



# KIDNEYS R US

FROM THE  
QIRN3 PATIENT ADVISORY  
COMMITTEE

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## What Hamburgers, Arthritis and Albumin Have in Common

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### What is albumin?

Albumin is a protein, found in animal sources such as meats, milk-products, and eggs. It is also found in plant sources such as beans, nuts, and seeds. Albumin provides the body with the protein needed to both *maintain growth* and *repair tissues*. It can also help with *fluid removal* during the dialysis treatment. If your albumin level is good, fluid will move more easily from swollen tissues into the blood, where it can then be removed by the dialyzer. For dialysis patients, the preferred range for the serum (blood) albumin is 4.0 g/dl or greater.

### What can cause your Albumin level to drop?

There are a wide variety of reasons an albumin level may become low. Areas may include:

#### I. Inadequate nutrition (not eating enough protein)

- Lack of appetite possibly from poor dialysis (a low Kt/V), an illness, a side effect of medications, or feeling depressed can all lead to a poor intake of protein-rich foods.
- Not knowing what foods to eat or not having protein-foods available can also create a poor albumin level.

#### II. Protein loss

- With some types of kidney disease, protein may be lost in the urine (proteinuria).
- With *peritoneal dialysis*, some protein crosses the peritoneal membrane and exits the body in the effluent dialysate (the solution drained from the peritoneal cavity). This loss increases in a person with peritonitis, an infection of the peritoneum.

- Liver disease (protein is synthesized in the liver) or blood loss can also cause the albumin level to drop.

#### III. Inflammation

Albumin levels *decrease* when an inflammation is present. Examples of a sudden inflammation include (1) an access infection, (2) an infected foot, (3) gum disease, (4) a urinary tract infection, (5) a myocardial infarction (heart attack), or (6) recent surgery. Chronic inflammation, such as present with arthritis or cancer, also can cause the albumin to drop.

### Our goal: An acceptable Albumin level

As the title indicates, keeping an acceptable albumin level is more complicated than just eating a good portion of meat each day. Many areas other than diet can also affect your albumin.

To help achieve an albumin of 4.0 mg/dl or greater, your **dialysis team**:

- *Monitors* your monthly albumin level;
- Provides *dietary education*, and
- Helps with both the prevention and treatment of *inflammations and infections*.

**You** can help by:

- *Eating* adequate protein;
- *Reporting* any signs or symptoms of an infection or an inflammation to your healthcare team, and
- *Preventing* infections through good hygiene practices.

## Buttonhole Cannulation: What is it?

The buttonhole technique is also called “constant-site cannulation”. It’s a different way of putting the needles into a patient’s fistula. Instead of rotating sites, your nurse or technician who is experienced in the buttonhole technique will choose two sites (one for each needle) and use them *only*. At each treatment, the same nurse or technician will put the needles in *exactly the same spots at exactly the same angle*. In 8-10 treatments or so, scar tissue will form around the needle into a tunnel—like a pierced earring hole—at each site to guide the needles into your fistula. It is very important that the same nurse or technician is available for those 8-10 treatments to ensure the buttonhole sites are cannulated the same each time to establish the tunnel. Once again, this technique is only used for fistulas, not grafts. Ask your nephrologist or vascular surgeon if your fistula is a good candidate for a buttonhole.

Once the tunnel is created, blunt needles are then used for cannulation to lessen the chances of an infiltration. The scab that forms over the site will be removed by the nurse or technician each treatment in an appropriate manner to prevent infection. Many patients report the buttonhole technique helps prevent the pain they experienced with traditional cannulation with sharp needles. This ease of cannulation is a major benefit in helping to reduce the anxiety many patients experience during cannulation. Less pain equals less anxiety!

If you are interested in the buttonhole cannulation technique, speak with your nephrologist or head nurse to learn whether or not the staff at your dialysis facility is trained to use this technique. The more patients who are interested and ask to have a buttonhole created, the more facilities will have staff trained to meet this need.

## Hand Hygiene: Me too?

Hand hygiene is not only for the nurses and technicians. Hand washing is the number one thing a patient can do to prevent infection of the access site! Simply washing hands when arriving for dialysis along with washing the access site (fistula or graft) can help to significantly lessen the risk of infection.

It only takes 15 seconds of using either soap and water or an alcohol based hand rub to kill the germs that cause infections. Alcohol hand rubs can be used in between hand washing when there is no obvious dirt or grime on your hands. Prior to initiating dialysis, patients should use soap and water.

Why should the patients worry about hand hygiene? Everything that is touched has some degree of germs on it. Those germs can be transmitted to your arm when you scratch it or just touch it. If the germs are

not cleaned away before cannulation, they can be forced into your blood stream and cause an infection. The nurses and technicians will wash your access with the appropriate antiseptic; however, the removal of germs with soap and water is the first step that must be taken to prevent the spread of germs into your bloodstream.

When your treatment is over, it is again important to wash your hands before you leave the dialysis facility. Any germs picked up on your hands while in the facility can be transmitted when you leave. Be responsible for helping to prevent the spread of germs to your loved ones. Your family and friends will thank you for it!

**JOIN THE PAC TODAY!**



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We're on the  
 Web!  
[www.qirn3.org](http://www.qirn3.org)

The Patient Advisory Committee (PAC) for QIRN3 consists of dialysis patients and those who have received transplants. The committee meets quarterly to discuss issues relevant to ESRD patients. The PAC members have a genuine concern for quality of care issues and encourage patients to be involved in their healthcare. They are willing to share skills and experience with others. Each facility is encouraged to have a PAC representative. Talk to your social worker to volunteer!