Healthy eating after your stem cell transplant

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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.

It’s important that you feel prepared to go home. Your nurse will give you a ‘going home’ talk before you leave hospital and provide you with:
- contact details for your team, including an out-of-hours number
- 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
- the times of your first outpatient appointments.

Hospital phone number: 
Other details: 

FAQs

Q. What is graft versus host disease (GvHD) and how could it affect me?
A. After your transplant, there are still small differences between your donor’s stem cells and your cells. This means your new immune system may harm other cells in your body because it sees them as ‘different’. Some GvHD can be a good thing because it shows your immune system is active and can attack any remaining or returning disease. However, too much GvHD can cause side effects.

Your medical team will check for GvHD regularly and give you appropriate treatment if you need it.

Q. Why do I always feel so tired?
A. Fatigue is common after transplant. It can leave you feeling physically and emotionally drained, making it hard to concentrate on even simple things. It’s important that you and your family recognise that it’s different to just feeling tired. It’s likely to improve over time but you can also learn to cope with it by managing your energy levels.

You can find out more about managing fatigue at anthonynolan.org/fatigue.

Q. Can I prevent infection completely?
A. It’s impossible to remove all risk of getting an infection. Aim to find a balance between being sensible and too controlling. It’s safer to avoid certain activities like travelling on public transport and people who are ill, but it shouldn’t stop you enjoying life too.

You can find out more at anthonynolan.org/infections.

Q. Can I do anything else to help my recovery?
A. Living well by following a healthy diet, keeping physically active and sleeping well will aid your recovery. We have lots of information on our website which can support you. If you have any worries or questions, or need advice, contact your medical team straight away so they can check on you. You can also contact the Anthony Nolan Patient Services team on 0303 303 0303 or patientinfo@anthonynolan.org.
You may also need

Your medical team may decide to give you specific treatments or referrals during your recovery, depending on your situation and the side effects you experience.

**Specialist appointments**

Alongside your general health checks, you may be referred to specialist doctors, who are experts in one treatment or part of the body. This often happens if you have GvHD that affects certain organs.

You will also be advised to regularly see other specialists such as a dentist, optician and gynaecologist.

**Donor lymphocyte infusion (DLI)**

If your chimerism is low, you could be given a 'top-up' of your donor’s cells. This simple procedure is very similar to a blood transfusion.

**High dependency**

At times you may need specialist care on a high-dependency or intensive care unit (ICU). These units offer essential care, support and close observation if you become very unwell.

**Bone marrow test or PET-CT scan**

Three months after your transplant, you may have a bone marrow test or a PET-CT scan. This may also happen one year after your transplant. These scans 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 an infection, so it will be removed as soon as it’s no longer needed. This is normally a few months after transplant. Removing it is normally done at the outpatient clinic using a local anaesthetic (this numbs the affected area). You may need a stitch or two to help the wound heal.

**Hospital readmission**

Unfortunately, you may have some setbacks in your recovery and might 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.