

# Choosing A Treatment for Kidney Failure

(includes all slides with notes)

**BCRenal**

## Choosing a treatment for kidney failure



**Transplant**      **Peritoneal Dialysis**      **Hemodialysis**      **Conservative Care**

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# Section 1.

## Choosing a treatment for kidney failure

## 1.1 Introduction



### Choosing a treatment for kidney failure



Transplant



Peritoneal  
Dialysis



Hemodialysis



Conservative  
Care

### Notes:

This presentation is designed and delivered by the BC Renal Agency.


In this presentation you will learn about the choices you have when your kidneys stop functioning. It is important that you understand all of your options so that you can make the choice that is best for you.

Let's get started.

## 1.2 Kidney function

### Kidney function

Failed kidneys lead to health complications.

 **Different treatment options are available for when kidneys fail.**



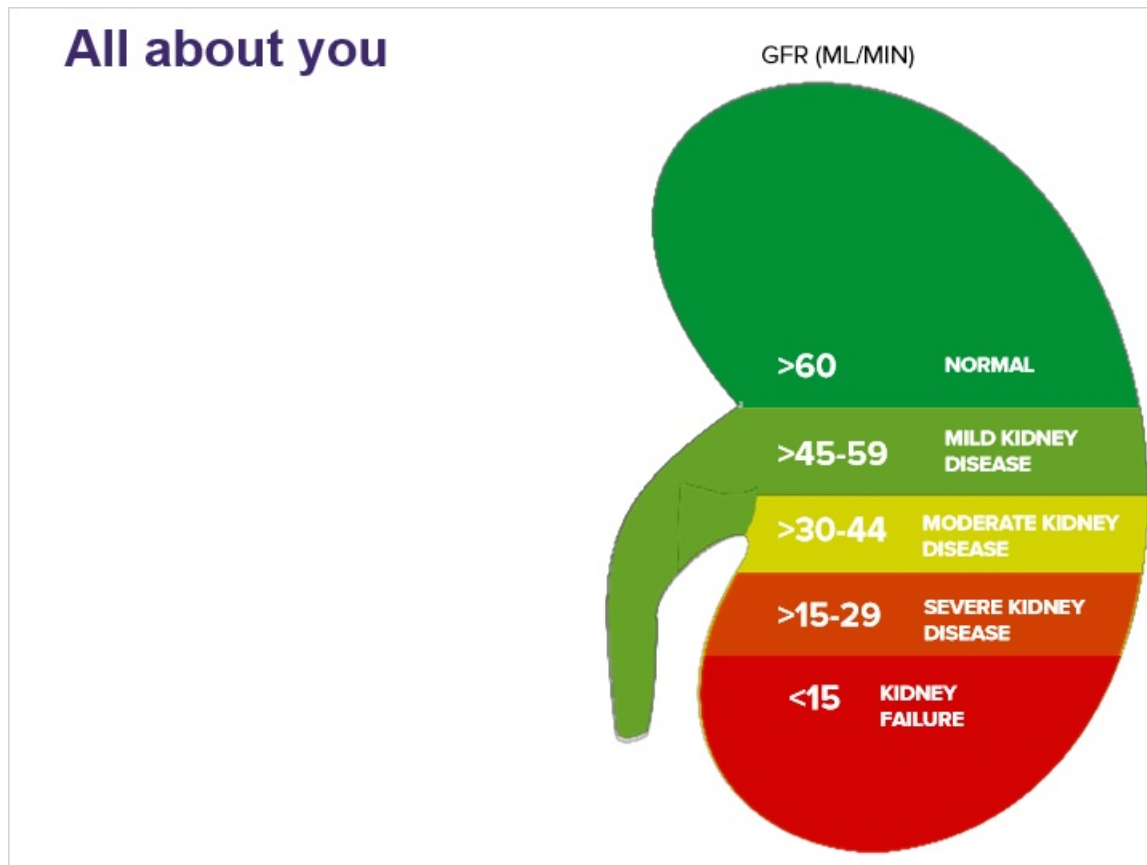
#### Notes:

Kidneys are vital to our overall health and well-being. Healthy kidneys work to clean our blood by filtering out waste by-products.

Kidney failure leads to serious health complications.

There are a number of treatment options for people whose kidneys are failing. And it's important that you understand all of your options so that you - supported by your kidney care team - can make the best choice for your situation.

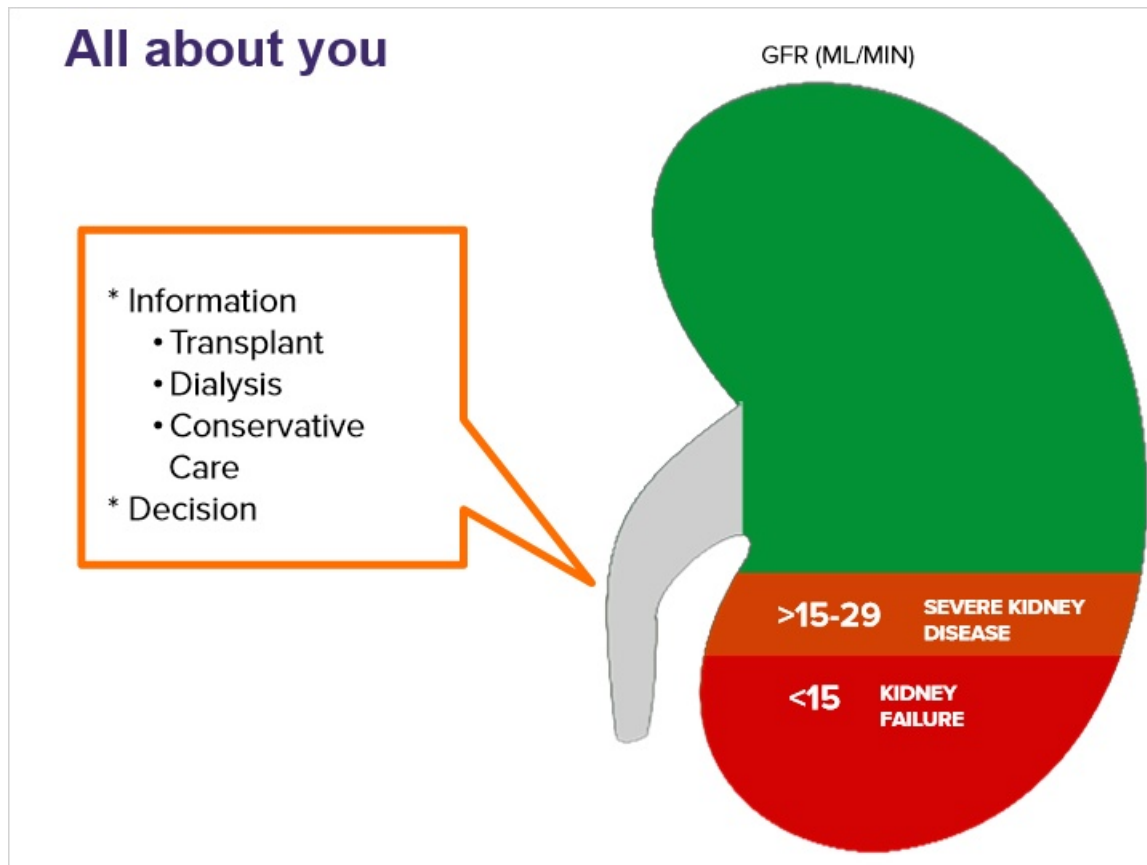
### 1.3 All about you



#### Notes:

This chart shows the different levels of kidney function. You might already have some test results showing your GFR - or the current level of your kidney function. If you know your GFR, you should be able to see where you fit on the chart. If you don't remember your GFR, you may be able to find it in your test results. Or you can ask your health-care provider.

## 1.4 All about you



### Notes:

Most people who are learning about their kidney replacement options are at the 15-29 level of GFR, shown by the orange box.

## 1.5 What is important to you?

### What's important to you?

Flexible vs Routine

Easy-going vs Structured

Independent vs Like help

Commitments vs Free time

Picky eater vs Eat whatever

Relaxed vs High energy

### Notes:

When making a decision about your treatment options it's best to think about what is important to you. There are a lot of things to consider. Here are just a few.

Is it important for you to be in control of your time? Do you tend to do similar things every day or does your daily schedule change a lot?

Are you an independent person? Do you like doing things yourself or do you prefer to have things done for you?

Do you have a lot of activities in your day that are important to you? For example, work, volunteering or family commitments?

Would having a diet that restricts what you eat and drink be okay for you, or would you find that

difficult?

Are you an active person? Or do you have a calmer, stay at home life-style?

These are just some of the questions to think about as you learn about the different options. They can help you decide which option might be the best fit for you.



## 1.6 What would work best for you?



**What would work best for you?**

### Notes:

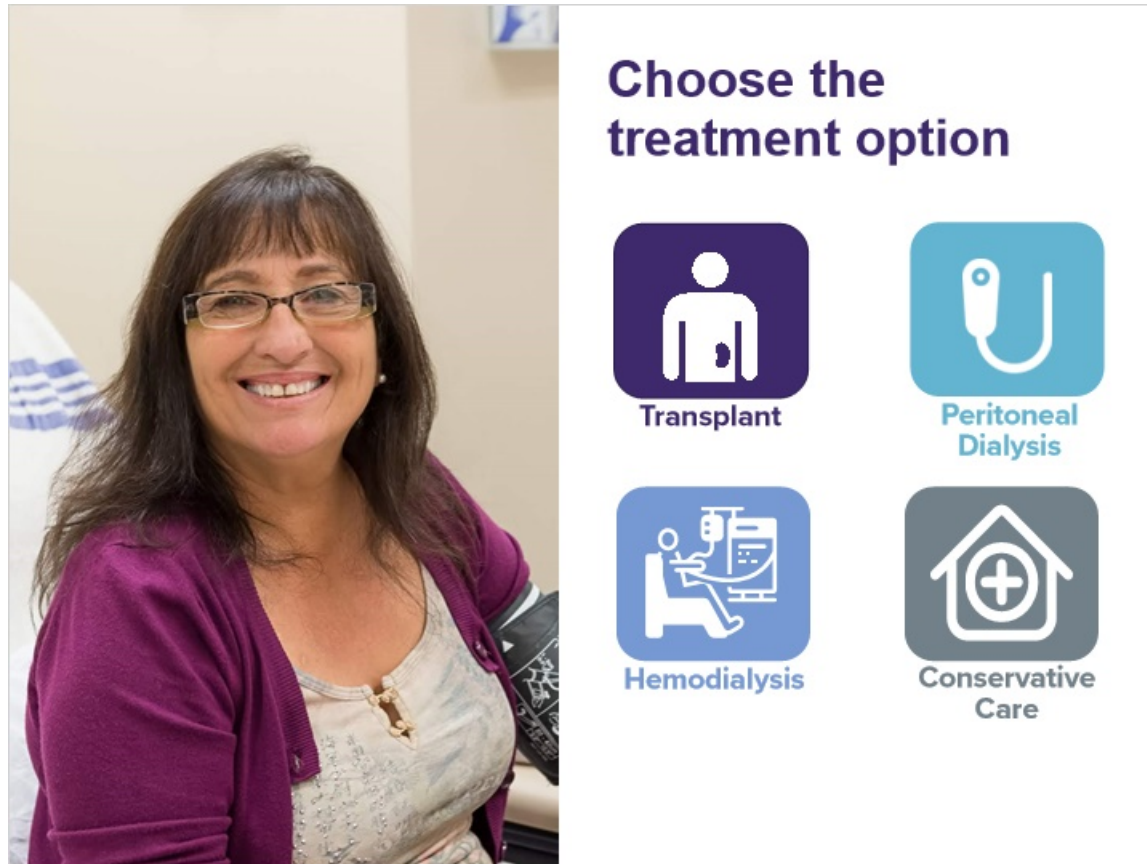
We are now going to look at the various treatment options

Most people with kidney failure will require more than one type of treatment over their lives, so it's good to know about all the options.

And sometimes the option you think you would like changes once you learn more about the others.

Or your health-care team might suggest an option that could be better for you and your situation. It's best to start by having an open mind.

## 1.7 Let's talk about it



**Choose the treatment option**

- Transplant
- Peritoneal Dialysis
- Hemodialysis
- Conservative Care

### Notes:

The treatment options available to people going through kidney failure are:

- Transplantation
- Peritoneal Dialysis
- Hemodialysis - including home-based and clinic-based hemodialysis
- and Conservative Care


This presentation will explain all of these options so that you have the information you need for thinking about which choice might be best for you.

# Section 2: Transplant



Transplant

## 2.1 Kidney transplant



**Transplant**

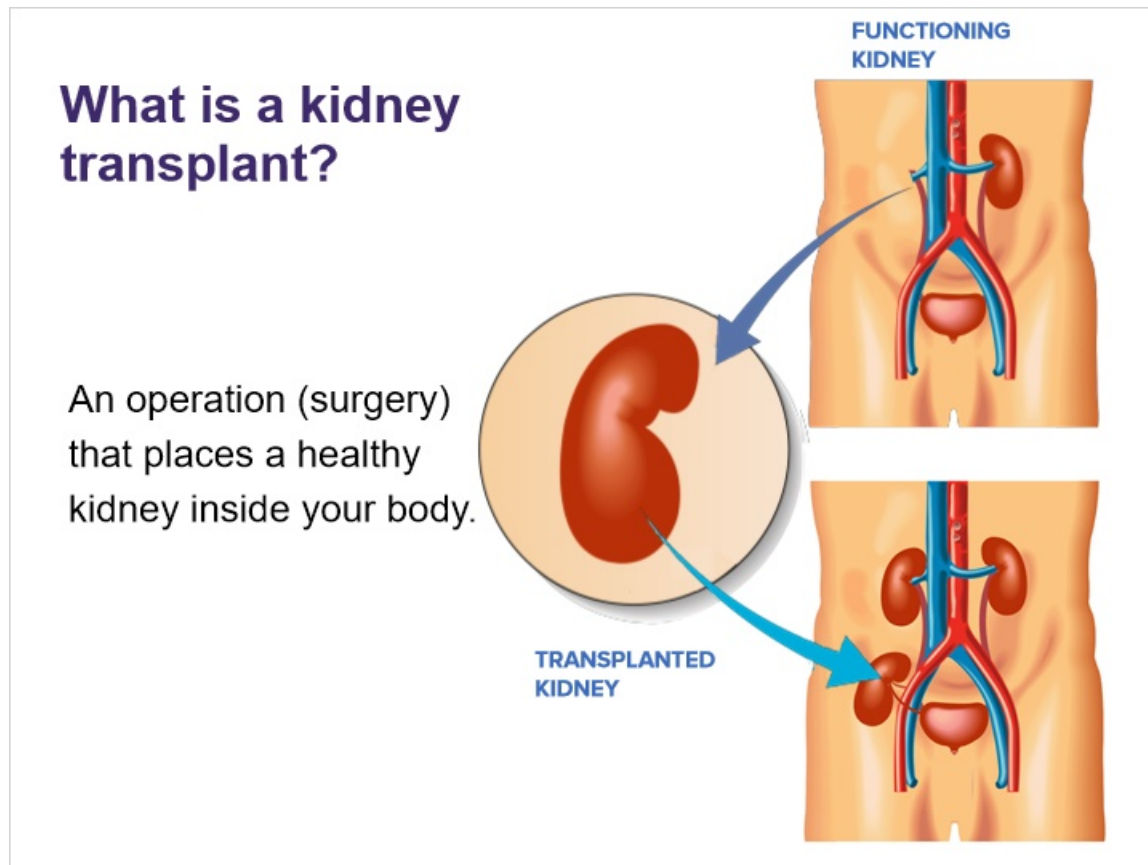
**The preferred treatment for most patients with kidney failure**



### Notes:

Let's start with the option of kidney transplant. Transplant is the preferred choice for most people with kidney failure.

## 2.2 What is a kidney transplant?



### Notes:

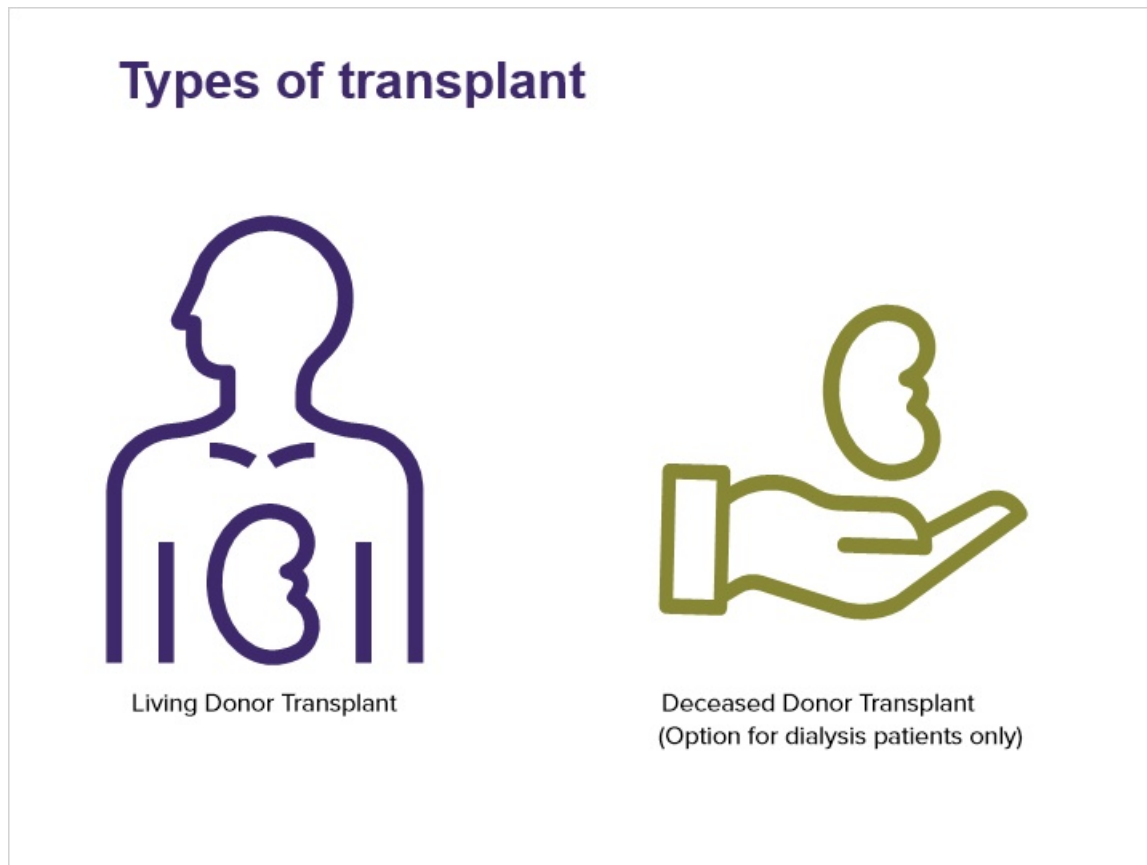
A kidney transplant involves getting a healthy kidney from another person - a kidney donor. Surgery is required to place that healthy kidney into your body.

This picture shows where the new kidney is placed in the body.

Many people are surprised to learn that their own kidneys are left in the body when they get a new kidney.

It is also important to understand that transplant is only a *treatment* for kidney disease, and not a cure. That means you will still need to meet regularly with your healthcare team and take medications to make sure your transplanted kidney stays healthy.

## 2.3 Types of transplant




### Notes:

There are two types of kidney donors... living donors and deceased donors.

## 2.4 Living donor transplant

### Living donor transplant



The kidney **donor is alive**

**!** Actual wait time depends on blood group and presence of antibodies.


### Notes:

A living donor is just as it sounds. The kidney comes from someone who is alive and has volunteered to donate one of their kidneys. People can live long and healthy lives with one kidney. Someone who volunteers to donate their kidney will go through many tests to make sure they are healthy and it is safe for them to donate their kidney.




## 2.5 Deceased donor transplant

**Deceased donor transplant**  
(Dialysis patients only)



The kidney **donor** has died.



**!** Waitlist is 2 to 8 years.

### Notes:

In the case of a deceased donor, the kidney comes from someone who has passed away-and who agreed to donate a kidney before they died.



## 2.6 BC Transplant



### Notes:

BC Transplant is the agency that takes care of all kidney transplantation in BC, and makes sure that every donated kidney is healthy before it is transplanted.

## 2.7 BC Transplant





### Notes:

BC Transplant is the agency that takes care of all kidney transplantation in BC, and makes sure that every donated kidney is healthy before it is transplanted.

## 2.8 Benefits of Living Versus Deceased Donor


### Transplant benefits

Living vs deceased donor



- Last longer.
- Lower risk of rejection.
- Allow better overall health.
- Done before kidney failure.

**MUST** be on dialysis.

 **Talk with your Kidney Care Team about finding a living donor.**

### Notes:

There are a number of advantages to having a kidney transplant from a living donor versus from a deceased donor.



Transplants from living donors:

- Last longer
- Have a lower risk of rejection
- Allow better overall health
- Can be done before kidney failure. For a deceased donor you must be on dialysis before you are put onto the wait list.


Talk with your Kidney Care Team about finding a living donor and the resources that are available to help you.

## 2.9 Transplants take time to happen


### Transplants take time



There is a wait time for a kidney transplant.



Which type of dialysis?



Consider what's best for you.

### Notes:

Even if you are planning to get a kidney transplant, there is a wait time for a kidney transplant.

And if your kidneys fail before your transplant operation can be done, you will have to go onto dialysis for a time. So even if transplant is your preferred choice, you need to consider what type of dialysis you would want if your kidneys fail before your transplant operation can be done.

## 2.10 What is important to you?

### What's important to you?

Flexible vs Routine

Easy-going vs Structured

Independent vs Like help

Commitments vs Free time

Picky eater vs Eat whatever

Relaxed vs High energy

### Notes:

In thinking about your options and coming to a decision, you should think carefully about what is important to you and to the way you like to live.

# Section 3: Peritoneal Dialysis



### 3.1 Peritoneal dialysis



#### Notes:

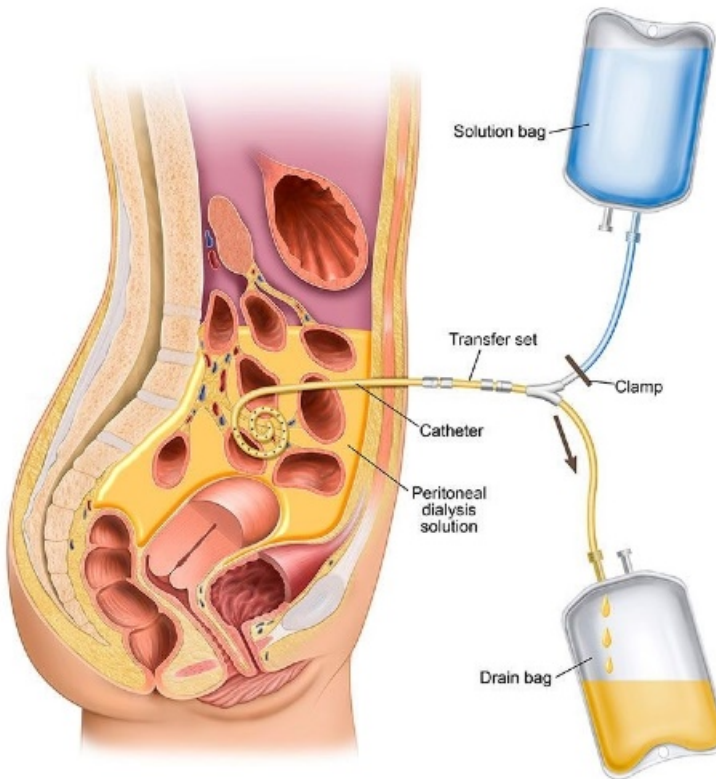
In this section we will discuss what Peritoneal Dialysis - or PD - is and how it works. We'll also look at what your PD options are, and the benefits and drawbacks of PD



### 3.2 What is peritoneal dialysis (PD)?

#### What is peritoneal dialysis?

With PD, a cleansing fluid flows through a tube (catheter) into your abdomen to filter waste and extra fluid from your blood. The fluid dwells for a period of time and is then drained out of your abdomen with the waste products.



#### Notes:

When you start PD you will learn how to do both daytime PD and overnight PD. Your PD team will work with you to determine the best schedule for you.



### 3.3 PD is a home-based dialysis

## PD is a home-based dialysis

You can do PD during the day or while you sleep.



**You will need a PD catheter inserted into your peritoneal cavity to do PD.**



#### Notes:

When you start PD you will learn how to do both daytime PD and overnight PD. Your PD team will work with you to determine the best schedule for you.

### 3.4 There are two types of PD

## Types of peritoneal dialysis



### 1. Continuous ambulatory peritoneal dialysis (CAPD)

- Performed manually.
- Done during the day.
- 4 exchanges per day.



### 2. Continuous cycler peritoneal dialysis (CCPD) OR automated peritoneal dialysis (APD).

- Automated form of dialysis using a machine.
- Done at night while you sleep.

Your healthcare team will help you decide which method is best for you.

#### Notes:

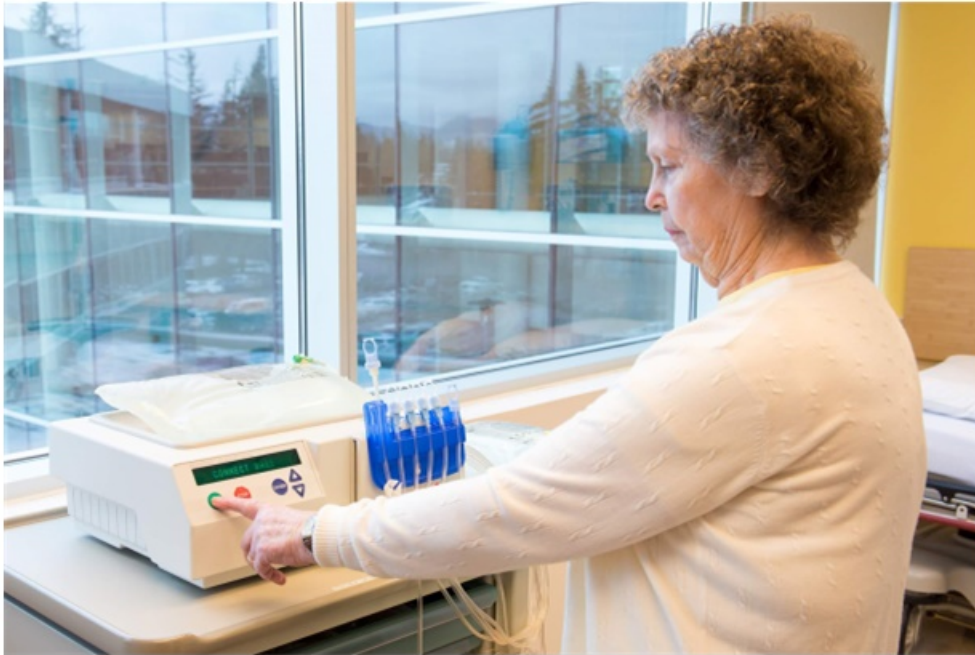
There are two types of PD.

Continuous Ambulatory Peritoneal Dialysis - or CAPD - is the manual form of PD. Manual PD is usually done 4-5 times a day and takes about 30 to 45 minutes each time. Everyone who chooses PD as their dialysis choice starts with manual PD.

Continuous Cycling Peritoneal Dialysis - or CCPD - uses a machine. This kind of PD is done at night while you sleep-and usually takes 9 to 10 hours.

### 3.5 PD machine (cycler)

#### PD machine (cycler)



#### Notes:

This picture shows a CCPD machine and a woman getting ready to start her machine-based PD session before going to bed.

### 3.6 Benefits of PD: travel



#### Notes:


As you might guess from the pictures, one of the benefits of PD is that it allows you to travel.

### 3.7 Benefits of PD: flexibility


## Benefits of PD

### Flexibility


- PD can be done almost anywhere.
- Easy to travel.
- Supplies sent to you free of charge.
- Fewer dietary restrictions.



You do it yourself.



You fit PD into your lifestyle.



With CCPD, most of your treatment can be done while you sleep.

#### Notes:

And there are many other benefits associated with PD. Generally, these include increased independence and flexibility.



### 3.8 Benefits of PD

## Benefits of PD



-  PD protects your remaining kidney function longer.
-  PD is gentler, closer to your natural kidney function.
-  There are no needles used for PD.



#### Notes:

PD helps preserve your remaining kidney function more than hemodialysis, which we will learn about soon. It's also gentle on your body, because it works much like a natural kidney.


And there are no needles involved in PD, which some people find very appealing.

### 3.9 Points to consider


## Points to consider



No baths/hot tubs.



Requires training  
(about 1 week).



Treatment needs to  
be done daily.

#### Notes:

Other things to consider regarding PD include the need for having a catheter tube in your belly. Some people really like to soak in a bath or a hot tub, which should be avoided by people on PD. However, having showers is OK.

To start PD you will need to get some training, to make sure you can do it on your own at home. PD has to be done every day, so it needs to be part of your everyday routine.

### 3.10 Points to consider

#### Points to consider



PD supplies required for one month's use. →



#### Notes:

You will also need some space to store the supplies needed for PD.



### 3.11 Is peritoneal dialysis for you?

#### Is peritoneal dialysis for you?

If you started PD

- What would be the biggest change in your life?
- What would be the best part?
- What would worry you the most?
- Is there anything more you would like to know?
- Would you consider PD for yourself?



#### Notes:

It's time now to consider if PD feels like the right option for you.

If you started PD what would be the biggest change for you?

What would be the best part or biggest benefit of PD for you?

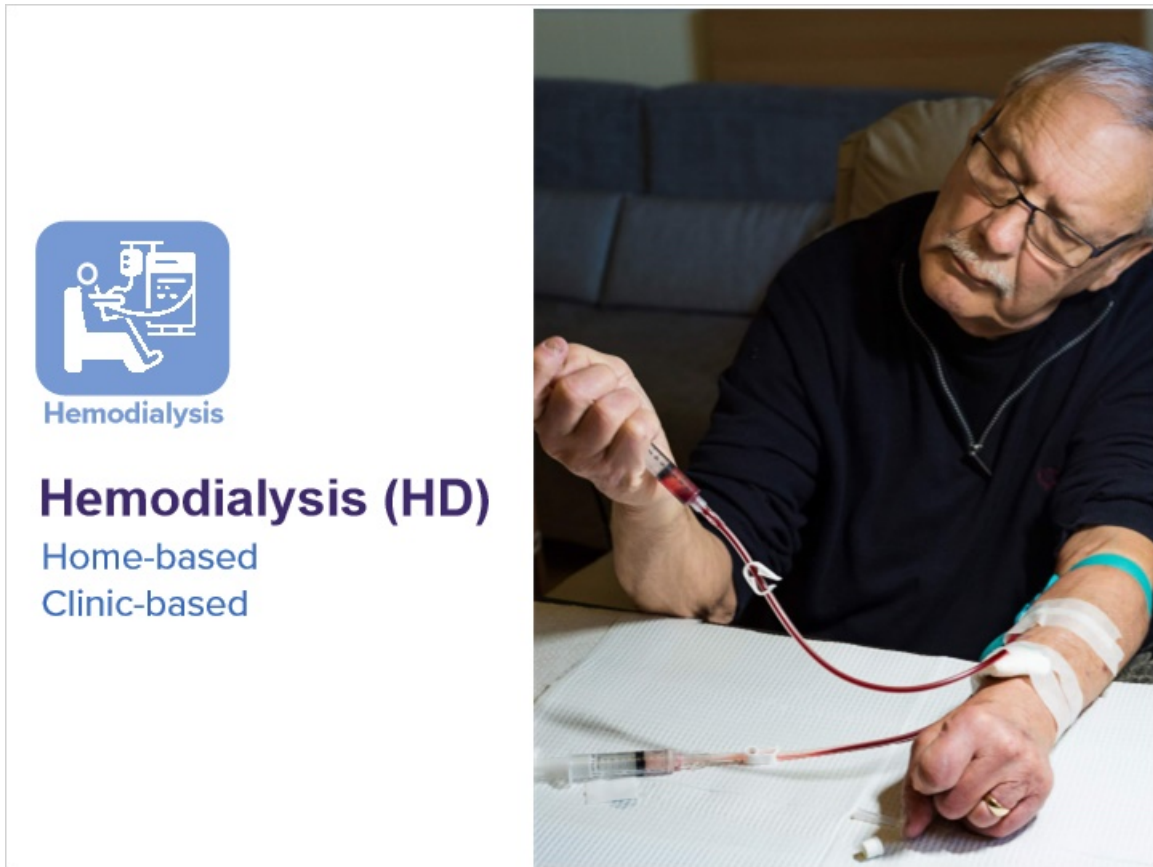
What would worry you the most if you were on PD?

Is there anything more you would like to know? If so, write it down to ask someone from your kidney care team later.

# Section 4: Hemodialysis



## 4.1 Hemodialysis (HD)



### Notes:

Hemodialysis - or “hemo” is another type of dialysis.

In this section we will learn about hemodialysis, including:

- what it is
- what a vascular access is
- what the different hemo options are...
- And the benefits and possible drawbacks of hemo

## 4.2 What is hemodialysis?

### What is hemodialysis?



Removes, cleans and returns your blood to your body.



Can be done at home or in a dialysis clinic.



To access your blood, vascular access is required.

#### Notes:

Hemodialysis uses a machine to remove, clean and return blood to your body

This can be done in your own home or in a hospital or a community clinic

### 4.3 Vascular access

## Vascular Access



#### Notes:

To do hemodialysis, there needs to be a way to connect your blood vessel to the hemo machine. This can be done through either a fistula or catheter.

For most people, a fistula is a better option than a catheter. A fistula is created when a surgeon connects an artery and a vein together. Once the fistula is ready it becomes a natural part of your body and provides good blood flow and a dialysis connection point that can last for decades.

A fistula cannot be used right away. Getting a fistula well before you begin hemodialysis is best as it takes a while - sometimes many months - for it to be ready for use.

## 4.4 Vascular access: Options

### Vascular Access



FISTULA



CATHETER

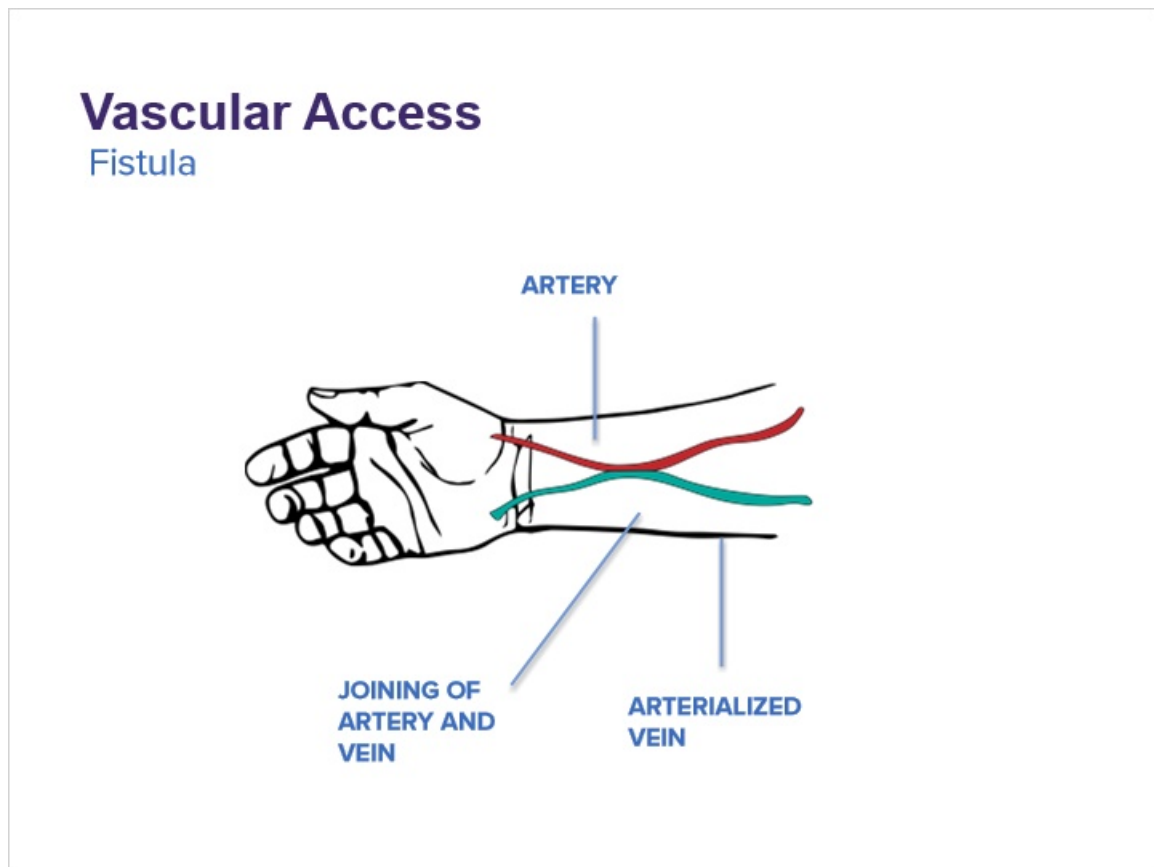
#### Notes:

To do hemodialysis, there needs to be a way to connect your blood vessel to the hemo machine. This can be done through either a fistula or catheter.

For most people, a fistula is a better option than a catheter.



## 4.5 Vascular access: Fistula



### Notes:

A fistula is created when a surgeon connects an artery and a vein together. Once the fistula is ready it becomes a natural part of your body and provides good blood flow and a dialysis connection point that can last for decades.

A fistula cannot be used right away. Getting a fistula well before you begin hemodialysis is best as it takes a while - sometimes many months - for it to be ready for use.

## 4.6 Vascular access: Catheter

### Vascular access:

#### Catheter

A catheter is usually used in emergency situations or when blood vessels will not allow for creation of a fistula.



#### Notes:

A second but generally less preferred way to connect your blood vessel to the hemo machine is through a catheter.

A catheter is a Y-shaped, plastic tube that goes into a vein in your neck

This type of access is most commonly used in emergency situations-for example when someone needs to start dialysis before their fistula or graft is ready for use.



## 4.7 The benefits of fistulas

### The benefits of fistulas

A fistula is the best choice because:

- It performs the best.
- It lasts the longest.

**Choose early.**  
**A fistula takes time to mature.**

- Fewer complications (infections).
- It is safe to shower and swim.
- Requires fewer hospitalizations.

### Notes:

For most people, a fistula is the best choice because it:

- performs the best
- lasts the longest
- has fewer complications such as infections
- is safe to shower and swim
- requires fewer hospitalizations

## 4.8 Hemodialysis options

### Hemodialysis options



#### Independent (Home-based) hemodialysis:

- Manage own care at home.
- Allows for a flexible schedule.



#### Dependent (Clinic-based) hemodialysis:

- Dialysis occurs in a hospital or community dialysis unit.
- Assistance is provided.
- Dialysis time is scheduled (overnight available in some centres).

#### Notes:

There are two basic types of hemodialysis: Home-based and clinic-based.

Home-based hemo can be done at home. You can do it on your own time, so the schedule is up to you and is very flexible

## 4.9 Home-based vs. clinic-based HD



Home-based

Clinic-based

- What are the benefits of each?
- What things might you think about before choosing?

### Notes:

Here's a view of two people on hemodialysis. One is on home-based hemo, the other is in a clinic-based hemo setting. In looking at these pictures, think about the different benefits of each of these two hemo options - and which option might work best for you.

## 4.10 Home-based HD

### Home-based

#### Benefits

- Flexibility.
- Gentler to body (longer, more frequent sessions).
- More energy and feel better.
- Fewer medications.
- Fewer diet restrictions.
- Easier to travel.
- Individualized support.



Requires training  
(6-8 weeks).



Requires storage  
space.



Must order own  
supplies (delivered  
to your home at no  
cost).

#### Notes:

Home-based hemodialysis allows you to have more control over your schedule than clinic-based dialysis. It may also be gentler on the body because you can do it more often, and for longer periods of time. That means you will have more energy and generally will feel better

It also means taking fewer drugs. And you can be more flexible in what you eat and drink because your blood is cleaned more often. And it is easier to travel.

A support team will be assigned to you if you are doing hemo at home-so you can ask questions and get answers at any time

Before you start home hemo the renal program will provide you with detailed training. You will also need hemo supplies. These will be delivered to you and are paid for by the renal program.

## 4.11 Clinic-based HD

### Clinic-based Benefits

- No equipment or supply storage needed.
- No need to go to the lab.
- Some centres have night-time hemodialysis available.



Each run is 3-4 times a week, usually 4 hours each time.



Requires travel to site (may have costs).



Travel and diet more restricted.

### Notes:

The other type of hemodialysis is clinic-based.

Some people prefer to have someone else do most of the work of dialysis for them. For them this is one benefit of clinic-based hemo.

In some clinics you can do dialysis at night while you sleep-so you can have your daytime free

On the other hand, there is little flexibility with clinic-based dialysis. Your dialysis schedule is set - usually for 4 hours, 3 times a week. All of your dialysis is done at the same centre.

It is harder to travel on clinic-based dialysis than home-based dialysis.

# Section 5. Conservative Care



Conservative  
Care



## 5.1 Conservative Care



### Notes:

The final part of this presentation is about conservative care.



## 5.2 Why conservative care?

### Conservative Care

Some people decide not to pursue either transplant or dialysis



Why do you think some people might choose conservative care?

#### Notes:

Conservative care means choosing NOT to do dialysis and NOT to have a kidney transplant.

### 5.3 What does conservative care mean?

## Conservative Care



- You will continue to receive medical care.
- Treatment is focused on symptom reduction and comfort.

#### Notes:

If you choose conservative care you will still get medical care-your health care team will be with you the whole way through. Choosing not to pursue dialysis does not mean that other treatments are not available to you.

## 5.4 What does conservative care mean?

### Conservative Care

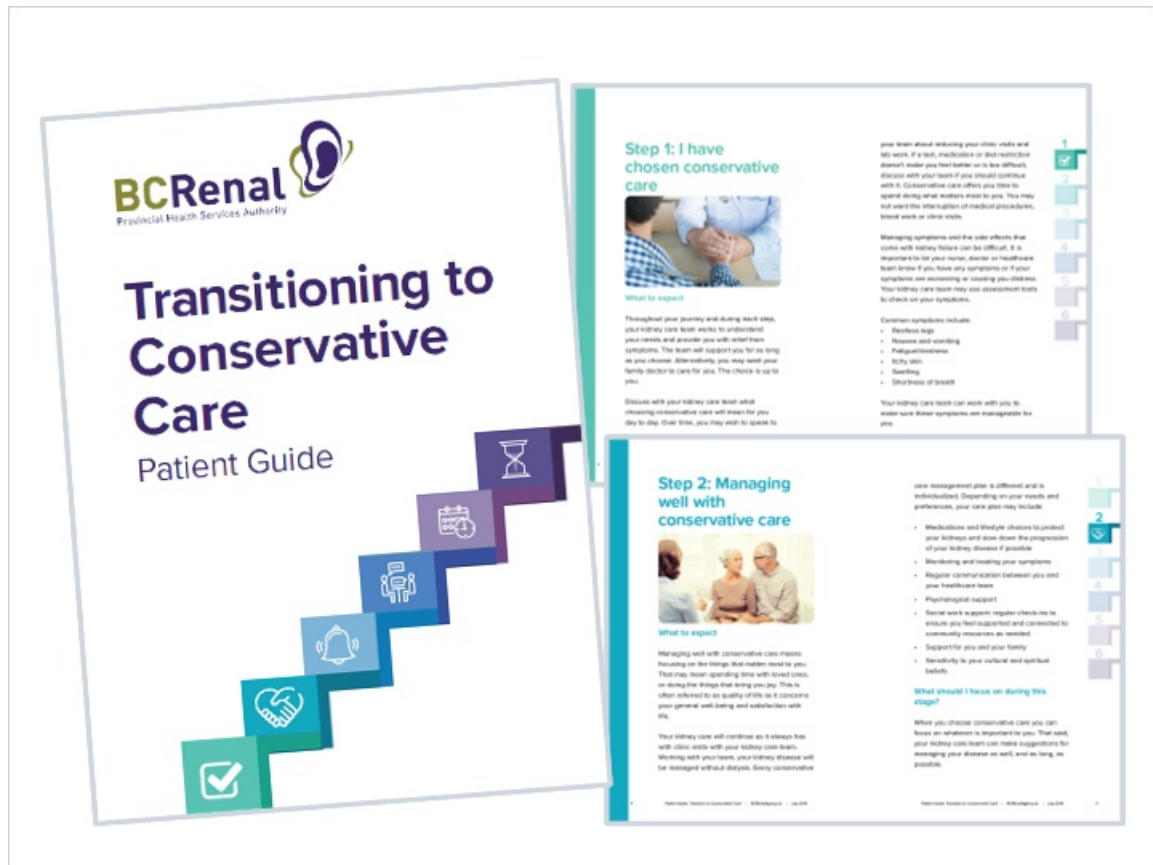


- You will continue to receive medical care.
- Treatment is focused on symptom reduction and comfort.

#### Notes:

The focus of care for someone who chooses this option is to reduce the symptoms of their non-functioning kidneys and to make them as comfortable as possible.

## 5.5 Transitioning to conservative care




Notes:

If you would like to know more about conservative care, ask your healthcare team.

# Section 6. Wrap up

## 6.1 Quick review

**Quick review**  
What would work best for you?



The image contains four icons arranged in a 2x2 grid. The top-left icon is a dark purple square with a white silhouette of a person and a kidney, labeled 'Transplant'. The top-right icon is a light blue square with a white dialysis catheter, labeled 'Peritoneal Dialysis'. The bottom-left icon is a light blue square with a white silhouette of a person in a dialysis chair, labeled 'Hemodialysis'. The bottom-right icon is a dark grey square with a white house and a cross, labeled 'Conservative Care'.

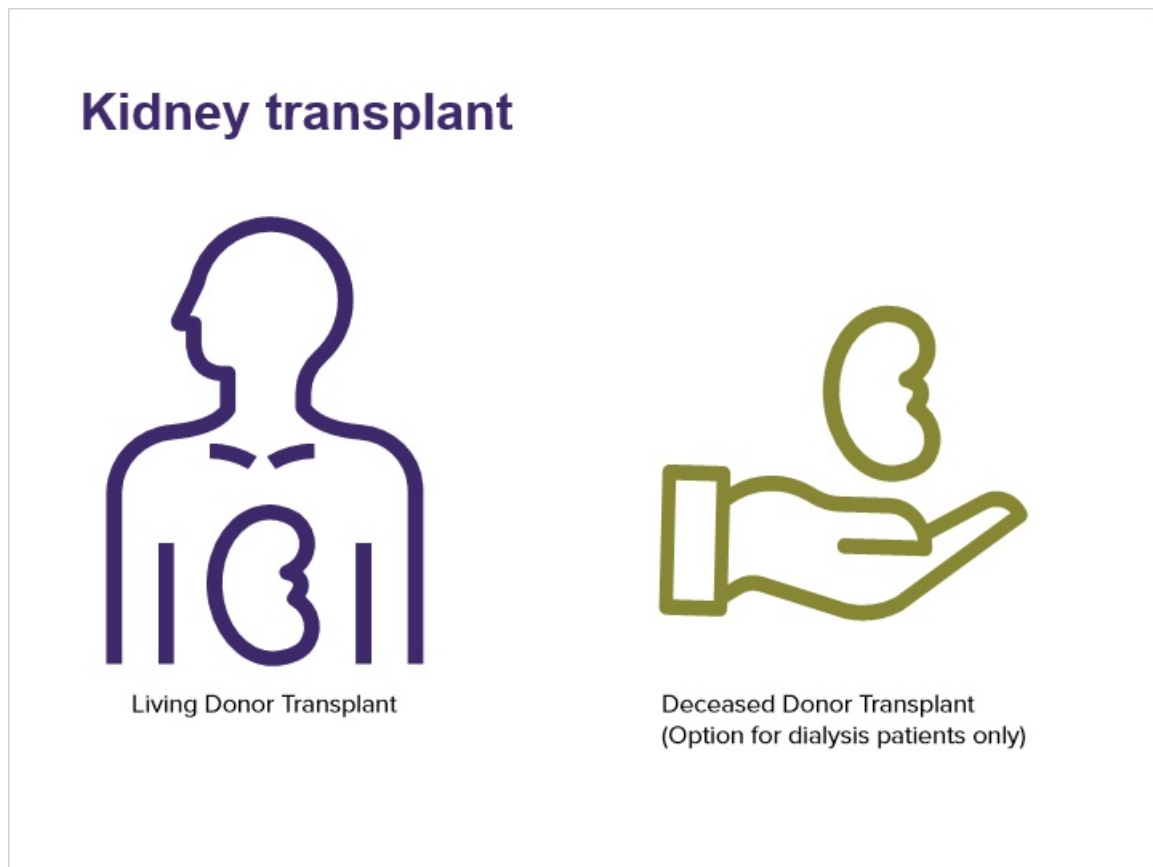
### Notes:

The first option we discussed in this presentation was kidney transplant.

In transplantation a kidney can come from a living donor or a deceased donor.

Having a living donor will provide you with a kidney much faster than getting a kidney from a deceased donor through the deceased donor registry - which can take many years. Both you and your living donor can live healthy lives with one kidney.

## 6.2 Kidney Transplant



### Notes:

The first option we discussed in this presentation was kidney transplant.

In transplantation a kidney can come from a living donor or a deceased donor.

Having a living donor will provide you with a kidney much faster than getting a kidney from a deceased donor through the deceased donor registry - which can take many years. Both you and your living donor can live healthy lives with one kidney.



## 6.3 Dialysis



### Notes:

We also discussed several dialysis options in this presentation.

## 6.4 Dialysis

### Dialysis

#### Peritoneal Dialysis (PD)



- Catheter needed.
- Manual or automated.

#### Hemodialysis (HD)



- Vascular access needed.
- Can be done at home or in a clinic.

#### Notes:

As a quick summary, there are two basic kinds of dialysis: PD and Hemo.

## 6.5 Dialysis

### Dialysis

#### Hemodialysis (HD)



#### Peritoneal Dialysis (PD)



#### Notes:

For PD you need a catheter in your belly and you can do it manually during the day or using a machine at night.

For Hemodialysis you need a vascular access -- which should be created in your arm long before you start dialysis. Hemo can be done independently -- on your own at home, or in a dialysis centre. Or dependently -- in a hospital or dialysis centre.

## 6.6 Conservative Care

### Conservative care



#### Notes:

Finally, in this presentation we discussed the option of conservative care. This is when you choose to NOT do dialysis and not to have a kidney transplant when your kidneys start to fail. In this case your medical care is focused on keeping you comfortable.

## 6.7 Talk to your kidney care team



### Notes:

Each of the options discussed in this presentation has its advantages and disadvantages. You will need to consider those carefully before making your decision about which is the best option for you. This can be difficult - but remember, you're not alone.



## 6.8 Talk to your kidney care team



### Notes:

If you have questions or concerns about your treatment options, don't hesitate to discuss them with your kidney care team. Your team is there to support you and help you choose the option that is best for you and your situation.