

FAQs allogeneic stem cell transplant

This handout includes the most frequently asked questions (FAQs) from allogeneic stem cell transplant patients and their families.

When can I eat what I want?

You must follow the Low Bacteria Diet until your doctor tells you that it is OK for you to go back to a regular diet. For some allogeneic patients, this may occur after day +100. It may be longer if you are taking certain medicines such as those for GVHD (steroids, cyclosporine, and MMF). Throughout the time you are taking these drugs, please follow the Low Bacteria Diet. Remember: Restaurant food is **not** on the Low Bacteria Diet.

I'm not neutropenic (my ANC is "good"); why do I have to wear this mask?

Before coming to transplant, the doctor might have told you to do certain things to prevent infection (like wearing the blue mask). You only had to do these things when your Absolute Neutrophil Count (ANC) was below 500 or a similar number. At that time, the blood cell line that makes neutrophils was the one most affected. To prepare for your transplant, all of the blood cell lines were wiped out. So, your immune system was very weak. After transplant, the neutrophils recover fairly quickly, usually within a few weeks. However, it can take months and sometimes years for lymphocytes, T-cells, and B-cells to recover. Until these cells recover, you are much more likely to get an infection if you do not take proper precautions, like wearing a blue mask.

These are some of the factors that will affect how long it takes for your lymphocytes, T-cells, and B-cells to recover:

- Graft stability (how well your body accepts the new cells you received during the transplant)
- Taking medicines for GVHD (graft-versus-host disease) like steroids and cyclosporine
- If you have an infection (having an infection will slow down recovery time)

How long do I have to wear this mask?

You need to wear the mask until most of your immune system has recovered. Your doctor can tell you when you can "ditch the mask." You are probably feeling better, more active, and looking forward to getting "back to normal." It is common to want to relax infection precautions as you "feel better." But it is not safe to stop wearing the mask and to go to public places before your body can do a good job of fighting off germs. You have come this far by washing your hands often and following all the other infection control guidelines. Keep up the good work!

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When can my child go back to school?

You should follow the same school plan after transplant that your child had during transplant. This may be the St. Jude School Program or a homebound school program. Until your child's immune system is able to fight off infection, he should not be in public or crowded areas, especially indoors.

After the immune system fully recovers, going back to his regular school setting will be an important milestone. If you have concerns about your child going back to school, talk to the doctor or nurse.

When can my child play with other children?

The doctor or nurse will tell you when brief, controlled playtime can begin. However, you will need to screen playmates for colds and other illnesses that pass easily from one child to another. It is very important to protect your child from infection, but it is also important for him to resume normal childhood play. The doctor can give you guidelines about when these playtimes can occur and how you should handle them.

We have a dog and a cat at home; do we have to give them away to protect my child from infection?

No! Pets that are already in the home can stay. However, please do not get new pets until your child's immune system has fully recovered. Be sure that any pets are current on all immunizations (vaccine shots). It would be best if you could keep the pet in certain parts of the house away from the central area where your child will be sleeping and living. Do not let the pet sleep with your child or play on his bed. Wash the child's hands well after each contact with the pet. Do not let the pet kiss (lick) your child and vice-versa. The child should not take part in or be present during pet washing or cleaning of litter boxes. Before discharge from the Transplant Unit, please let the doctor know what kinds of animals live inside your home.

Do we need to buy an air cleaner with a HEPA filter for the house?

There is no research showing that HEPA filters in the home help recovering patients with weak immune systems. It is important to keep air conditioner and furnace filters clean. Many families choose to purchase HEPA filter air cleaners, but it is not something you must have for your child. If you do purchase one, remember that the filters must be replaced on a regular basis.

Do we need to remove all drapes and carpets from our home before our child is discharged?

No. However, thick fabric drapes and carpets are hard to keep clean. It is easier to clean hard surfaces on a routine basis. Even so, not everyone can pull out carpets and drapes from their homes. It is a good idea to clean carpets, drapes, and furniture before the patient returns home. Any thorough cleaning should be done at least one (1) week before your child returns home. Also, he should never be in the same room where any type of cleaning is being done.

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I know that we have to wait at least one (1) year to re-immunize (vaccinate) our post-transplant child. What about our other children's immunizations? Should the household get flu shots?

Other family members in the same household may receive immunizations (vaccines) on schedule as long as they do not receive oral polio or smallpox vaccine. Family members can receive varicella (chickenpox) vaccine and MMR (measles, mumps and rubella) live vaccines, which are no risk to the patient unless a rash develops. If a member of the house receives smallpox vaccine, that person must stay away from the transplant patient for at least 4 weeks. This means that the person should not live in the same household or visit the patient.

The staff *does* recommend that all household members get vaccinated against the flu. This helps prevent the illness from coming into the patient's home. However, choose the flu shot instead of the nasal flu vaccine. Anyone in the household who gets the nasal flu vaccine must stay away from the patient for at least one week.

Please consult your child's doctor about any vaccines that your family might need during and after the time the patient is on the Transplant Unit.

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