

Dialysis Options: *A Decision Guide*

What is dialysis?

Dialysis is a treatment for kidney failure that filters wastes from your blood and keeps important chemicals in balance. Even those who are good candidates for a kidney transplant may need to have dialysis treatments while they wait for a donor. The good news is that dialysis will help maintain your health, and there are more options than in the past.

Most patients who choose treatment for kidney failure will have one of two types of dialysis: peritoneal dialysis (at home or elsewhere) or hemodialysis (in a center or at home). Use the decision guide on the next page to evaluate the best choice for you based on scheduling, risks, and lifestyle factors.

How does peritoneal dialysis work?

Peritoneal dialysis (PD) filters your blood (either with or without a machine) using the lining of your abdomen (belly) and a liquid solution called dialysate. The solution goes into your belly through a **catheter** (narrow tube) and absorbs wastes for a period of time. Then, it empties out through the catheter, and new solution is put in. Switching solutions is called an exchange and is typically done at home (see table 1).

How does hemodialysis work?

Hemodialysis (HD) removes blood from your body through a needle, sending it through a tube to a filter called a dialyzer. The filtered blood returns to your body through a second needle. HD can be done in a dialysis center (most common) or at home (see table 1).

To be able to use needles to send a good flow of blood to and from the dialysis machine, you need a large, strong blood vessel, which can be created by connecting an artery (usually in your arm) to a vein during a minor outpatient procedure. Depending on how quickly you will need to start dialysis, you may have either:

- **A fistula**, which creates a combined blood vessel that can be used for dialysis several weeks later. Fistulas last longer and reduce your risk of infections or blood clots.
- **A graft**, which connects an artery to a vein by grafting in a small tube. A graft is ready to use more quickly, but the risk of infections and blood clots may be higher.

If you need dialysis suddenly, you might have a **catheter** (narrow tube) inserted in a large vein, usually in your neck or chest, until you get a fistula or graft.

Table 1: Dialysis options — compare when and where you get treatment	
PD	<p>Continuous ambulatory PD (CAPD), which does <u>not</u> use a machine to make exchanges:</p> <ul style="list-style-type: none"> • Instead of at a dialysis center, you do CAPD exchanges wherever it is convenient for you. • Exchanges need to be done 7 days a week and about 4 times a day (every 4–6 hours). • Each exchange takes 20–30 minutes to drain used solution and replace it with new solution. <p>Continuous cycler-assisted PD (CCPD), which uses a machine to make exchanges:</p> <ul style="list-style-type: none"> • You do CCPD typically at home, overnight. While you sleep, a machine cycles the solution. • You also do an exchange in the morning and perhaps once in the afternoon.
HD	<ul style="list-style-type: none"> • Typically, you go to a dialysis center, usually 3 times a week, 3–4 hours each time. • Days and times depend on the “shifts” at the center. Some centers have evening hours or overnight shifts. • Compare centers at medicare.gov/dialysis or contact an Intermountain Healthcare social worker or center representative at 801-507-9000 for education, support, and to learn what’s available to do during treatments. • Home hemodialysis is an option for some patients and caregivers, but requires a few weeks of training.

Which dialysis option is best for me?

There are advantages and disadvantages with each type of dialysis. What makes sense for someone else might not be the best option for you. To find the best fit for you, use this three-step decision guide.

- Step 1: Read each statement in table 2, and **check the statements that concern you the most**.
- Step 2: Look at which dialysis option has the **fewest** boxes checked.
- Step 3: Talk to your doctor about what you checked. Ask if there are ways to work around these concerns.

	Health risks	Associated costs	Impact on work and home life:	Diet/activity restrictions:	Pain or discomfort:
CCPD & CAPD	<input type="checkbox"/> Gaining weight <input type="checkbox"/> Getting a serious belly infection <input type="checkbox"/> Not having a healthcare professional doing my dialysis	<input type="checkbox"/> Equipment and fluid costs	<input type="checkbox"/> Having to take total responsibility for my treatments <input type="checkbox"/> Finding a partner to learn how to help me do treatments at home <input type="checkbox"/> Making space to store equipment and solution	<input type="checkbox"/> Not being able to swim or bathe (due to catheter)	
In-Center HD	<input type="checkbox"/> Getting a serious blood stream infection <input type="checkbox"/> A drop in blood pressure that keeps me from being able to go home after treatment. <input type="checkbox"/> Blood clots or poor blood flow	<input type="checkbox"/> Transportation to and from the center <input type="checkbox"/> Additional medications <input type="checkbox"/> Possible costs of 30% more than other options	<input type="checkbox"/> Needing transportation several times a week to and from the center <input type="checkbox"/> Not having any schedule flexibility for travel and changes in plans	<input type="checkbox"/> Having to always cover my arms (ugly looking veins, bleeding, and skin peeling) <input type="checkbox"/> Adapting to significant diet restrictions	<input type="checkbox"/> Minor pain when needles are inserted (eases over time) <input type="checkbox"/> Painful leg cramps from body fluid changes
Home HD	<input type="checkbox"/> Not having a healthcare provider doing my dialysis (home HD only)	<input type="checkbox"/> Equipment and fluid costs	<input type="checkbox"/> Finding a partner to learn how to help me do treatments at home		

How can I preserve my options for hemodialysis access?

Even if you choose peritoneal dialysis or a transplant, it's likely that you will use hemodialysis at some point. To protect your veins for a fistula to be placed, ask your healthcare providers to **AVOID**:

- Using your non-dominant arm (for example, your left arm if you are right-handed) for IV (intravenous) needle placement, blood draws, and injections
- Placing central lines or PICC lines (peripherally inserted central catheter lines).