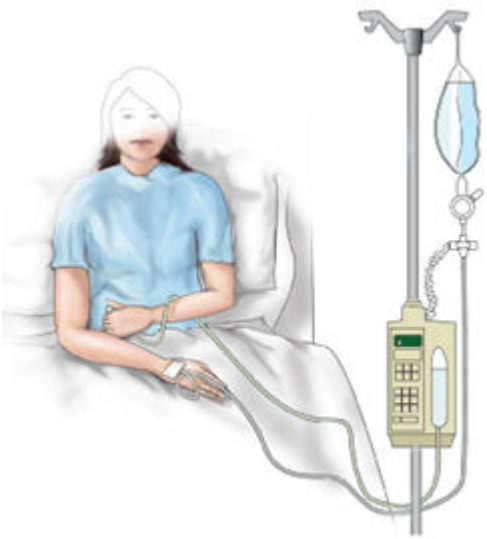
Getting Ready For Dialysis

When kidneys do not work well it is called kidney failure. This is sometimes called Chronic Kidney Disease (CKD). Kidney failure may happen gradually or suddenly. Kidneys stop working well for many different reasons. The most common causes are:

- Diabetes.
- High blood pressure.
- Kidney infection.
- Cysts in the kidneys.



TREATMENT OF KIDNEY FAILURE

- Kidney transplant.
- Hemodialysis.
- Peritoneal dialysis.

KIDNEY TRANSPLANT:

A kidney from another person is put into your body. This kidney takes the place of your kidney.

- Kidneys can be transplanted from:
  - A family member.
  - A friend.
  - A “brain-dead” person.
- There are not enough kidneys for all the people who need them. Only a few people with kidney failure will get transplants.
- To find out about kidney transplant, ask your doctor. Your doctor will tell you how to apply to get a kidney.

DIALYSIS:

There are 2 types of dialysis:

- Hemodialysis.
- Peritoneal dialysis.

You and your doctor will talk about which is best for you. Before you can start dialysis, you need surgery to make the “access” (a place on your body through which dialysis can be done). The access is meant to be permanent.

About Hemodialysis: There are 2 ways to access your blood.

1. The best type of access is an *arteriovenous fistula*. This makes a good connection place for dialysis. Let this new access heal for 4-6 weeks.
2. If veins are small or have scars and cannot be used to make a fistula, then an *arteriovenous graft* can be made. It should be allowed to heal for 2-4 weeks.

Access allows your blood to flow through special tubes to a machine. There your blood is cleaned by a filter. You do not feel the blood moving. Only 1 cup of blood is out of your body at one time.

PERITONEAL DIALYSIS ACCESS:

How peritoneal dialysis works:

The peritoneal access is made by putting a tube into your belly. Peritoneal dialysis works inside your body. It

gets rid of waste, poisons and excess water. Your body's own membranes in the belly are used. This body part is like a thin, soft sheet which covers the organs inside your belly. This part works as the filter. During access surgery, the catheter is put directly through the wall of your abdomen.

BEFORE YOU HAVE ANY TYPE OF ACCESS SURGERY

Things you can do to help yourself before surgery:

- Be as healthy as you can before surgery. Stay healthy after surgery. Talk to your doctor about ways to:
  - Lose weight if you are too heavy.
  - Stop smoking.
  - Exercise and keep active.
  - Lessen stress.
- Take your high blood pressure or diabetes medicine. Keep your blood pressure or blood sugar at a healthy level.
- Find out all you can about kidney disease and the treatment and surgery for it. Understand what your lab tests mean. Ask questions until you understand.
- If you will be getting a fistula or graft in your arm, exercise your arm muscles by squeezing and letting go of a rubber ball in your hand. Do this 4 times a day (breakfast, lunch, dinner, bedtime). Each time, squeeze the ball 125 times.
- Most often the surgery is done in the Day Surgery Unit at the hospital.
- For fistula or graft surgery, you will be given a shot in your under-arm so that you will have no feeling in the arm for awhile. You will also be given medicine to help you relax and maybe even sleep.
- For all access surgeries, **do not** eat or drink for at least 8 hours before your surgery.
- For peritoneal access surgery, it will be important to clean out your bowels very well. Ask your doctor which laxative to use.

TAKING CARE OF YOUR HEMODIALYSIS ACCESS AFTER SURGERY:

- For 2 days keep your arm raised on pillows. Keep your arm above your heart when resting or sleeping. **Do not** put a heating pad on your arm.
- You may use an ice pack for the first 6 - 12 hours after surgery. A bag of frozen peas wrapped in a thin cloth makes a good cold pack. Put it outside the area of the gauze bandage. Put it on the sides and back of your arm. Never put the ice pack directly on top of your fistula or graft.
- Every day, look closely at the surgery area. Watch for signs of infection. Some mild swelling and discomfort is normal for about 2 weeks.
- You may also have some bruises around your fistula or graft. This is normal. A tiny bit of bleeding is also normal.
- At least twice a day you should check your fistula or graft to see if it is “working”. Do this with three fingertips laid lightly above the surgery area. If you have a fistula, you should feel a “buzz” or “thrill”. This means blood is flowing well. If you have a graft, you should feel a strong pulse. If you do not feel anything, call your kidney doctor right away.
- If you hurt, take the pain medicine your doctor prescribed. It is best to take pain medicine for only 1 or 2 days after surgery.
- Usually, there are no stitches that need to be taken out. The tape strips may stay on for 7 - 10 days and fall off by themselves. A loose bandage may be put over your arm. This will cover the place where the surgery was done. **Do not** wrap or tape tight bandages all the way around your arm.
- To keep the blood in your fistula or graft from clotting:
  - **Do not** sleep on your arm.
  - **Do not** keep your elbow bent for long periods of time. Never use a sling.
  - **Do not** wear tight sleeves or anything binding on your arm.
- **Do not** let anyone except dialysis doctors and nurses stick needles into your fistula or graft.

- **Do not** let the arm with the fistula or graft be used to check your blood pressure.
- **Do not** carry heavy things with the fistula or graft arm.
- Ask your doctor when you can get your arm wet. Dry your fistula or graft by patting it gently with a clean towel. **Do not** rub it dry.
- After 5 days, begin mild exercise of your arm. Squeeze and let go of a rubber ball (or a rolled-up sock) in your hand. Do this 4 times a day. Each time, squeeze 125 times.
- Every time you go to the center for dialysis wash your access arm well. Wash it for 2 minutes with soap and water before your treatment. Pat it dry gently.
- Remind your dialysis nurse to stick your access in a different place each time.
- If you have any questions or problems, call the Vascular Access Nurse. Be sure you have check-up appointments at 1 - 2 weeks and 6 weeks after surgery.

CALL YOUR DOCTOR RIGHT AWAY IF:

- You have no feeling, tingling or pain in your hand.
- You are not able to move your hand.
- Your arm is red, swollen or has pain.
- Your surgery area keeps bleeding.
- You have drainage of any kind from your wound.
- You have a fever over 100° F (37.7° C).

POSSIBLE PROBLEMS WITH YOUR HEMODIALYSIS ACCESS

Sometimes an access may have a problem such as:
- Clotting.
- Weak, balloon-like places on your fistula.
- Not working well.

If a second surgery is needed to remove blood clots or to fix other problems, your access can still be used for dialysis soon afterward. If not your doctor will let you know.
If you have already had a second, corrective surgery, re-read Taking Care of Your Hemodialysis Access After Surgery above.

TAKING CARE OF YOUR PERITONEAL DIALYSIS ACCESS AFTER SURGERY:

- After surgery you will have some pain. This is normal. Take the pain medicine that your doctor prescribed for you.
- It is best to take pain medicine for only 1 or 2 days after surgery. If you need to take it longer than this, ask your doctor about a mild laxative. Pain medicine can cause constipation.
- For the next 2 weeks, do not lift anything that weighs more than 5 pounds. A half-gallon of milk weighs about 4 pounds. **Do not** strain or tighten the muscles of your belly.
- There are no stitches that need to be taken out. Leave the bandage on until you go to the dialysis unit for training.
- If you have any questions or problems, call the Vascular Access Nurse. Be sure you have check up appointments at 1 - 2 weeks and 6 weeks after surgery.
- Make sure you also have an appointment at your dialysis center to be trained to do your peritoneal dialysis. Call your dialysis center to start your training.

GET HELP RIGHT AWAY IF:

- The place around your tube is red, swollen or has pain.
- There are bumps.

- Your skin feels hot.
- Your surgery area keeps on bleeding.
- You have drainage of any kind from your wound.
- You have a fever over 100° F (37.7° C).

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