

## Transplantation

Transplantation is another option for treating kidney failure. Each dialysis unit is expected to offer you the option of transplant evaluation, however, not every patient is a candidate for a transplant. During the evaluation, weight, adherence to dialysis therapy, support systems, dental hygiene and your blood work share valuable information to the transplant team.

Heartland Kidney Network has a comprehensive transplant workbook that covers all the phases of a kidney transplant, from lab tests to drugs, pre transplant to life after transplantation. For more information contact 1-800-444-9965 or it can be found at [www.HeartlandKidney.org](http://www.HeartlandKidney.org), under "Community Information & Resources".

There are several different types of transplants available, cadaveric, living-related and living non-related.

A cadaveric transplant is a gift from the family member of a person recently deceased. Whereas a living related donor would be a sister to brother donation, parent to child, aunt to nephew, etc. The other option

for transplantation is living non-related, such as a husband to a wife donation or a neighbor to a friend.

If you are interested in more information about your transplant options, do not hesitate to speak with your dialysis team.



### Heartland Kidney Network

7306 NW Tiffany Springs Pkwy  
Suite 230  
Kansas City, MO 64153

Phone: (800) 444-9965  
Main Fax: (816) 880-9088  
Data Fax: (816) 880-1775  
Web: [heartlandkidney.org](http://heartlandkidney.org)  
Email: [net12@nw12.esrd.net](mailto:net12@nw12.esrd.net)



## MODALITY OPTIONS



Promoting and facilitating high quality care standards for dialysis and kidney transplant patients in Iowa, Kansas, Missouri and Nebraska.

### PATIENT EDUCATION SERIES

## Evaluating Your Options

Technology continues to advance, and with it, options for persons with kidney disease. When deciding which type of treatment is best for you, your life and lifestyle, consider discussing your options with the dialysis treatment team. You are the center of the treatment team. The staff at your dialysis unit are the most familiar with your care needs, and as such, are best able to discuss the pros and cons of any change you may want to consider regarding your dialysis therapy.

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# TYPES OF DIALYSIS THERAPY

## Nocturnal Hemodialysis

Nocturnal Hemodialysis is usually easier tolerated than routine in-center dialysis. This type of dialysis takes place either at the dialysis unit overnight or in your home. Both take place overnight while you sleep, last about 6 - 8 hours a night and are done 3-6 nights a week depending on the dialysis facility. The longer dialysis times and mild fluid removal imitate your natural kidney function more closely. This results in less stress on your heart, less cramping and fewer episodes of low blood pressure.

Usually people on nocturnal dialysis feel better, don't take as many medications and feel better overall. It allows you the opportunity to continue working and you can maintain your independence.

## Home and Daily Home Hemodialysis

Home and daily home hemodialysis is a treatment option that may require a partner. Both you and your partner are trained to perform your dialysis treatments independently at home. Persons using this type of treatment often feel better, feel more in control and have a better quality of life. This option offers independence and flexibility. You are able to dialyze on your schedule and time frame and are not dependent on transportation, the weather,

or delays at the dialysis facility. Home therapy increases the time you have to spend with your family, friends, community and employment opportunities.

Daily hemodialysis varies slightly from home hemodialysis. The main difference with daily is just as the name implies, it is usually performed 5 - 7 times a week, usually around three hours each session. The increase in the number of treatments each week allows for less diet and fluid restrictions when compared to conventional dialysis.

Some dialysis units are beginning to start "self-care pods" in their units. "Self-care" varies from unit to unit, but usually consists of putting in your own needles, setting up your own machine, weighing yourself before and after treatment, checking your blood pressure and writing it on your flow sheet among other things. Self-care is a great way to allow you to take a lead in the care you receive. If you want more information on how to encourage your unit to allow self-care, call us at 1-800-444-9965.

## Peritoneal Dialysis

Peritoneal dialysis is another form of dialysis you may want to consider. The peritoneum (pear-eh-ta-knee-um) is the thin membrane that lines your abdomen and pelvis and is referred to as the peritoneal cavity. The peritoneum acts very similar to an artificial kidney to remove wastes, fluid, and toxins. Peritoneal dialysis is not for everyone, patients MUST follow STRICT hand-washing and infection prevention techniques to prevent an infection in the peritoneal cavity. Infections can cause scar tissue, hospitalizations, and decrease the ability for the membrane to remove wastes, toxins and fluid.

Continuous Ambulatory Peritoneal Dialysis, or CAPD is continuous and machine-free. You perform your treatment while you go about normal activities such as work or school. Several quarts of cleansing sterile fluid are placed into your abdomen and then drained later in the day. Some patients have stated that they feel "pressure" or a "full stomach", but this decreases over time. When an exchange (putting in and taking out the fluid) is finished, the fluid (which now has wastes removed from your blood) is drained and thrown away. This process usually happens 3, 4, or 5 times a day.

Continuous Cycling Peritoneal Dialysis or CCPD is different because the exchanges are done by a machine called a "cyclor". The cyclor delivers and drains the fluid and this type of treatment is usually done at night while you sleep.