



A VIDEO SERIES



living **WELL** with kidney failure

PERITONEAL DIALYSIS



National **Kidney** Foundation™



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Introduction

“Living Well with Kidney Failure” is a video series created by the National Kidney Foundation to help you understand kidney failure and its treatments. There are six videos. Each video has a companion booklet to provide more information and to help you review what you’ve learned. The six videos and booklets are:



This booklet talks about peritoneal dialysis as a treatment choice. It also describes the people who make up the healthcare team in hospitals, dialysis centers, and transplant centers. But, more importantly, it focuses on the role you play in your own care. That role begins with learning all you can about kidney failure and your treatment.

What will I learn?

You’ll learn about kidney failure, and what it means when your kidneys don’t work. This is discussed in the video and booklet called “What is Kidney Failure?”

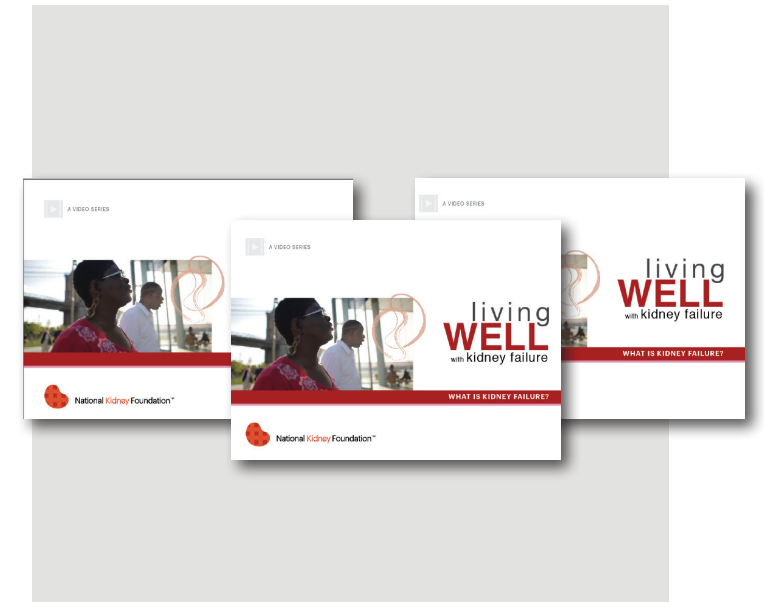
You’ll learn about other health problems that can happen as a result of having kidney failure, and what you can do about them. These are discussed in the video and booklet called “How Kidney Failure Affects Your Body.”

You’ll learn about the two basic treatments available—kidney transplant and dialysis. There are two kinds of dialysis: peritoneal dialysis and hemodialysis. Each of these treatments is discussed in this booklet, and also in the videos and booklets called “Kidney Transplant” and “Hemodialysis.”

You’ll learn about some lifestyle changes you can expect, and how you and your loved ones can

learn to cope with them. These are discussed in the video and booklet called “Living Well.”

Finally, you will be introduced to some medical terms and important words that may be new to you. To help you get to know them, there’s a list of “Words to Know” at the end of each booklet.





“In peritoneal dialysis, your blood is ‘cleaned’ inside your body.”

Who is on my healthcare team?

The healthcare team will help you understand and deal with your kidney failure. They do their jobs best when you work with them as part of the team. You do that by telling them what your concerns are, asking them questions, and by learning as much as you can about kidney failure and its treatment. If you choose peritoneal dialysis, you will have the following team members.

Nephrologists are doctors who are trained in treating kidney disease and kidney failure. You'll see the nephrologist when you come to the dialysis center for your monthly tests. He or she will give you regular checkups, look after your health, prescribe medicines, oversee your monthly blood tests, and much more

Advanced practitioners are also trained in treating kidney disease and kidney failure. They work closely with your nephrologist to give you checkups, medicines, and other medical care.

Nurses have special training in performing and teaching peritoneal dialysis. They work closely with other team members to coordinate all medical aspects of your care at the dialysis center.

Dietitians keep you healthy by showing you how to eat and drink the right things in the right amounts. The dietitian will be working closely with you to plan a diet that you can follow and enjoy.

Social workers help you and your family cope with kidney disease. They provide counseling, identify sources of emotional support, and help you access services provided by federal, state, and community agencies.

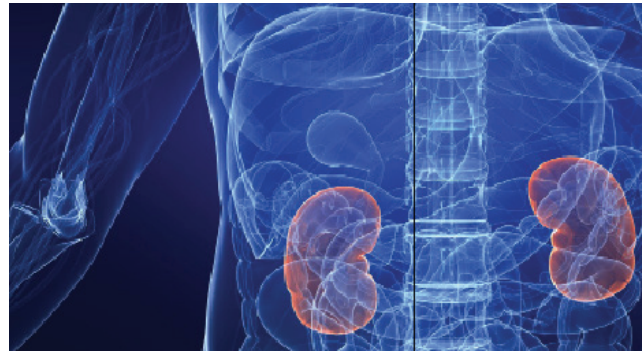


What is kidney failure?

You have two kidneys. Each is about the size of your fist, and they're on both sides of your spine at the bottom of your rib cage. Together, they weigh about one pound.

When your body uses the food you eat and the liquids you drink, there are waste products that your kidneys filter out as urine.

When your kidneys are healthy, they keep your whole system in balance. They help your body make red blood cells. They also release hormones



that help regulate blood pressure and keep your bones healthy and strong.

Usually, you don't have to worry about any of this. But when your kidneys fail, it's a different story.

Waste products and fluids build up in your body. You may feel weak or tired. You may feel sick to your stomach. You may lose your appetite, feel irritable, or have trouble thinking clearly. And, you'll need dialysis treatment or a kidney transplant to stay alive.

What treatments are available for kidney failure?

There are two treatments for kidney failure: kidney transplant and dialysis.

In transplantation, a healthy kidney is put inside your body to do the work of your own kidneys. To learn more about transplantation, see the video and booklet called "Kidney Transplant."

In dialysis, the job of your kidneys is done in one of two ways: hemodialysis or peritoneal dialysis.

In hemodialysis, your blood flows through a dialysis machine that has a filter which cleans the blood. The filter is called a dialyzer. (It is also called an "artificial kidney.") The machine and dialyzer work together to remove waste products and extra fluid from your blood.

Hemodialysis can be done at a dialysis center or at home. On average, the process takes four hours. Most people have dialysis treatments three to four times a week.

To learn more about hemodialysis, see the video and booklet called "Hemodialysis."

What is peritoneal dialysis?

Peritoneal dialysis is a process that removes wastes and extra fluid from your blood. In peritoneal dialysis, your blood is cleaned inside



your body. Peritoneal dialysis is often called "PD" for short.

PD is done every day, seven days a week. And you do it yourself. However, because your blood is cleaned inside your body, it can be done continuously each day—while you work, play, go to school, or sleep. The fact that it's done daily is an advantage because salt, water, and wastes do not build up in your body.

There are two types of peritoneal dialysis. They are CAPD and APD.

What is CAPD?

“C” stands for “continuous,” which means it’s done continuously throughout the day.

“A” stands for “ambulatory,” which means it can be done while you’re working, traveling, eating, or sleeping.

“PD” stands for peritoneal dialysis.

How does CAPD work?

In CAPD, a catheter is surgically placed into your abdominal cavity—your belly. This makes it possible for you to connect yourself to the special tubing which allows one to two quarts of a cleansing fluid (called dialysate) to flow into your abdominal cavity (called the peritoneal cavity).

It takes about 10 minutes for the cleansing fluid to flow into your belly. When filling is complete, you put a cap on your catheter so it doesn’t leak.



What happens next is an amazing process. The lining of your peritoneal cavity (called the peritoneum), acts as a natural filter. It lets the waste products and extra fluid in your blood pass through it into the cleansing solution. At the same time, the peritoneal lining holds back the important things your body needs, like red blood cells and nutrients.

To do its job, the dialysate must stay in your abdominal cavity for three to six hours, depending on your body size and how much waste has to be removed. This time is called your “dwell time.”

While the solution is in your body, you’re free to work, travel, go shopping, or do whatever you want.

After your dwell time, the solution (which now contains waste products and extra fluid) is drained from your body, through the catheter, into an empty bag. You throw the bag away.

You then repeat the process a number of times during the day, using fresh dialysate solution.

In CAPD, the filling and draining of solution is done by gravity—there are no machines used.

The process of switching bags of solution and waste products is called an “exchange” and can be done at home, at work, or while traveling. Whenever it’s done, conditions must be very clean to avoid infection.

One of the real benefits of PD is that you do it yourself. If you choose PD as your form of

treatment, you will be taught how to make the exchanges safely and comfortably.

You’ll also be taught how to time the exchanges during the day to suit your schedule.

And because PD must be done under very clean conditions, you will learn how to avoid infections and how to care for your catheter. Hand washing before an exchange is very important.



What is APD?

“A” stands for “automated.”

“PD” stands for peritoneal dialysis.

How does APD work?

In APD, you connect your catheter before you go to sleep at night to a machine called a cycler. You will not be doing the exchanges by yourself. Instead, the cycler will do the exchanges for you while you sleep, automatically filling your abdominal cavity with fresh solution and automatically draining it out.

The cycler is a mechanical way of doing the exchanges for you. Except for this, APD and CAPD are the same process.

The cycler is a small machine and doesn't require any special plumbing or electrical changes to your home.

APD is done while you sleep and takes eight to 10 hours. Some people may need to do one manual bag exchange during the day.



How are CAPD and APD alike?

Whichever form of peritoneal dialysis you choose, it is done every day, seven days a week.

For both CAPD and APD, a catheter must be surgically placed in your abdominal cavity.

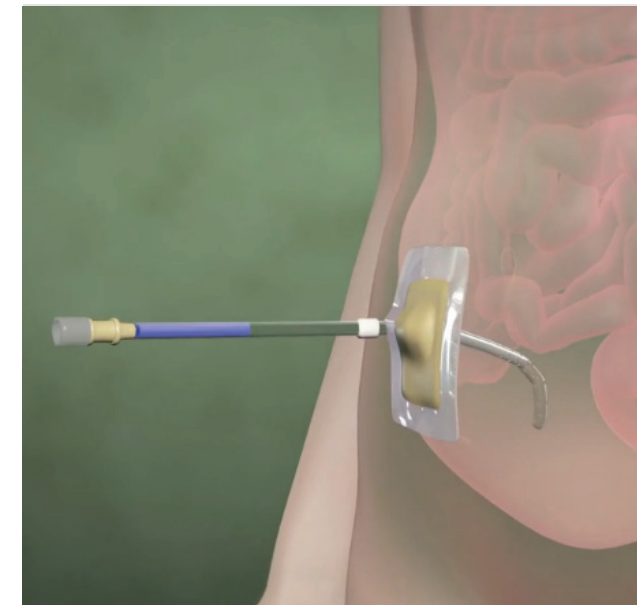
No blood ever leaves your body with APD or CAPD.

You'll get special training, whether you choose CAPD or APD.

Both must be done under very clean conditions.

With both CAPD and APD, you're responsible for doing everything yourself.

If you choose CAPD, your dialysis center will arrange for everything you need to do it at home or away from home.



If you choose APD, you'll be given everything you need, including a cycler. Since the cycler doesn't take up much room, it can be taken with you if you travel. Or you can switch to manual exchanges when you are away from home.

What role do diet and medicines play in peritoneal dialysis?

Peritoneal dialysis does a good job of filtering out waste products and extra fluid—but it can't completely take over the work healthy kidneys do in balancing important substances in your blood, like hormones and nutrients.

To help balance these substances, you'll be taking medicines and following a diet plan.

With PD, you may have more choices in what you can eat and drink than if you were on



hemodialysis, but you may also have a tendency to gain weight because the dialysate contains sugar. It is also very important to limit how much salt you eat.

If you choose CAPD or APD, your healthcare team will work with you to develop a plan that's right for you. It will be based on your overall health and any medicines you need to take.

What is peritonitis?

One thing you have to be very careful about in PD is the risk of peritonitis, an infection of the peritoneum (the lining of your body cavity). Peritonitis happens when germs get into the peritoneal cavity through the catheter. When found early, it is treatable with antibiotics. Maintaining a clean environment and technique will help reduce your risk of infection. Your healthcare team will spend a lot of time training you on this subject.

How will the healthcare team be there for me?

No matter which form of PD you choose, you'll still meet with your healthcare team on a regular basis to talk about your overall health and diet, and for blood tests and medicines.

The healthcare team will always be there for you when you come into the center for tests and checkups. They will also be available by telephone, on a 24-hour basis, for as long as you are on treatment.

Is peritoneal dialysis right for me?

There are many advantages to PD. It can be scheduled around work, school, travel, and other activities. It can also be a good choice for someone who lives far from a clinic, or who does not have reliable transportation to a dialysis center. And, because it's done daily, salt, water, and wastes do not build up in your body.



There are also some drawbacks. For one thing, you will need room for supplies and a clean environment to do your treatments. There is also the risk of an infection called peritonitis. And you will need to keep daily records of things like your weight and your blood pressure.

How will I pay for peritoneal dialysis?

Most of the costs for peritoneal dialysis are covered by Medicare. Private insurers and state programs may cover some costs as well. Your social worker can answer questions you may have about coverage or direct you to others who can help.



What is the best treatment choice?

What's happened to you is very serious and will mean changes in your life. But with the right treatment and outlook, you can live a long, full life.

Learning about your treatment choices will help you decide which one is best for you. Your decision should be based on more than your medical history and your doctor's opinion. It should also be based on what you and your family want as you first start treatment or later on. Your life and health may change with time, and so can your treatment.

“With the right treatment and outlook, you can live a long, full life.”



Questions for My Healthcare Team

Support provided by:



About the National Kidney Foundation



The National Kidney Foundation (NKF) is a team member working behind the scenes. The NKF offers programs like “Living Well with Kidney Failure” so that you and your family can learn about all aspects of kidney disease and kidney failure.

The NKF also supports patient and community services, research, professional education, organ donation, and public information programs.

Please feel free to review the “Living Well With Kidney Failure” program as often as you like. There are five other videos and booklets in this program. If you have any questions at all, ask any member of your healthcare team, or you can call the National Kidney Foundation at any time.

The National Kidney Foundation’s toll-free number is **1.855.NKF.CARES (1.855.653.2273)** www.kidney.org