



KIDNEYS R US

FROM THE
QIRN3 PATIENT ADVISORY
COMMITTEE

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DID YOU GET YOUR INFLUENZA VACCINATION YET?

Preventing the spread of respiratory illnesses such as flu and the H1N1 influenza is especially important for patients with a chronic illness such as chronic kidney disease. The influenza virus spreads easily when an infected person coughs, sneezes, or just talks near others, even before his/her symptoms have begun.

Influenza (“flu”) is a very contagious disease and is caused by the influenza virus. The flu is transmitted through the air from the respiratory (nose, throat and lungs) tract of an infected person.

The typical symptoms may include an abrupt onset of fever, aching muscles, sore throat and a non-productive cough. You may also experience a runny nose, headache, chills and fatigue. The most common complication of influenza is bacterial pneumonia.

Here are some steps you can take to help prevent the spread of these respiratory illnesses:

- Cover your nose and mouth with your sleeve or a tissue when you cough or sneeze – throw the tissue away after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. If you are not near water, use an alcohol-based hand cleaner.
- Stay away as much as you can from people who are sick.
- Avoid crowds if you can in “flu season” (late fall to early spring).
- Wear a surgical mask if you must be around lots of people.
- Try not to touch your eyes, nose or mouth.

Germes often spread this way.

- Practice other good health habits. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

Vaccination is the best way of preventing the complications of the seasonal flu and the H1N1 influenza. The H1N1 vaccine is a separate vaccination from the seasonal flu vaccine.

The best time to get the seasonal flu vaccine is in October or November. If you have not yet received your yearly flu shot to protect yourself from the flu and its complications, including death, it is not too late.

- Medical experts advise people with chronic problems such as kidney disease to have a flu shot administered on a yearly basis.
- The flu shot does not cause the flu. It is made from inactive (killed) virus. Some people get soreness or redness for several days around the shot area or feel slightly achy or tired.
- It only takes about 2 weeks to develop protection after vaccination.
- Medicare pays for the flu shots.

Getting the flu shot is your best protection against the flu. Make arrangements today. It is not too late to get immunized.

Please visit the following web sites for more information: www.cdc.gov/vaccines, www.cdc.gov/spanish, www.pandemicflu.gov and www.espanol.pandemicflu.gov.

THE COMFORTS OF HOME — HOME DIALYSIS OPTIONS

Home dialysis is an option available to patients who are interested in becoming more involved in their own care. About 14% of people on dialysis are doing some type of home dialysis. There are several options available to patients; some require partners, others can be completed independently. Patients who choose any type of dialysis will be trained at the home dialysis unit and will have the back-up support of the professional staff at all times. Let's explore the home dialysis options currently available. Maybe one of these options will be right for you!

Peritoneal Dialysis- There are two types of peritoneal dialysis to choose from; CAPD (Continuous Ambulatory Peritoneal Dialysis) and CCPD (Continuous Cycling Peritoneal Dialysis). To do CAPD, you'll need to have a soft plastic tube (called a *catheter*) surgically placed in your abdomen. You'll be trained to use the catheter to fill your peritoneum with 2 liters or so of a special fluid called *dialysate*. Wastes and extra fluid in the blood flow through the tiny blood vessels in your peritoneum into the dialysate. After a few hours of "dwell" time — while you go about your usual activities — wastes and fluid will flow into the dialysate. Then, you drain out the used dialysate and put in clean fluid. This process is called an *exchange*. This type of dialysis needs to be completed every day and does not require a partner.

CCPD involves the same type process; however, it requires the use of a machine called a *cycler*. The cycler is run at night while you are sleeping. The exchanges occur automatically during the night. The used bags of dialysate are emptied in the morning after the process is completed. The patient does not need a partner if they are strong enough to set up the dialysate bags and dispose of them when completed. Peritoneal dialysis supplies are usually delivered monthly and require adequate storage space. Arrangements can be made for more frequent delivery if storage space is a problem in your home.

Home hemodialysis is another option available to patients. Patients do require a partner for this type of dialysis. Patients and partners are trained to run a hemodialysis machine, put in the needles, and trouble-shoot any medical or technical problems. Pa-

tients will then be in control of dialysis and not have dialysis control their lives. Traditional hemodialysis using a standard machine usually occurs three times per week for 3-4 hours. This is the same for traditional home hemodialysis. Another option is daily hemodialysis utilizing a table top machine for several hours per treatment. Many patients prefer this because they report feeling better with more dialysis.

Home dialysis has many benefits ranging from less restrictive diet and fluid restrictions to making travel easy by taking the supplies or machine along for the ride. Many patients enjoy the freedom of scheduling their treatments around their daily activities. Whatever the reason, home dialysis is a great option for many patients! If you are interested, talk to your social worker, nurse or physician to learn about training programs in your area.

For more information on home dialysis please visit www.homedialysis.org or visit www.tarcweb.org to locate home programs in your area.

JOIN THE PAC TODAY!

The Patient Advisory Committee (PAC) consists of patients from dialysis facilities in our ESRD Network # 3. The committee supports the mission of the Renal Council to improve the quality of care provided to ESRD patients and to represent and support the ESRD patient population. The committee develops the patient newsletter and promotes educational materials for ESRD patients. The PAC members have a genuine concern for the quality of care issues and encourages patients to be involved in their healthcare, share skills and experience, and attend meetings. Call toll free 1-888-877-8400 and join the PAC!

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