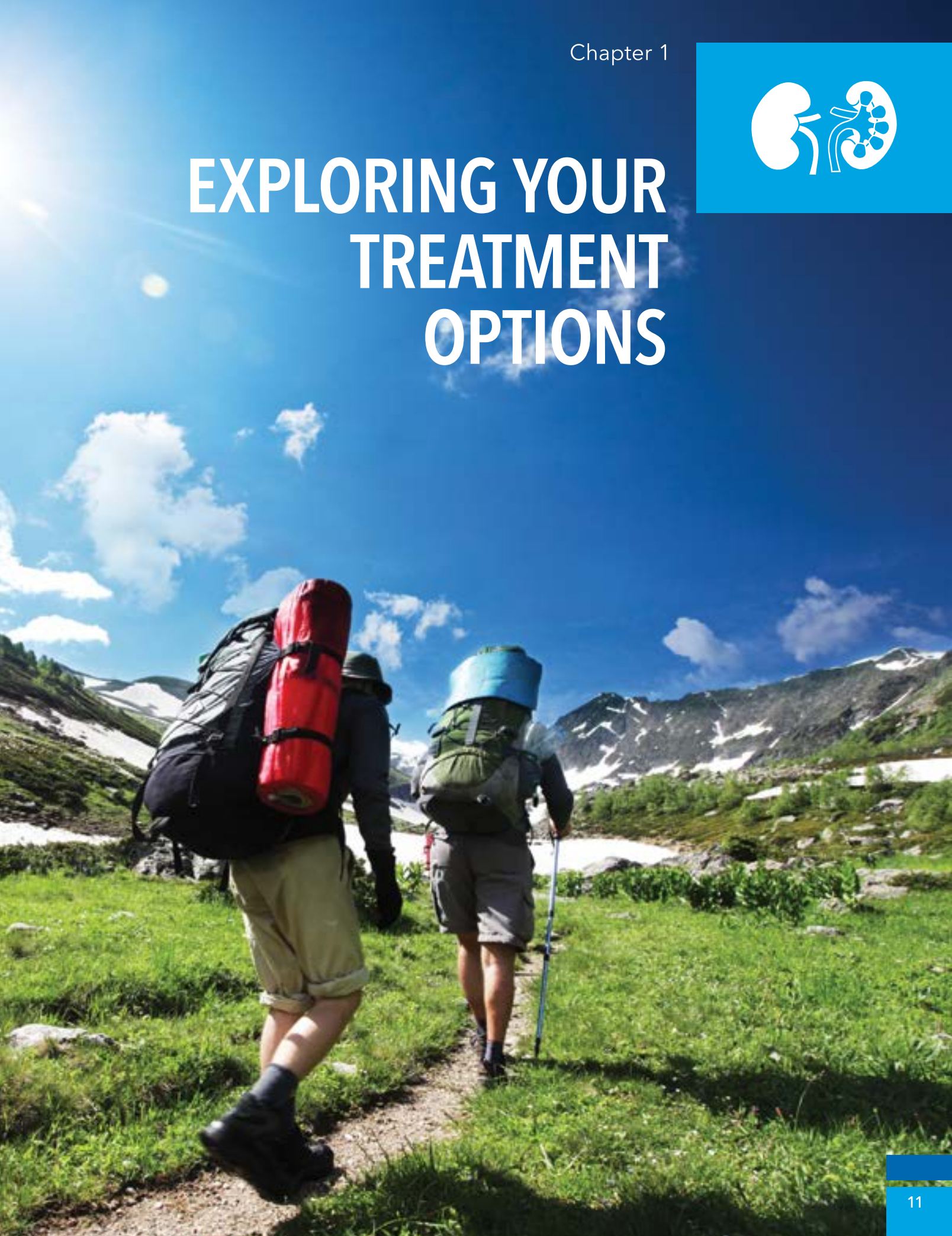
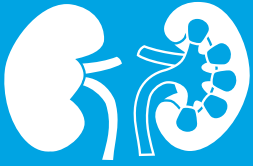


EXPLORING YOUR TREATMENT OPTIONS





Exploring your treatment options

HELPFUL TIP

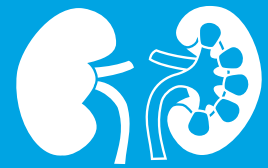
There's a lot to think about when discussing your best treatment options with your healthcare team. You'll need to consider other medical conditions you may have, your health goals and personal circumstances. Take time to explore all of your options. Ask a lot of questions and talk with others with kidney disease about their treatment. You can do this through the Kidney Connect peer support program, which will match you with a trained volunteer. See kidney.ca or call the peer support number at 1-866-390-PEER (7337). You may also want to participate in our online community at kidneyconnect.ca.

Many people can manage their kidney disease for years with diet and medication and never need to look at other treatment options. But if your kidney function drops to 15%-20% of normal capacity, your kidney healthcare team will discuss additional treatment choices with you for when your kidneys fail. Although you may feel well now, when your kidney function drops below 10%-15% of normal, you may start to feel symptoms such as fatigue and nausea, although this varies from person to person.

It's important to discuss potential treatment options with your healthcare team early on. That way, you'll have time to prepare, plan and ensure that you're making the treatment choice that's best for you, your lifestyle, health and personal circumstances. If you don't make a decision and prepare for your treatment method in advance, and your kidneys fail, you may have no choice but to start dialysis on an emergency basis, and this can be stressful.



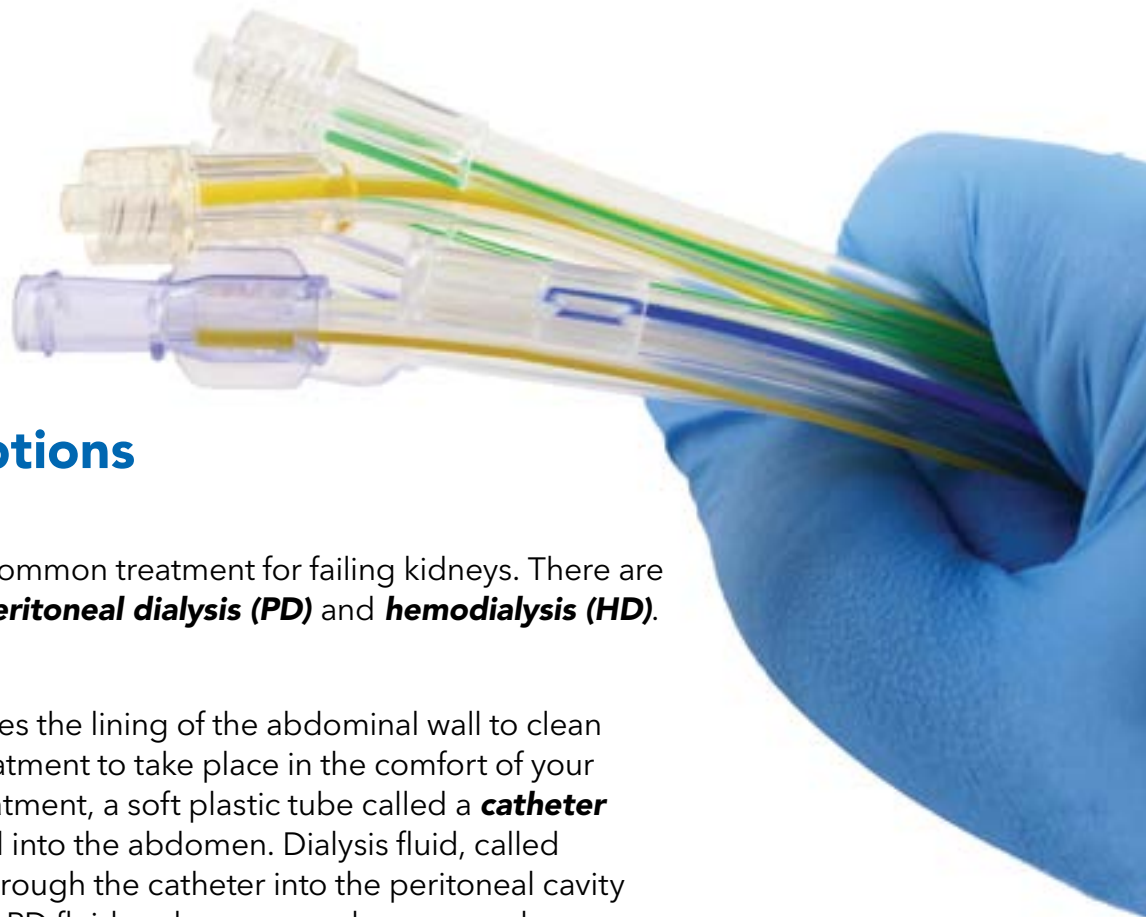
Exploring your treatment options



There are three main treatment options: **dialysis**, a **kidney transplant** and **non-dialysis supportive care** (often called **conservative care**). This chapter will help you consider your options and different factors which may affect your decision. Regardless of which option you choose, everyone should do some **advance care planning**. Advance care planning is a *process* in which you think about what you would like to have happen, or not happen, if you become unable to make decisions about your healthcare treatment, or if you are unable to communicate your wishes.

See **Chapter Six:**

Advance care planning for more information about planning for your future care.



Treatment options

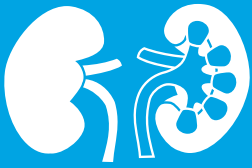
Dialysis

Dialysis is the most common treatment for failing kidneys. There are two types of dialysis: **peritoneal dialysis (PD)** and **hemodialysis (HD)**.

Peritoneal dialysis

Peritoneal dialysis uses the lining of the abdominal wall to clean the blood, allowing treatment to take place in the comfort of your own home. For this treatment, a soft plastic tube called a **catheter** is permanently inserted into the abdomen. Dialysis fluid, called **dialysate**, is inserted through the catheter into the peritoneal cavity and “cleans” the blood. PD fluid exchanges are done every day or every night, although there is always fluid in the abdomen to remove toxins.

Exploring your treatment options



NOTE

This information is intended to help you discuss treatment options with your healthcare team. It is not meant to suggest any particular type of medical treatment.

Peritoneal dialysis usually requires about one to two weeks of training before doing it on your own. You will also receive on-going support from the dialysis clinic. With peritoneal dialysis, dialysate fluid in bags is delivered to your home and most (if not all) costs are covered by your provincial/territorial healthcare plan. You will need to ensure that you're home to receive your supplies and that you have space in your home to store them where they won't freeze or be exposed to heat or humidity - usually a closet about the size of a double bed.

With PD, you'll have a permanent catheter in your abdomen, but you'll have more flexibility, independence and control over your own treatment. People who want to continue working, attending school, or those who need or wish to travel, often choose peritoneal dialysis. People who live far from a hemodialysis unit (see below) and would prefer to spend their time at home, rather than travelling to and from treatment, might also choose PD.

Hemodialysis

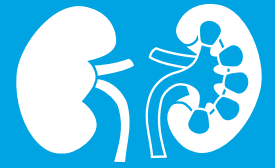
Hemodialysis pumps your blood through a dialysis machine to remove waste and excess fluid. To do hemodialysis, access to large veins is needed. This access can be a **fistula** or **graft**, usually in your arm, and is surgically put in place. Sometimes, in order to start dialysis on short notice, a catheter or line is inserted in the large vein of your neck for temporary access. A fistula or graft must be created weeks to months before they are needed, but there is less chance of infection with them than with a catheter. Hemodialysis can be done at home or at a dialysis centre.

Hemodialysis at home

Instead of travelling to a clinic or hospital and having a healthcare provider connect you to a machine, you and/or a caregiver learn how to use the dialysis machine at home. You'll need to complete training, which can take a minimum of six weeks, depending on the location where you're trained. After that, you will be able to dialyze at home (often at night while you sleep).

NOTES:

Exploring your treatment options



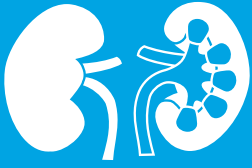
Generally, people feel and do better with independent (home) hemodialysis than with hemodialysis in a hospital or clinic. That's because home hemodialysis can be done more frequently on your own schedule, and with fewer dietary and fluid restrictions. For example, many patients choose to start hemodialysis before going to bed and receive gentle hemodialysis while they are sleeping. This provides very good removal of toxins and fluid while freeing up the day for other activities.



You are in charge of your own day-to-day care with the benefit of on-going support from your dialysis clinic. You'll need to make sure you have space in your home to store your dialysis supplies and to set up a comfortable, permanent place in your home for your dialysis machine and water system. You may need to install special plumbing connections and electrical outlets for your dialysis machine. The costs of these modifications may be covered by provincial/territorial medical insurance. However, this option may increase your home energy, water and/or garbage disposal costs because you are dialyzing at home. Please check with your local dialysis program to find out what expenses are covered.

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Exploring your treatment options



See **Chapter Two:**

Dialysis for more information about dialysis options.

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Hemodialysis at a hospital or clinic

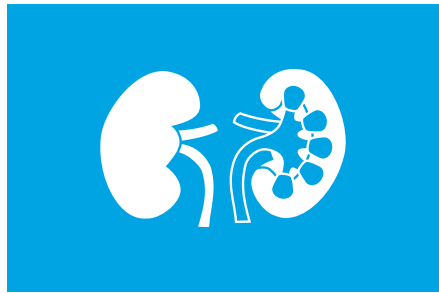
Some people are not able to do dialysis (either PD or hemodialysis) at home and instead go to a hospital or clinic where a trained nurse or technician can connect them to the dialysis machine. In-centre dialysis means you have to travel at least three times per week, sometimes at great distance, for treatment and you will have to cover transportation costs yourself. The time spent on in-centre hemodialysis is typically four hours, not including preparing and coming off the treatment. You'll also have to plan your week and your activities around your hemodialysis schedule. In addition, you'll have a daily fluid limit and a restricted diet in order to help your body manage fluid and waste build-up between treatments.

There are factors that make having hemodialysis in a clinic a better choice for some people: for example, if you are physically or cognitively unable to do dialysis at home, you don't have appropriate housing and/or if you lack the support needed to do your treatment at home.

Kidney transplant

A kidney transplant is generally considered the best treatment for most people with kidney failure. However, not everyone is a candidate for a transplant. You may not be eligible, for example, if you are elderly, have other serious health issues in addition to kidney disease, are severely obese, and/or if you are currently abusing drugs or alcohol. Even if you are eligible for a transplant, a donor kidney may not be immediately available. Most people start dialysis while they wait for a donor kidney.

Exploring your treatment options



The advantages of a transplant include better quality of life with fewer limitations than dialysis. For example, a transplant won't take hours of treatment time out of your week, and you may feel physically stronger, able to work, travel and stay more active. The main disadvantage of a transplant, in addition to the general risks of surgery, is that you will have to take medications every day, which may increase your risk of infection, and have other side effects.

Non-dialysis supportive care (conservative care)

The focus of non-dialysis supportive care is on quality of life for the time you have, rather than on trying to live longer. Performing dialysis can be a burden for some people, and may lead to a decreased quality of life. If you choose non-dialysis supportive care, your healthcare team will help you use diet and medication to slow the kidneys' decline, manage any symptoms you may have and provide support to you and your family as you plan for the end of life.

People who choose non-dialysis supportive care are not able to have a transplant. Many have multiple illnesses and/or advanced age and dialysis may not be able to extend their lives. People who choose this option often feel that the burden of dialysis outweighs any potential benefits. They decide instead to focus on quality of life for whatever time remains.

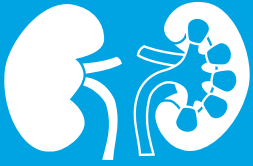
See **Chapter Four:**

Transplant for more information about kidney transplantation.

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See **Chapter Five:**

Non-dialysis supportive care for more information about this option.



Exploring your treatment options

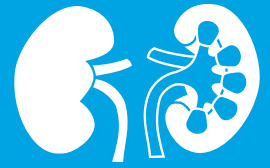
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Which treatment is best for you?

Now that you have a basic understanding of your treatment options, you might wonder which treatment is best for you. The following questions can help you consider your options. You can also use your answers as a way to communicate with your healthcare team about your thoughts and concerns about treatment.



Exploring your treatment options

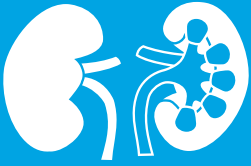


What's important to me?

Take some time to think about what's important to you and write down your thoughts.

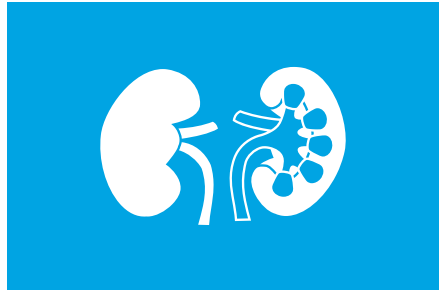
TOPIC	THINGS TO CONSIDER	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
Work, school, and/or looking after others	Daytime obligations (school, family, work) may limit your availability. Peritoneal and home hemodialysis allow you to choose what time to do your treatments and work them around your schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts				
Leading an active life/energy level	Treatment options such as peritoneal and home hemodialysis allow you to do dialysis more frequently. More dialysis does more of what kidneys do to clean your blood. This means you may have more energy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts				
Independence	Some people prefer to manage their own treatment (with support) whereas others prefer or need to be cared for in a clinic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts				

Exploring your treatment options



TOPIC	THINGS TO CONSIDER	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
Travel (for pleasure or for work)	If you need or want to continue to travel, peritoneal dialysis provides more flexibility than hemodialysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts				
Starting a family	More frequent dialysis is needed when you are pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts				
Diet and fluid restrictions	In-centre hemodialysis has more diet and fluid restrictions than peritoneal dialysis or home hemodialysis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts				
Side effects	Home hemodialysis and peritoneal dialysis may mean fewer overall side effects than in-centre hemodialysis (blood pressure, heart issues).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My thoughts				

Exploring your treatment options



TOPIC	THINGS TO CONSIDER	NOT IMPORTANT	IMPORTANT	VERY IMPORTANT
<p>How close I live to the dialysis clinic</p> <p>My thoughts</p>	<p>If you choose in-centre hemodialysis, you will need to travel to treatment at least three times a week.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Quality of life</p> <p>My thoughts</p>	<p>Choosing a treatment that best suits your medical and personal needs will help you achieve your best possible quality of life, even at the end of life.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<p>Anything else?</p> <p>My thoughts</p>				

(Adapted with permission from Kidney Health Australia)

Exploring your treatment options



8. Do you have any questions or concerns about your treatment options that you would like to ask your kidney healthcare team?

a)

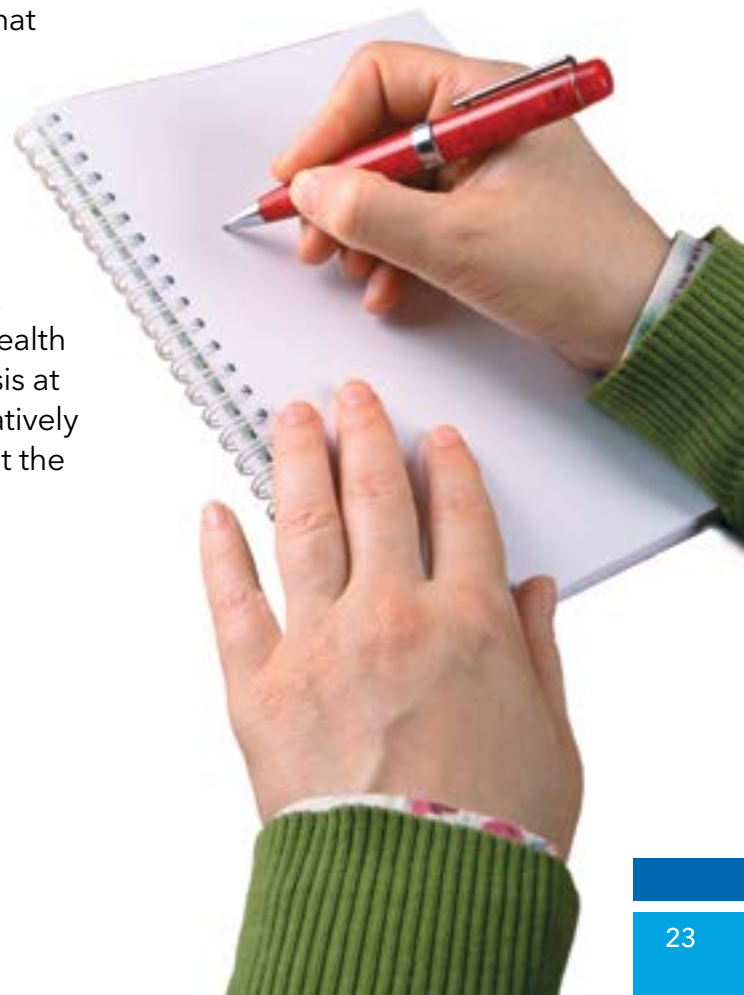
b)

c)

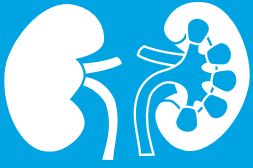
d)

e)

These questions are meant to help you explore what might be your best option given your current circumstances. Many people will have more than one type of treatment in their life, and in many cases, it is possible to change your treatment choice if things change. A transplant may become an option if, for example, you lose weight and take steps to maintain a healthy weight. Most people can, and do, switch dialysis types when their lifestyle or health calls for a change. You can also choose to stop dialysis at any time if you feel that the burden of dialysis is negatively affecting your quality of life. However, this means that the disease will run its course until the end of life.



Exploring your treatment options



Summary

- There are three treatment options: dialysis (either peritoneal dialysis or hemodialysis), a kidney transplant and non-dialysis supportive care.
- There are advantages and limitations to consider for each option.
- Choosing the option that's right for you depends on your wishes, your health and other medical conditions and your personal life circumstances.
- Your healthcare team will discuss all the options with you and help you make a treatment decision.

NOTES:
