



Empowering Choices:

Your guide to making
the best dialysis
decisions for you



Let's get started

What are your concerns and fears about dialysis treatment?

The information you need to choose what's right for you



Dialysis is a lifesaving treatment for people with end-stage kidney disease (kidney failure). Dialysis treatments clean your blood when your kidneys cannot, removing extra waste and water. But being on dialysis can take a toll physically and emotionally.

Before starting dialysis, you have some decisions to make. You can choose which type of dialysis to have and whether to receive treatments in a center or at home. Making these decisions involves talking to your health care team and loved ones, weighing the pros and cons of each option and thinking through your priorities.

Understand your options

Everyone with kidney failure needs to understand the available dialysis options, including home dialysis. Research shows that some patients, including those who are Black, Hispanic or from low-income areas, are less likely to use home dialysis than other patients. The reasons for this are complex. Factors may include language barriers, cost concerns and varying levels of trust in the health care system. Many doctors strive to offer equitable care. But personal biases may prevent some from recommending home dialysis to some patients.

How to use this decision tool

Learning about the full range of treatments empowers you to make informed choices that best meet your needs and lifestyles. The decision-making process can feel overwhelming at times. That's why we've created this tool. It will help you:

- Learn more about the different dialysis types
- Understand the benefits and challenges of each dialysis option
- Choose the best dialysis treatment for you based on your preferences and lifestyle

This dialysis decision-making tool includes side-by-side comparisons, infographics, checklists, and sections to reflect on your feelings and preferences about dialysis. After you complete the activities in this tool, share the results with your loved ones and health care team, along with any questions or concerns. Such conversations can help you feel more confident about your choices and deepen your commitment to doing what's best for you.

Who needs dialysis?

Kidney failure means your kidneys cannot filter waste and extra fluid from your blood. It is the fifth and final stage of kidney disease.

If you have kidney failure, you need dialysis or a kidney transplant to survive. Dialysis does some of the work your kidneys did when they were healthy. It can help you feel better and live longer, but it is not a cure for kidney failure.

The two types of dialysis are hemodialysis and peritoneal dialysis.

What is hemodialysis?

Hemodialysis can happen at home or at a dialysis center. During hemodialysis, tubes connect your body to a dialysis machine. Your blood travels through the tubes into the machine. While your blood is in the machine, it goes through a dialyzer filter. The dialyzer cleans your blood by removing some waste and extra fluid. Then, the dialysis machine returns the cleaned blood to your body through the tubes.

Before you begin hemodialysis, you need to have surgery to create “vascular access.” Vascular access is an opening in your skin and a blood vessel that allows the dialysis machine to connect to your bloodstream.

If you need to begin dialysis immediately, you will start with catheter access instead of vascular access. A catheter is a flexible tube the doctor places through your skin into a large vein in your neck or upper chest. Catheter access is temporary. Eventually, you will switch to vascular access.

What is peritoneal dialysis?

Peritoneal dialysis is a home-based treatment that cleans the blood without removing it from the body. Before you begin peritoneal dialysis, you will have a procedure to place a catheter through the wall of your belly. This catheter remains in place as long as you are on peritoneal dialysis.

During each peritoneal dialysis session (“exchange”), a cleaning liquid (dialysate) flows into your belly through the tube. It remains in your belly for several hours. You can go about your usual routine while the dialysate is in your belly. The dialysate cleans your blood by absorbing wastes and extra fluid. You can do peritoneal dialysis exchanges during the day or overnight.

Are there other treatment options besides dialysis?

Other treatment options for kidney failure include a kidney transplant and palliative care.

- A kidney transplant places a healthy kidney inside your body to do the work your kidneys can no longer do.
- Palliative care provides relief from the symptoms and stress of kidney failure. The goal is to improve your quality of life.

Visit [kidneyfund.org](https://www.kidneyfund.org) for more information on:



[Kidney Transplant](#)



[Palliative Care](#)

Deciding where to have your dialysis treatments

Most people who need dialysis can decide whether to have hemodialysis or peritoneal dialysis. Your doctor may recommend one and not the other if you have certain medical concerns.

What are my home dialysis options?

Hemodialysis can happen in the home setting or at a center. Peritoneal dialysis occurs at home. If you choose home dialysis:

- You will use a home dialysis machine, a smaller version of the in-center hemodialysis machine that does the same job.
- Your care team will help you receive the equipment and supplies you need.
- You'll complete training so you know how to use the equipment, recognize and report problems, follow your kidney-friendly food and fluid plan, and more.
- Clinical and technical support are always on call 24 hours a day, seven days a week.

What are my in-center dialysis options?

Hemodialysis centers can be part of a hospital or a standalone facility. If you choose in-center hemodialysis:

- You'll travel to the center at least three times a week for treatment.
- Each treatment session will last three to four hours.
- Trained staff will perform all aspects of your care.



Getting the most out of home dialysis

Your doctor will explain your home dialysis treatment plan to you, including how often you need to do treatments. You must follow your doctor's instructions closely to protect your health and benefit as much as possible from dialysis. You must keep a detailed record of your dialysis treatments (a treatment log). Doing so will help you and your doctor adjust your treatment plan and address concerns.

You can make a switch

If you begin doing one type of dialysis and the experience doesn't match your expectations, you can explore other options. Start by talking to your health care team.

Benefits and challenges of home dialysis

This comparison can help you understand the benefits and challenges of home dialysis.

Benefits of home dialysis

- You don't have to worry about scheduling dialysis appointments—you can dialyze at your convenience on your schedule.
- You'll have more flexibility in what you can eat and drink.
- You won't need to travel to a center, which saves time and money.
- You'll have more frequent treatments than center-based dialysis, which can mean fewer dialysis side effects.
- You may see improved heart health and a lower risk for heart disease.
- You'll have more time to pursue hobbies or continue working.
- You can have privacy during dialysis treatments.

Challenges of home dialysis

- You won't have in-person support from a health care professional during each treatment.
- You'll need storage space for supplies and a dedicated treatment area.
- You may need special electrical connections and plumbing depending on your equipment.
- You'll need a few weeks to complete training (home hemodialysis only).
- You may need a care partner to qualify (home hemodialysis only).
- Dialysate contains sugar, which can lead to weight gain (peritoneal dialysis only).
- You will not interact with other people who are on dialysis during treatment sessions.

Digging deeper into the different types of home dialysis



Digging deeper: home hemodialysis

There are three types of home hemodialysis:

Conventional (standard home hemodialysis)

- At least 3–5 hours, three times a week or more
- You choose treatment days and times that best fit your lifestyle.

Short daily home hemodialysis

- Two hours daily or almost every other day
- You choose treatment days and times that best fit your lifestyle.
- More frequent treatment days compared to other home hemodialysis. This may mean you feel better between treatments.

Nocturnal home hemodialysis

- 6–8 hours at night while you're sleeping (or every other night with your doctor's approval)
- A good fit for people who work, attend school or have other commitments during the day.

If you choose hemodialysis, you will need vascular access surgery before getting started (see page 4 for details). Your training will cover many topics, such as how to:

- Set up a treatment room
- Care for your vascular access site
- Operate the dialysis machine
- Order and store your supplies
- Keep an accurate treatment log

After training, you will visit your dialysis center at least once a month to meet with your care team, check your labs and discuss your treatment logs.

Learning how to self-cannulate

No matter what kind of home hemodialysis you choose, you will need to “self-cannulate” at the start of every treatment. Self-cannulation involves placing a needle into the vascular access point. It can feel intimidating at first, especially if you are not comfortable with needles. You will learn how to self-cannulate during training and have plenty of time to practice before doing it on your own.

Digging deeper: home peritoneal dialysis

There are two types of home peritoneal dialysis:

Continuous ambulatory peritoneal dialysis

- Uses gravity to help you do exchanges manually (no machine needed).
- Must happen daily. Most people do four exchanges in a 24-hour period, including one that happens overnight.
- Each exchange takes 30 to 40 minutes.
- You can do CAPD anywhere that is clean and dry.

Continuous cycler-assisted peritoneal dialysis

- Uses a machine called a cycler to do your exchanges.
- Happens overnight. Each session takes about nine hours and includes three to five exchanges. The cycler does the work.
- Dialysate remains in your belly throughout the day. Before bedtime, you begin another exchange.

Peritoneal dialysis involves doing “exchanges.” Exchange is the process of draining and replacing a cleaning liquid (dialysate) in the belly. Each exchange has three steps: fill, dwell and drain.

If you choose home peritoneal dialysis, you will need a procedure to place a catheter through the wall of your belly (see page 4 for details). Once your catheter is in place, you’ll receive peritoneal dialysis training. You’ll learn how to:

- Care for your catheter
- Use your cycler (if you choose CCPD)
- Perform exchanges



[Learn more
about in-center
hemodialysis](#)



Your dialysis options

This side-by-side comparison can help you understand the differences among each dialysis option.

	In-center hemodialysis	Home hemodialysis	Home peritoneal dialysis
What is it?	A machine cleans your blood at a dialysis center several times a week.	A machine cleans your blood at home several times a week.	You fill your belly with a cleaning liquid that cleans your blood. The fluid remains in your belly for several hours.
Where is it done?	In a dialysis center	At home	At home (or any place that is clean and dry).
How long does it take?	Each treatment lasts about 2–4 hours. Treatments happen 3 times a week.	It depends on the schedule you and your doctors choose. Home hemodialysis treatments can be more frequent or longer than in-center treatments.	It depends on the schedule you and your doctors choose. Peritoneal dialysis can happen during the day or overnight.
What do I need to do to prepare my home?	Nothing	Depending on your equipment, you will need space to store your supplies. You may need special electrical connections and plumbing.	You will need a clean, dry space free from pets and plants and a large, clean, dry space to store supplies.
Will I have to follow a special food and fluid plan?	You will need to strictly limit fluids and certain nutrients, including potassium, sodium, phosphorus and protein.	If you do your daily treatments, your meal and fluid plan may be less strict.	You may need to limit certain nutrients, including potassium, sodium, phosphorus and protein. Your meal plan may be less strict than it would be if you were on in-center hemodialysis.
Will I need to travel to receive treatment?	You will travel to a dialysis center 3 times a week.	No	No
Who will give me my treatment?	A nephrology nurse or dialysis technician.	You and a care partner (after completing training).	You. A care partner can help if needed.
How does the treatment get into my body?	Vascular access (or temporary catheter access). If vascular access, the options are to have a fistula, graft or catheter.	Vascular access (or temporary catheter access). If vascular access, the options are to have a fistula, graft or catheter.	Catheter in your belly
Will I be able to go on vacation?	Yes. You must find a dialysis center near your travel destination and schedule treatment sessions in advance. You may face additional costs depending on your insurance coverage.	Yes, usually you can bring your machine with you.	Yes, you can do your treatments in any clean, dry place. Usually, you can ship your supplies to your travel destination.

What is important to you

Now that you know more about home dialysis, in-center dialysis and the different dialysis types, it's time to think about how each option fits your lifestyle, preferences and priorities.

	Very important	Somewhat important	Neutral	Not important	Not very important
Choice of which days and times I do dialysis					
Flexibility with my food and fluid intake					
Fewer dialysis side effects					
Flexibility to continue going to work or school					
Privacy during dialysis treatments					
Have a health professional present during treatments					
Keep dialysis separate from my home life					
Spend time with others who are on dialysis					
Ability to go on vacation					

Which type of dialysis checks the most boxes?

Now, let’s look at your decision from a different angle. In the “I want” boxes below, **write down what’s important to you regarding your dialysis decision** (you can refer to your answers on the previous page).



Then, click the boxes to check the dialysis options that are most likely to “deliver” what you want.

I want: I want: I want: I want:

IN-CENTER HEMODIALYSIS				
In-center dialysis				
HOME HEMODIALYSIS				
Conventional (standard) home hemodialysis				
Short daily home hemodialysis				
Nocturnal home hemodialysis				
HOME PERITONEAL DIALYSIS				
Continuous ambulatory peritoneal dialysis				
Continuous cycler-assisted peritoneal dialysis				



Notes

Next steps

Choosing what type of dialysis and where to have it are personal and important decisions. We encourage you to share the results of this decision-making tool with your health care team. They can help you understand:

- What you need to do to start dialysis
- How to switch from one type of dialysis to another
- How to change where you do dialysis

If you're interested in home dialysis and your doctor says it's not an option, consider asking for a second opinion. You can also speak with your social worker to discuss how to meet the requirements for home dialysis.

Learn more with these resources

The American Kidney Fund offers extensive online resources for people with chronic kidney disease and their loved ones. Topics include:

- [Choosing a hemodialysis treatment plan](#)
- [Chronic kidney disease](#)
- [Dialysis](#)
- [Hemodialysis](#)
- [Kidney failure](#)
- [AKF's Kidney Kitchen: kidney-friendly eating](#)
- [Peritoneal dialysis](#)
- [Vascular access](#)



We are here to help.

If you have questions or concerns about your dialysis decision, please contact us at education@kidneyfund.org.



Additional resources



Interested in more information about insurance coverage and dialysis? [Visit our webpage](#) to learn more.



For additional information on kidney disease and dialysis, visit kidneyhealthforall.org.

Your dialysis care team

Think of everyone who cares for you as part of a team. Each team member plays a different role in helping you meet your health goals. You are the most important person on the team. Your opinion and feelings matter, so be sure to take an active role in your care!

Your dialysis care team may include the following:

A nephrologist:	Your nephrologist is your kidney doctor. When it is time for you to start treatment, they will answer your questions about your dialysis options and prescribe medicines. You will meet with them often to check on your kidney health and make any changes to your care plan.
Nephrology nurses:	You will see nephrology nurses in your doctor's office and your dialysis center (if you have in-center dialysis). Nephrology nurses ensure you get the dialysis treatment your nephrologist prescribes. They also provide home dialysis training.
A nephrology social worker:	A social worker can help you and your family manage kidney disease and all the changes that come with it. For example, they can offer emotional support, help you get or keep your health insurance and help you apply for financial aid.
A renal dietitian:	Renal (kidney) dietitians will help you follow a kidney-friendly food and fluid plan while on dialysis.

Your care partner's role

Your loved ones are essential members of your care team—no matter what type of dialysis you choose. They can provide emotional support and encouragement on challenging days. They can also help you think through big decisions, including what kind of dialysis and where to have it.

Some clinics may require you to have a care partner to qualify for home hemodialysis. A care partner can be a family member, friend or neighbor—anyone you trust and can rely on to assist you during your treatments. Your care partner must participate in home hemodialysis training and be present during treatments for support. They may also need to:

- Act in the event of a medical emergency
- Help you set up your home dialysis equipment
- Keep you motivated during treatment and help you stay as healthy as possible

Almost anyone can qualify to be a care partner if they receive proper training. Your care partner does not need previous medical training.



What questions do you have?



Asking your doctor questions about your dialysis options will help you feel more confident in your decision. **Use the space below to write down your questions or concerns about dialysis.**

1. One of my goals for dialysis is to _____. Which types of dialysis can help me do that?

2. Will home dialysis allow me to take less medicine?

3. From a medical standpoint, is anything preventing me from doing home dialysis?

4. Do I need to have a care partner for home dialysis?

5. How often will I meet with my care team for checkups?

6. What should I do if I want to switch to a different dialysis method?

7. How much storage will I need at home?

8. Other:

