

# Encounter #3

**IRC INFORMED**

CKD Education Program



**Innovative  
Renal Care**

## Encounter #3

- Review previous visit info
- My Kidney Life Plan: [mykidneylifeplan.org](http://mykidneylifeplan.org)
- Access
- Treatment options in detail- pros and cons of each
  
- Diet Q & A
- Label reading
- High and Low: K+, Na, Phos
  
- Accessing Resources
  - Reduce anxiety about how treatment is paid for
  - Managing work life
  - Local SMCD programs

# Understanding Dialysis Access

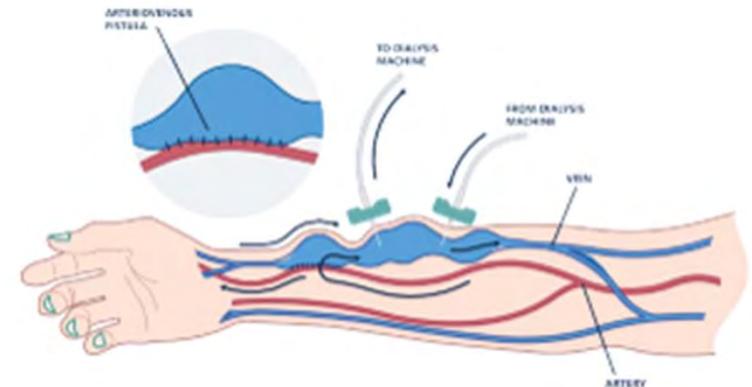
# Understanding the Dialysis Access

The vascular dialysis access is a way to reach blood for hemodialysis.

## Fistula

A surgical connection of a vein and an artery. This creates a larger blood vessel with strong blood flow. It may take up to 4 months before it can be used.

A fistula is the “preferred” access. It typically lasts longer and has fewer infections and complications than other access.



Day to day care for your dialysis access include: No blood pressures to be taken, blood drawn, or an IV line started on the access arm. Avoid sleeping on your access arm. Do not wear tight clothing or jewelry over the access site. Usually no more than 10 pounds can be carried using the access arm. Keep your access clean and protected! These helpful hints will aid in avoiding infections, blood clots, and other problems with your dialysis access.

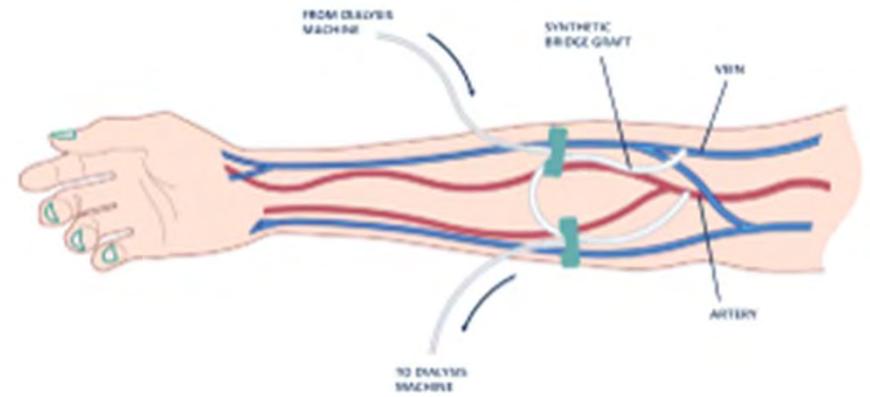
# Understanding the Dialysis Access

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## Graft

An artificial segment of tubing implanted under the skin used to connect an artery to a vein. This access may be used after 2–3 weeks.

This would be considered the 2<sup>nd</sup> best choice of dialysis access.



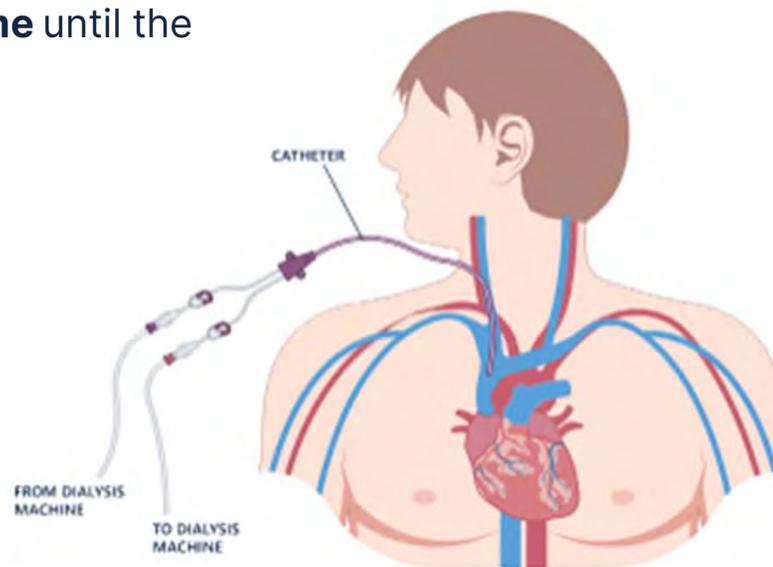
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# Understanding the Dialysis Access

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## Central Venous Catheter (CVC)

A CVC is tubing placed under the skin into a large central vein usually in the neck area. CVCs are meant to be used for a **short time** until the fistula or graft is ready.



# Understanding the Dialysis Access

The PD catheter is a way for fluid to reach the abdominal cavity.

## Peritoneal Dialysis (PD) Catheter

A PD catheter is usually placed in the lower abdomen and a couple inches away from the belly button. This tube allows for fluid to flow in and out of the abdominal or peritoneal cavity for dialysis to work.



# Dialysis Treatment Options

Pros and Cons of Each

# Peritoneal Dialysis

## What is Peritoneal Dialysis (PD)?



PD is a type of dialysis treatment that can be done by you in the comfort of your own home after completing a PD training program with your home nurse.

- During PD, the internal lining of your abdomen (belly area) acts as a filter to help remove extra fluid and waste from your body. This internal lining is called your peritoneum. The area it surrounds is called the peritoneal cavity (space).
- For each PD “exchange” a cleaning solution called “dialysate” is drained into the abdomen where it sits then pulls waste and toxins from your blood. This is called the “dwell time”.
- When the “dwell time” prescribed by your kidney doctor is complete, the “used” solution is drained out and new fresh solution is put back in. This is called an “exchange”.
- You need to have a Peritoneal Dialysis (PD) catheter to do this type of dialysis. This is usually a minor surgery. A small flexible tube (about the size of a straw), is placed into your abdomen by a surgeon. The tube is about 6 inches long outside of your body and stays in place when you are not using it.

# Peritoneal Dialysis

You can do PD two different ways

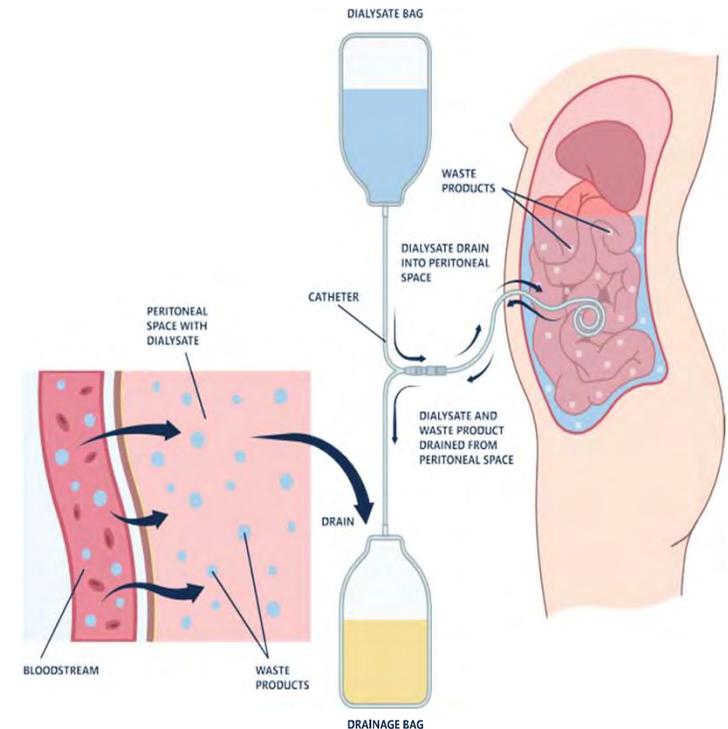
## CAPD (Continuous Ambulatory Peritoneal Dialysis)

- Exchanges are usually done 2-4 times a day (20 - 40 minutes to complete)
- Drain – fill – dwell are the steps of completing an exchange
- Disconnect and go about your normal activities during “dwell” time

## APD (Automated Peritoneal Dialysis)

- Using a PD Cycler machine overnight
- PD Cycler moves the dialysate in, allows to dwell, and drains it out
- Frequency of cycles is set up on the machine

**The type of PD you choose will depend on your lifestyle**



# Benefits of Peritoneal Dialysis



## Diet

- You will be on a kidney diet that reduces the amount of phosphorus and sodium you can eat
- Many people on PD may have a diet that is less strict and gives more freedom in what you can eat

## Lifestyle



- PD offers a more flexible treatment schedule, which may allow you to keep many of your normal activities
- Most people can attend school, continue to work and do other activities within limits
- Your kidney doctor and home training nurse will work with you to develop a treatment plan to fit your lifestyle
- Treatments are performed at home without needles
- Visits to clinic are usually only 2 times a month
- Traveling is easy

## Considerations for PD



- Training usually takes 1-2 weeks
- Dialysis needs to be scheduled into your daily routine
- You need to use a PD catheter for all treatments
- You must have storage for supplies and equipment
- You must have space to perform treatment

# Home Hemodialysis

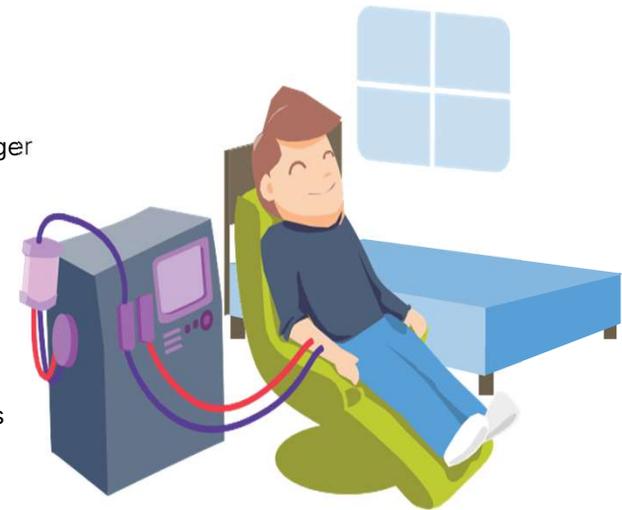
## What is Home Hemodialysis (HHD)?

HHD is a treatment that you can do independently or with a care partner in the comfort of your own home.

- HHD is dialysis treatment that you and a dialysis care-partner can learn to do independently under the supervision of your dialysis team in the comfort of your own home.
- During home hemodialysis (like in-center dialysis), your blood is filtered outside of your body through an artificial kidney or “dialyzer”.
- The “dialyzer” cleans your blood by getting rid of the waste products and toxins that your own kidney can no longer remove. After your blood is cleaned, it is returned to your body.

## HHD training and other considerations

- All training is individualized to meet each patient’s specific needs. Training time varies and may take from approximately 4 – 6 weeks
- You will train with your nurse until you can safely perform your treatments at home
- You will need to find a space with good lighting and a comfortable chair where you can complete your treatments
- You will need space for your supplies
- You will need to connect to a water source and have a drain nearby
- Being successful requires dedication from you (and your partner), but HHD can offer many advantages when compared to standard in-center hemodialysis



# Benefits of Home Hemodialysis

HHD is more frequent and leads to:

- Improved sleep
- Fewer blood presser medications
- Less stress on your heart
- Improved appetite
- More likely to receive a transplant
- More energy



## Other Benefits

- Travel – take dialysis with you or have supplies and equipment shipped.
- No longer dependent on clinic schedules.
- Continue to work, attend school, or participate in social activities.
- Save time spent traveling back and forth to clinic 3 times a week.



## Getting Ready for HHD

- You will need a vascular access to do home hemodialysis.
- Your home training nurse will complete a home visit prior to starting to make sure you have a safe treatment area that is appropriate.
- Training is best when you have a partner for support. It can be done alone with additional training and safety devices with your kidney doctor's approval.

Home Hemodialysis allows you the freedom to take back control of your health and your life!

There is always a potential risk of infection with any dialysis treatment. Speak with your kidney doctor and nurse to learn more about the benefits of HHD.

# In-Center Dialysis



## What is In-Center Hemodialysis (ICHD)?

ICHD is a dialysis performed in a clinic setting where treatments are offered 3x per week

- The treatments usually last about 4 hours
- Your kidney doctor will prescribe how much treatment time you need
- You will have a healthcare team consisting of specially trained dialysis nurses, a social worker, and a dietitian to provide care and support
- You will be assigned a treatment time and days of the week to come
- Treatments will be performed by your dialysis nurse and a specially trained dialysis technician

## Hemodialysis

- Blood travels through tubing from the body, cycles through a special filter called a dialyzer, then goes back to the body. The continuous cycling of blood allows the filter to remove waste and extra fluid.

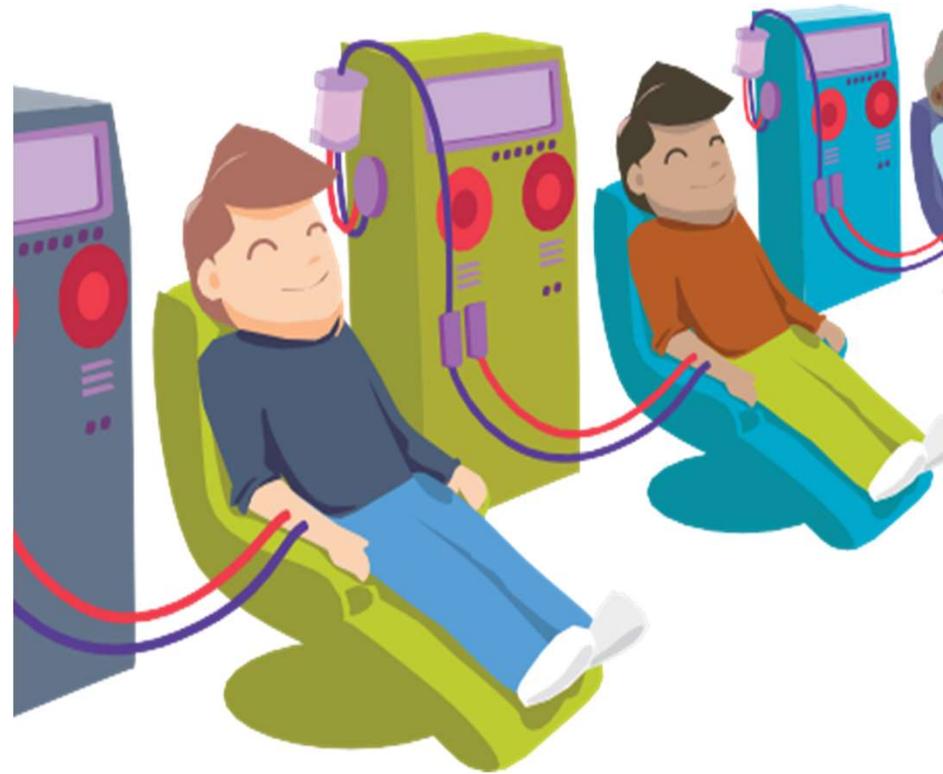
# In-Center Dialysis

## Considerations for ICHD

- Your treatment schedule is fixed
- You will need transportation back and forth for your treatment 3 times per week
- You can read, watch TV, listen to music, socialize, or just rest while having your treatment

## During your treatment

- You will weigh when you arrive and have your blood pressure, pulse and temperature taken before treatment and throughout
- You will be taught how to care for your dialysis access
- Labs are drawn and reviewed while on treatment
- Ongoing education and information are shared with all patients on how to stay healthy and safe



# Transplant

A kidney transplant is a surgery done to replace a diseased kidney with a healthy kidney from a donor. A person getting a transplant most often get just one kidney.

- Having a kidney transplant is often regarded as the best treatment choice for people who are progressing to ESRD.
- It is important to speak with your local transplant clinic to get the best and most up to date information on what services they offer, the wait time in your area, and the criteria and expectations to have a successful transplant.
- Since the wait time varies for a deceased donor, it is important to get on the transplant list right away. UNOS, (Network of Organ Sharing) matches donors and recipients
- The option of receiving a kidney transplant is a wonderful opportunity because it can increase your chance to live a longer and healthier life!

Your healthcare team can provide you with information on your local transplant center(s).

## ▲ What is the recipient surgery like?

- Surgery may take 2-4 hours
- Patients should be able to return to work within 4-8 weeks
- Old kidneys are usually not removed
- New kidney is placed in the front of body near the bladder

## What is the donor surgery like?

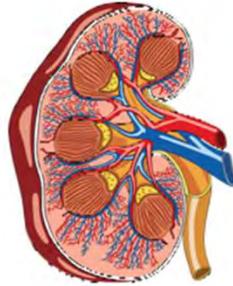
- It is not scheduled until the evaluations are complete on both donor and recipient
- Surgery may take 2-3 hours
- Return to normal activity within 4-8 weeks
- Have follow-up with transplant clinic for check-up, then return to regular physician for care

## Who can be a living donor?

- A donor has to be physically healthy. Each transplant center has its own criteria. They will complete the evaluation.
- All risks and benefits of living donation are discussed in detail and a living donor can change their mind at any time.

## Who pays for the procedure?

The transplant center will provide a financial coordinator to discuss your insurance benefits and explain all costs.



REMEMBER... TRANSPLANT IS A TREATMENT, NOT A CURE!

# Transplant

## Types of Kidney Donations

- **Living**

- Occurs when a patient receives a kidney from a live person – friend, family or other
- Benefits include
  - Shorter transplant wait time
  - Better organ function
  - Shorter hospitalization stays with easier recovery

- **Paired**

- If your donor does not match you, they give the kidney to someone who does. You receive a kidney that matches you from a different donor.

- **Deceased**

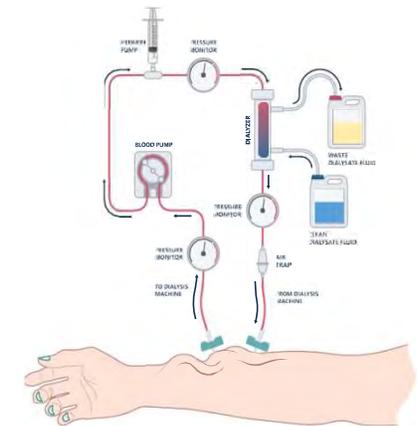
- The transplant comes from a deceased donor
- Wait times vary but may be 3 to several years



# What Happens During Dialysis?

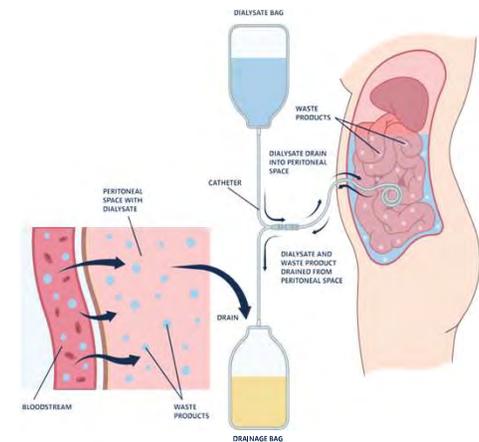
## Hemodialysis (HD)

- Two needles are placed in the fistula or graft (the access) for each treatment.
- One pulls the blood out and it travels through the tubing, passes through the filter or dialyzer and returns through the other needle.
- As the blood passes through the dialyzer, it removes waste and extra fluid.



## Peritoneal dialysis (PD):

- During PD, fluid or dialysate is drained through a tube into your abdominal or peritoneal cavity. The tube is called a PD catheter.
- The dialysate draws waste products and extra fluid across the abdominal lining or peritoneum.
- After some time, it is then drained from the body and the process repeated.



**Either type of dialysis needs an access to perform the therapy**

# Nutrition Review & Questions

# Let's Review

Important facts to consider when thinking about nutrition and kidney disease

- A low protein diet is important to delay kidney disease
- If diabetic, controlling your blood sugar is a must
- Controlling your blood pressure is both kidney and heart healthy

## Potassium and Phosphorus in CKD

- Potassium is concerning and will need to be monitored as kidney disease progresses



- Phosphorus is also concerning and will need to be monitored as kidney disease progresses



KIDNEY



GUT



BONE

# Low & High Potassium Foods

BLNO

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## Low Potassium Foods

FRUITS	VEGETABLES	OTHERS
<p>APPLES APPLESAUCE BERRIES</p>	<p>ALFALFA SPROUTS ASPARAGUS BROCCOLI/CAULIFLOWER CABBAGE</p>	<p>ALMOND MILK COFFEE ICED TEA</p>
<p>CHERRIES CRAISINS CRANBERRIES</p>	<p>CARROTS CELERY CORN CUCUMBER</p>	<p>HONEY PASTA SALAD PESTO</p>
<p>FIGS GRAPES JUICE (NOT ORANGE)</p>	<p>EGGPLANT GREEN BEANS COLLARDS/KALE</p>	<p>POPCORN RICE COLESLAW</p>
<p>LEMONS/LIMES PEARS PINEAPPLE</p>	<p>LEEK LETTUCE MIXED VEGGIES ONION</p>	<p>NEPRO, ENSURE CLEAR, BOOST GLUCOSE, SUPLENA</p>
<p>PLUMS FRUIT, CANNED WATERMELON</p>	<p>PEAS PEPPERS RADISHES SPINACH (RAW) SUMMER SQUASH SPAGHETTI SQUASH TURNIPS WATER CHESTNUTS</p>	<p>Portion size is 1/2 c fresh, canned, or cooked; 1/4 c dried, and 1/2 c juice.</p>

*Ask your doctor about seeing a registered dietitian for more great ideas on kidney-friendly foods!*

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www.CKD NutritionCoach.com

## High Potassium Foods

FRUITS	VEGETABLES	OTHERS
<p>BANANAS CANTALOUPE KIWI</p>	<p>ARTICHOKES AVOCADO BEETS BOK CHOY</p>	<p>BEANS SALSA POWDERED DRINKS</p>
<p>MANGO HONEYDEW FRESH PEACHES</p>	<p>EDAMAME (soybeans) LIMA BEANS MUSHROOMS (cooked)</p>	<p>ENSURE/BOOST COCONUT WATER MILK</p>
<p>NECTARINE ORANGES ORANGE JUICE</p>	<p>POTATOES FRENCH FRIES YAMS/SWEET POTATOES</p>	<p>POTATO SALAD SWEET POTATO PIE</p>
<p>PAPAYA PRUNES PRUNE JUICE</p>	<p>PUMPKIN RUTABAGAS SPINACH (cooked)</p>	<p>SALT SUBSTITUTE MOLASSES SPAGHETTI SAUCE</p>
<p>POMEGRANATE DRIED FRUIT RAISINS</p>	<p>SQUASH (Acorn) SQUASH (Butternut) SWISS CHARD TOMATOES</p>	<p>Portion size for fruits and veggies is 1/2 c fresh, 1/4 c canned, 1/2 c cooked; 1/4 c dried, and 1/2 c juice.</p>

*Ask your doctor about seeing a registered dietitian for more great ideas on kidney-friendly foods!*

## Slide 22

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# Low & High Phosphorus Foods

BLN0

## What are high phosphorus foods?

- Dairy products such as milk, cheese, custard, cottage cheese, yogurt, ice cream, pudding



- Nuts, seeds, peanut butter



- Dried beans and peas such as baked beans, black beans, chick peas, garbanzo beans, kidney beans, lentils, limas, northern beans, pork and beans, split peas and soybeans



- Bran cereals, whole grain products



- Beverages such as cocoa, ale, beer, chocolate drinks, and dark cola drinks



## What are low phosphorus foods?

- Fresh fruits such as apples, apricots, blackberries, grapes, tangerines, pears, peaches, pineapple, plums and strawberries



- Fresh vegetables such as cauliflower, carrots, cucumber, celery, green beans and broccoli



- Popcorn, crackers



- Rice cereal



- Sherbert



- Coffee or tea without milk, light-colored sodas (such as ginger ale), fruit juices



## Slide 23

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# Reading Food Labels is Key to Kidney Success

## HOW TO READ NUTRITION LABELS

**SATURATED FAT** ❤️

To lower your risk of heart disease, aim for no more than 5–6% of your calories per day to come from saturated fat, or around 13 grams of saturated fat per day.

**SODIUM** ❤️ ❤️

Look for products with less than 10% DV.

**PROTEIN** 🍖

Everyone has different protein needs. Compare the grams of protein on the label to the amount you need.

**PHOSPHORUS** 🍖

If you need to avoid phosphorus, choose foods with less than 15% DV.

**POTASSIUM** 🍌

If you need to limit potassium, choose foods with less than 6% DV.

**SERVING SIZE** 🥄

The measurement of a single serving that contains the amount of nutrients listed on the label.

**Nutrition Facts**

6 servings per container  
Serving Size 10 pieces (60g)

Amount per serving **Calories 220**

	% Daily Value*
Total Fat 3g	4%
Saturated Fat 0.5g	4%
Trans Fat 0g	
Cholesterol 5mg	2%
Sodium 270mg	12%
Total Carbohydrate 41g	15%
Dietary Fiber 4g	14%
Total Sugars 3g	
Includes 0g Added Sugars	0%
Protein 2g	
Vitamin D 0.1mcg	0%
Calcium 40mg	2%
Iron 1.6mg	8%
Potassium 170mg	2%
Phosphorus 125mg	10%

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

**PHOSPHORUS** 🍌

If you need to avoid phosphorus, choose foods with less than 15% DV.

**POTASSIUM** 🍌

If you need to limit potassium, choose foods with less than 6% DV.

**% DAILY VALUE** 🍌

The percentage of your daily nutrient needs in a single serving. This is based on a 2,000-calorie diet. Your daily calorie needs may be different.

**CARBOHYDRATES** 🍌

If you count carbs, compare the grams on the label to your target amount.

**FIBER** ❤️ ❤️

Look for foods high in fiber (20% or more DV).

**ADDED SUGARS** 🍌 ❤️

Try to choose foods with little or no added sugars.

# Accessing Resources

# Accessing Resources

A big part of becoming “Self-Manager” is knowing how to find resources when you need something.

1. Identify the need – What is the problem? What do you need?
2. Look for a resource – Sometimes it’s as easy as a couple of phone calls or a quick search on the internet.
3. Ask for help – Asking for help is a strength

## Insurance information

Discussing insurance coverage options prior to an ESRD diagnosis can help you make the most educated decisions possible and ensure that you have the most comprehensive coverage available to you.

Being informed allows time to prepare and helps alleviate the anxiety of not knowing how your treatments will be covered, as well as the impact your diagnosis can have on your finances.

- ✓ Take the guess work out of your insurance coverage
- ✓ Know your options
- ✓ Be prepared!

# Covering Costs of Kidney Disease

## Potential insurance coverage options:

- Traditional Medicare (fee for service)
- Medigap (supplement) coverage
- Medicare Advantage plans
- Marketplace/Off Exchange plans
- Employer group plans
- COBRA coverage through prior employment
- State Medicaid program
- Veterans Administration



# Questions?

Speak with your Nephrologist