Many patients are relieved to have finished treatment when you leave hospital for the first time but you can also be overjoyed to escape the hospital setting and excited about going home, but others worry about coping without their hospital support.

Your nurse will give you a ‘going home’ talk before you leave hospital and provide you with:

- Information on looking after your central line, also known as a CVC.
- Advice about your diet and some gentle exercises you can do at home.
- The times of your first outpatient appointments.
- Information on what to do if there’s a sudden change in your temperature or side effects develop.
- Your medication and information on how to take it.
- Contact details for your team, including an out-of-hours number.
- Information on looking after your central line, also known as a CVC.
- Advice about your diet and some gentle exercises you can do at home.

Some find their recovery is relatively straightforward, but for others it can be very difficult, both physically and mentally. You’re probably more aware of your body now and how to spot the signs of side effects, so try not to worry. Remember, your team will only send you home when they’re sure it’s safe and you’re ready.

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Life after a stem cell transplant comes with its own set of challenges, and leaving hospital for the first time can be a happy but daunting experience. Many patients are relieved and excited about going home, but others worry about coping without their hospital support.

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- The times of your first outpatient appointments.
Your medical team will continue to check on you regularly to make sure your new immune system is working properly and to monitor any side effects. Everybody’s recovery journey is different, and some people will need to visit the hospital more often, over a longer period of time.

Early recovery
After leaving hospital, you will have one or two check-ups with your medical team every week. They will:
- Assess your general health and how you’re feeling.
- Look for signs of infections or GvHD.
- Check on other side effects and possibly alter your medication.
- Count your blood cells and check your chimerism (how many blood cells come from your donor compared to your own).
- Test that your liver and kidneys are working well.
- Flush and clean your central line.
- Answer any questions or concerns you might have.

If your blood cell or platelet counts are low, you may also be given one (or more) blood transfusions. This will be more likely in your early recovery.

Later on
You will still have regular check-ups at the hospital, but they are likely to happen less often.

Scans
At 3 months and 1 year after your transplant, you may also have a bone marrow test or a PET-CT scan. They are both used to monitor your progress and to confirm that your blood cancer or blood disorder has not returned.

Central line removal
Your central line can risk causing infection, so it will be removed as soon as it’s no longer needed, normally a few months after transplant. Removing it is normally done at the outpatient clinic using a local anaesthetic. You may need a stitch or two to help the wound heal.

Hospital readmission
Un fortunately, you’re likely to have some setbacks in your recovery and you may need to spend some time back in hospital. This doesn’t mean that your transplant hasn’t worked – it’s a natural part of your recovery that cannot always be avoided.