Patient Education Programme

Kidney Options
Guiding you when kidneys fail
An education programme for patients and their families

Today we would like to take you through the different options available for treating kidney failure. You’ll see that each type of treatment can serve to almost replace the function of the healthy kidneys. We want you to be able to compare the various options so that you can talk to your doctor about your preferences.

Our goal is to give you the information and knowledge you need to make an informed decision about your care. By learning about treatment options, you can work with your doctor and healthcare team to choose the treatment that is most suitable to you. It is not always easy to decide which treatment will be the best.

The decision depends on your medical condition, lifestyle and personal likes and dislikes. If you start on one form of treatment and then decide that you would like to try another, you can discuss this with your doctor and healthcare team. The key for you is to learn as much about your treatment options as possible.
How are you?

You have been told that you have failing kidneys.

What does this mean to you personally?

How does this make you feel?

How does this affect you?

Your partner and family?

Your work?

The intention of this flipchart is to guide you through the different kidney therapy options available for treating chronic kidney failure. Please feel free to ask any questions at any time during this presentation.

Note to the presenter:
Please ask the patient what are his or her main concerns about this situation.

Please write down the patient’s main concerns and refer to them during the presentation. Make sure these concerns are addressed properly.
How are you?

You have been told that you have failing kidneys. What does this mean to you?
What do healthy kidneys do?

Your kidneys work more than you may realise. Kidneys continuously remove excess body water and harmful waste products, which are a normal part of your body’s function 24 hours a day. Waste products are substances formed from dietary proteins and from normal muscle activities. The excess body water and waste products are removed from your body in the urine.

Besides this important removal or cleaning job, kidneys have several other very important functions. They keep electrolytes such as potassium and sodium (or “salt”) well balanced in your body. Kidneys also produce hormones that help to control blood pressure, produce red blood cells and keep your bones strong.
What do healthy kidneys do?

- Remove excess body water
- Remove waste products
- Balance electrolytes in the body
- Produce hormones to
  - control blood pressure
  - produce red blood cells
  - keep your bones strong
What is kidney disease?

Chronic Kidney Disease (CKD) simply means that your kidneys no longer work well enough to keep you healthy. Your doctor will work closely with you to slow down the progression of the disease.

This period may last for weeks or years. Over time your kidneys will lose their function completely to maintain a healthy body. This is called End Stage Renal Disease (ESRD).

This can sound scary, but it doesn’t mean that it’s the end of your life! There are many treatments available to replace the functions of your kidneys.
What is kidney disease?

- When your kidneys no longer work well enough to keep you healthy, you have Chronic Kidney Disease (CKD).
- After some time your kidneys will lose their function completely to maintain a healthy body, this is called End Stage Renal Disease (ESRD).
Why do kidneys stop working?

Diseases like diabetes, high blood pressure and chronic kidney infections cause kidney damage over the course of many years. In many cases, the better you can control blood sugar and blood pressure, the less damaging these diseases are to the kidneys. Unfortunately though, once the damage occurs, it usually cannot be reversed.

Some people have an injury that causes kidney damage, or they may have been born with a defect in the urinary or kidney system, or they may have a hereditary defect such as Polycystic Kidney Disease. There are many types of kidney disease and we know that even some drugs taken for other conditions can cause kidney damage.

Unfortunately, in some cases the exact cause of kidney disease cannot be found.

Note to the presenter: Ask the patient if he or she is aware of the reason for his or her kidney failure? If not, he or she may want to discuss this with his or her doctor.
Why do kidneys stop working?

- Diabetes
- High blood pressure
- Chronic kidney infections
- Congenital and hereditary defects
- Certain drugs
- Other diseases
- Unknown causes
What happens when kidneys fail?

As kidneys start to fail, the important functions decrease.

Excess body water and waste products, that used to be removed in the urine, start to build up in your blood and tissue. You may start to feel sick. The medical name for this build up of waste products is “uraemia”. Salt and water build-up may cause swelling or oedema and may cause a rise in your blood pressure.

Another function of your kidneys is to produce hormones that help your body to produce red blood cells and control bone health. With kidney failure your body may not produce enough red blood cells anymore. This can cause a lack of red blood cells, which is then called “anaemia”. Your bones may also weaken.
What happens when kidneys fail?

- Decreased urine production
- Build up of fluids in the tissue
- Build up of waste products in the blood
- Imbalance of chemicals
- Anaemia and bone disease may develop
Some symptoms of kidney failure

Signs of kidney failure often appear very slowly.

You may barely notice when these signs and symptoms start, and may not even seek medical care until you are really bothered by one or more signs of kidney failure.

Swelling in hands, face, feet and legs may appear as a result of water build-up. This might make it difficult to sleep at night – and you may need to use an extra pillow to breathe comfortably. The waste product accumulation eventually causes an upset stomach with nausea and even vomiting.

You may notice a metallic taste in your mouth or you may start losing your appetite.

Water and salt accumulation may increase your blood pressure.

You may experience dry and itchy skin. This may be caused by the build up of a mineral called phosphorus in your body.

Tiredness and feeling cold may be caused by a build up of waste products and anaemia.

An accumulation of waste products may also make it difficult to concentrate or you may begin to get confused.
Some symptoms of kidney failure

- Less urine production
- Swelling in hands, face and legs
- Shortness of breath
- Difficulty in sleeping
- Loss of appetite, nausea/vomiting
- High blood pressure
- Feeling cold and tired
What can be done if my kidneys fail?

During the very early stages of kidney failure, conservative treatment such as a healthy lifestyle, a special diet and medication may be enough.

A dietician will help you to understand which foods to avoid and which are okay for you to eat.

Your doctor will prescribe medicines to help with problems such as high blood pressure and water retention.

Later though, you will need a treatment that replaces more of the lost kidney function.

Dialysis options are peritoneal dialysis and haemodialysis. Haemodialysis takes place outside the body, while peritoneal dialysis takes place within it.

Both types of dialysis are effective in treating kidney diseases. The choice between them depends mainly on your personal likes/dislikes and lifestyle choices.

You may have a medical condition that would make one or the other a better choice – your doctor can advise you regarding this.

Kidney transplantation is the surgical implantation of a healthy kidney coming from a donor.
What can be done if my kidneys fail?

- Three different treatment options are available to replace lost kidney function:
  - Peritoneal dialysis
  - Haemodialysis
  - Kidney transplantation
What if I don’t want to be treated?

The option of not receiving or discontinuing renal replacement treatment is yours.

However, you must know that life is only possible with some form of renal function or replacement therapy.

Your healthcare team will help you to make an informed choice and support you in your decision.

Note to the presenter:
Please make sure that the patient understands that renal replacement therapy is essential to survival.
What if I don’t want to be treated?

- The option of not receiving or of discontinuing treatment is yours
- Some people delay the decision until they have tried dialysis
- Your healthcare team will help you to make an informed choice and support your decision
What is dialysis?

Dialysis is a procedure used to replace some of the kidneys’ function. This treatment can replace only some basic functions of a normal kidney.

Two of the most important kidney functions – removal of excess body water and removal of waste products that have built up in the blood – are managed by the dialysis treatment. However, even with this treatment, you will need to play your part in following the proper diet to keep water and waste products at an acceptable level.

Other functions, such as the role the kidneys play in building red blood cells and keeping your bones strong, are managed by medication.
What is dialysis?

- A procedure to
  - remove excess body water
  - remove waste products

- Two types of dialysis are:
  - Peritoneal dialysis
  - Haemodialysis
Peritoneal dialysis (PD)

The peritoneal cavity is a space in the abdomen naturally found in everyone’s body. A thin lining called the peritoneal membrane covers this space. The peritoneal membrane is used as a filter to clean the blood and remove excess body water.
Peritoneal dialysis (PD)

The peritoneal cavity is a space in your abdomen.

- A thin lining called the peritoneal membrane covers this space
- The peritoneal membrane is used as a filter
Peritoneal dialysis (PD)

To do this type of dialysis, a special fluid called “PD solution” is used to fill the peritoneal cavity. The PD solution stays there for several hours. During this time, waste products and extra water move from your blood through the peritoneal membrane and into the PD solution. After a few hours, the used PD solution is drained and replaced with fresh solution. This process is known as an exchange. This exchange is repeated 4 to 5 times a day.
Peritoneal dialysis (PD)

- PD solution flows into the peritoneal cavity
- Chemicals and excess body water move through the membrane into the PD solution
- After a few hours, the used PD solution is drained and replaced with fresh PD solution
- This process is called a PD exchange
Peritoneal dialysis access

The PD solution goes into and out of your abdomen through a small tube called a peritoneal catheter. The catheter is soft, flexible and about the size of a straw.

The catheter is placed in your lower abdomen during a minor surgical procedure. This is often done, for example, in a day surgery, outpatient setting or short-stay hospitalisation. The catheter is designed to stay in place during the entire time that you are on peritoneal dialysis as your treatment option. The catheter is usually ready to use two weeks after the surgical procedure.

Your clothing covers the catheter during the time between the PD exchanges. Once the site is completely healed, it is OK for you to continue with most activities.
Peritoneal dialysis access

- A catheter is a soft, flexible tube about the size of a straw
- The catheter is placed in your lower abdomen in a minor surgical procedure
What are the different options for peritoneal dialysis?

Peritoneal dialysis can be done in two ways.

Both these methods of treatment are usually performed at home.

The choice between them depends on your personal likes/dislikes and lifestyle choices.

In addition, you may have a medical condition that would make one or the other a better choice – your doctor can advise you regarding this.
What are the different options for peritoneal dialysis?

**Manual**

CAPD (Continuous Ambulatory Peritoneal Dialysis)

**Automatic** – using a machine called a cycler

APD (Automated Peritoneal Dialysis)
How is CAPD done?

In CAPD, or Continuous Ambulatory Peritoneal Dialysis, most exchanges are done during the day.

Typically, someone would do four exchanges – when they wake up in the morning, around lunch time, in the late afternoon or early evening and again just before bed.

Each exchange procedure (drain and refill with fresh PD solution) takes about 30 minutes.

The dialysis takes place during the time that the PD solution is in the peritoneal cavity (“dwell”).
How is CAPD done?

- Most exchanges are done during the day
- Typically four exchanges per day
- Each exchange typically takes about 30 minutes
How is APD done?

Automated Peritoneal Dialysis (APD) uses a machine called a cycler. It is connected to your catheter through a specially prepared sterile tubing set.

The cycler fills and drains your peritoneal cavity automatically for you, while you are sleeping.

Most people stay connected to the cycler for 8 to 10 hours.

Your doctor may choose to enhance your treatment by adding additional exchanges.

If the cycler is used during the day, you will disconnect from it as soon as the exchange is completed.
How is APD done?

A machine called a cycler, automatically fills and drains your peritoneal cavity.

- Most exchanges are done at night
- You are connected to the cycler for 8 to 10 hours
Things to consider about peritoneal dialysis

As with any option, there are several things to consider about peritoneal dialysis.

You need to do your treatments every day and you need to do all the exchanges that your doctor has prescribed. There are no “days off” from dialysis.

You are free to do all your usual activities between the exchanges. Guided by your doctor, you will have flexibility in your exchange schedule. When you do APD, most of your day is free.

The treatment is very gentle. Excess water and waste products are removed slowly and continuously. It is very unusual to have any symptoms related to the treatment. In the beginning, however, since the treatment is new to your body, you may have a feeling of “fullness” in your abdomen.

Note to the presenter:
Please explain how your hospital / unit prefers to organise the follow-up visits, as well as how the technical service is organised.

You will still need to be seen by a doctor and nurse regularly (for example, every 4 to 6 weeks). During these clinic visits, blood is taken to check that you are receiving adequate dialysis.

You can call your clinic at any time with any questions or problems.

Technical service is available 24/7.

You will need sufficient clean, dry space to store supplies. Your electrical outlets may need to be modified if you use a cycler.
Things to consider about peritoneal dialysis

- PD is a continuous therapy
- A flexible schedule is possible
- Regular clinic visits are needed
- Storage space is needed at home
- Electrical outlets may need to be modified for the cycler
How will I learn to do peritoneal dialysis?

The nurses in your clinic will give you training on how to do the exchanges and to troubleshoot any problems you may encounter. They will continuously support you while you are doing your treatments at home. Training for peritoneal dialysis takes approximately 1 to 2 weeks, but can take longer in some special cases.

You do not need a partner for peritoneal dialysis, although a family member or carer can learn to assist you, if needed.
How will I learn to do peritoneal dialysis?

- A qualified PD nurse will train and support you.
- Training time will usually take 1–2 weeks.
- Usually a partner is not required. In special circumstances, a family member or carer can learn to assist, if needed.
Your daily routine as a PD patient

Optimal results can be achieved if you

– follow the recommended diet prescribed by your physician or dietician

– follow the recommended fluid intake prescribed to you by your physician

– follow the procedures as taught to you during your training. For example, wash your hands thoroughly before an exchange and wear a mask during the exchange if required

– check your catheter exit site daily

– measure and record your body weight and blood pressure daily

It is very important to have a clean place to perform the exchanges. In case of an infection, antibiotics will be prescribed.
Your daily routine as a PD patient

Comply with your dialysis dose, follow your doctor’s dialysis, medication and diet prescription.

This includes

- following procedures taught during training
- catheter surveillance
- weight and blood pressure control
- having a clean environment to perform the exchanges

Baths / hot tubs are not recommended.
Haemodialysis (HD)

Haemodialysis uses a dialyser (filter) and a haemodialysis machine to clean and filter your blood.

During the treatment, a portion of your blood is pumped through a specially prepared sterile tubing set to the dialyser, where excess body water and waste products are removed. The clean blood is then returned to your body through the tubing. Only about one cup of blood is outside your body at any one time during the treatment. The average adult has between 4–5 litres of blood in his or her body, and can easily tolerate this small amount out of the body.

The haemodialysis machine is well equipped to constantly check and make sure your treatment is going well. Changes in the system cause a bell, buzzer or other type of signal to sound so that any adjustments needed can be made.
Haemodialysis uses an “artificial kidney”, called a dialyser, and a haemodialysis machine.

- Blood is pumped from your body through a specially prepared tubing set to the dialyser
- Excess body water and waste products are removed by the dialyser
- The cleaned blood is returned to the body through the tubing set
What is a dialyser?

A dialyser is a bundle of hollow fibres (small tubes) produced from a special material that allows water and waste products to pass through. At the same time blood cells and useful substances, such as proteins, are retained.

Your blood flows inside the fibres and, at the same time, dialysis fluid or “dialysate” passes around the outside of the fibres. During this process, dialysis takes place. As it passes through the dialyser, the dialysate takes up the waste products from the blood. This way the waste products are removed from your blood circuit.
What is a dialyser?

A dialyser is made from a bundle of thin hollow fibres containing very small pores that work like a sieve.

- Your blood flows inside the fibres.
- Waste products and water pass through the pores of the fibres, while blood cells and useful substances are retained in your blood.
How does blood get to the dialyser?

Your doctor will refer you to a surgeon who will discuss what type of blood access is most suitable for you.

A surgeon will create an access to your blood stream (“fistula” or “graft”), usually in the arm, sometimes in the leg.

Before treatment starts, two fistula needles are inserted into the blood access to allow blood to flow, to and from the haemodialysis machine, via a special tubing set, during the treatment. The fistula needles are removed when the treatment is completed.
How does blood get to the dialyser?

- A blood access is created, called a fistula or graft
- Two fistula needles are inserted in the access
- The fistula needles are connected to the machine through special tubing set
- The fistula needles are removed when the treatment is completed
What is a fistula?

The creation of a fistula involves a minor surgical procedure.

A fistula is a connection between an artery and a vein. The increased pressure from the artery helps the vein to expand over time.

It is best to have a fistula made at least a month or two before you need to start dialysis. Placement ahead of time allows the blood access to develop fully and heal before using it. This typically takes around 6–8 weeks.
What is a fistula?

- A connection made between an artery and a vein during minor surgery
- It takes 6–8 weeks to fully develop and to be ready to use
What is a graft?

Sometimes it is not possible to create a fistula. In that case a graft may be an option.

A graft is an artificial (synthetic) vessel or tube that is placed under the skin, with one end attached to an artery and the other to a vein.
What is a graft?

- An artificial vessel (tube) is placed under the skin attaching an artery to a vein during minor surgery.
- After the healing phase, the graft will be ready to use, after approximately 2 weeks.
Other haemodialysis access

If you need to start dialysis immediately or have problems with your fistula or graft, a temporary catheter (plastic tube) may be inserted into a vein, usually at the bottom of your neck.

The catheter remains in place between treatments.

Typically, this catheter is used until your permanent access has matured.

The temporary catheter is directly connected to the sterile tubing set.

Fistula needles are not necessary.

The use of a temporary access is not recommended for long term use. This can lead to an increased risk of infection and clotting over time and the risk of inadequate dialysis.
Other haemodialysis access

- A temporary catheter (plastic tube) is needed when
  - no other functioning blood access is available
  - immediate dialysis is necessary
- The catheter is inserted into a vein, near your neck
- This catheter is used until your permanent blood access is ready to use
What are the different options for haemodialysis treatment?

Haemodialysis treatments can be performed in a variety of settings, such as a clinic or hospital, or, for those who meet the criteria, it may be performed at home. The patients who opt to dialyse in a centre will usually receive HD 3 times a week for approximately 4–5 hours. You will be given a regular schedule of when to come to treatment, for example “Monday-Wednesday-Friday at 7am”.

If you prefer to perform your own dialysis treatments at home, you may have a different type of schedule for treatments, perhaps HD 6–8 hours while you sleep, or perhaps 3–4 hours of HD every other day. You should speak with your doctor to learn if this option is available in your area.

Tests are done monthly to ensure that you are getting enough dialysis. Your doctor and nurse will explain the results to you and discuss if any adjustments need to be made to your therapy.
What are the different options for haemodialysis treatment?

Time, length and frequency of the HD treatment depends on different medical issues, lifestyle and what is offered in your dialysis unit.

Ask your physician about the various schedule options available that best suit your needs.
Where can haemodialysis be performed?

Haemodialysis can be done at a hospital or dialysis clinic or at home. In a clinic, your healthcare team will prepare, perform and monitor the treatment. Some clinics will also teach you how to do some of the procedures yourself, if you wish.

Many clinics offer home haemodialysis training.

When you dialyse at home you have more flexibility in your dialysis schedule.

You may need a partner (or carer) to assist you with some aspects of your treatment.

You and your partner (or carer), if needed, will go through a comprehensive training programme that will teach you how to prepare, perform and monitor the treatment.

You will be thoroughly trained to manage and troubleshoot any problems regarding your treatment.

Home haemodialysis training usually takes approximately 6–8 weeks.

Qualified technicians will set up the haemodialysis machine at your home and will be on call in case of technical problems.
Where can haemodialysis be performed?

- At home
  - medical staff are available to support you over the telephone

- At a self-care or limited-care facility
  - medical staff are available to support you, if you need help

- At a hospital or dialysis clinic
  - medical staff are present during your treatment
There are many clinics and hospitals that offer haemodialysis treatment. The dialysis session is completely performed by trained medical professionals, who will be available during the treatment. In between treatments you will be able to consult your healthcare team, if required. If you wish to dialyse in a self-care centre, your dialysis session will be managed by you in a clinic setting. Your healthcare team will be available to support you during the treatment.

The dialysis machine and medical supplies are all available at the centre.

Haemodialysis treatment is usually done three times a week for approximately 4–5 hours.

You will be given a regular schedule of when to perform a treatment, for example “Monday-Wednesday-Friday at 7 am”. You will be responsible for arriving on time at your dialysis centre for your treatment.

Being in a dialysis centre also gives you the opportunity to see and talk to other patients who are in a similar situation.
Things to consider about in-centre / self-care haemodialysis

Many clinics and hospitals offer haemodialysis treatment:

- In-centre HD treatment is completely managed by trained staff
- Self-care HD treatment is managed by the patient and assisted by medical staff, if required
- The schedule is usually three times a week
- Transport is needed to and from the dialysis centre
- There is an opportunity to see and talk to other patients and staff
Things to consider about home haemodialysis

You and your partner will need to successfully complete a training programme – it usually takes 6–8 weeks.

Haemodialysis treatment is usually done three times a week for approximately 4 hours. But increasingly a variety of alternative options are available for home patients. Every-other-day dialysis, short daily dialysis and nocturnal (night time) dialysis are all well accepted home haemodialysis options. Discuss with your doctor if these options are available and suitable for you.

You will need sufficient space at home to store the dialysis machine, water treatment system and supplies.

If you perform home haemodialysis, you need to have additional electrical or plumbing outlets installed. In addition, your energy and water usage will increase. You will need to have a telephone for technical service and, in rare cases, emergency use. You can talk to your social worker or training nurse to discuss these issues.
Things to consider about home haemodialysis

- You and your partner (or carer) will complete a training program
- Flexible schedule without travelling to a centre
- Increased independence
- A dialysis machine will be installed in your home
- Storage space is required
- Electrical and water systems may need to be modified
Do you need a partner (or carer) for home haemodialysis?

The patient together with the healthcare team discuss/decide, whether a partner (or carer) for home haemodialysis for dialysing at home will be required.

A partner (or carer) would be able to assist when the patient has problems like visual impairment, lack of hearing or using hands and arms.
Do you need a partner (or carer) for home haemodialysis?

- If you have problems seeing, hearing or using your hands and arms, you will need a partner to assist you.
- Your dialysis team will assess if you require a partner (or carer).
Your haemodialysis routine as a HD patient

You will need to follow the recommended diet prescribed by your doctor or dietician.

You will also need to follow recommended fluid intake prescribed by your doctor.

Headaches, cramps and nausea are some of the occasional side effects you may experience on haemodialysis.

Many of these side effects can be avoided by following the correct diet and taking medication as prescribed by your doctor.

If you experience one of the side effects, report it to your nurse or technician. These symptoms can often be treated quickly and with immediate relief.
Your haemodialysis routine as a HD patient

Comply with your dialysis dose, medication and diet prescription and check daily your

- dialysis access
- blood pressure
- weight

The results you record will be monitored by your doctor.
What is kidney transplantation?

You may be a good candidate for a kidney transplant. This is a major surgical procedure that places a kidney from another person into your body.

A kidney can be donated by a living blood relative, such as a parent or a sibling.

A living non-related donor is someone who is usually very close to the patient, such as a spouse or very close friend.

A non-living, or deceased donor, is someone who has been declared brain dead by a physician and is a suitable candidate to donate his or her organs. Non-living or deceased donors have declared their intention to become a donor known prior to death.

The success rates for all three types of transplants are high.

Because many patients do not have a suitable living donor (relative or friend), most transplant candidates are on a waiting list for a kidney from a non-living donor kidney.
What is kidney transplantation?

A kidney transplant places a healthy kidney from another person into your body.

Transplants can come from

– a living blood relative
– a living non-related donor
– a non-living donor
Who can receive a kidney transplant?

Not everyone with kidney failure is a suitable candidate for a kidney transplant.

Under certain medical conditions, transplantation is not an option.

Your healthcare team will evaluate your condition and advise you of your suitability for a transplant.

If you decide that a transplant is the right choice for you, you may still need to wait for a kidney to be available. You need to have a good “match” of blood and tissue to reduce the chance of rejection.

Before transplantation, special blood tests are done to determine if a kidney will match. Even if you have a relative or friend who is willing to be a donor, their kidney might not be a good match for you. Although the chance of rejection is much lower with a well-matched kidney, it is still possible.

The time it takes to get a transplant varies. There are not enough non-living donor kidneys for everyone who needs a transplant. Because of this, some patients may be on a waiting list for some time.

Note to the presenter:
Please mention the average waiting time for kidney transplantation in your country. However, if a relative or friend is able to be a donor and is a good match, the transplant can be scheduled earlier.
Who can receive a kidney transplant?

Not everyone is a suitable candidate for a kidney transplant.

- The healthcare team will evaluate your suitability for a transplant
- You may need to wait for a kidney to be available
- A donor kidney should be a “match” for your body
The transplantation procedure

No matter what kind of kidney you receive, the surgery is the same.

The surgery usually takes about three hours and the new kidney is placed in your lower abdomen.

Your own kidneys are usually left in place.

The usual hospital stay is one or two weeks.

Once you are discharged, you will need to return to the transplant clinic for regular follow-up visits.
The transplantation procedure

- A major surgical procedure requiring a general anaesthetic
- The new kidney is placed in your lower abdomen
- Usually your own kidneys are left in place
After transplantation

A new kidney may start working immediately or may take up to a few weeks to produce urine. In rare circumstances, it may not work at all. You may need to have some dialysis treatment while you are waiting for the transplanted kidney to start functioning fully.

You must take medication (anti-rejection medicine) daily to prevent your body from rejecting the new kidney. Sometimes these drugs cannot stop rejection. The anti-rejection medicine can have unwanted side effects – the most common are a decrease in your body’s ability to fight infection, weight gain, high blood pressure, changes in appearance and increased cholesterol. Although these are common, some patients have few or no problems.
• The transplanted kidney may work immediately or after several days
• Dialysis treatment may be needed during this time
• You will receive anti-rejection drugs, which may have some side-effects
• Hospital admission for approximately 1–2 weeks
• After discharge, medication will be adjusted to your needs
Things to consider about transplantation

As with all treatments, there are many things to consider when deciding if a transplant is right for you. A successful transplant can help you return to a state of good health. You will feel better and have more energy than you would have had on dialysis. Following a successful transplant your fluid and diet restrictions are less than they would be on dialysis.

A successful transplant can last for many years, but for many patients it may not last for a lifetime. If a transplant fails, dialysis is still an option and even a second transplant may be a good option for some patients. Talk to your doctor about the expected life span of a transplanted kidney.

It is important to remember that transplantation is a treatment, not a permanent cure for your kidney disease.
Things to consider about transplantation

- A successful transplant can help you return to a state of good health without dialysis
- Transplantation is a treatment, not a permanent cure
- Daily medication is needed to prevent rejection
- Regular follow-ups at a transplant clinic are mandatory
Nutrition and dialysis

Diet is an important part of your treatment plan. A dietician who specialises in working with kidney patients will teach you to select the correct food to maintain a healthy diet. Some of the key areas he/she will focus on are:

Proteins: Before you reach the stage when dialysis or transplant is needed, you may be asked to limit your intake of protein foods. The waste products from protein foods are removed by fully functioning kidneys. As your kidneys continue to fail, you will need to limit these foods so that waste levels do not get too high.

When dialysis is started, the dialysis treatments will take over this function and you can then increase the amount of protein in your diet. Your doctor and dietician will guide you through this process.

Potassium: This is an electrolyte that can reach high levels when kidneys don’t work. You may need to limit foods that contain a lot of potassium such as bananas.

Salt and fluids: You may need to limit your salt and fluid intake which might be quite challenging. However, there are lots of tips you can follow to keep this from getting out of control.
Nutrition and dialysis

- Diet is an important part of your treatment plan
- Dieticians will teach you to select the correct food and maintain a healthy diet
- You may experience some restrictions in your diet and fluid intake
How can I take care of myself?

Here are some key steps for taking care of yourself and staying as healthy as you can:

– Follow the directions given to you by your team of healthcare professionals.

– Manage your diet to keep waste products and water levels under control.

– Take your medication as prescribed and on time.

– Make sure you’re getting enough dialysis treatment. Ask the nurse for your blood results and know what the various levels should be.

– Learn about your treatment, so you can recognise problems and ask for help.
How can I take care of myself?

Comply with the directions of your healthcare professionals regarding:

- Diet and fluid intake
- Prescribed medication
- Treatment schedule and prescription

Learn how to recognise problems and whom to ask for help.
How can I take care of myself?

Take care of yourself by staying as active as possible. Remember – dialysis should be part of your life not your whole life.

Don’t isolate yourself from family and friends. These are the people who care for you and can provide support and understanding.
How can I take care of myself?

- Stay as active as possible
- Spend time with family and friends
- Dialysis should be part of your life, not your whole life
Living with dialysis

Although there will be changes in your life related to kidney disease and treatment, life will go on!

Many people, just like you, have learned how to live their lives around dialysis treatments. There are many resources, both professional and patient-sponsored, that can give you information and assistance in dealing with most of the issues that concern you.

You can return to work or continue education while on dialysis. If you dialyse in a haemodialysis centre, you will be given a treatment schedule that accommodates your work or education schedule. Another alternative is home haemodialysis or peritoneal dialysis, which allow for more flexibility in schedules.

There’s no reason not to enjoy a meal out. Your dietician can help you make good choices from restaurant menus.

You can return to many of the activities that you have enjoyed in the past. Getting enough exercise and keeping fit is important for everyone, including people with kidney disease. Your healthcare team can advise you of any precautions you need to take to protect your blood access site or PD catheter.

You can still travel. You will need to plan ahead, but your clinic can assist you with making the arrangements to dialyse in other facilities while travelling. Patients on peritoneal dialysis often take their supplies with them for short trips. Even the cycler machine is portable. For longer trips, supplies can be shipped to your destination.

Family dynamics often change when one family member has kidney disease. Concerns regarding sexuality are very common and are nothing to be embarrassed about. Please do not hesitate to talk openly to your doctor or nurse about these issues.

There are many people who are part of your support system, from family and friends, to healthcare professionals, to agencies that specialise in working with people who have kidney disease. You are not alone!

Your hospital’s social worker can guide you in many areas, especially social services and financial resources.
Living with dialysis

Life will go on! You will learn to live your life around dialysis treatment:

- Work / school
- Dining out
- Exercise
- Travel
- Sexuality
- Social Services / support systems
Where you can find help

Note to the presenter:
Here are some of the topics you may wish to discuss with the patient:

– Local agencies

– Kidney groups and patient support groups

– Social services

– Local library – do they have internet access for patients who do not have this facility at home?

– Publications

– Web sites

– National and local kidney associations

– Financing patient’s care

– Medicare – healthcare authorities

– State Medical aid or other programmes

– Financial aid from pharmaceutical companies

Maybe offer the patient the opportunity to get in contact with other patients or with your hospital social worker.
Where you can find help

Many resources can inform and assist you with issues that concern you and your family, e.g.:

- Support systems
- Resources
- Financial support
Your healthcare team

No matter which form of therapy you choose, you will have a team of healthcare professionals to support you.

You will see these people on a regular basis. You should not hesitate to talk to them about your treatment and about issues that you face in dealing with kidney disease.
Your healthcare team

No matter which form of therapy you choose, you will have a team of expert healthcare professionals to support you:

- Doctor
- Dialysis nurses
- Technician
- Dietician
- Pharmacist
- Social worker
The choice is yours

We hope this information has been helpful in determining which treatment will be best for you. The best treatment is the one that fits your medical condition, your lifestyle and your personal likes and dislikes. You may have more questions about the various options available. Be sure to talk to your doctor and nurses about this. Get all the information you can before making a decision together with your doctor.

Our goal is to give you the information you need, so that you can get the best care possible with the therapy option you choose.

Note to the presenter:
Check the patient’s list of concerns and make sure the expected information has been given and understood.
The choice is yours

- We hope this information has been helpful for you
- Ensure that you get all the information you need to make a good informed decision
- No matter which therapy you choose, you can count on the active and competent support from your medical staff
- Be sure to ask your doctor and nurses any questions