DIALYSIS TREATMENTS SCRIPT

PAMM:
Howdy Joe, how are you doing today?

JOE:
Oh boy! I don't know what to do! My doctor told me my kidneys are getting dangerously weak and I am approaching something called ESRD.

PAMM:
Joe, I am PAMM and I am here to help you better understand this medical condition. Together, we are going to visit with Dr. Dialysis and he is going to go over the different options available to you so you can be better prepared to deal with this ESRD.

JOE:
Whew – thanks, Pamm. There's so much to learn I was feeling overwhelmed. I'm glad you're here with me.

PAMM:
Let's go see Dr. Dialysis.

DR. DIALYSIS:
Welcome Joe, how are you feeling?

JOE:
To be honest Doc, I am scared about what going to happen to me with this ESRD. I don't even know what ESRD is.

DR. DIALYSIS:
Well Joe, I have reviewed the records your doctor has sent to me and see that the combined function of both your kidneys is down to 15% and this means you are heading towards ESRD and we need to get you prepared for Kidney replacement therapy (treatment).

JOE:
What does ESRD mean?

DR. DIALYSIS:
ESRD stands for End Stage Renal Disease and it means that the kidneys ability to clean the blood is less than 10% and the patient will need kidney replacement treatment or they will eventually die from kidney failure.

JOE:
I'm not sure I'm going to like any of these options.

PAMM:
Joe, we've found that patients who are better educated about the treatment options available to them and who make the appropriate preparations do much better than those who have not planned well. Dr. Dialysis, can you review with us the different kidney replacement options for ESRD patients?

DR. DIALYSIS:
In general, Joe, a patient with ESRD has 4 options. The first is called hemodialysis, or blood based dialysis. The second option is called peritoneal dialysis, or belly dialysis.

JOE:
I know the third option is kidney transplant, but what's the fourth?

PAMM:
The fourth option, which some patients decide is right for them, Joe, is to not receive any kidney replacement therapy.

JOE:
You mean some patients choose to die from their ESRD?

DR. DIALYSIS:
Some patients' own personal medical situation may make them feel this is the right option for them. They may have a non-kidney related terminal condition, or other medical conditions causing them an overall poor quality of life. For these patients, we continue to provide care to make them comfortable while respecting their decision not to go on kidney replacement therapy.

PAMM:
Dr. Dialysis, can you go over the other options with us?

DR. DIALYSIS:
First, let's discuss hemodialysis, which involves circulating a patient's blood through a small tube that is then pumped through a dialysis filter. The filter has over a thousand tiny hollow fibers where the person's blood comes into contact with the clean dialysis solution. The toxins that the normal kidney pees out in the urine is now being picked up by the dialysis solution. The clean blood is then returned back to the patient's body.

JOE:
How does the blood get out of my body and back into my body?

DR. DIALYSIS:
Great question, Joe. We surgically create a connection between an artery and vein under the skin in the arm, which we often refer to as a fistula. Ideally, we do this several months in advance of starting hemodialysis as the fistula needs time to get strong so it will be ready to be used when it's time to start some on hemodialysis. A functioning fistula allows us to place two needles into the arm to circulate a small amount of blood out of the body and through the hemodialysis circuit and then pump the clean blood back into the body.

PAMM:
As part of this process of getting prepared for kidney replacement treatment, we will meet with the surgeon who can better explain what is involved with placing the fistula.

JOE:
How often would I have to have my blood cleaned with this hemodialysis?

DR. DIALYSIS:
Patients on in-center hemodialysis need to come to the outpatient dialysis center 3 times a week and be on the machine for typically 4 hours for each treatment. For some patients, we can train them to actually do the hemodialysis in their own home and we call this home hemodialysis.

JOE:
Whoa. The thought of doing home hemodialysis myself at home sounds a little bit scary.

PAMM:
It may sound scary at first, Joe, but actually, home hemodialysis is an excellent option for some patients. Dr. Dialysis, could we briefly go over peritoneal dialysis?

JOE:
You mean belly dialysis?

DR. DIALYSIS:
You beat me to it, PAMM. I was just about to! Belly dialysis involves placing a small tube in the peritoneal cavity. This is the area inside of the body where the intestines are. This small tube, which we call the peritoneal catheter, remains there and becomes the way will to fill and drain fluid from the peritoneal cavity.

JOE:
Does this tube go into my intestines?

PAMM:
No, no, Joe. The tube is placed by a surgeon into a cavity that holds the intestines.

DR. DIALYSIS:
That’s right. This cavity, called the peritoneal cavity, is lined with a blanket of tissue called the peritoneum and the cavity can easily hold a large amount of fluid without any difficulty. During Belly dialysis we put about 2 liters of clean peritoneal dialysis solution into the peritoneal cavity via the catheter. This is called “the fill.” This fluid is allowed to sit for a period of time called the “dwell time.” During this dwell time the peritoneal fluid picks up the toxins normally peed out in the urine. Then, the same catheter tube that allowed the fill is used again to drain the fluid. This process, or exchange, is repeated as instructed by your doctor.

JOE:
That all sounds pretty complicated. Where would I perform these procedures… at the dialysis center?

PAMM:

Actually, Joe, first there is a two week training period which does take place at the dialysis center. After that, though, once the patient and the dialysis educator feel comfortable, most patients perform this procedure at home.

DR. DIALYSIS:
The belly dialysis needs to be done every day because it is not as efficient as the hemodialysis. Most patients who do the belly dialysis have most if not all of the exchanges happen while they are sleeping using a machine called the cycler. The patient connects themselves at night prior to sleeping to the cycler which is preprogramed to automatically time the fill and drain while the patient is sleeping.

JOE:
Wow, belly dialysis and hemodialysis are pretty different.

DR. DIALYSIS:
They are, Joe. But any one treatment has not been shown to be better than the other. Otherwise, we wouldn't offer you both. Many patients who have been on one kidney replacement for years may switch to another dialysis system for medical reasons.

PAMM:
Later, Joe, we'll meet with the dialysis nurse educator and she can go over each dialysis system better. I've also signed you up for our group classes so you can discuss these different options with other patients like you. Many people have found these groups to be very helpful.

JOE:
What about the Kidney Transplant option?

DR. DIALYSIS:
There are two potential sources for a transplant: a live donor, from a family member or close friend, and an organ donor, who is brain dead. We call this second source of transplant a cadaveric kidney.

PAMM:
Joe, it's important to for patients to understand that the waiting time for a cadaveric kidney transplant is typically 3-5 years, so essentially all patients with advanced chronic kidney disease will be on dialysis prior to getting a transplant. On the other hand, patients who have a living donor may be able to avoid dialysis altogether.

JOE:
How do I begin the transplant process?

DR. DIALYSIS:
As part of the pre-transplant evaluation process, you will be referred to a transplant program and they would begin the extensive evaluation process.

PAMM:

So, Joe, we've gone over a lot of information here! We've done an overview of your various kidney replacement treatment options. We will need to schedule a time for you to meet one on one with our dialysis nurse educator to get more in-depth information about these options. For those patients strongly considering hemodialysis, we will have them see Dr. Fistula so they can better understand what is involved with placement of a fistula. We also should have you meet with Dr. Transplant so you can get a better understanding of what is involved with getting a kidney transplant.

JOE:

Thank you so much, Pam and Dr. Dialysis. I'm looking forward to learning more at these educational classes, meeting the dialysis educator and scheduling a meeting with the transplant team, but you've definitely helped me off to a great start!