

PEP CONNECT

*Patient
Education
Program*

PEP Talk Outline

Your Treatment Options—Part 2

Treatment options are part of a life plan for living well on dialysis.

Part 1 covered peritoneal dialysis (PD). This issue of PEP Connect focuses on these other treatment options:

Home Hemodialysis (HHD)
Extended Dialysis
In-Center Hemodialysis (ICHD)
Kidney Transplant
No Treatment

What is hemodialysis (HD)? What is home hemodialysis (HHD)? How do I know if I am eligible for this treatment? What is extended dialysis?

What is in-center hemodialysis (ICHD)? Is everyone eligible for in-center hemodialysis?

What about a kidney transplant? How do I know if I am eligible for a transplant? What if a person decides not to have treatment?

What is hemodialysis (HD)?

Hemodialysis cleans the fluid and waste from the blood through a dialyzer (filter) outside the body.

An access site is needed to clean the blood. There are two permanent vascular access sites: a fistula and a graft. A temporary catheter can be used until a permanent access is placed and developed.

A fistula or graft involves the use of two needles. One needle removes blood from the body to be cleaned through a dialyzer, the other returns the cleaned blood to the body. This is done several times throughout the treatment.

“I like home hemodialysis because I have more strength and I am less tired.” Talmadge McKinney

What is home hemodialysis (HHD)?

To help you live a more independent life, home hemodialysis may be the choice for you. Home hemodialysis is done at home and uses the same access sites as explained above. The home hemodialysis machine is smaller and easier to use than the one used in-center.

If you want more independence, home hemodialysis may be the right treatment for you. After a month of training at the home center, you and a partner will be able to do treatments in the comfort of your home. You are taught to do everything with ease and confidence. Once trained, you meet monthly with the doctor and treatment team. You also have access by phone to a home nurse 24 hours a day, 7 days a week.



Home hemodialysis machine



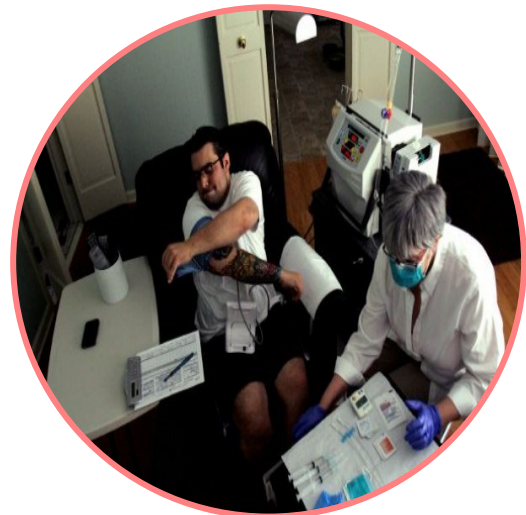
Mia Brooks learns about her uncle's treatment from West-Pavilion home nurse, Michelle Woods.

“My name is Talmadge McKinney. I started in-center hemodialysis and switched to home hemodialysis. I like this treatment option because I have more strength, am less tired and I can do dialysis in the comfort of my home.”

There are different schedules for home hemodialysis (HHD). The most common is short daily treatments for about 2 to 3 hours, usually 5 to 6 days a week.

Because HHD is a slower and gentler dialysis treatment, it reduces sudden changes in blood pressure and reduces muscle cramps. You have flexibility with your schedule because you manage your own treatment.

This treatment is more like the natural kidney function that cleans fluid and waste from the blood daily. It will help you get better outcomes (lab results) and you may have more freedom with your diet and fluids.



A patient doing home hemodialysis with a partner

Minimal plumbing may be needed in your home. The facility will provide the plumber. Dialysis supplies are delivered to you monthly. You can travel and take the dialysis machine with you in a car or on an airplane and have the supplies delivered to your travel location.

How do I know if I am eligible for home hemodialysis?

Many people can do home hemodialysis. If you want to learn more about it, see or call the home dialysis nurse at your unit.



What is extended dialysis?

Extended dialysis, usually done at night, is another form of hemodialysis that is slower and gentler. It may be done in-center 3 times per week for approximately 6 hours per treatment. It may be done at home 5 to 6 times per week for 6 to 8 hours per treatment. Greenfield Health Systems offers extended dialysis at home. Extended dialysis at home has the same benefits as HHD.

What is in-center hemodialysis (ICHHD)?

If you have decided home dialysis or peritoneal dialysis (PD) is not for you, in-center hemodialysis may be the right choice. In-center hemodialysis is done in a dialysis center usually 3 times per week on a Monday, Wednesday and Friday schedule or a Tuesday, Thursday and Saturday schedule. The unit schedules an appointment time with you. The treatments usually last 3 to 4 hours depending on the doctor's prescription.



A patient on in-center hemodialysis

A health care team provides your care. As part of the treatment team you may help by weighing yourself, washing your access site arm before treatment and washing your hands before and after treatment.

Is everyone eligible for in-center hemodialysis?

Everyone is eligible for in-center hemodialysis.

What about a kidney transplant? How do I know if I am eligible for a transplant?

When the kidneys fail, another option is a kidney transplant. Kidney transplantation means getting a new kidney to replace the damaged kidney. A **donor** is someone who gives his or her kidney. A **recipient** is the person who gets the kidney.

There are two kinds of kidney transplant.

1. **Living related donor**—includes brother/sister, children, parents, aunts, uncles and other relatives. **Living unrelated donor**—includes friends and others.
2. **Deceased donor**—someone who passed away and made an end-of-life choice to donate his or her organs.

A transplant team will evaluate you to confirm that you are eligible for a kidney transplant. The team includes a:

Transplant Nephrologist
Transplant Surgeon
Social Worker
Dietitian
Financial Coordinator

In the interest of your overall health, you will be given a series of medical tests. These include blood tests, x-rays, EKG, ultrasound and other tests based on your age and medical history. They help rule out possible problems and make sure that surgery is appropriate for you. The tests check the heart, lungs and other body functions.

Following through and completing the tests and evaluation is necessary.



If you have a living donor, he or she will also be tested and evaluated. The transplant clinic will schedule the kidney transplant if the donor is a good match and everyone is cleared.

If you are placed on the waiting list for a cadaver kidney, the transplant coordinator will check your status from time to time. Monthly blood samples, which help to monitor your health, are usually done at the dialysis unit.

When waiting for a cadaver kidney, you should communicate regularly with your transplant health care team. A yearly visit with the transplant team should help you stay on the active waiting list. In addition to changes in your medical history, you should alert the transplant coordinator to any changes in your address, phone number and vacation plans.

Once you are eligible, your name is added to the local, regional and national list of candidates waiting for organs. The United Network for Organ Sharing (UNOS) is a nonprofit organization that maintains this list.

When a matching organ is found for you, your transplant center is notified.

“As a patient I believe in learning all I can about my illness, because no one can take better care of me than me.” Beverly Hicks-Wilson



Beverly Hicks-Wilson

“My name is Beverly Hicks-Wilson. I started in-center hemodialysis and then switched to home hemodialysis for two years until I received a kidney transplant.

I ask questions and make sure I understand the answers. I ask more questions if I do not understand. **I listen to my health care team because it is important to my health and well being.”**

What if a person decides not to have treatment?

If a person has kidney failure, dialysis or transplant is necessary to sustain his or her life. If a person has kidney failure and decides not to have treatment, his or her health will continue to worsen and the treatment team may recommend hospice care. If left untreated, kidney failure can lead to death. Talk to your health care team if you have more questions.

All of the treatment options may be used in your life plan for living well.