# Focus On Treatment Options Living Healthy. Living Well.

Ask yourself these questions:

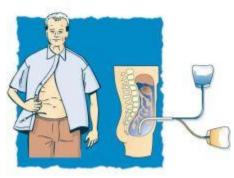
- Do I know all of my options for treatment of my kidney failure?
- Am I satisfied with my current treatment choice?
- Do I understand how the other treatment options work?
- Has my lifestyle and physical condition changed since starting my treatment? Would another treatment option be more suitable for me now? To learn more about your options....

## Read On!

Several treatment options are available for people with kidney failure or End Stage Renal Disease. Not everyone will be a candidate for some of the treatment options. Age, physical condition, past and/or current medical history, and personal lifestyle are some reasons why people might not be candidates for some treatment options. If you are interested in another form of treatment for your kidney failure, talk to your doctor.

### **Peritoneal Dialysis**

This form of dialysis occurs inside the body. It uses your peritoneal membrane (the lining of your abdomen) as the filter. For this treatment, a small, soft tube called a catheter is surgically placed through the wall of the abdomen into the peritoneal cavity.



Special dialysis solution will flow into the peritoneal cavity through the catheter. During the dwell phase the solution works through osmosis removing fluid and waste products and the tube is capped off. The fluid will dwell for 3-4 hours, whatever your doctor recommends. When the dwell phase is completed, the tubing is reconnected and the fluid is drained out of the peritoneal cavity along with waste products your kidneys normally filter out and extra fluid. Most people need 3-4 exchanges every day, or if your doctor recommends it, a cycler can be used at night. A cycler allows the peritoneal dialysis to occur while you sleep. Many patients use a cycler because of its convenience. Peritoneal dialysis must be done every day.



#### Hemodialysis

An access is required to do hemodialysis. The preferred access is a fistula, which a surgeon takes and artery and vein, connects them, and can be used once it matures. If the surgeon decides a fistula won't work for you, a graft can be placed. The surgeon will take a piece of gortex (a special kind of plastic) and connect one end to an artery and one end to a vein under the skin. With both of these two accesses, two needles will be placed each time you dialyze. If you need dialysis before either of these accesses are ready, a catheter may be placed in a vein either in your neck or chest until your access is ready to place needles in. Both fistulas and grafts need time to mature before needles can be placed. Transplant

Kidney transplant is another treatment option. You can receive a transplant from a living donor (a relative or friend) or a cadaver (someone who is brain dead, but their organs are fine). To receive a transplant from a living donor, both people (donor and recipient) must go through several tests to make sure they are compatible and the recipient won't reject the organ. Sometimes you go through all the tests, then find out you aren't a good candidate for a transplant. If you want a cadaver transplant, you need to go through the work up or testing and place your name on a waiting list. Your name may stay on the list up to three years before a kidney may become available.

Once you receive a transplant, you have to take immunosuppressant medications for the rest of your life. If you stop taking the meds, your body may reject the kidney. Transplantation is considered a treatment choice because the transplant may not be successful and a form of dialysis is still needed. Or the transplant may last awhile, then begin to fail, facilitating the need for some type of renal replacement therapy.

#### No Treatment

One option to consider is doing no treatment at all. Depending on your health and how you do on your current mode of treatment, some people choose not to continue with their treatment mode.

	Please take a moment to answer these TRUE/FALSE questions with your primary nurse.			
1.	Not everyone is a candidate for some renal failure treatment options.	TRUE	FALSE	
2.	Peritoneal dialysis does not have to be done every day.	TRUE	FALSE	
3.	Not everyone will be a candidate for transplant.	TRUE	FALSE	
4.	Transplant patients must take immunosuppressive medicine for the rest of their lives.	TRUE	FALSE	