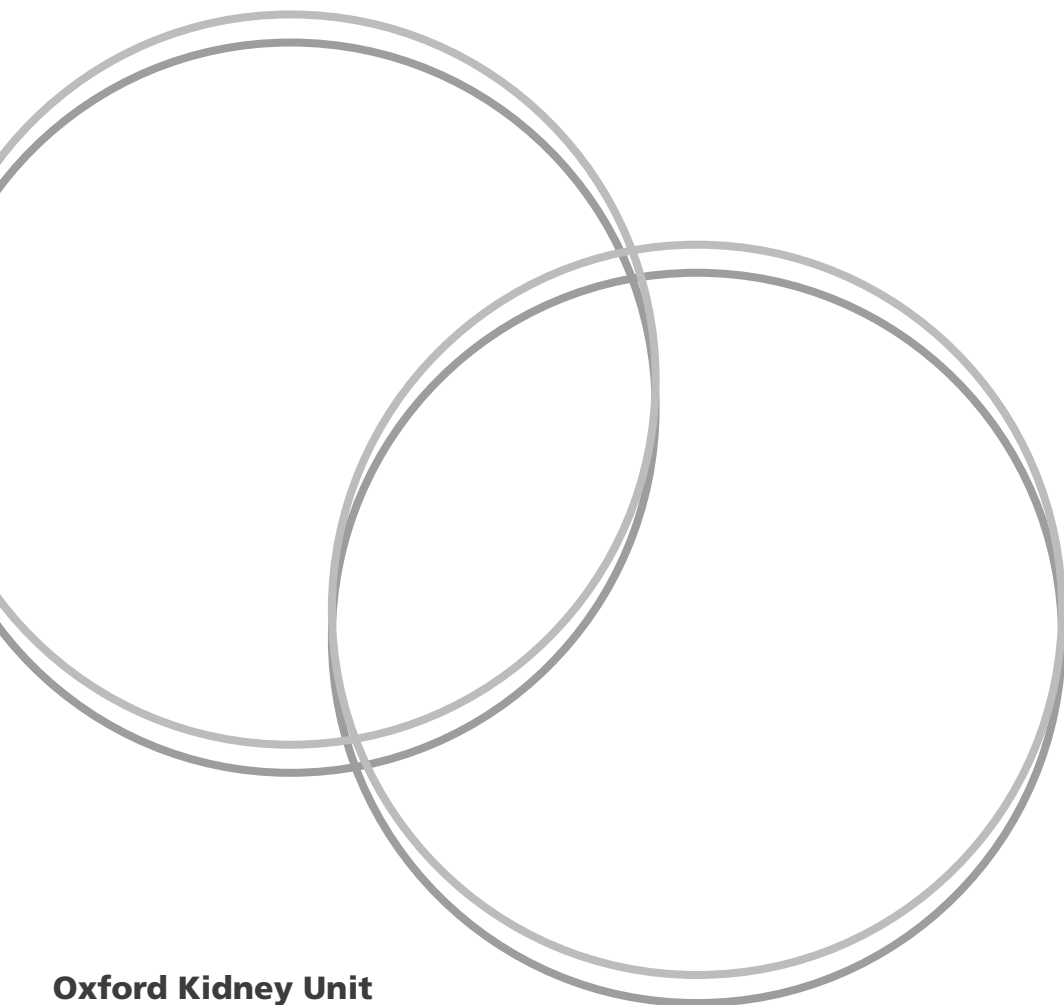


Kidney treatment options for people who are going to need dialysis soon



You have been given this leaflet because you have been told you have advanced kidney disease that will need treatment soon. We understand you may feel anxious and worried so please do talk to your kidney doctor or nurse.

What do the kidneys do?

- They remove waste products and excess water.
- They make a hormone called erythropoietin, which tells your body to make red blood cells to prevent anaemia.
- They help control blood pressure.
- They activate vitamin D, which is needed for healthy bones.

What happens if my kidneys stop working properly?

You may not have any symptoms at the moment, but if your kidney's function gets very low, the waste products that they would normally clear could build up to a high level. This can cause you to feel unwell, tired or sick.

A build-up of excess water can cause swelling of the ankles and legs, high blood pressure and fluid on the lungs (pulmonary oedema). Dialysis treatment helps prevent these problems by removing the waste products and excess water from your body.

What happens next?

We have a team of specialist nurses and doctors who will talk with you about different types of dialysis. There may be only a few hours or days to decide which treatment would suit you better. Please let your nurse or kidney doctor know if you would like a family member or friend to be involved in these discussions.

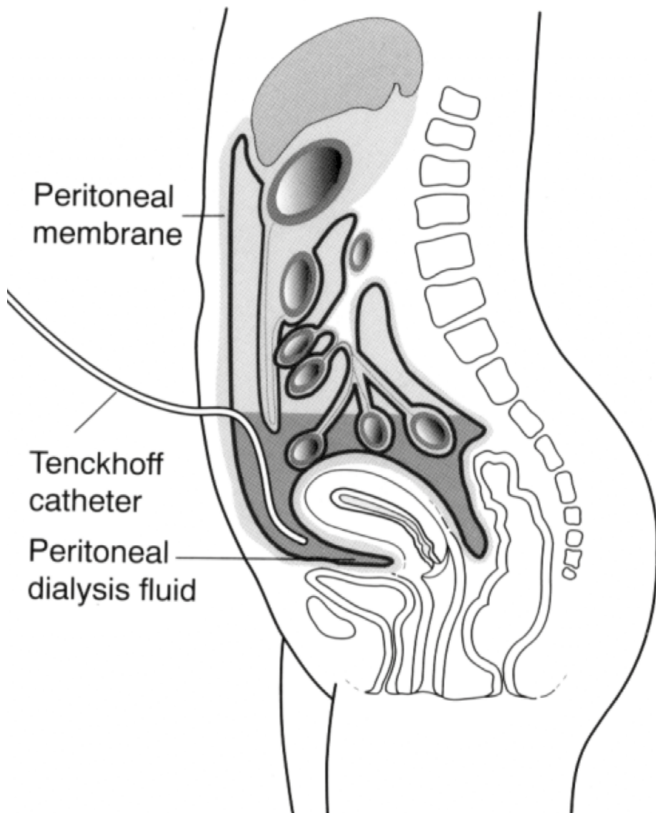
Sometimes people are only suitable for one type of dialysis treatment. If this is the case for you, your kidney doctor or nurse will explain this to you.

Dialysis – what are the options?

Peritoneal Dialysis (PD) (in your own home)

Peritoneal dialysis uses the inside lining of your abdomen (the peritoneum) to filter waste products from your blood stream. Like the kidneys, the peritoneum contains thousands of tiny blood vessels; it acts like a filter so that waste products and excess fluid are removed from your body.

Before you start this treatment you will need a small operation to insert a thin tube called a catheter into the space inside your abdomen (the peritoneal cavity). This is left in place permanently. You can start dialysis within hours of the operation.



To do PD, you attach a bag of dialysis fluid to the end of the catheter. The fluid is then drained into your peritoneal cavity and the bag disconnected. Waste products then filter from your bloodstream, through the peritoneal membrane and slowly into the dialysis fluid. After a few hours you attach another PD bag, this has an empty bag which you attach to the catheter, to drain out the excess fluid and waste products. You then replace this with fresh fluid from the full bag.

Draining the used fluid out and putting the new dialysis fluid in usually takes about 30 to 40 minutes. This process normally needs to be repeated around four times a day (continuous ambulatory peritoneal dialysis).

Peritoneal dialysis can also be done by a machine overnight while you sleep (automated peritoneal dialysis). You can do both of these treatments at home.

If you choose this type of dialysis, a team of nurses would teach you how to do your own peritoneal dialysis at home. A dialysis company will supply you with everything you need to do your dialysis. PD allows you to be flexible and in control of your dialysis. We may be able to arrange for someone to help you if you want to do PD but find it difficult (such as lifting PD bags). This is known as assisted APD.

Automated peritoneal dialysis machine



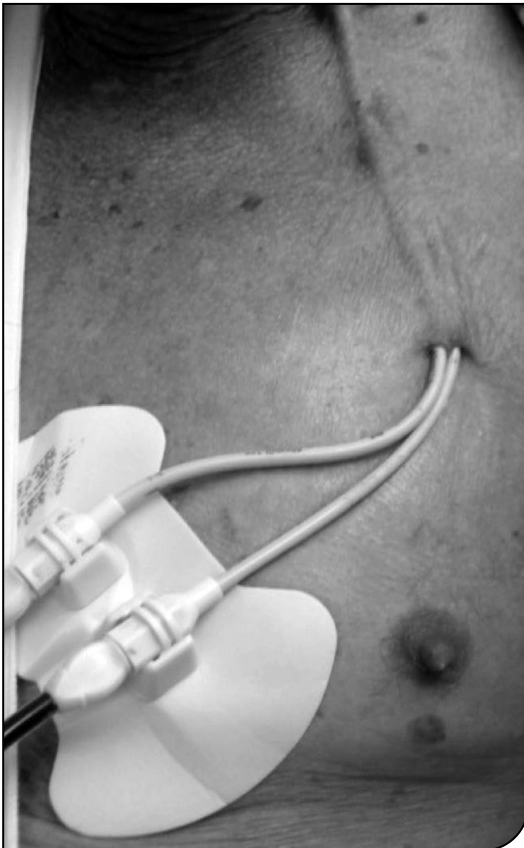
Haemodialysis (HD) (usually done in hospital)

To have haemodialysis the doctors and nurses will need to access your blood system; this can be done by inserting a plastic tube (tunnelled line) into a large blood vessel, usually in your neck.

Each dialysis session lasts for around four hours and most people need three sessions each week (e.g. on Mondays, Wednesdays and Fridays).

Your blood stream will be connected to the dialysis machine, via the tunnelled line, for the duration of each dialysis session. As your blood passes through the dialysis machine, waste products and excess water are removed. The cleaned blood is then returned to you.

Tunnelled line



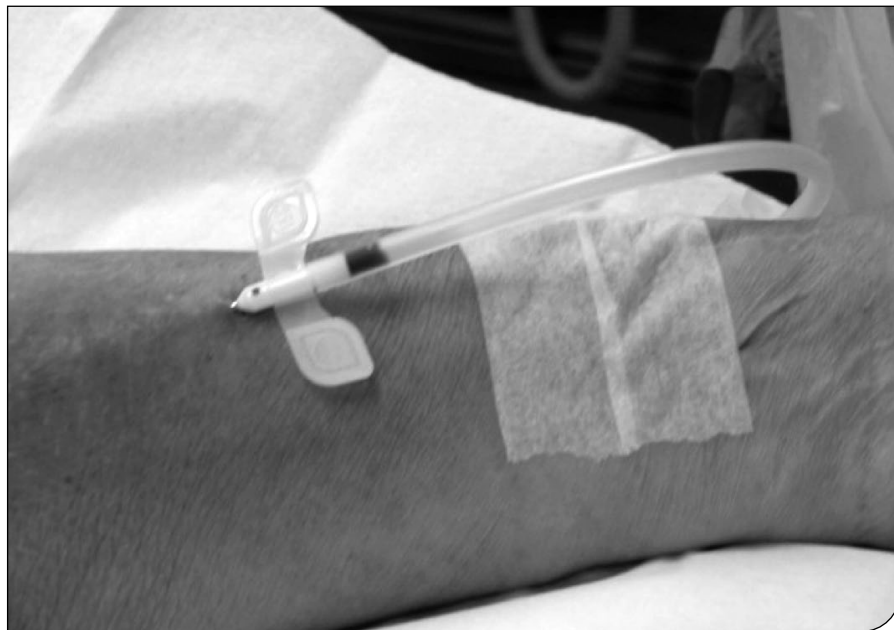
If you decide to stay on haemodialysis then your kidney doctor or nurse will talk to you about a fistula. A fistula is made by joining an artery and a vein together; your arm is usually the best place for this. This is done during a small operation, usually under a local anaesthetic (to make the area numb).

The nurses can insert two needles into the fistula each time you come for dialysis – these are removed once dialysis is completed. With a fistula you have no lines or needles left in your body once dialysis is completed. This means you won't have any tubes left in your neck.

A fistula can take several weeks to mature before it is ready for dialysis needles to be inserted into it.

Some people do haemodialysis at home.

Fistula needle in the arm



Advantages of peritoneal dialysis and haemodialysis

Peritoneal dialysis

- You are in control of your treatment.
- There are no blood or needles involved.
- It is flexible; you can decide what time to do your dialysis.
- Dialysis can take place anywhere. Fluid is delivered to your holiday destination usually free of charge. If the fluid needs to be delivered to a port there may be a small cost to pay.
- No wasted time travelling to the hospital.
- You can always talk to someone if you have a problem.
- How much food and drink you take is more flexible than haemodialysis.

Haemodialysis

- Dialysis is kept separate from home life.
- A nurse is present for the whole of your dialysis treatment. If you want to, they will teach you how to do some of the dialysis.
- You get to meet other patients.
- You won't need any dialysis supplies at home.
- You can arrange to go on holiday near another dialysis centre, depending on the availability of dialysis slots in the holiday unit.
- You will probably need to drink less and avoid some types of food.

There are advantages and complications of haemodialysis and peritoneal dialysis. Your kidney doctor or nurse will talk to you about these.

Choosing not to have dialysis – (conservative care)

Some people with advanced kidney disease choose not have treatment with dialysis. This is because they have other medical problems, which might mean they are frailer and, or, they can feel dialysis would not improve their quality of life. Dialysis can be difficult to tolerate. Deciding not to have dialysis does not mean that you have made a decision not to be treated.

Conservative kidney management provides all the aspects of kidney care without the dialysis treatment.

Most people with advanced kidney disease who choose not to have dialysis will die from kidney failure. For some people, this happens quite quickly (within days to weeks), while some people may not develop symptoms from their kidney failure for a few months.

Kidney transplantation

A kidney transplant is a good treatment option for some people whose kidneys have stopped working. However, if you have other severe medical conditions it may not be possible for you to have a kidney transplant. Having a kidney transplant takes time. You will need to see different health care professionals and have further tests before you have a transplant. Your kidney doctor will discuss whether this would be a good treatment for you and, if so, you will be given further information what is involved.

If your kidneys have stopped working suddenly, you will probably need to have dialysis first, even if you then go on to have a kidney transplant.

Useful contacts

My Kidney Doctor:

My Named Nurse:

We have more information leaflets about kidney conditions, treatments and dialysis options available for you to read. Please ask your doctor or specialist nurse for more information.

Questions I'd like to ask:

Contacts

Pre Dialysis Nurses

Oxford Pre Dialysis Nurses

Telephone: 01865 226 158 or 01865 225 359

Monday to Friday

Milton Keynes

Telephone: 01908 996 989

Swindon

Telephone: 01793 605 291

Monday to Friday, 9.00am to 5.00pm

Please leave non-urgent messages on the answerphone.

Useful websites

Oxford Kidney Unit

Lots of information about the Oxford Kidney Unit for patients and carers.

Website: www.ouh.nhs.uk/oku

Kidney Patient Guide

Information for patients with kidney failure and those who care for them.

Website: www.kidneypatientguide.org.uk

Kidney Care UK

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidneycareuk.org

Six Counties Kidney Patients Association

The SCKPA is run for patients by patients or family members.

They offer support to people suffering from kidney disease or who are on dialysis. They work closely with the Oxford Kidney Unit and have branches in Oxfordshire, Northamptonshire, Buckinghamshire, and Milton Keynes, and parts of Wiltshire, Gloucestershire and Berkshire.

Website: www.sixcountieskpa.org.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

Author: Pre-Dialysis Team

July 2024

Review: July 2027

Oxford University Hospitals NHS Foundation Trust

www.ouh.nhs.uk/information



Making a difference across our hospitals

charity@ouh.nhs.uk | 01865 743 444 | hospitalcharity.co.uk

OXFORD HOSPITALS CHARITY (REGISTERED CHARITY NUMBER 1175809)

