



Heartland Kidney
Network

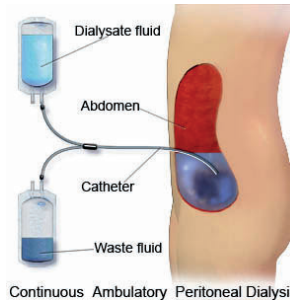
We're Here For You.

MY CHOICES: PERITONEAL DIALYSIS (PD)

Peritoneal dialysis (PD) is another available treatment choice when you have kidney failure.

The peritoneum is the natural membrane that covers the lining of the abdomen and lines the abdominal wall.

This membrane functions like a filter and it allows toxins and fluid to be filtered from the blood. An opening to the peritoneum area is created surgically by placement of a catheter or tube through the abdominal wall. There are two types of PD treatment to choose from, one is done throughout the day, Continuous Ambulatory Peritoneal Dialysis (CAPD), and the other can be done while you sleep at night, Continuous Cycling Assisted Peritoneal Dialysis (CCPD). Your doctor and care team will help you decide which choice is best for you and teach you how to safely do your treatment.



Continuous Ambulatory Peritoneal Dialysis

WHAT DO I NEED?

- PD catheter
- Storage for supplies
- Machine (cycler), if using CCPD
- Dialysate solution
- A stand to hang dialysate bag
- Trash bag
- Gloves and mask

What do I need to know?

Your PD training staff will teach steps to use for your PD treatment.

These are some of the general steps:

- Wash your hands with soap and water
- Put on your gloves and mask
- Connect the tubing and flush as directed
- Hang the dialysate bag on the stand
- Connect the tubing to your catheter
- Put the dialysate into your abdomen through your catheter
- Let it stay there for a few hours per your doctor's order.
(The period between putting fresh fluid in and taking used fluid out is called dwell time. While you go about your day, the fluid will collect all the wastes and water it can hold.)
- Drain out the used fluid and put in clean fluid. This process is called an exchange. There are two types of exchanges:
 - Exchanges by hand – Some people do exchanges by hand, usually four each day: one when you wake up, one at lunch time, one at dinner time, and one at bedtime. Each takes about 20–30 minutes. This is called continuous ambulatory (walking around) PD, or CAPD.
 - Exchanges with a machine – Most people who do PD use a cycler machine. The cycler does a few exchanges for you at night while you sleep. Your days may be free, or you might need to do one exchange during the day by hand. Your cycler prescription. This is called automated PD (APD), or continuous cycling PD (CCPD).

For more information or to file a grievance please contact the Heartland Kidney Network at: Heartland Kidney Network • 7306 NW Tiffany Springs Pkwy. • Suite 230 • Kansas City, MO 64153
Toll-Free Patient Line: (800) 444-9965 • net12@nw12.esrd.net • www.heartlandkidney.org

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Advantages and Disadvantages

Advantages

- PD can allow you to continue to work.
- Treatment schedule is flexible. You decide how to fit your exchanges in your day or night.
- No ups and downs in how you feel. You won't feel wiped out or tired after exchanges, because it is done more often than in-center Hemodialysis (HD).
- More normal diet than in-center HD.
- No needles and painless exchanges.
- Your own body—not a dialyzer—cleans your blood. Your blood does not leave your body.
- Travel is simple. Supplies can be shipped to you for free anywhere in the United States. Your cyclor can go on an airplane.
- Less exposure to other patients.
- More control over your treatment and your health. PD puts you in the driver's seat.

Disadvantages

- Dialysate has sugar in it, which can cause weight gain.
- Body image changes due to having fluid and a catheter in your belly.
- More likely to get an infection because your catheter is a doorway into your body.
- You must stay away from underwater activities.
- No days off from CAPD. It must be done every day.
- Space for supplies.
- Supply delivery times may not be convenient.
- Supply boxes are heavy.
- Cyclor noise and alarms can be annoying.

What I need to watch for?

As the main person in charge of your PD treatment, you need to be alert and report any concerns to your doctor or nurse. Watch for:

- Pink or red around your catheter
- Pain around your catheter
- Fever
- Feeling sick to your stomach or vomiting
- Shortness of breath
- Sudden weight gain
- Swollen feet and/or ankles
- Catheter shifts or if it starts to come out or leak
- Clamps on your catheter break
- Your dialysate looks cloudy

MY QUESTIONS

Ask your Care Team: How do I qualify for PD? How often are labs drawn? How often do I need to come to the clinic? How do I get my supplies? Can I take a bath?

Sources: www.kidney.org/PD catheter