

Kidney Replacement Options

This *Health Facts for You* tells you about the types of treatment to replace kidney function in patients with kidney failure. Our Kidney Treatment Team is here to support you and answer questions you may have.

Kidney Failure

Kidneys remove waste and extra fluid from your body. When your kidneys stop working, waste and excess fluids build up and can cause symptoms. You may have noticed some of the symptoms listed below.

Symptoms of Kidney Failure

- Shortness of breath
- Swelling around your eyes and lower legs, ankles, or feet
- Poor appetite/nausea
- Poor sleep or feeling tired
- Itching skin
- Weight change
- Muscle cramps or weakness
- Bleeding/bruising easily
- Making less urine

Replacing Kidney Function

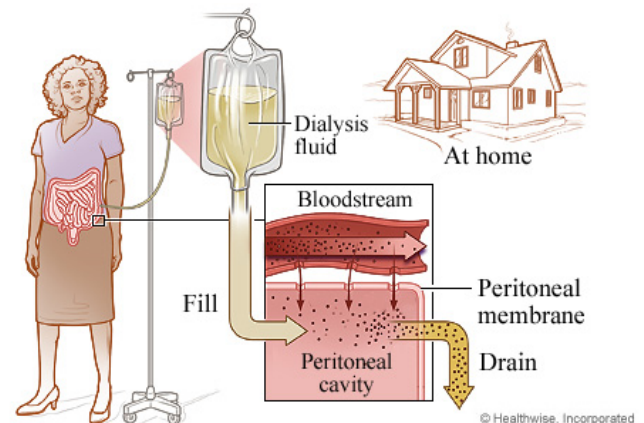
When your kidneys are not working, you will need a different way to remove waste and fluid from your body. There are a few different treatment methods. Some treatments are done at home. Others must be performed in a dialysis center. You can always change your type of treatment. You can choose which option would best fit your lifestyle and meet your needs.

Treatment

We will review the treatment options with you and work with you to help you make your decision. Review the options and think about which choice best suits your needs. We will support your choice.

Peritoneal Dialysis

Peritoneal dialysis (PD) is a treatment that you do at home. Your blood is cleaned using the lining in your abdomen (peritoneum). Dialysate fluid is placed in your belly through a tube called a catheter. The fluid helps to draw waste products and excess fluid from your blood. This fluid drains out with the waste. This process is called an “exchange.” The catheter is disconnected from the tubing and capped tightly when not in use.



Continuous Cycling Peritoneal Dialysis

Some patients choose to hook up to a machine called a “cyclor.” This machine allows patients to do several exchanges at night while they sleep. This method is called continuous cycling peritoneal dialysis (CCPD).

Continuous Ambulatory Peritoneal Dialysis

Others do these exchanges manually without connecting to a machine. Performing dialysis without a cyclor is called continuous ambulatory peritoneal dialysis (CAPD). They do it a couple of times during the day, and a long exchange overnight.

Peritoneal Dialysis Catheter

A peritoneal dialysis catheter is placed with a simple procedure and heals in about 14 days. This type of catheter may be used right away after placement. Early use before healing requires you to lie flat while doing the exchanges for the first two weeks. After healing, you can perform the exchanges in any position.

Pros

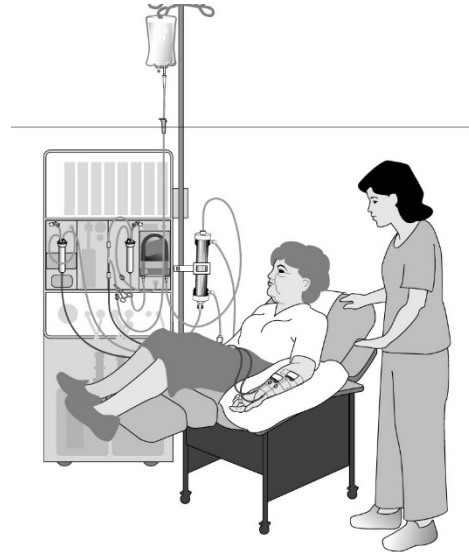
- Prolongs the kidney function you may still have
- Fewer limits on what you eat or fluid you drink
- Requires less time in the clinic, supplies are sent to your home
- Easier to travel and maintain work/school schedule
- Does **not** require needles for treatment
- Slower, gentler treatment with fewer side effects
- Better blood pressure control
- Does **not** require a partner to help

Cons

- Supplies are delivered monthly and take up a lot of space (about the space of a walk-in closet)
- Treatment is done daily, and needs to be scheduled into your routine
- The sugar in the dialysate fluids may cause weight gain or increased need for insulin in diabetics
- Requires training in a clinic for 1-2 weeks for 4-6 hours daily
- Requires careful cleaning to avoid infection

Hemodialysis

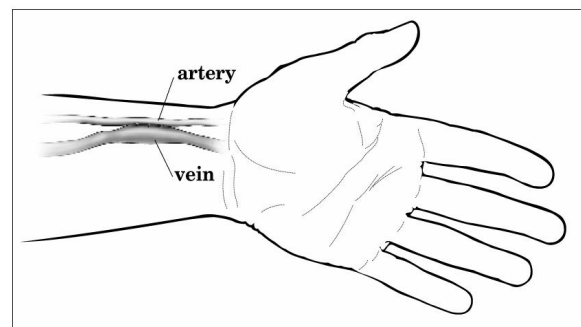
Hemodialysis is a treatment given in a dialysis center. This process cleans the blood by running blood through a filter to remove waste and excess fluid. The cleaned blood is then returned to you. In-Center treatment is done three times per week for 3-5 hours each session.



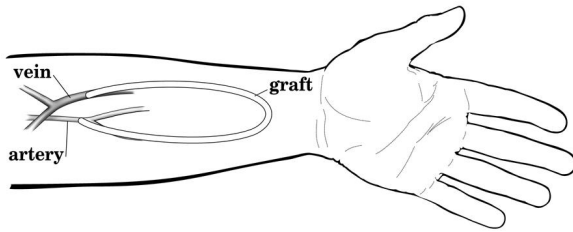
Types of Hemodialysis Access

Hemodialysis requires a way to access your blood to provide the treatment. There are three types of access that are used for hemodialysis. These options include:

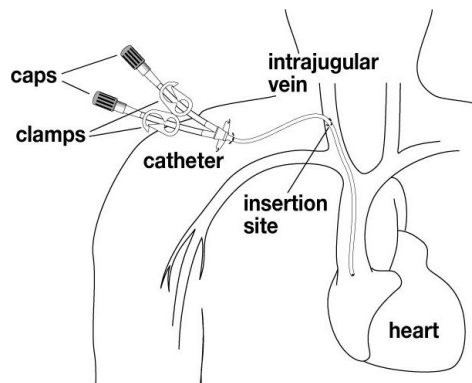
- **Fistula** that needs time to heal and will not be ready for about six weeks.



- **Graft** that is ready for use in two weeks.



- **Catheter** that is placed if you need to start dialysis right away.



Hemodialysis at Home

Most patients start this treatment in the dialysis center and then transition to home dialysis later, if desired. Most centers have a waiting list of people who want to do hemodialysis at home.

Pros

- Requires less time than peritoneal dialysis
- Less risk of infection (if using fistula or graft)
- Trained staff will perform the treatment
- Allows you to be social and meet other dialysis patients

Cons

- Schedule times are limited. Your time slot might not work well with your schedule
- You will be at the clinic for several hours, 3 times per week
- You must follow strict diet and fluid restrictions
- Visiting is limited during the treatment
- Eating and drinking in dialysis units is often not allowed

Transplant

A transplant is a surgery that places a donor's healthy kidney into your body. Some patients have family or friends who are willing to donate a kidney. Other patients go on a transplant waiting list for a deceased donor kidney. Often, patients need dialysis while waiting for a transplant. Sometimes, patients receive a transplant before they need dialysis.

After a Transplant

After the transplant, you will need to be in the hospital for about a week. Transplant is not a cure. It is a replacement treatment for your failed kidneys. You will still need treatment to prevent your body from rejecting the donor kidney for as long as you have the transplant.

If you want to get a transplant, ask your nephrologist for a referral to a transplant center. You can also contact transplant centers directly as well. Organ Procurement and Transplantation Network provide patients with transplant contact numbers. Medicare will help with costs at the time of the transplant and for up to 3 years after the transplant.

Pros

- No fluid or diet restrictions
- Patients feel much healthier
- More control over your schedule
- Lower risk of death

Cons

- You will need to take anti-rejection medicines for the rest of your life and some of these have side effects
- Your new kidney may not work right away
- Requires major surgery
- Increases the risk of infection, diabetes, high blood pressure, and cancer

No Treatment

Some people choose not to treat their kidney failure. We encourage patients who have kidney failure but are otherwise healthy to treat their kidney failure. But some patients may have good reasons for choosing not to treat kidney failure. Choosing not to treat kidney failure is terminal and will result in death (in most cases sooner than if kidney failure treatment is started). If you **do not** wish to not treat your kidney failure, we do suggest that you see a Palliative Care Specialist. They will help to make you comfortable during terminal illness.

Please discuss your wishes with your family and your health care provider. If treatment is unlikely to improve your life expectancy or you do not wish to start treatment, please make your wishes known.

Making Your Choice

Each type of treatment has pros and cons. You will decide which therapy best suits your needs. Some find making this decision with family helpful. As you make your choice, think about:

- Prolonging the kidney function you still may have
- Fluid and dietary restrictions or changes
- Number of treatments
- Time spent for treatments and transportation to and from treatments
- Clinic visits

Costs of Treatment

Kidney treatment centers have social workers who can help patients figure out how to deal with the costs of treatment. Medicare covers most of the costs of treatment if you have kidney failure. They will cover regardless of your age. Contact the Social Security office to enroll. Before you can sign up, you will need a form called CMS 2728 filled out that states your kidneys have failed.

Medicare provides coverage starting at different points depending on your choice of treatment. They will begin to cover:

- Your third full month of in-center hemodialysis
- When you start training to do your home dialysis (starts with training)
- When you are admitted for transplant
- You are already on Medicare

Medicare

Medicare will pay up to 80% of the costs related to kidney failure treatment. Other sources of funding may include:

- Private health insurance or Employer-provided health insurance
- Medicaid
- Veteran's benefits
- State kidney programs, such as the Wisconsin Chronic Disease Program
- Medigap (Medicare supplemental health insurance)

- American Kidney Fund that can help with insurance premiums
- Patient Advocate Foundation

Take Time to Review Your Options

There are a lot of things to think about when making your choice. Think about your ability to perform your dialysis or to fit a dialysis schedule into your routine. Your kidney care team can talk with you about your needs or answer any questions you may have.

Who to Call

If you need to speak with any members of the team, ask your nurse to contact the Inpatient Dialysis Team at UW Health. They can connect you with a kidney options nurse.

UW Dialysis Inpatient/Hospital Unit
Monday – Saturday, 7:30 am - 9 pm
(608) 263-8748

Your health care team may have given you this information as part of your care. If so, please use it and call if you have any questions. If this information was not given to you as part of your care, please check with your doctor. This is not medical advice. This is not to be used for diagnosis or treatment of any medical condition. Because each person's health needs are different, you should talk with your doctor or others on your health care team when using this information. If you have an emergency, please call 911. Copyright © 3/2022 University of Wisconsin Hospitals and Clinics Authority. All rights reserved. Produced by the Department of Nursing HF#8236.