

Kidney *Chronicles*

IPRO END-STAGE RENAL DISEASE NETWORK OF NEW ENGLAND

SEPTEMBER/
OCTOBER 2016HELPFUL TIPS
TO EMPOWER
ESRD PATIENTS
AS CONSUMERS

Peritoneal Dialysis (PD): The Needle-Free Option

Do you know your treatment options?

PD is a type of dialysis treatment that can be done at work, at home, or in any clean place. PD uses the space in your belly called the "peritoneal cavity" to clean your blood. This space, which acts as your dialyzer, is lined with a membrane called the peritoneum. This membrane has many tiny holes that can be used to filter waste out of your blood while keeping blood cells and proteins in your vessels.

To have PD you must have an "access"—a catheter that is placed in your belly during a surgical procedure. The bottom part of the catheter (tube) is put into the peritoneal cavity. The middle part of the catheter runs under your skin. The top part stays outside of your body and can be taped against your skin. A liquid called dialysate travels through the catheter and fills the peritoneal cavity (empty space in your belly). This liquid stays in the space (dwells) for an hour or more while waste products and extra fluid move from your blood into the dialysate. The dialysate, along with the waste products and extra fluid, is then drained out of your body. Next, the space in your belly is refilled with the clean dialysate, and this cleaning process, called an exchange, begins again.

Your kidney doctor will tell you how many exchanges you should do each day and how long the dialysate should stay in your belly for it to work.



How the Network Serves You

- Advocates for you;
- Answers your questions about treatment, modality choices or other issues;
- Develops and provides educational materials for you and your family;
- Works with renal professionals to improve the care given to you;
- Helps keep you informed and updated to support your involvement in your care and treatment options; and
- Evaluates and resolves grievances.

**In an emergency,
if you can't reach
your facility,
contact us.**

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There are two types of exchanges with PD:

1. Continuous ambulatory peritoneal dialysis (CAPD)

You fill your abdomen with dialysate; let it remain there (dwell) and then drain the fluid. Gravity moves the fluid through the catheter and out of your abdomen.

With CAPD:

- You may need three to five exchanges during the day and one with a longer dwell time while you sleep
- You're free to go about your normal activities while the dialysate dwells in your abdomen

2. Continuous cycling peritoneal dialysis (CCPD)

Also known as automated peritoneal dialysis (APD), this method uses a machine (automated cycler) that performs multiple exchanges at night while you sleep. The cycler automatically fills your abdomen with dialysate, and then drains it to a sterile bag that you empty in the morning.

With CCPD:

- You must remain attached to the machine for 10 to 12 hours at night.
- You aren't connected to the machine during the day but, in the morning, you begin one exchange and the dialysate dwells in your abdomen for the entire day (your doctor may prescribe additional exchanges during the day).

When you first begin to do PD, you are likely to feel very full or stretched because of the fluid in your belly. After a week or two, you will become accustomed to the fluid and it won't feel as strange.

Once you complete at least one to two weeks of training, you will have to go to the clinic once a month to check your lab tests and treatment logs.

PD Awareness Week

September 12–17, 2016



Explore your options.

Ask questions.

Start the conversation about PD by asking, "Is it right for ME?"

Become an informed consumer by finding out about ALL of your treatment options.

Talk to your healthcare team to get the information you need to make the treatment choice that is **RIGHT FOR YOU!**

To file a grievance, please contact us:

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