



Let's Learn More About Your Options...

Peritoneal Dialysis

With peritoneal dialysis (PD), a cleansing fluid is placed into the abdomen (or belly) through a tube called a catheter. The fluid is allowed to rest for a period of time. While in your belly, the fluid removes extra water and toxins from the body. Next, the fluid is taken out of the belly through the tube. This is done by a machine and usually happens at night over 7 to 9 hours while you are sleeping, although some people choose to do their PD during the day.

In order to do PD at home, you need to have good vision and be able to care for yourself (or have a care partner who can help you). Training for PD takes about 2 weeks. You can still do PD even if you are a light sleeper or sleep on your belly.

PD may not be an option for you if:

- You have had multiple abdominal surgeries
- You have severe chronic obstructive pulmonary disease (COPD) and/or emphysema
- You have inflammatory bowel disease



Home Hemodialysis

With home hemodialysis, blood is taken out of the body through a needle, carried through a machine that removes extra water and toxins from the blood, and is put back into the body through a second needle. To do this safely and with low risk for infection, needles are put into a man-made connection between an artery and a vein in your arm. This is called a fistula or a graft.

Time spent doing home hemodialysis varies for each person. Typically, treatments can take 2 to 3 hours and can be done 4 to 6 days per week.

Some people are scared to use hemodialysis needles at first, but most become comfortable with them over time. Training for home hemodialysis takes about 4 to 6 weeks, but newer machines are easier to use, which cuts down on training time.

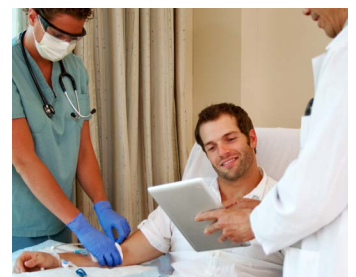
Just like with PD, in order to do hemodialysis at home, you need to have good vision, be able to use your hands freely, and be able to care for yourself at home (or have a care partner who can help you).



Hemodialysis in a Center




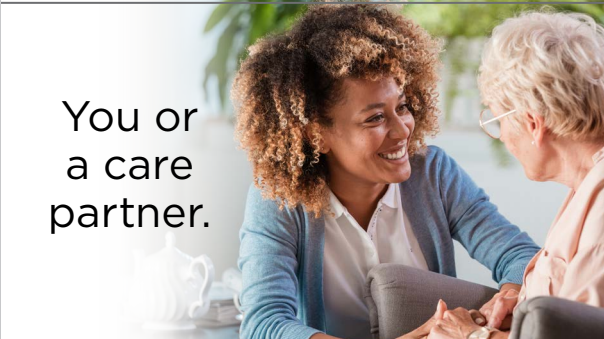





If you are not able or do not want to do dialysis at home, you can have hemodialysis done in a center or "dialysis unit." This is the same as hemodialysis at home, but it is done in a dialysis unit with other patients who also have kidney failure and are receiving hemodialysis. While at the dialysis unit, a nurse will take care of your treatment. You will need to do 3 dialysis sessions per week, usually ranging 3 to 5 hours per session. Make sure you have time to travel back and forth from your home to the dialysis unit.

The most common risks with hemodialysis in a center are similar to those at home but are *more likely* to happen due to fewer dialysis sessions. These include tiredness, dizziness, cramps, quick drops in blood pressure, and headaches, to name a few.



What are the pros and cons of each option?

In the table below, you'll find a list of questions asked by others who have had to choose a type of dialysis.

QUESTION	DIALYSIS TYPE		
	Peritoneal Dialysis	Home Hemodialysis	Hemodialysis in a Center
Where do treatments take place?	At home.	At home.	In a dialysis unit.
How often will I need treatment?	Every day. Either 7 to 9 hours at night or about 2 to 4 treatments during the day.	2 to 3 hours, 4 to 6 days per week.	3 to 5 hours, 3 days per week (usually every other day)
Do I need to have surgery first? 	Yes. A tube called a peritoneal dialysis catheter will be inserted into your abdomen (belly) prior to starting dialysis. This is usually done 2 weeks prior to starting your dialysis.	Yes. A doctor will make a man-made connection between an artery and a vein in your arm. This is called a fistula or graft. This is usually done 8 to 12 weeks before starting your dialysis.	Yes. A doctor will make a man-made connection between an artery and a vein in your arm. This is called a fistula or graft. This is usually done 8 to 12 weeks before starting your dialysis. Another option is to have a hemodialysis catheter (or tube) inserted into a vein in your neck on the day you start dialysis. This is not the best way to start dialysis because it increases a person's risk for infection.
Who will help me with my treatment? 	 You or a care partner.	 You or a care partner.	 A nurse in a dialysis unit.
Do I need to keep equipment at home? 	Yes. The dialysis machine is about the size of a desk printer and will sit near your bed. You will need space (about the size of a small closet) to store dialysis supplies.	Yes. The dialysis machine will need a fixed space, about the size of a kitchen cabinet. You will need space (about the size of a small closet) to store dialysis supplies.	No.
Are there risks I should know about? 	Yes. All types of dialysis carry risk of infection. In peritoneal dialysis, the risk of infection is usually related to the peritoneal dialysis catheter, but this risk is low. It may be more difficult to control diabetes.	Yes. All types of dialysis carry risk of infection. In home hemodialysis, the risk of infection is usually related to the fistula, but this risk is low.	Yes. In hemodialysis in a center, the risk of infection is usually related to the fistula, graft, or hemodialysis catheter. Infection risk is highest with a catheter. There is a higher risk of experiencing tiredness, muscle cramps, and difficulty controlling your fluid.
What activities can I do? 	Most doctors will not want you to swim in a lake, pool, or ocean due to risk of infection. Waterproof covers do exist to help avoid this risk. Talk to your doctor about this. Avoid heavy lifting to prevent hernias.	People with a fistula or graft can swim in lakes, pools, or the ocean. Avoid hard contact to the fistula.	People with a fistula or graft can swim lakes, pools, or the ocean. Avoid hard contact to the fistula. People with a catheter should never submerge their catheter in water.
What physical changes will I see? 	A tube will exit from your belly (usually less than 1 foot long). Your abdomen may look larger due to the fluid in your belly. You may gain some weight.	You will have a fistula (or graft) in your arm (usually your non-dominant arm). Over time, you may see blood vessels near the fistula grow.	You will have a fistula (or graft) in your arm (usually your non-dominant arm). Over time, you may see blood vessels near the fistula grow. If you have a hemodialysis catheter, it will exit out of your chest below the collar bone (usually covered by a shirt).



To learn more, please call
Healthmap Solutions at **1-800-481-0474**.
