

INTRODUCTION

Your kidneys are very important but sometimes they can stop working. A sudden drop in kidney function is called Acute Kidney Failure. It is often short lived and treatment is only for a short while. More often kidney function worsens over a number of years and is called chronic kidney disease. Eventually it fails permanently and when there is only about 10 percent of function left, dialysis or a kidney transplant is needed.

Dialysis removes waste and extra fluid from your blood. There are two places you can do dialysis - at home or a dialysis centre. Peritoneal dialysis is one type of home treatment. Haemodialysis can be done either at home or at a dialysis centre.

Transplant involves the transplantation of one kidney into your body from either a living or deceased donor. You need reasonable general health to have a transplant. Your doctor can advise if this is an option for you. See '*Transplant*' fact sheet for more information.

If you are frail or elderly you may decide that conservative care is more appropriate. Conservative care uses medications and controlling diet and fluids to prolong your kidney function. It allows nature to take its course when the kidneys fail completely. See the '*Conservative care: A treatment option*' fact sheet for more information.

HOME PERITONEAL DIALYSIS (PD)

The best option is to choose a home modality of dialysis if you are able to. Peritoneal dialysis is performed at home by yourself and a family member can be trained to help you. Short term training is needed, and this is organised by your health care team. There are two types of peritoneal dialysis, the daytime bags (CAPD) and the night time cyclor (APD).

LIFESTYLE ON PD

The choice between types of dialysis depends on factors such as your health and lifestyle. The benefits and drawbacks of each type need to be discussed with your health team and family. If choosing PD then many people start on CAPD and then transfer to APD after 6-8 weeks once their body has got used to dialysis.

There are many benefits of using PD, including:

- Freedom to travel with a little organization
- Flexible dialysis in your own home
- Control over your life-style
- An easy technique that can be learnt by most people in one week
- Most people have no diet restrictions and very few fluid restrictions
- You can do exercise and sport but need to take care if you choose to swim
- You can continue to work
- All dialysis equipment is delivered to your home free of charge

Peritoneal dialysis occurs inside your body using the peritoneal membrane as a filter. It has a rich blood supply. During peritoneal dialysis, the membrane is used to filter waste products and extra fluid from your blood. A special catheter (tube) is used to transfer dialysis fluid into and out of the peritoneal cavity. With PD you usually have dialysate in your body all the time so your blood is constantly being cleaned.



CAPD - DAYTIME BAGS

Four exchanges are usually done each day. Each exchange includes connecting a new bag of fluid, draining out the old fluid and putting the new fluid in. It takes about 30 minutes and can be done almost anywhere, with a few sensible precautions. In between exchanges you are free to go



about your daily activities.

Overnight you have a long dwell whilst you sleep. Exchanges are typically done on waking, at lunch time, at tea-time and prior to going to bed. Some flexibility is available for busy days.

CAPD works by gravity. When the drain bag is placed at floor level the fluid drains out. By raising the new dialysate bag above shoulder level, the new dialysate flows into your peritoneal cavity.



APD - NIGHTTIME MACHINE

During APD a machine called a cycler does exchanges for you. Each night your catheter is attached to the tubing of the cycler. It does several exchanges, moving the dialysate in and out of your body while you are asleep. APD is done every night and usually takes between 8–10 hours. During the day dialysate is usually left in your body so that dialysis continues.

See '*Peritoneal Dialysis*' fact sheet for more Information



HAEMODIALYSIS - HOME OR CENTRE

Haemodialysis (HD) can be done by you at home but for those who are unable it is a centre based treatment performed by nurses. The blood is cleansed by a special dialyser on a haemodialysis machine.

LIFESTYLE ON HAEMODIALYSIS

- For centre based HD you have three fixed appointments which takes about 6 hours of your day. You travel to the dialysis clinic each time.
- For home HD you set your own dialysis schedule with your healthcare team and do the treatment at home during the day or overnight (Nocturnal). For some people this control and flexibility is very important, but not necessary for everyone.
- Those people who dialyse at home may do extra hours of dialysis, which can improve your health and for many does improve their quality of life.
- Diet and fluids are restricted on HD unless you can do extra time on the machine.
- For holidays you need to book into another dialysis clinic.
- Travel to dialysis is at your expense. At home most costs are reimbursed. You may have increased power and water expenses, but some subsidies are available. Home is still usually the cheaper option for you.



WHAT IS VASCULAR ACCESS?

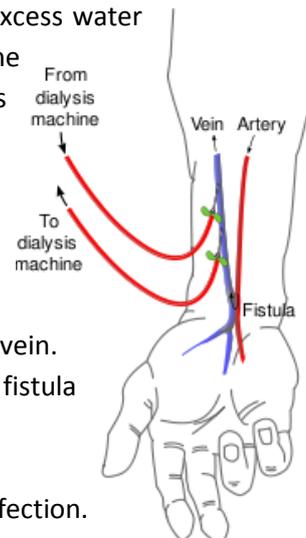
Access to your blood stream is needed so your blood can be cleaned of the excess water and waste products. A 'vascular access' is made during surgery to allow this. The surgery is usually done as a day case. It can take up to 2 months for the access to 'mature' ready for dialysis.

There are three types of vascular access.

Fistula: Joining one of your arteries to a vein. The vein enlarges and is known as the fistula. It is usually in your lower or upper arm and occasionally in your leg. Needles are put into the fistula.

Graft: Use of a piece of tubing attached between one of your arteries and a vein.

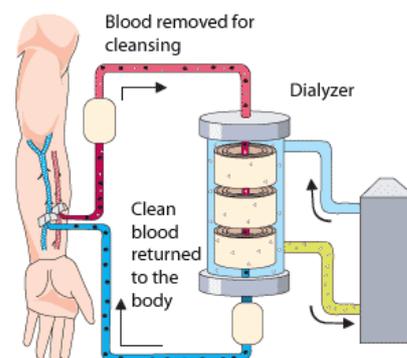
Catheter: A catheter is usually a temporary tube put into a large vein until a fistula or graft is ready to use. Catheters can be used immediately.



You will need to take care of your access. Careful hygiene will help to prevent infection.

HOW DOES HAEMODIALYSIS WORK?

During haemodialysis your blood travels through a special filter called a 'dialyser' before being returned cleansed to your body. The dialyser has many tiny fibres (tubes). Each fibre has tiny holes in its walls. A special fluid called dialysate washes around the fibres. The extra water and waste products you don't need travel from your blood through the fibre pores and into the dialysate. Clean blood flows back to your body. The dialysate goes down the drain.



HOW WOULD I TRAIN FOR HOME HD?

If you choose to do haemodialysis at home, special plumbing is installed and the machine and all supplies are provided. You spend 6 – 8 weeks visiting a dialysis clinic learning to manage your own dialysis. A partner can be trained to assist you, but some people dialyse by themselves. See 'Home Haemodialysis' fact sheet for more information.

IS A CENTRE (HOSPITAL OR SATELLITE) BEST FOR ME?

Your home situation or your health may mean that you need nursing support for each dialysis treatment. A satellite centre is usually in the community and staff assist you. Dialysis in a hospital is usually for those who need immediate access to specialised medical care. The staff will organise your regular appointments with you. Usually daytime and evening is available. See 'Haemodialysis – A treatment option' fact sheet for more information.

CONSERVATIVE CARE

Conservative care is the treatment choice for kidney failure when you have decided that the options of dialysis and transplant are not appropriate for you. For many this is because they are already very frail and they do not want complex treatments. Some people have the complex treatment for a while and now they wish to stop. For many who are already frail their life-span with kidney failure, with or without dialysis is very similar.



Conservative care means that your care continues to be supervised and supported by health professionals. You may have medications and a restricted diet to improve your quality of life. Conservative care however will not artificially prolong your life when your kidneys fail completely. It is also known as supportive care, and may involve a palliative care team.

WHAT SHOULD YOU DO IF YOU DECIDE TO HAVE CONSERVATIVE TREATMENT?

The first step is to talk to your family and your primary health care providers. If you all understand each other and work together you can ensure that you have the best quality of life until your kidneys fail completely. It is wise to make sure that your affairs are in order, for example:



- Make sure you have a Will
- Consider appointing a Medical Power of Attorney
- Consider making an Advanced Care Directive
- Make a list of your financial records including bank accounts, real estate, insurance policies, etc.
- Provide contact details of people who will be helping to settle your estate e.g. solicitor, accountant and the executor of your Will
- Let people know about your choices for funeral services

ROLE OF PALLIATIVE CARE AND END OF LIFE

The palliative care team are doctor and nurse specialists who support you with pain and symptom management. Seeing a palliative care team does not decrease your lifespan but may increase the quality of life. You can see a palliative care team for symptom control even if you have chosen dialysis or transplant.

Kidney failure symptoms can include itchy skin, restless legs, and generalised pain. The palliative care team supports you and your family to live as independently and comfortably as you can. Some people visit a palliative care team for many years, even whilst on dialysis. Involvement with palliative care for many also enhances a comfortable end of life.

DO YOU NEED MORE INFORMATION?

Education by your health care team is very important before you choose your treatment option. The fact sheet '*Making the most of your visit to the doctor*' contains valuable tips regarding what questions to ask your doctor. The more education you have, the easier it is to make informed decisions regarding your treatment.

For more information about kidneys health or this topic, please contact Kidney Health Australia: Kidney Information Line (freecall) on 1800 4 KIDNEY (1800 4 543 639) or visit website www.kidney.org.au or www.homedialysis.org.au
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This is intended as a general introduction to this topic and is not meant to substitute for your doctor's or Health Professional's advice. All care is taken to ensure that the information is relevant to the reader and applicable to each state in Australia. It should be noted that Kidney Health Australia recognises that each person's experience is individual and that variations do occur in treatment and management due to personal circumstances, the health professional and the state one lives in. Should you require further information always consult your doctor or health professional.

If you are deaf, or have a hearing impairment or speech impairment, contact the National Relay Service www.relayservice.com.au:

- TTY users phone 1800 555 677 then ask for 1800 454 363
- Speak and Listen users phone 1800 555 727 then ask for 1800 454 363
- Internet relay users - www.relayservice.com.au - "Make an internet relay call now" then ask for 1800 454 363