



PATIENT INFORMATION

TREATMENT OPTIONS FOR KIDNEY FAILURE



Introduction

When your kidneys decline to very low levels of function, this can be a very worrying time for you and your loved ones. Therefore you may find some information about treatment options helpful. Your preferences are very important to enable you to make the right choice which suits you. Your medical conditions also have some impact on what treatment options are available to you.

This leaflet provides general information to support what you hear from the renal specialist nurses who will go through the options with you. Please be aware that dialysis or transplantation require preparation time and so this information is usually given well in advance of your needing any treatment.

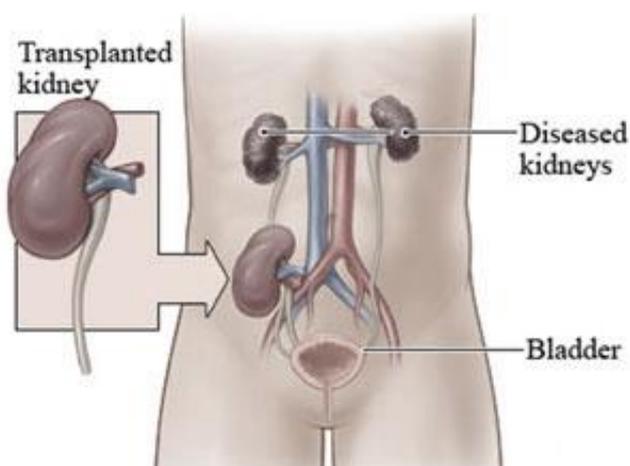
Worcestershire Acute Trust does not provide dialysis or kidney transplantation, so other regional hospitals will provide your care. This means that most routine care is provided in Worcestershire but some specialist input is only available in the West Midlands region.

Treatment options

- ❖ Kidney Transplant (live donor /deceased donor)
- ❖ Dialysis (Haemodialysis & Peritoneal Dialysis)
- ❖ Supportive Management (which means treating with medication and not dialysis or transplant)

Kidney Transplant

A kidney transplant is an operation in which a person with kidney failure receives a new kidney. The kidney is transplanted either to the left or right of the lower abdomen near to your bladder and is connected to the blood vessels supplying the leg as shown below.



The new kidney takes over the work of cleaning the blood. Your own kidneys are not usually removed even though they are not working. There are two types of kidney transplants: those that come from **Living donor** (often family members or spouse) and those who come from donors who have died (**deceased donor**).

Living donor transplants typically have better function and last longer. The surgery can be done when it is convenient, so there may be a very short wait. Unfortunately, there are not enough deceased donors for everyone who wants a kidney and will be in the waiting list for weeks, months or years.

For type 1 diabetic, simultaneous kidney pancreas transplant can be considered, which would do the work of the kidney as well as control the blood sugar levels with the help of a new pancreas.

Whilst considering for kidney transplants the best possible treatment of kidney failure, in reality only a proportion of kidney patients are well enough to have a kidney transplant. When a transplant is not available when needed, dialysis is considered as a bridging treatment. Which ever type of kidney transplant you choose whether it is a live donor or cadaveric donor you will have to be prepared to undergo a series of tests to ensure that you are suitable to undergo this operation, take tablets regularly for as long as the transplant is working to prevent your body from rejecting the transplanted kidney and attend regular follow up clinic appointments.

Main disadvantages of kidney transplant are:

Rejection of the organ, higher risk of infection due to immunosuppression drugs, risks involved during the surgery, high blood pressure, delayed graft (kidney) function, as well as other problems arising from prolonged use of anti rejection drugs.

The regional centers of transplantation for Worcestershire patients are Queen Elizabeth University Hospital or Coventry University Hospital. The Kidney pancreas transplant center is Oxford University Hospital. Your doctor can tell you more about the transplant process or send you to a transplant center for further evaluation.

What is dialysis?

Dialysis is a treatment which keeps you in balance when your kidney fails by: removing waste, salt and extra water to prevent them from building up in the body. There are mainly two techniques how dialysis is delivered - peritoneal dialysis (PD) and haemodialysis (HD), and although quite different they both do the same job.

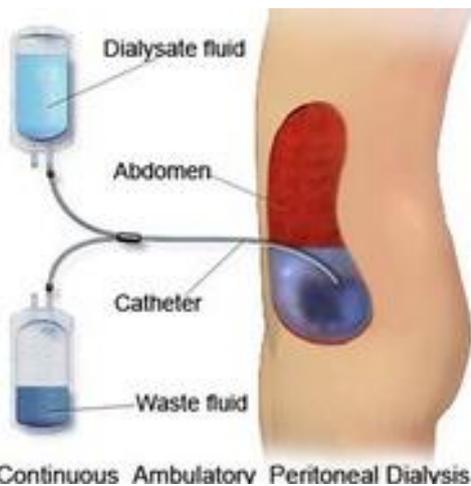
Peritoneal dialysis (PD)

With this method, dialysis fluid is put via a catheter into the abdominal cavity. Whilst inside the lining of the abdomen (the peritoneum) is used to filter out the waste products. The fluid stays in for about five hours and when full of waste, it is drained out and replaced with fresh fluid: This fluid exchange can be done by hand (Continuous Ambulatory Peritoneal Dialysis (CAPD) or by using an overnight machine Automated peritoneal dialysis (APD).

A patient with PD catheter



CAPD takes about 20-30mins to drain the fluid in and out and needs to be done four times a day. It does not require a machine and can be done in a clean well-lit place. You will have dedicated one-to-one training for at least 1 week before you start the treatment, to be sure that you are confident and competent to handle this treatment. The main advantage of CAPD is privacy, flexibility and comfort of home treatment done at a convenient time. It is also a gentle way of doing dialysis.



Automated peritoneal dialysis (APD) takes place for approximately ten hours overnight and needs about 30minutes to clean and prime the machine before and after each treatment. This treatment is carried out in your home. Usually dialysis is done daily so that waste doesn't build up. Some of the advantages of APD include being able to continue doing your normal daily activity including working.

Treatments can be tailored around your job. Some PD patients even manage to go abroad on holiday with their dialysis equipment.

An overnight machine (APD)



Haemodialysis

This form of dialysis removes waste products from the blood by using a filtering machine. Blood is drawn out of the body through a fistula in the arm or a plastic tube (dialysis catheter) in the neck and passed through the dialysis machine to be cleaned before returning it back into the body. This happens over and over again throughout the dialysis session. Each session usually lasts for four hours, three times a week.



This can be done at home, in a ‘Satellite’ haemodialysis unit near your home, or in a dialysis unit in a main hospital. You will need a small operation on the arm to create a ‘fistula’, which means that an artery is joined to a vein, so that blood flow through the vein can increase. Two needles are placed in the fistula, one to transfer blood to the dialysis machine where the blood is cleaned of waste, and one to return the “clean” blood back into the body. The fistula is usually done a few months before you start dialysis, to give it time to develop although they can usually be used safely after about six weeks if necessary. If you need dialysis before a fistula is made, you may have a temporary dialysis catheter (a small plastic tube) put into a large vein in your neck. It is better to start with your dialysis with a fistula as it is more efficient at cleaning waste products out of the blood and also less prone to infection. Standard haemodialysis is for four hours three times a week on alternate days. A growing number of patients are now opting for self-care dialysis within the unit as well as home haemodialysis which can offer more independence, either with daily dialysis at night or conventional three times weekly home dialysis. Patients are trained by the kidney care team to manage their own treatment, and technical support is always available if required. Patients who do home haemodialysis insert the dialysis needles into their fistula themselves or have a spouse/relative/partner trained to do it for them.

For Worcestershire patient’s haemodialysis is provided by either by the Queen Elizabeth Hospital in Birmingham or by Russells Hall Hospital in Dudley. It will be delivered locally in Worcester or Kidderminster.

Supportive Management

Choosing not to commence any dialysis treatment and opting for a more conservative approach is an option for some patients who feel dialysis would be too burdensome, or when overall health and outlook are so poor that a kidney transplant is not possible and dialysis would not be of benefit but rather burdensome. The conservative approach does not correct the waste build up but aims to improve quality of life and control symptoms arising from advanced renal disease with appropriate support and medication. This treatment is jointly delivered through the GP, your kidney doctor, and the palliative nurses in the community. Part of this is also to provide a more holistic approach to care at the end of life.

For more information

Contact details

If you have any specific concerns that you feel have not been answered and need explaining please contact the following.

- Dr Ferring's Secretary – 01905 733239
 - Dr Oh Secretary – 01905 733239
 - Dr See Tho's Secretary
 - Rosey Devasia (Renal nurse specialist) – 01905730886 : Bleep 480
 - Rachel Hariman smith (Renal nurse specialist) – 01905730886: Bleep 480
 - Lorraine Nkomonde (Renal nurse specialist) – 01905730886 : Bleep 480
- Renal Support Secretary: 01905733494

Additional information

The following Internet websites contain additional information that you may find useful:

- www.worcestershirehealth.nhs.uk -Information about Worcestershire Acute Hospitals NHS Trust
- www.Kidney.org.uk -Information on many renal conditions. Help and support for the patient and their family.
- www.Kidneypatientguide.org.uk -Information fact sheets on kidney failure and treatment options.
- www.renal.org.uk -Information regarding End of life care: conservative management.
- www.nkf -National Kidney Federation (NKF). Information on many renal conditions. Help and support for the patient and their family.

If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.

Patient Experience

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

Feedback

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

Patient Advice and Liaison Service (PALS)

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

How to contact PALS:

Telephone Patient Services: 0300 123 1732 or via email at: wah-tr.PET@nhs.net

Opening times:

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.