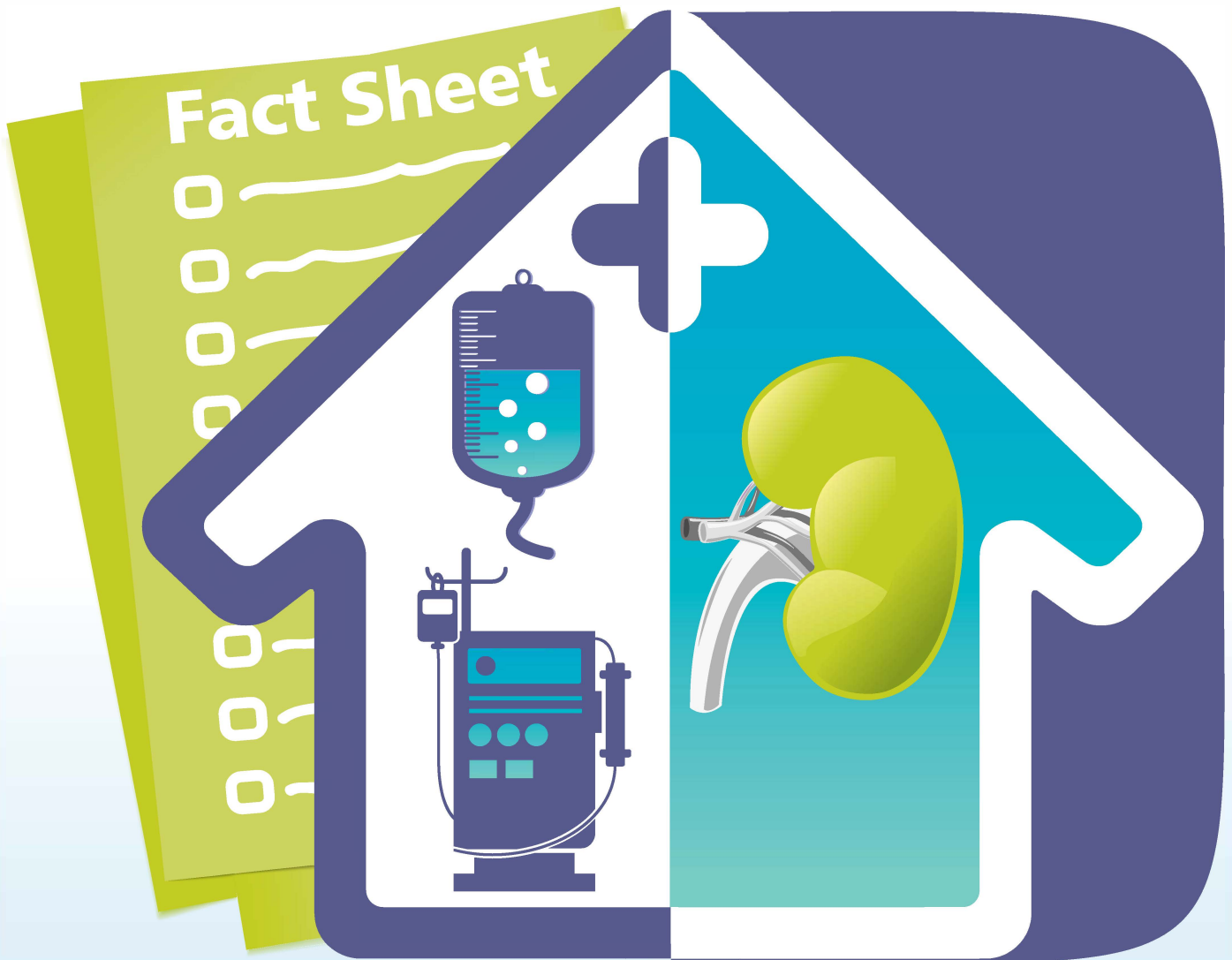


Know The Facts About Home Dialysis Choices



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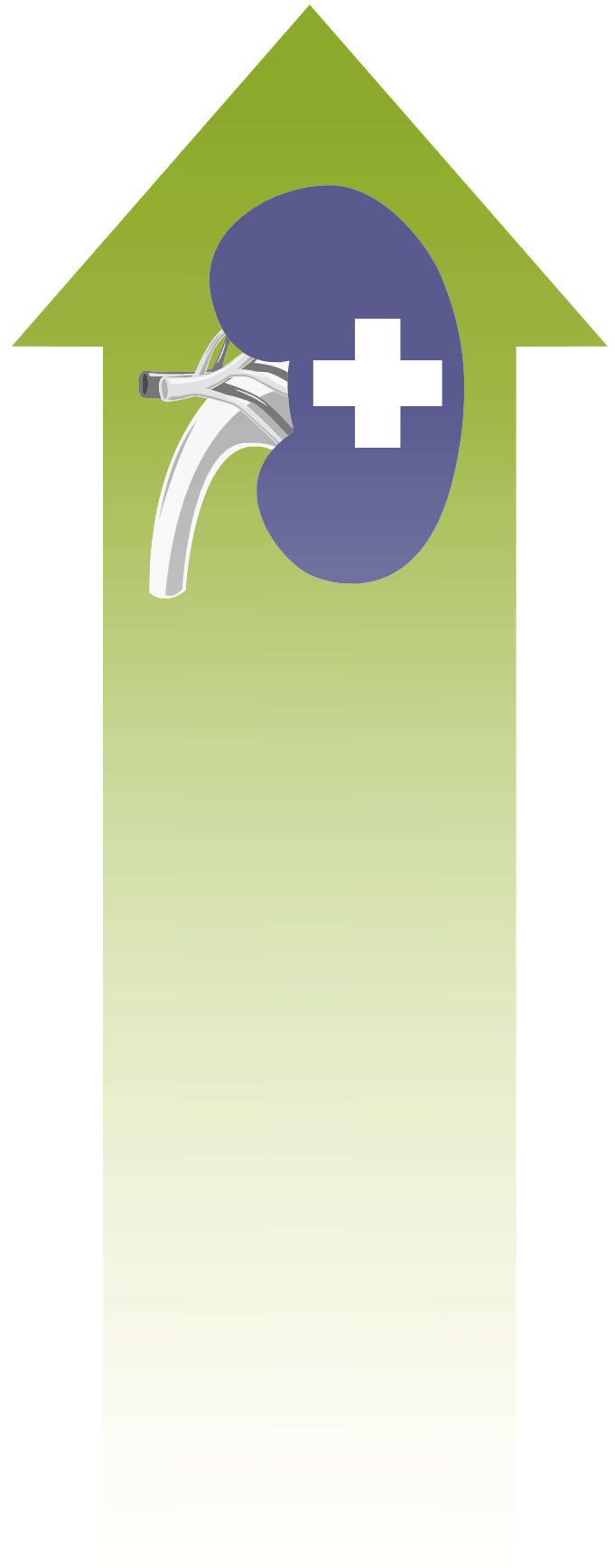
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Both treatment options have specific risks and responsibilities. It's important to discuss these with your doctor before making a choice.

Compared with people who receive in-center treatments, individuals have reported that they:

- Take less medication to control blood pressure and prevent anemia
- Take less medication to keep phosphorus under control to help prevent bone disease
- May have improvements in neuropathy (nerve damage) and less restless leg syndrome
- Feel better during dialysis and less "washed out" afterwards
- Have more energy for daily tasks
- Sleep better
- Have fewer and shorter hospital stays.

Regardless of the treatment option you choose, you need to visit your practitioner on a regular basis to check how your treatment is going.



Home Hemodialysis

Why consider home hemodialysis?

Home hemodialysis gives you more control over your treatment schedule and reduces the number of trips you have to make to and from the dialysis center. Also, studies show that the more you know about your treatment and the more you do on your own, the better you are likely to do on dialysis.

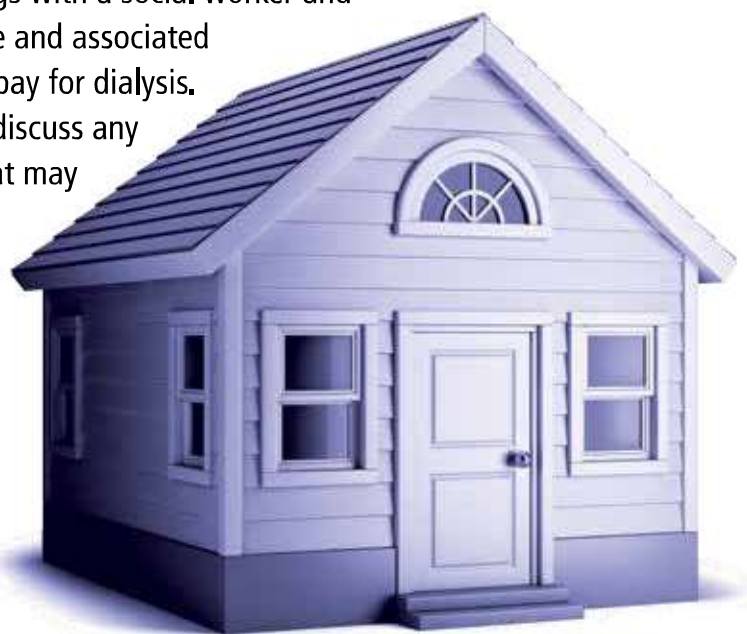
Despite the advantages, home hemodialysis is not a good fit for everyone. Some people may not be able to do home hemodialysis because of their health status or other reasons.

Important things to consider:

- Do you have a working vascular access for hemodialysis?
- Do you want to take full responsibility for your treatment?
- Is a reliable friend or family member (care partner) willing to help you?
- Is there a dialysis center you can work with for a home hemodialysis program?
- Can you (and your care partner) undergo several weeks or possibly months of training?
- Do you have a proper space at home to perform treatments and enough room to store equipment and supplies?
- Are you willing to make any necessary plumbing or wiring changes to your home?

Your home hemodialysis unit will schedule meetings with a social worker and financial coordinator to discuss insurance coverage and associated treatment costs. There are other sources that help pay for dialysis. Check with your social worker. He or she can also discuss any plumbing or wiring changes or additional costs that may occur with home hemodialysis.

One of the most important factors in deciding whether you are suited for home hemodialysis is **how much you want to do it**. If you answered “yes” to the questions above, and if you and your care partner can pass the training and learn to place your needles, you should be able to manage your home hemodialysis treatments.





What are the different types of home hemodialysis?

There are different ways to receive home hemodialysis. Talk with the home hemodialysis team you are working with about your options:

- Hemodialysis can take place during the day or at night.
- The number of treatments you need may vary from three to seven times per week, and the number of hours you will need to receive treatment will be based on your number of treatments per week and your medical needs.

Dialysis centers often can link to your equipment and monitor your treatment remotely. It is also possible to combine nocturnal (nighttime) and daytime home hemodialysis, depending on your needs, your medical condition, and your machine. Your practitioner will prescribe how often you should do your treatments.

Which method of home hemodialysis is best for me?

All methods of home hemodialysis allow you to dialyze in the comfort and privacy of your own home and eliminate trips to the dialysis center for treatment. You can read, eat, watch TV or chat with friends during treatment. You can schedule your sessions around your other commitments. Overall, home hemodialysis allows you to have more control over your life.

Studies show that **more frequent dialysis is better**. More hours of dialysis each week can result in more waste removal. This will allow you to feel better and have more energy. With home hemodialysis, you can adjust your schedule to dialyze more often. This usually allows you to dialyze for shorter periods of time per treatment.

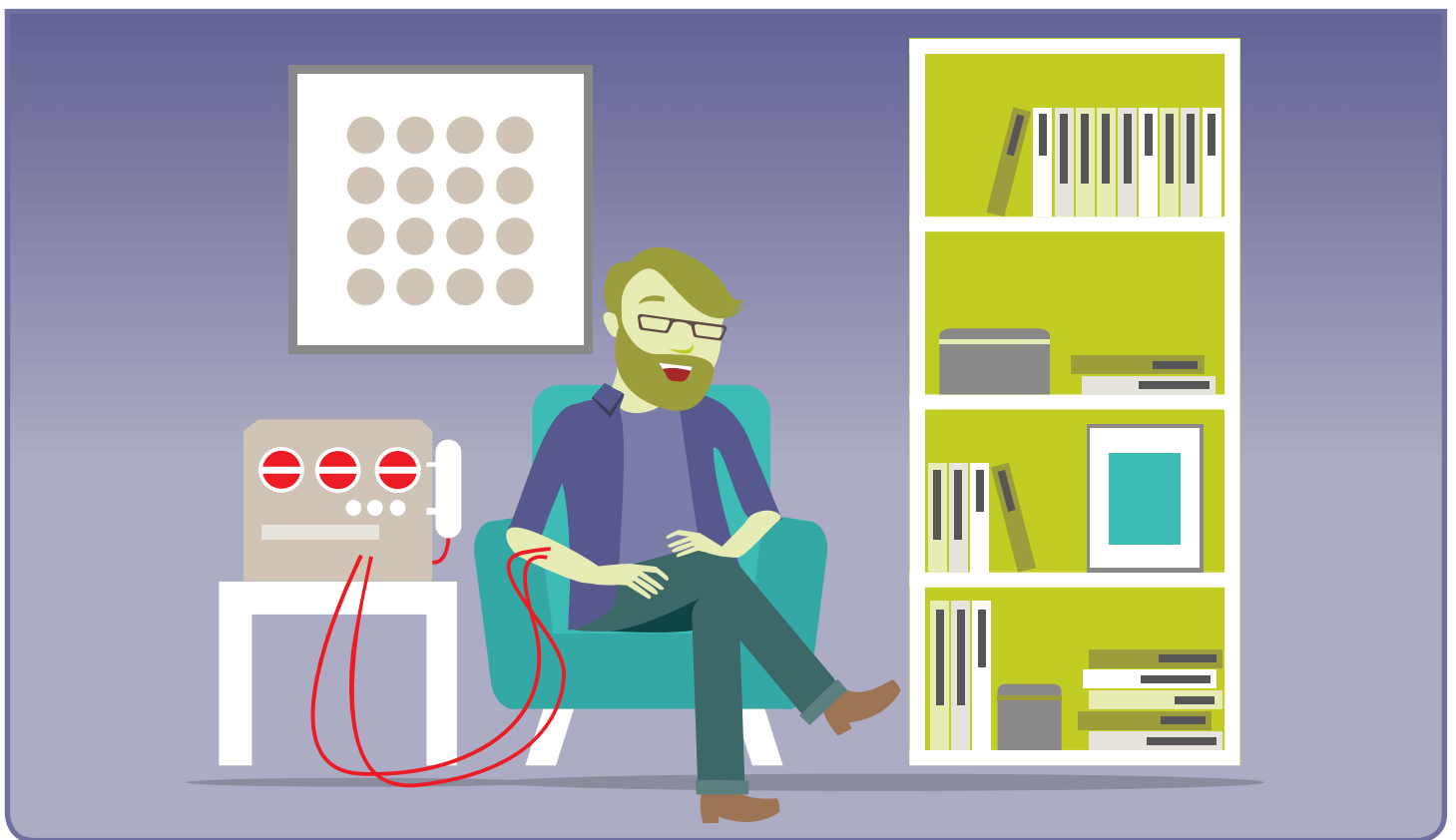


What's involved in managing my home hemodialysis?

To perform home hemodialysis, you or your care partner will need to take responsibility for:

- Setting up a treatment area in your home
- Taking care of your access and placing your needles correctly
- Keeping treatment logs
- Taking your blood pressure
- Figuring out how much fluid to remove
- Following your diet and fluid limits
- Operating, cleaning and disinfecting the dialysis machine
- Recognizing and reporting any problems
- Ordering and storing your supplies.

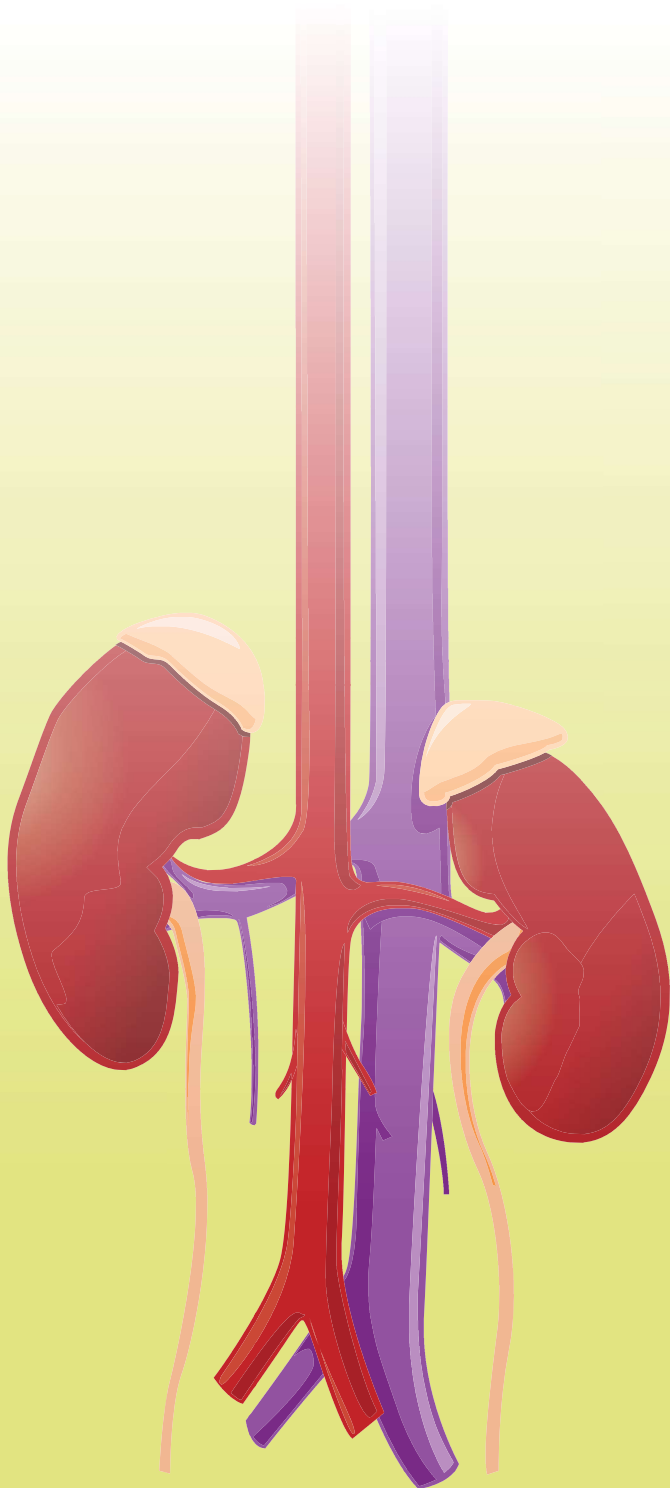
There may be other requirements specific to the type of home dialysis you choose. You and your care partner will learn all the proper techniques needed to complete these tasks.



How do I get started on home hemodialysis?

First and foremost, you must be motivated and ready to commit to learning and doing home hemodialysis. Once you and your practitioner have decided that you are a good candidate for home hemodialysis, you will need to select the option that suits you the best. You will need to find a dialysis center to train you and follow your care. Finding a dialysis center that offers home hemodialysis can be a challenge. If your center does not have a home hemodialysis program, your practitioner, your ESRD Network, or the websites listed at the end of this document can help you find one that does.

When you have identified a center, make an appointment to visit and speak with the home training nurse and other staff. If possible, also talk with other patients who are on home hemodialysis. Once you've decided and discussed these options you'll be ready to begin your training program.





What's involved in the training?

You will be trained by a care team member from your dialysis center's home dialysis unit. Some details of the training program will differ from center to center. However, you will be trained while receiving treatment two to three times per week in your dialysis center's home hemodialysis unit. The program is completed when you are fully trained and you and your care partner feel confident performing the procedure at home. This usually takes from four to six weeks, but it can take longer.

For most home hemodialysis programs, you will have to have a care partner who will go through the training with you and help with your treatments. This can be a family member or friend. Some patients hire a nurse or technician to be their care partner. Medicare does not pay for these helpers, however.

You will also be required to have in your home enough clean space for your chair, machine, water treatment equipment, and supplies. The home program professional from your dialysis facility will visit your home to ensure you have the space needed and/or to help determine what changes need to be made.





What can I expect after training, when I'm on my own?

You will never be completely on your own. Most patients have medical and technical questions, especially during the first few months of treatment. Doctors, nurses and technicians are available by telephone at home hemodialysis units to answer questions. You'll also see a dietician on a regular basis to help you with your diet.

Facility home dialysis units will also schedule you for in-center visits on a regular basis, depending on your medical condition. In some cases, your in-home equipment can be electronically linked to your dialysis center for remote monitoring.

Peritoneal Dialysis

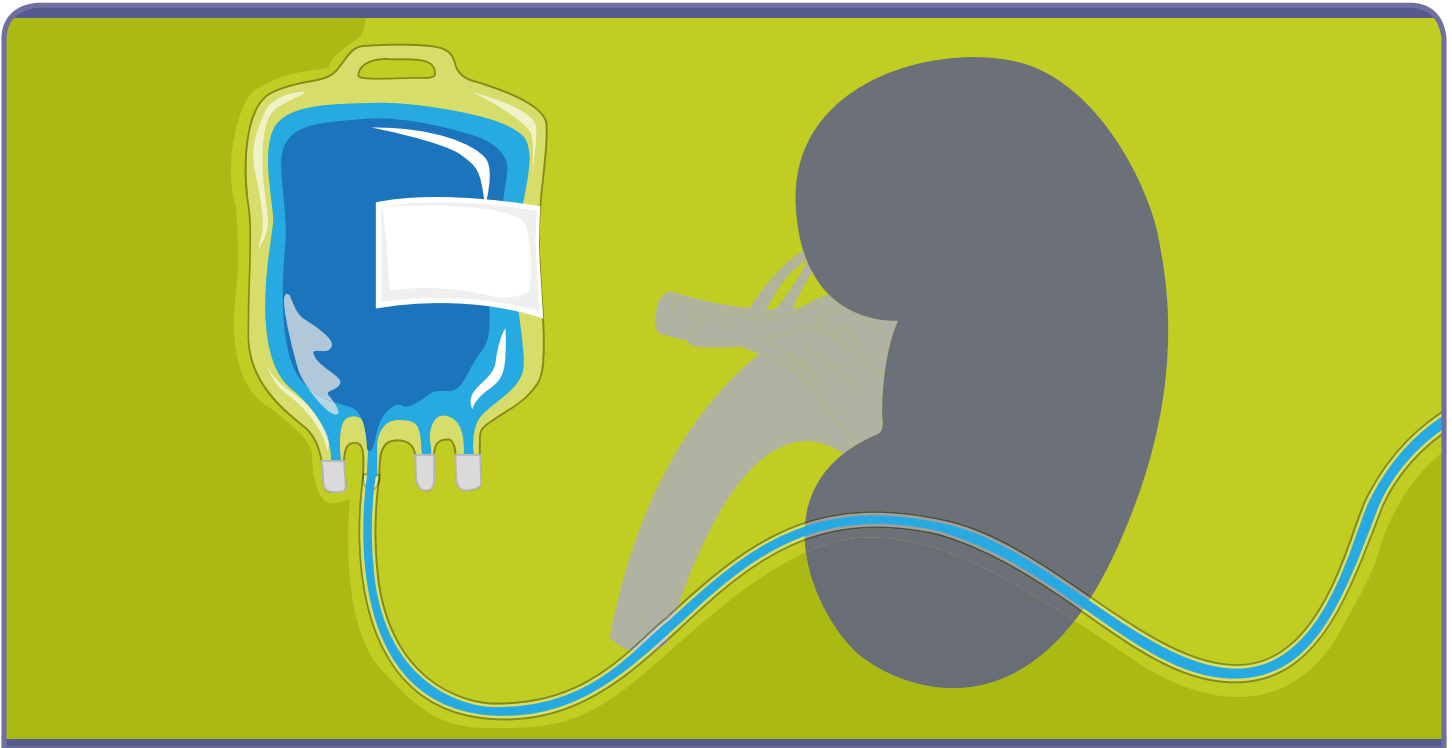
Why consider peritoneal dialysis?

Peritoneal dialysis (PD) is a manual process that you can do on your own and you can control. You do it throughout the day while you go about your normal activities or during the night when you sleep with the help of a simple machine. It does not require you to use needles, and most people can complete training in two to three weeks. PD is not for everyone. You must complete the training and be able to perform each step of the treatment correctly. A trained care partner may also be used.

Important things to consider:

- You can continue your activities while you dialyze
- You can travel with your supplies
- You will not need to visit a clinic three times per week; most people require only a monthly visit
- You will not need needles for this treatment
- You will have more flexibility in setting your treatment schedule
- With good daily PD you may have fewer dietary restrictions
- A catheter will need to be placed in your belly to perform the procedure
- You may need to avoid underwater activities.

The most important factor to consider in determining whether you are suited for PD is **how much you want to do it**. If you have considered the factors above and think it is right for you, then you should consider talking with your healthcare team to learn more about this option.



What are the different types of PD?

There are two types of PD: **continuous ambulatory peritoneal dialysis (CAPD)** and **automated peritoneal dialysis (APD)**. Both methods filter waste and excess fluids from your blood and both methods are done at home. However, there are differences.

For **CAPD** you perform what is called an “exchange” four to six times throughout the day. During an exchange, a liquid called “dialysate” is put into your abdomen through a catheter. The dialysate pulls wastes, chemicals and extra fluid from your blood through the peritoneum. The peritoneum works like a filter as the wastes are pulled through it. The process of filling and emptying your abdomen with dialysate is called an exchange. It is all done using gravity to fill and remove the fluid. Each exchange takes between 30 and 40 minutes and has to be completed every four to six hours. For more details about this process, ask to speak with a designated member of your kidney care team.

APD differs from CAPD in that a machine (cycler) delivers and then drains the cleansing fluid to and from your belly. The treatment is usually done at night while you sleep but may require additional daytime CAPD exchanges. APD is also referred to as continuous cycling peritoneal dialysis or CCPD.

Before you can do either type of PD you will need to have a catheter surgically placed in your belly. It is not a difficult procedure. Most people have the procedure and go home in the same day.



Which method of PD is right for me?

Whether you want to do your fluid exchanges during the day multiple times or have a cycler to do most of your exchanges at night is a decision your peritoneal dialysis care team and you will have to review to decide what will work best for your health and lifestyle.

What's the difference between CAPD and APD?

The ability to exchange clear fluid and waste from the blood is the same in both CAPD and APD. The only difference is when and how you do your exchanges, with CAPD taking place mostly during the day and APD taking place mostly during the night. There may be situations that make one therapy a better choice for you physically, but most of the decision revolves around your lifestyle preferences.

What's involved in managing my PD?

You will need to have an area to store the boxes of fluid bags and tubing that will be needed for the treatment.

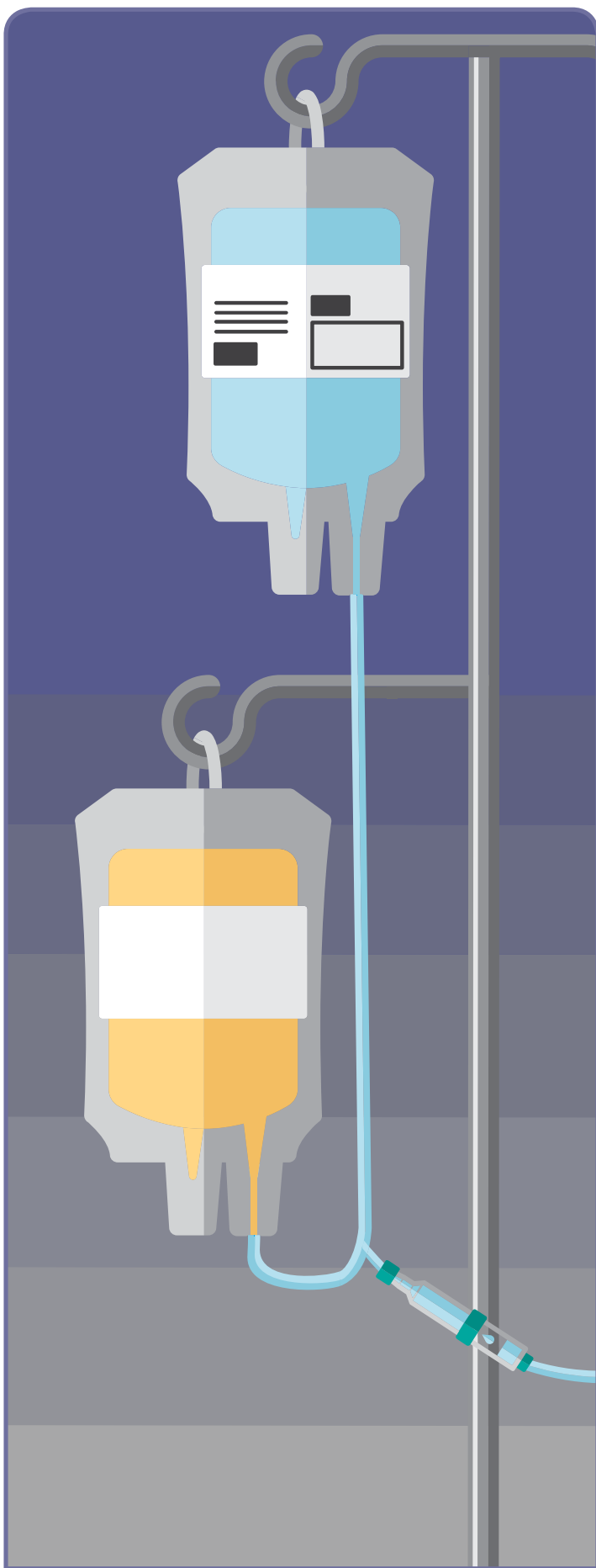
You will also need to be able to do the connection and disconnection procedure properly to prevent germs from getting in the PD catheter.

The biggest risk with peritoneal dialysis is an infection of the fluid in your belly (peritonitis). It can be treated with antibiotics, but it causes stomach cramping and, in serious cases would require you to stop your PD and let your belly rest. Some people are not candidates for PD because they find it difficult to place a catheter in their belly, either due to having other abdominal surgeries or fat around the belly. If for some reason you cannot do your PD exchanges you will have to receive in-center hemodialysis treatments.

How do I get started on PD?

Talking with your practitioner and the PD care team nurse is the best place to start to learn about PD. If you decide to start PD, the next step will be to set up your training and to arrange for a peritoneal catheter to be placed. Depending on when you are starting, it can take at least one month before you will be able to do your own treatments. This is because the skin/tissue around the catheter will take about two weeks to heal before you can start training, and the training will take an additional couple of weeks. If you are already on in-center hemodialysis treatment you will need to keep receiving your in-center treatments during this time period.

Many PD programs are working to get patients started on PD right away, without having to go on in-center hemodialysis while they wait to start. When you begin your program, check with your medical practitioner to see if this option is available to you.





What's involved in the training?

Training will take place at the PD facility. Each session will last a couple of hours and will allow you to review the procedure, practice, and learn. You may have to come in every day for a number of days in a row to get your exchanges done and learn what to do. As you learn and can perform the procedure by yourself, the PD trainer will have you attempt some exchanges at home and come to the facility a little less frequently to see how you are doing with the exchanges.

Once you are able to do your exchanges comfortably and your lab work looks good, you can convert to doing all your treatments at home and only coming in monthly for a routine visit. This process can take between two to three weeks, depending on how your training progresses. If you were already receiving in-center hemodialysis treatments, your PD training sessions may be scheduled at times that allow you to continue your in-center treatments while you are receiving PD training.

What can I expect after training when I am on my own?

You will always be able to talk with your PD care team about any problems or concerns you are having. Most facilities will give you a phone number that you can call to receive information during daytime and evening hours. Also, you will need to visit your PD clinic once a month for a checkup. During these visits your blood will be drawn. You will also see your practitioner, the PD nurse, the social worker, and the dietitian to talk about your care at home and help you with all your needs.

Being at home does not mean you are on your own; it just means you are free to do your exchanges on a schedule that meets your needs. You will always have a healthcare team supporting you to help address your problems or concerns.

Where can I go for more information or if I have questions?

- Dialysis Facility Compare—Find information about dialysis centers that offer home hemodialysis training programs. www.medicare.gov
- My Life, My Dialysis Choice —Learn about dialysis options to help you choose the right treatment choice for you, so that you can feel your best and live the way you want. <http://mydialysischoice.org/>
- The National Institute of Diabetes and Digestive Diseases and Kidney Disease offers a full review of treatment options for dialysis. Please visit: <http://www.niddk.nih.gov>



End Stage Renal Disease National Coordinating Center

website: www.esrdncc.org • e-mail: nccinfo@hsag.com



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