Choosing the Right Treatment Method – Exploring Home Dialysis Options

Presented by:
Mikie Cooke, MSW, ACSW and Erick Smith
Thanks to our speakers!

Mikie Cooke, MSW, ACSW
PATHfinder™
Satellite Healthcare

Erick Smith
PATHfinder™
Satellite Healthcare
After this webinar attendees should understand:

• The importance of goal setting when choosing a dialysis treatment option.
• Hemodialysis, including home hemodialysis and why someone should choose this option.
• Peritoneal dialysis and why someone should choose this option.
Audience Poll
What is your connection to kidney disease?

1. I have kidney disease
2. I am a family member or caregiver for someone with kidney disease
3. I work with patients with kidney disease
If you work for a dialysis company, which company do you work for?

1. Fresenius
2. DaVita
3. Satellite
4. Other
If you are a dialysis patient, which treatment method do you currently use?

1. In-center hemodialysis
2. Home hemodialysis
3. Peritoneal dialysis
If you are a health care professional, which dialysis treatment method would you choose?

1. In-center hemodialysis
2. Home hemodialysis
3. Peritoneal dialysis
The Importance of Goal Setting

• What inspires you?
• Inspiration leads to motivation
• Motivation leads to change in behavior

https://www.sandler.com/blog/motivation-and-discipline-how-managers-can-use-both-lead-successful-team
Education

• What type of water source would you like to drink out of?
Steps to Starting

- Education
- Decision
- Surgery
- Healing
- Training
- Maintenance
Why are we talking about this?

Distribution of renal replacement therapy modality used by ESRD patients, by country, 2015

Data from 2017 USRDS Annual Report; accessed on Nov. 10, 2017
Option Education

Distribution of responses to the question, “Which of the following options were initially offered to you as possible methods of treatment” (“X” all those presented—you may “X” more than one box).

Peritoneal Dialysis (PD)

- The blood is cleaned without being removed from the body.
- A solution made up of salts and sugars is poured into the abdomen.
- It “soaks up” the waste from the blood, through the abdominal cavity lining which acts as a natural filter.
Types of Peritoneal Dialysis (PD)

- Continuous Ambulatory Peritoneal Dialysis (CAPD)
  - This is done during the day by hand/manually
  - Treatments are called “exchanges”
  - On average there are 4 exchanges throughout 24 hours
  - The exchange takes about 30-45 minutes
An “Exchange”

• The exchange is the process of:
  1. Filling the peritoneal cavity (abdomen) with fluid (dialysate)
  2. Letting the fluid dwell in the peritoneal cavity
  3. Draining the fluid from the peritoneal cavity after the prescribed amount of time
Types of PD (continued)

• Continuous Cycling Peritoneal Dialysis (CCPD)
  – Also called APD (Automated Peritoneal Dialysis)
  – Treatments are done with a machine usually at night, while the patient sleeps
  – 8-12 hours everyday
Patient Training

• Patient trains with a nurse: 5-10 sessions, 2-4 hours long

• The nurse and patient will decide together if the patient is ready to do peritoneal dialysis at home
Benefits of PD

- Better at preserving remaining kidney function
- Needle-free treatment
- Flexible treatment time which could allow for school or work
- Patient does not need a partner to assist
- Have higher levels of energy than in-center hemodialysis patients
- Eat better, including more fruits and vegetables since PD is more constant dialysis
Challenges of PD

- Patients have to perform their own treatments
- Need space to store supplies
- Must be able to handle issues that may come up during treatments (clinical and technical support is always on call 24 hours a day and 7 days a week)
In-Center Hemodialysis

- Staff assisted treatments that are performed at a dialysis center
- Treatments are performed by trained nurses and certified dialysis technicians
- Patients will typically dialyze 3 times per week
- Patients can dialyze during the day or at night
- The center will provide a schedule of when to come for each treatment
- Most treatments are 3-4 hours long
Hemodialysis

• The process of filtration of the waste and excess fluid from the blood, using an external filter, a dialysis machine (dialyzer)

• A dialysis machine is used for the process

• A vascular access is a hemodialysis patient’s lifeline

• A vascular access makes life-saving hemodialysis treatments possible
Benefits of In-Center Hemodialysis

• Trained staff do the hemodialysis procedures

• Patients can sleep, watch television or work while their treatment is being done

• There are lots of other patients to talk to and share about their dialysis journey and experiences
Challenges of In-Center Hemodialysis

- Less flexibility with treatment schedule
- Patient has less control over their care
- Strict limits on fluids and food choices
Home Hemodialysis

- Patients can be trained to do hemodialysis at home

- After completing a training program, patients can dialyze at home using machines that are approved for home use

- There are two machines that are most commonly used for in home use
Machines for Hemodialysis

- The NXStage System One is a portable system designed for home use.
- It is compact and intended for easy use in the home and for travel.

- The Fresenius 2008K is designed for in home use.
- This machine offers a customizable treatment to meet your dialysis needs.
Training Requirements for HHD

Training usually takes:

- 3 – 6 weeks
- 5 days a week
- 4 - 6 hours each time
- The patient is being dialyzed during training
- Once trained, the patient will return to their center 1-2 times per month for medical follow-up
Types of Home Hemodialysis

Short Daily HHD

- 5-7 days per week for 2.5 to 4 hours at a time
- Patient decides when to dialyze
- More gentle and more comfortable treatment option

Extended Hours HHD

- 3-6 times per week for about 8 hours at a time
- Usually done at night while sleeping
- Slower blood flow rates and treatment is more gentle
Benefits of HHD

• Flexibility to make dialysis fit patient’s lifestyle

• No need to travel to a center

• Improved heart health and improved blood pressure control

• Quicker recovery time than in-center hemodialysis
Benefits of HHD

In-Center Hemodialysis

Home Hemodialysis

Figure 8: Modeled BUN variation for three 240-minute treatments per week. Calculations courtesy of John Sweeney, 2011.

Figure 9: Modeled BUN variation for seven 103-minute treatments per week. Calculations courtesy of John Sweeney, 2011.
Challenges of HHD

• Patient has to perform their treatments

• Need space to store supplies

• Must be able to handle issues that may come up during treatments

• Ability to use machine and insert their own needles
Who Should Consider HHD

- People who are working or in school
- Those who prefer privacy
- Prefer control over their healthcare
- Those with difficulty traveling to and from a dialysis center
- Those who have adequate ability to perform required tasks
Transplant

- Patients can be evaluated to see if they are a good candidate to get a kidney transplant
- A transplant is the best treatment option for patients
- Patients can get a living or a deceased donor kidney
- AKF has many webinars on transplant that are available for patients to view
AKF Transplant Resources

- “Adjusting to life after Kidney Transplant”
- “Stepping up to the plate: what it means to be a living kidney donor”
In Summary

• Two types of dialysis you can do at home are peritoneal or home hemodialysis.
• Each of these treatments can be done during the day or night.
• It is important for patients to choose the option that fits their long and short term goals.
• All treatment options have benefits as well as challenges.
• Home therapies offer better health outcomes.
Resources

- www.satellitehealth.com Satellite Healthcare
- www.kidneyfund.org American Kidney Fund
- www.aakp.org Amer. Assoc. of Kidney Patients

Link to YouTube video:
https://www.youtube.com/watch?v=cGtTZ_vxjyA
(American Medical Association-Health Literacy)
Questions?

This webinar was made possible thanks to an educational grant from

[Image of Satellite Healthcare logo]
Next Month’s Webinar

Together we can achieve health

Wednesday, January 24, 1-2 p.m. (ET)

• Learn ways patient-provider communication can improve patient’s health long-term
• Steps patients can take to improve their conversations with health care providers
• How patients can be active members of their health care team

Diana Collins, MSN, APRN
Clinical Instructor
Delaware Technical Community College

Visit KidneyFund.org/webinars to register