NATIONAL KIDNEY FOUNDATION®

Discussing Advanced Kidney Disease Planning with Patients Who Have IgA Nephropathy:

A Guide for Healthcare Professionals **EDUCATE YOUR PATIENTS**

Focus on why people with IgAN and other kidney diseases need advanced kidney disease planning

- One of the main goals of advanced kidney disease planning is to prevent someone from having to be hospitalized and need emergency dialysis.
- This planning also allows time to prepare for the chance to have a kidney transplant before there is ever a need for dialysis.
- This visit will cover the steps for how to prepare for the kidney failure treatment that best meets your needs.



Discuss kidney failure treatment options

- Treatment options for kidney failure include transplant and two types of dialysis -- hemodialysis and peritoneal dialysis. Another option is active management without dialysis. The option you choose depends on your medical conditions, lifestyle, the level of support you need or have access to, and personal choice.
- Although transplant is not a cure, it's usually preferred because it allows returning to a lifestyle more like the one you had before kidney failure. IgAN can come back in the transplanted kidney but that's not a reason to eliminate transplant as a good treatment option.
- Hemodialysis cleans the blood through a vascular access. This means using one or more blood vessels to remove blood from the body. After the blood is removed from the body, it's cleaned with a filter on the dialysis machine. After cleaning, the blood is then sent back into the body through the vascular access. Hemodialysis can be done in a clinic or at home.
- Peritoneal dialysis uses the abdominal (belly) lining as the filter to clean your blood. You don't need a vascular access, but a soft tube called a peritoneal dialysis catheter placed through the abdomen is used to send a cleaning solution into the body. Waste products can then be removed from the body through the same catheter. Peritoneal dialysis is done at home.
- Active management without dialysis includes improving the symptoms of kidney failure and maintaining comfort and overall health. Many medical and non-medical approaches are used to alleviate pain, itching, swelling, and other symptoms. Careful monitoring continues.

Keep it conversational

- Discuss with the patient and/or care partner how the risk for kidney failure is predicted and help them understand where they fit within the timeframe of developing kidney failure.
- Let them know it is normal to have questions, especially when there is so much information to sort through.
- Explain the connection of early planning to fewer hospitalizations and procedures, such as temporary catheter placement, which increases the risk for infection and other problems. Early planning allows a person to more easily get the kidney failure treatment they prefer, including transplant.
- Discuss the role of advanced kidney disease education in helping with decision-making for treatment options. Review other types of resources and tools that may also help them understand their kidney failure options.

Address common concerns

- Discuss how the patient's current medicines, including those for IgAN, may be helping to stave off dialysis, while emphasizing the importance of preparedness for kidney failure, which may occur sooner than anticipated.

Discuss next steps

- Highlight the importance of following up on referrals that may be needed (e.g., renal dietitian, social worker, nurse educator, vascular surgeon, transplant coordinator)
- Provide clear guidance on monitoring schedule and when the patient or care partner should call sooner than scheduled appointments based on concerning signs and symptoms.



For more information, contact the National Kidney Foundation

Toll-free help line: 855.NKF.CARES or email: nkfcares@kidney.org

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Information contained in this NKF educational resource is based on data available at the time of publication. It is intended to help clinicians stay informed about new scientific findings and developments. This resource is not intended to establish a preferred standard of care and should not be interpreted as prescribing an exclusive course of management.

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