**Healthy Kidneys**
You have two kidneys. They filter and clean your blood. Waste leaves your body in your urine.

**Chronic Kidney Disease**
This means your kidneys are not working as they should. Diabetes and high blood pressure are two common causes.

**Blood Pressure**
Keep your blood pressure in the healthy range, as below.

- **General population**: 120/80 mmHg
- **People with diabetes**: 130/80 mmHg
- **People with kidney disease**: 140/90 mmHg

**Blood Sugar**
If you have diabetes check your blood sugar regularly. Aim for the range set by your specialist.

1 in 3 Australians is at increased risk of kidney disease

**Keeping Healthy**
Physical activity and healthy eating improves the health of your kidneys and your heart.
- Aim for a minimum 30 minutes, five days a week.
- Aim to have your body weight in a normal range.

**Slowing the Damage**
Smoking also damages your kidneys. See your GP to help you quit. Follow your doctor’s advice about monitoring and managing your health. You need to see your doctor at least once a year, and more often as your kidneys get sicker.
Peritoneal dialysis gives you lots of freedom to continue your life as you choose. You can work, carry on with hobbies, study, play sport, go shopping and with planning will be able to holiday at most places.

**Operation**

**The Catheter**

First you have a small operation to get a catheter (tube) put in your stomach.

The same tube is used for both types of peritoneal dialysis- the bags and the machine.

**CAPD**

**The Bags**

CAPD requires four bag (fluid) exchanges every day. Each bag takes about 45 minutes.

**APD**

**The Machine**

APD uses a machine to do the fluid exchanges for eight to ten hours, overnight while you sleep.

The machine takes about one hour to prepare before you go to bed.

**Diet and Fluids**

Your blood is cleansed through the dialysis every day which is very gentle on your body. There are few diet or fluid restrictions.

**Home Support**

When you go home nurses can visit your home to support you, or they are only a phone-call away.
The Fluid (Bag) Exchange

1. First you connect your tube to a new bag of fluid.

2. Open the clamp and drain out the old fluid.

3. Flush, then drain in the new fluid.

4. Finally you disconnect your tube. The fluid (dialysate) cleans your blood whilst you carry on with your day.

With the APD machine, it is programmed for many fluid exchanges overnight. You connect when you go to bed and disconnect when you wake up.

**Delivery of Supplies**
All equipment is delivered to you monthly free of charge.

**Training Time**
You spend about a week visiting a training clinic to learn to change the bags and learn all skills to manage your peritoneal dialysis.

**Hygiene**
Hand washing is very important.
Haemodialysis will need to become part of your routine. When you are off dialysis you can continue your normal daily life. For holidays you need to book into another dialysis clinic.

**Machine**
Haemodialysis uses a machine.

**Dialyser**
The dialyser (filter) cleans the blood.

**Dialysis Fluid**
Dialysis fluid is made from specially treated tap water.

Your wastes and extra water go from the blood through the dialyser and into the dialysis fluid. This goes down the drain.

**Frequency**
Dialysis is at least 3 times per week for 4-5hrs.

**Access**
A special access (fistula or graft) is needed for the two needles.

Surgery is needed to create your access.

Some people may use a temporary line instead of a fistula.

**Diet and Fluids**
You will feel better if you choose a balanced and healthy diet. You may have to restrict your potassium and fluid intake.

Dietitians can provide specific advice.
Home Haemodialysis

Lifestyle Advantages
Home haemodialysis allows you more flexibility and control making it easier to work and pursue hobbies. If you do more hours you may also need less tablets. Most importantly your family can be with you during dialysis.

Frequency of Dialysis
Many people at home dialyse overnight, three to four times a week while they sleep, or every second day. Extra dialysis means you can eat and drink more. You will also be more healthy.

Dialysis Routine
At home you choose your own times for dialysis, with input from your health care team. You can change your dialysis routine around to fit in with your life.

Training
After six to eight weeks of training, three or four times per week, you will be able to do your own dialysis.

Support and Visits
Once at home you always have a nurse who stays in contact and can support you.

They may visit you and are always on-call by phone.

All the equipment you need for home haemodialysis is provided free of charge. Different machines may be available in your area. Additional plumbing may be needed. Your local renal centre can provide more information.
Centre-Based Haemodialysis

Centre-based dialysis is usually a regular and fixed routine. Most centres can offer morning or afternoon appointments, six days a week.

Nurses Support
Nurses are there to support you with your dialysis.

Dialysis Routine
The routine is usually three times a week for four to five hours plus travel time.

Diet and Fluids
You will usually need to restrict your fluid and avoid foods high in potassium. A dietitian can advise you on your special needs.

Transport to Dialysis
You will usually need to organise your transport to and from dialysis. Only some people are eligible for transport support.

Information is available from your renal unit or Kidney Health Australia.

Many centres, known as satellites are in the community, or attached to smaller hospitals.

Hospital based centres are usually a short-term option, or for people who are more frail.

Dialysis Centre Locations
Information about dialysis centre locations is available from Kidney Health Australia.

If you have private health insurance you may be able to go to a private clinic.
Kidney Transplant

Many people receive a kidney from a living family member or loved one. Sometimes it could also be from someone you don’t know through a system called the Australia Paired Kidney Exchange Programme. For most people, transplant will improve their quality of life.

Deceased Donor
Many kidneys are received from a donor who has passed away. DonateLife coordinates these donations.

Medical Tests
Before the transplant you (and your living donor) will need many tests, known as ‘the work-up’.

Surgery
After the transplant surgery you will be in hospital for about a week. The transplant kidney may start working immediately but some are delayed.

Doctors Visits
You will need very regular check-ups with your doctor. These will start daily and then slowly reduce.

Medications
You will need to take medications for the life of the kidney. This will stop your body from rejecting the kidney.

On average 89% of transplanted kidneys are still working after 5 years.
If you have kidney failure you can decide to let nature take its course. Your life may be shorter, but your quality of life may be better. Your doctor can advise what the outcome is likely to be for you if you choose supportive care.

**Simple Treatment**
Choosing supportive care means you are not having dialysis or a kidney transplant. Some people choose this option after a time on dialysis, or they may choose not to start dialysis.

**Advance Care Planning**
This is the time to plan your priorities at this important stage of life. You can appoint a guardian, plan your future care, and consider where and how you would like to die.

**Medications**
You are likely to take the same medications as those who choose dialysis.

These might include medications to control blood pressure, reduce phosphate, and improve anaemia.

**Diet and Fluids**
You will feel better if you choose a balanced and healthy diet. You may have to restrict your potassium and fluid intake.

Dietitians can provide specific advice.

**Doctors Visits**
You will visit your local doctor or kidney specialist regularly for check-ups.

You may also be referred to the palliative care team for specialised symptom control at home.

Supportive Care

Prevent, Detect, Support.

Last Reviewed
May 2015
Page 1

Funded by Australian Government Chronic Disease Prevention and Service Improvement Fund.