



Kidneys R Us

FROM THE
QIRN3 PATIENT ADVISORY
COMMITTEE

April 2013

Why Daily Home Dialysis?

By Dadi Ding from WellBound of Mercer

Thirty one years have passed since I first started dialysis in 1982. The two transplants I received never functioned. Therefore, I have never been able to come off dialysis during this entire 31 years. I've had peritoneal dialysis, in-center hemodialysis (HD), and every other day home HD. During the most recent 10 years, I have been doing daily home HD. This short story is written to share my long-term dialysis experience with other patients who are looking for information when they are deciding on a dialysis modality that will be the best for them.

Kidney transplant is so far the ideal treatment option for the majority of the patients with kidney failure, but there is a fairly long waiting period due to the current organ shortage. Most patients will need to start dialysis while waiting for a transplant. In addition, transplant may not be the best treatment choice for some patients.

There are different types of dialysis and they all have their pros and cons. Which one is the best for you? There is no easy answer to this question. You need to do your own research by talking to your renal care team, searching the internet or going to the library to read reliable literature. The more you learn, the better decision you will make. As a renal nurse myself, I used the knowledge from my professional experience at the times when I needed to make such a choice.

I have been on all the dialysis modalities as mentioned above. Each of these types were the best for me at the time when I needed them. Daily home HD was not available at the time when I was on the other types of dialysis. However, when daily home HD became available to me, I tried it. Now, I have been on it for ten years and it has been the best modality for me. Shortly after I started daily HD, I had more energy and a better appetite. There are no more ups and downs in between treatments since daily treatment removes wastes and excess fluid more frequently than dialyzing every other day. It is more like our own kidneys which clean the blood continuously. When I was dialyzing every other day, I had to go to bed after the treatment, since I was too tired to do anything else. With daily dialysis, I am able to get up and be functional immediately after the treatment. My sleep has improved without the restless leg syndrome I had in the past.

On daily dialysis, I only remove less than one kilogram each treatment resulting in less cramping during treatment. Another good thing for me is no longer feeling thirsty between treatments. Although doing daily HD allows me more fluid intake, I really don't have the craving for water as before. Daily HD keeps the sodium in the body at a pretty constant level that reduces the feeling of thirst. On daily HD, I have fewer diet restrictions. I can eat a

balanced diet with more vegetables, fruits and a larger variety of food with better nutritional value. The diet restrictions were less after I increased my daily dialysis from 2½ hours to 5½ hours, 6 days a week. This regimen is called nocturnal HD which is done during the night with a very slow blood flow while I am sleeping. The benefit of nocturnal HD is to remove more toxins (wastes), especially those toxins that are bigger in size and harder to remove in short dialysis sessions. The longer treatment session removes the waste and excess fluid slowly, so the process is gentler to the body. Since the total hours of treatment time per week has doubled, the cleaning of potassium and phosphorus has increased too. I eat a banana every day now, something I was not allowed to do for twenty years. I'm completely off phosphate binders now. Since the liberal diet allows me to eat better, my nutritional status has been good which gives me more energy. In addition to all these physical improvements, the psychosocial benefits of daily HD are crucial to me. The beauty of daily HD

treatments being done at the most convenient time of the day allows me freedom for other activities. It would not have been feasible for me to keep a full-time job as a nurse if I had to go to a dialysis unit for treatment. Before my retirement, I was a transplant coordinator in a large teaching hospital. I often had to work ten hours a day and take calls at night. I have a family to take care of. I have also been volunteering for many professional and patient organizations. I travel a few times a year for conferences and vacation. Without the daily dialysis, I would not be able to lead the relatively normal life I am leading now. Needless to say, sitting in an uncomfortable chair for 3 to 4 hours has nothing to compare with sitting in your own chair or sleeping in your own bed at home. Just imagine that you will never need to get out to the unit on a snowy, bitter winter day.

Daily hemodialysis may not be the best treatment choice for everyone. However, it is definitely the better modality for many patients. Will it be a suitable one for you? I hope my story will help you decide.

Patient Learning and Action Network

Quality Insights Renal Network 3 has started a new patient committee that is designed to give patients the chance to have input into the educational material developed by Network 3. The members will also provide their ideas for a quality improvement project for Network 3 to use with dialysis facilities. The new committee will be called the Patient Learning and Action Network (LAN). Patients who agree to volunteer their time will be called Subject Matter Experts. They will have the chance to participate on a national Centers for Medicare and Medicaid (CMS) LAN. This is your chance to be heard by Medicare! Meetings will be held as toll-free conference calls. Please call 1-888-877-8400 to join the LAN. All are welcome!

**To file a Grievance
please contact QIRN3**
 Cranbury Gates Office Park
 109 South Main Street, Suite 21
 Cranbury, NJ 08512
 Phone: 888-877-8400 (toll-free)
 Fax: 609-490-0835
 Email: qirn3@nw3.esrd.net



JOIN THE PAC TODAY!

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!

Call toll free 1-888-877-8400 to join the PAC.

The analyses upon which this publication is based were performed under Contract Number HHSM-500-2013-NW003C, entitled "End Stage Renal Disease Network Organization Number 3", sponsored by the Centers for Medicare & Medicaid Services, Department of Health and Human Services. The conclusions and opinions expressed, and methods used herein are those of the author. They do not necessarily reflect CMS policy. The author assumes full responsibility for the accuracy and completeness of the ideas presented. This article is a direct result of the Health Care Quality Improvement Program initiated by CMS, which has encouraged identification of quality improvement projects derived from analysis of patterns of care, and therefore required no special funding on the part of this contractor. Ideas and contributions to the author concerning experience in engaging with issues presented are welcomed.