to establish care with a specialist just to proceed with surgery. However, we do require you to have an established relationship with your primary care provider, so we can work with him/her as needed. If it ever becomes necessary, your primary care provider can refer you to a specialist.

What happens at the first post-surgery appointment?

You will have an appointment in the transplant clinic and another with urology, for stent removal. You will get your appointment date and time before you are discharged from the hospital. We will also discuss activity levels and work guidelines. You should arrive 90 minutes before your scheduled appointment to have your labs drawn, to allow us to review your results with you during your appointment.

What is included in the post-surgery follow up plan?

Two weeks after your post-surgery appointment and stent removal, you will need to have blood work and urinalysis. These can be done locally. Your coordinator will give you a letter with these orders and will follow up on your results.

You will be seen in the UW Health Transplant Clinic 3-6 months after surgery, depending on your recovery progress. You will have routine labs completed at three months, six months and one year after surgery. Some of your post-operative visits may be completed using telemedicine. If you are not being seen in the UW Health Transplant Clinic, the coordinator will send you the orders at the right time for you to have these tests completed locally.

We suggest that your routine annual physical with your local care provider include a physical exam and blood and urine testing to see how your kidneys are working.

Who will manage my pain treatment after surgery?

Our clinicians at University Hospital will manage any acute post-operative pain. You must have a local provider who can provide your long-term pain treatment, if needed. If you need pain medication after one-month post-surgery, or you need to wean off narcotics, this must be managed by your local provider.

After surgery, when might I need to contact my coordinator?

Please call your coordinator if any of the following happen within one month of surgery: increased pain that is not relieved by the prescribed pain medications, a temperature by mouth that is greater than 100.5°F, any signs or symptoms of a wound infection (increased redness or warmth around the incision, presence of discharge), inability to tolerate diet, persistent nausea, vomiting or severe constipation and/or any trouble passing urine.

Who should I contact if I have signs or symptoms of a urinary tract infection?

If you experience pain with urination, frequent urination and/or cloudy or foul-smelling urine, please notify your coordinator but seek treatment from your local primary care provider. Testing and treatment is often much faster when completed locally.

When should I see my primary care provider after surgery?

You must see your primary care provider within two weeks after your first post-surgery appointment. It is important to have a local provider managing your long-term care.