Prevent, Detect, Support.

Fact sheet

Home Haemodialysis: A Treatment Option

What is dialysis?

Dialysis or a kidney transplant is needed when your kidneys have stopped working. A sudden drop in kidney function is called acute kidney disease. This is often temporary but can occasionally lead to lasting kidney damage. More often kidney function worsens over a number of years (called chronic kidney disease) until there is less than 10% function left. This is when permanent dialysis or a kidney transplant is needed.

Your doctor will tell you when it is time to start treatment.

There are two forms of dialysis - haemodialysis and peritoneal dialysis. Dialysis removes waste and extra fluid from your blood when the kidneys fail. During haemodialysis an artificial kidney attached to a dialysis machine cleans your blood. Peritoneal dialysis occurs inside your body using the peritoneal membrane as a filter.

For some people, dialysis or transplant may not be the best treatment option. They may instead choose to use supportive care to prevent or manage their symptoms of kidney disease. See Haemodialysis, Peritoneal Dialysis, Kidney Transplant and Non-dialysis Supportive Care fact sheets for more information.

What is home haemodialysis?

Haemodialysis can be performed at home, in a renal unit located away from a hospital (satellite centre), or in a renal unit at a hospital. Dialysis that is not performed at home is usually for people with health problems who require additional medical treatment. 1 in 8 people on haemodialysis choose to do it at home.

If you choose to perform haemodialysis at home your dialysis machine will be placed in a room in your home. All of the supplies you need will be delivered to your home.

Qualified staff will teach you how to perform your dialysis until you can do this independently at home. If you have a support person, they usually only do part of the training. Training takes 4 - 12 weeks depending on your needs, previous dialysis experience, ability to learn a new skill, and how many times a week you train.

During your training you will learn to:

• take your blood pressure and pulse,
• care for and needle your vascular access (fistula),
• set up your dialysis machine and manage a dialysis routine,
• deal with occasional problems occurring during dialysis,
• end your dialysis session,
• order and store dialysis supplies,
• keep treatment records,
• care for and clean your machine,
• manage your diet and fluid intake.
What are the benefits of home haemodialysis?

Some potential lifestyle benefits of home haemodialysis include:

- Setting your own dialysis schedule. Your doctor and health care team will discuss with you the best schedule for your lifestyle and health.
- There is no travelling for treatment - saving time, money, and energy.
- You can choose to be with your family or friends while you dialyse.
- You can choose a dialysis regime that allows you to work normal hours or even work from home during dialysis.

Some potential health benefits of home haemodialysis include:

- People report an improved quality of life, once starting home haemodialysis and most only return to hospital when their health declines.
- You control the dialysis which can prevent dialysis-related problems. For example people on home haemodialysis tend to have fewer blood pressure drops during treatment as they watch their blood pressure closely.
- If you choose to do more regular haemodialysis or nocturnal (overnight) haemodialysis, you will have less dietary and fluid restrictions and will need less medication.
- Putting the needles in is easier because the same person puts in the needles each time.
- Home haemodialysis can be used more often, and for longer periods of time. Some early research shows that this may be associated with improved survival.

Are there different types of home haemodialysis?

When dialysing at home you can perform different schedules of haemodialysis:

- Standard home haemodialysis is done three to four times per week for four to five hours.
- Nocturnal haemodialysis means that your dialysis is long and slow and done overnight while you are asleep. You can dialyse at home up to six nights a week for eight hours each night.
- Short daily home haemodialysis is usually done five to seven times per week for two to three hours.

These options can be discussed with your health care team.

Is home haemodialysis safe?

Having some concerns about home haemodialysis is common. However, home haemodialysis has been safely performed in Australia since the 1970s.

You will receive training before being allowed to dialyse at home. Your first treatments at home will be supervised by a home dialysis nurse.

As with any sort of dialysis, it is important that you undertake each session with care to reduce the risk of complications.

Once you are home you will:

- be checked regularly by your health care team, and
- have 24-hour telephone nursing and technical support

Is your home suitable?

Your hospital’s Renal Technician and Home Training Nurse will carry out an assessment of your home to advise you about how best to set up your home for haemodialysis.

Your bedroom, a spare room or a lounge room will need to be adapted for dialysis. You will be able to dialyse in a bed or chair. A small space will be needed for the machine. You will also need to have a dry place to store supplies.

Access to water and reliable electricity will be required. It is possible that tank water can be used if mains water is not available but this must be discussed with your dialysis unit. Special plumbing and safety requirements for electricity may mean small modifications in your home.
What costs may be involved?

The purchase of the dialysis machine and ongoing costs of equipment are covered by the Australian health care system. Most hospitals also provide other support such as covering the cost of plumbing alterations. You may have to provide some storage space and cover furnishing costs, such as the dialysis chair.

If you are renting your house, you will need to speak with either your real estate agent or landlord before making any changes. You may need to get their approval and find out who will pay for the changes.

Each state varies with reimbursement provision of water and electricity (repayment). Details can be found on the Kidney Health Australia website. Your health care team can also advise you on, and usually help with, applications for reimbursement or subsidies.

The highest level of rebate is available if you have either a:

- Pensioner Concession Card, or
- Department of Veterans’ Affairs Gold Card.

Carers or support persons can apply for financial support through Centrelink, if they provide daily care and attention to a person with a disability that causes a ‘substantial functional impairment’. Home dialysis carers have successfully claimed this payment after having provided information about their role in supporting the dialysis patient before, during and after the dialysis process.

Each person’s financial situation is different. You can contact your renal social worker or local Centrelink office if you need more information.

Is a support person needed?

You may or may not need a support person when performing your treatment. This depends on your general health and needs to be discussed with your health care team. However, you may prefer to have a support person for company, to fetch refreshments or to help in case you have any difficulties. Some people have more than one person who is able to provide support.

What if your support person needs a break?

If your support person needs a break (respite) you can usually dialyse in a hospital centre for a short period of time. Commonwealth Carer Respite Centres are sometimes able to provide general health care respite for those on home haemodialysis. They offer emergency respite as well as regular respite. Contact them on 1800 059 059 to be linked to your closest state office.

How will it affect your lifestyle?

Families usually adjust to home haemodialysis and it quickly becomes a part of family life. You won’t have to travel to treatment or spend as much time away from home, which is a bonus for your family.

Employment

When starting home haemodialysis it should be possible to continue working. Training will need to fit in with work. Once dialysing at home it is definitely easier to schedule treatments around other personal commitments and social events. The benefits of keeping a job include earning an income, maintaining self-esteem and friendships.

Travel

It is still possible to travel away from home for work or pleasure if you are receiving home haemodialysis. Home machines have been put in caravans or you can attend dialysis units around the country. You can enjoy a great holiday with careful planning. There are also some groups that offer special holiday programs.

See the Kidney Health Australia website for more information about travel.
Suggested questions for your healthcare team

- What treatments are done at home?
- Am I suitable for home haemodialysis?
- How will my choice of treatment affect my health and lifestyle?
- At this point in my kidney disease, is one choice better than another?
- Will one treatment better protect my remaining kidney function?
- See the Make the Most of Your Visit to the Doctor fact sheet.

THINGS TO REMEMBER

- Home Haemodialysis involves performing dialysis in your own home. You will undertake training and a machine will be set up for you to perform your own dialysis at home. A support person can also be trained to assist you.
- There are many benefits to performing dialysis at home including improved quality of life, having more control and setting your own dialysis schedule.
- Your home will need to be suitable and safely set up for home haemodialysis. Your renal team will assess your home and suggest how best to set up your dialysis machine.
- The cost of the dialysis machine and ongoing equipment will be covered by the Australian Health Care system. There may be other costs to consider.

What does that word mean?

**Fistula** - Produced when a vein and an artery in your arm or leg are joined together in an operation to make it easier to move blood in and out of your body during haemodialysis.

**Kidney transplant** - A treatment for end stage kidney disease where a kidney is removed from the body of one person (the donor) and put into the body of the person with end stage kidney disease.

**Nocturnal haemodialysis** - Where haemodialysis is performed at night while you are asleep. This is usually performed in your home.

**Peritoneal dialysis** - Treatment for kidney disease during which dialysis fluid is moved in and out of your peritoneal cavity to remove wastes and fluid from your blood.

**Renal technician** - Provide technical support for the machinery involved in haemodialysis, help people to set up machines at home and are responsible for maintaining quality control. They also support the nursing staff involved in your care.

**Supportive care** - Care given to prevent or manage symptoms and side effects of end stage kidney disease, which does not involve dialysis. With supportive care, medications, diet and other support measures are used to manage your symptoms of end stage kidney disease to allow you to live as well as possible for as long as possible. Also called non-dialysis supportive care or conservative care.

**Vascular access** - Access to the blood stream for haemodialysis.

For more information about kidney or urinary health, please contact our free call Kidney Health Information Service (KHIS) on 1800 454 363. Or visit our website kidney.org.au to access free health literature.