

Congratulations 10th Annual Essay Contest Winners!

Essay Contest Theme

What Small Act of Kindness by a
Health Care Professional
Made a Difference in Your Life?



The Case of the NEW SHOES

by Sandra Kisselback

First Place in the 10th Annual Essay Contest

After reading about the theme of this year's essay contest, I started thinking about all of the wonderful acts of kindness that have been bestowed on me by the many professionals in my corner while I've been living with kidney disease. One stellar act hit me like a lightning bolt. Remember this:

Brenda = the shining star.....
Shoes = smile, happy, fun, fun!

My journey with kidney disease began in 1992. From the very beginning, I've had a top-notch cast of health care providers to work with. One

of the very first people I met was Brenda Cassidy, a social worker. My parents and I attended an informational meeting that told us what to expect as we entered the world of dialysis. Brenda was the speaker. After that meeting, my health challenges continued, but the only constant was my nephrologist.

Fast forward through peritoneal dialysis (1994), transplantation (1994 - 2006), peritoneal dialysis again (2006 - 2007), and finally home hemodialysis. I ran into Brenda Cassidy again in 2007, but the shoes didn't enter the picture until 2012,

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YOUR BEST CHANCE FOR TRANSPLANT

If you have an incompatible or poorly compatible living donor



Most people get matched and transplanted in less than six months

For more information go to www.kidneyregistry.org





WAIT 2 WORRY

by Lori Hartwell

Whenever I add my signature, I type “Live, Lori” instead of “Love, Lori.” This used to frustrate me since I had to go back and correct it, but I soon realized that my subconscious was trying to tell me something.

Kidney disease isn't for the faint of heart, and every day we have is a gift. Today is a gift. Instead of being excited that we were given another day, too often we forget about enjoying the moment. I love this quote by Alice Morse Earle: “Yesterday is history. Tomorrow is a mystery. Today is a gift. That's why it is called the present.”

I too have been guilty of not living in the moment. I find myself rehashing painful or traumatic past events and worrying about what the future

might hold for me. After more than 45 surgeries, 13 years of dialysis, and four transplants, I wonder whether I've used up all of my lives. After all, how many times can I beat the odds?

So I decided to try to listen to my body and my mind, to take notice when I'm enjoying life and living in the moment and try to engage in those activities more often. I don't know about you, but I have this committee in my head that likes to interrupt me by creating all kinds of doom and gloom scenarios when I'm enjoying the moment. (I hope that others have this committee too, since I don't want to be diagnosed with yet another illness!)

I had to learn how to quiet the committee down. One way that helps me do this and enjoy life is to slow down. If I take a deep breath and center myself, it helps me stay in the moment.

I also use the strategy of “waiting to worry.” For example, fretting over medical test results, losing or forgetting something, or needing a response from someone before I can move forward on a particular task.

In addition, I find that playing with animals can help me stay in the moment. When we walk Miles, one of our dogs, all of a sudden he'll stop and focus on a squirrel in a tree. If I pull out a few of the squeaky toys from the toy chest, all of my animals immediately pay attention since they're eager to play. Animals are great teachers of the concept of living in the moment. Too, switching my routine, like making breakfast for dinner, can help me avoid being on automatic pilot. And the absolute best way for me to stay focused on the moment is to create something.

So I guess the moral of the story is, as Michael J. Fox and others have said, “If you have one foot in tomorrow and one foot in yesterday, you're bound to find yourself pissing on today.” Which strategies are you going to employ to LIVE and enjoy the moment?

Live,
Lori



Lori Hartwell, Founder & President of the Renal Support Network (RSN), was diagnosed with kidney disease at the age of two. In 1993 she founded RSN to instill “health, happiness, and hope” into the lives of those affected by chronic kidney disease. Lori is also the author of the book “Chronically Happy: Joyful Living in Spite of Chronic Illness” and is a four-time kidney transplant recipient.



Pillow Talk

by Elizabeth Usher

Second Place in the 10th Annual Essay Contest

Hello. I don't usually say anything, but I'd like to tell you a little bit about myself. I'm flexible, soft, and blue. I live in a cotton tote bag along with a rather nondescript blanket. My owner is on dialysis, and I was bought two years ago for a paltry sum, considering how special I am. My innards consist of movable wires and little beads like those found in Beanie Babies, and I have a soft exterior skin.

And I'm telling you so much about myself because I figure prominently in a small act of kindness done by a... You get the picture.

My owner bought me because she sits in a Naugahyde recliner during

dialysis, and the stiff attached pillow felt really uncomfortable against her neck. My wonderfully adjustable frame meant that she could wrap me around her neck and be comfortable, whether she was trying to watch TV at a strange angle or catch a little nap once in a while.

Then it happened.

I got a hole in my stitching. My little beads started popping out all over her and the floor of the dialysis center. She put me back into the tote and took me home. She wanted to sew up my wound, à la Dr. Oz, but alas, her retinopathy makes it difficult for her to thread a needle. When her sister

came over for a visit, my owner asked whether her sister would sew me up.

The sister, a good-hearted soul actually, was too busy. She merely grabbed a wide strip of sticky mailing tape and covered the tear. I went back to dialysis with my owner, but after a few weeks my little beads started to escape again. And to make it worse, the tape had dried up and started to curl. Not only were my beads leaking out, but the tape was as scratchy as a tag on the neck of a cheap T-shirt!

My owner went back to the store where she got me to see whether she could find a clone, but to no avail. She went online to try to find another me, but I was the last of my kind.

Déjà vu. My owner again took me home, her sister again had no time to sew me up, and I again went back to the dialysis sessions with packing tape stuck over the tear. The beads still oozed out, the tape still curled and irritated my owner's neck, and now the tape started sticking to my owner's hair and pulling it out! She can't afford to lose any more hair. She was miserable. I was miserable.

Then it happened—that small act of kindness. As the technician was putting me into the tote, she looked very carefully at me and asked, "What's wrong with this pillow?"

"My sister tried to cover the hole," my owner said.

The technician looked at me again. She smiled at both of us and said, "I can fix this. I'll take it home, and it'll be as good as new."

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Elizabeth Usher taught English at Lakewood High School as well as Harding Middle School in Lakewood, Ohio for thirty-one years. During her teaching career, she was named Teacher of the Year in 1984 and Educator of the Year in 1998. She is named in both Who's Who in American Teachers and Who's Who in American Women. She has diabetes and has been on dialysis since July of 2010. In her spare time she is part of a MENSAs consulting group for advertisers and she loves cartooning, oil painting, playing the violin, and writing short stories and poems. She is presently working on a novel about Ruthin, Wales—a mystery.

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The NxStage System One™ is a prescription device. Daily home hemodialysis with the System One involves risks and responsibilities which are detailed in the free information kit. Talk to your doctor to see if daily home hemodialysis with NxStage is right for you.

Pillow Talk

continued from opposite page

And I was as good as new! The next dialysis day, I was sitting there waiting for my owner as she approached the chair. No more beads and no more sticky tape. I'd been operated on, and we both had a new lease on life.

My owner offered to pay the technician for sewing me up so beautifully, but she just smiled and said, "It wasn't that hard. I was glad to do it for you."

Thus, I was part of a professional's small act of kindness. My owner can now twist me to fit her neck, and there's no more tape to pull her hair out.

This small act of kindness in the form of a few stitches made a huge difference in both our lives.

Read More Essays!

Go to RSNhope.org
Click on Essay Contest
(in the sidebar)

The Case of the NEW SHOES

continued from page 1

a full 20 years after I first met her. So what about the shoes? My financial situation hasn't been the greatest since 2008. My shoes were old, ragged, and worn and were starting to come apart at the seams. Shoes weren't high on my list of things to spend money on. While it was embarrassing to go to the doctor and the clinic wearing this wretched pair of shoes, I just couldn't afford to buy another pair. Brenda apparently noticed.

While I was at the clinic for a routine matter, in she walked with a big smile on her face and an envelope in her hand. "We have an envelope for you with \$50 in it. I noticed your shoes at our last office visit, and we wanted you to be able to dance in style." WOW!!!! Thank you, Brenda! I was dumbfounded at the generosity and compassion

represented by this one small (but to me enormous) act of kindness. The tears flowed as I accepted this heartfelt gift coming from a special group of people who cared for me above and beyond my medical status.

Wearing my new shoes to the next clinic visit put a bounce in my step. Truthfully, whenever I wear those

**One stellar act
hit me...like a
lightning bolt.**

shoes, a newfound confidence comes over me. I'm no longer embarrassed by my footwear. Thank you to Brenda Cassidy, a health care professional and a true shining star who had a major role in the case of the new shoes... smile, happy, fun, fun!



Sandra L. Kisselback was diagnosed with kidney disease in November 1992. She received a living donor transplant from her brother, Brian, on Halloween 1994 which kept her dialysis-free until September 2006. Now Sandra dialyzes at home which she feels blessed to do. She's a graduate of Oneonta State and Russell Sage colleges, both in New York State. Sandra enjoys reading, blogging, tennis, walking the pups, gardening and working in the family's sawmill business.

Fist Bump

by Keith Matthews



Third Place in the 10th Annual Essay Contest

A fist bump. Defined by Merriam Webster as, “a gesture in which two people bump their fists together (as in greeting or celebration).”

Fitting the definition of “small act of kindness” perfectly, a fist bump, offered by my nephrologist, gave me my return ticket to humanity.

A little background is in order. Back in 2006, I had been diagnosed with ESRD, and as a nurse, I understood the implications all too well. Ironically, I had worked as a dialysis nurse for several years previously, and I assumed, as most nurses do, that I was intimately familiar with the physical and emotional trauma that ESRD patients experience. After all, I mixed the dialysate bath, connected the water lines, injected the heparin into the tubes and inserted the needles; I knew how it felt to be a dialysis patient!

Unfortunately, I found that life is much different when you’re on the other side of the needle. I no longer had the luxury of deciding not to go to the clinic to take a day off, or scheduling a much-needed vacation break; I now was on a schedule, a rude and uncaring taskmaster that demanded

my presence at the appointed time and place for a prescribed 3.5 hours, three times per week.

On one side of the needle, I was an important member of the health care team, whose skills were valued and sought after. The other side of the needle, however, demoted me to the status of patient, who, regardless of what the bright and cheery posters in the waiting room may have claimed, was the low man on the health care totem pole.

All I had to look forward to now was being the recipient of glassy, frozen smiles and semi-intelligent questions, asked in high-pitched, sing-song voices: “Are you taking your binders with every meal, Mr. Matthews?”

Sigh....

This treatment day started as it usually did, chirpy aides buzzing about, putting patients on dialysis machines, cooing gently to lessen the sting of #15 needles sliding into vascular access sites. Nurses, holding onto thickly-sheeted clipboards, waited their turn to ply their trade.

Doctors... ah! There he was, our

resident Kidney the Kid, making what I would learn to be his Friday morning rounds.

I watched him closely, looking for some clue as to what I could expect from him. Jeans and a polo shirt; inconclusive, nobody in here was expecting crisply starched scrubs, in fact, he could have walked in naked and no one would have noticed. Well, almost no one; the lady in the left corner was hastily putting on lipstick and eye liner. Dang! I hope she doesn’t poke herself in the eye, I thought.

“Miz Crawford, how do you feel?” he asked her.

“Oh, Doctor,” she breathed throatily, “I’m so... overloaded, I just don’t know what to do!”

I almost giggled; I hadn’t seen a Mae West movie in years. “Uh-huh,” he answered, looking at the nurse, who rolled her eyes. A young nurse; I made a mental note to tell her to keep practicing—she was getting real good at it.

“Well, Miz Crawford, let me adjust this machine, make sure it pulls all

continued on opposite page



Keith Matthews was diagnosed with ESRD in June 2005 and is currently a hemodialysis patient. Keith is an LPN and worked as an acute dialysis nurse for three years (BMA). He is pastor of Greater Mt. Zion Baptist Church and founder of Ambassador Ministries Inc., both of Crowley, LA. Keith is also the author of two books: “The Word of the Lord Came To Me—Now What?” and “He Wrestled With An Angel.” He resides in Crowley, LA, with his wife, Annie, and his two children, Charles and Kedra.

2013 Essay Contest

2013 ESSAY THEME

provide an example of how you became an active participant in your care

maximum 750 words

deadline august 1st 2013

details at RSNhope.org

your excess fluid, okay?"

"Well, not too much, Doctor," she pouted. "It took me a long time to get this fine!" She smoothed her hands over her hips; took about 45 seconds or so. Miz Crawford had a lot of, er, fluid.

"Huh?" Doc looked momentarily confused, then, the nurse tugged his sleeve. "Come on Doctor, new patient to see." He followed her like an obedient, well-trained greyhound.

"Well, well, what do we have... here?" Miz Crawford was still smoothing her hips; we both watched as she completed the operation. A cough turned both of our heads; the nurse eyed both of us sharply. "Your new patient, Doctor." She motioned at me. We

looked at her, then at each other, a bit guiltily, I suppose.

"Nice to meet you, Mister Matthews," he said, and offered his fist.

In that moment, we were no longer doctor and patient, we were just two men, observing a woman bent on seduction. In that moment, all of the racial, cultural, educational, and professional barriers were lowered, and, in that moment, we made the briefest of contact.

Fist bump.

A simple greeting; a celebration of manhood, a small act of kindness, has made, and continues to make, a profound difference in my life.



We are honored to support the
Renal Support Network
and their dedication to individuals with chronic kidney disease

About the Affymax/Takeda Partnership

In 2006, Affymax, Inc. and Takeda Pharmaceuticals U.S.A., Inc. established a partnership aimed at fostering innovation and teaming with the renal community to understand their needs and support the work they do for patients.

To learn more about each company, visit www.affymax.com and www.takeda.com.



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COPING

with

Arthritis

Mary Wu

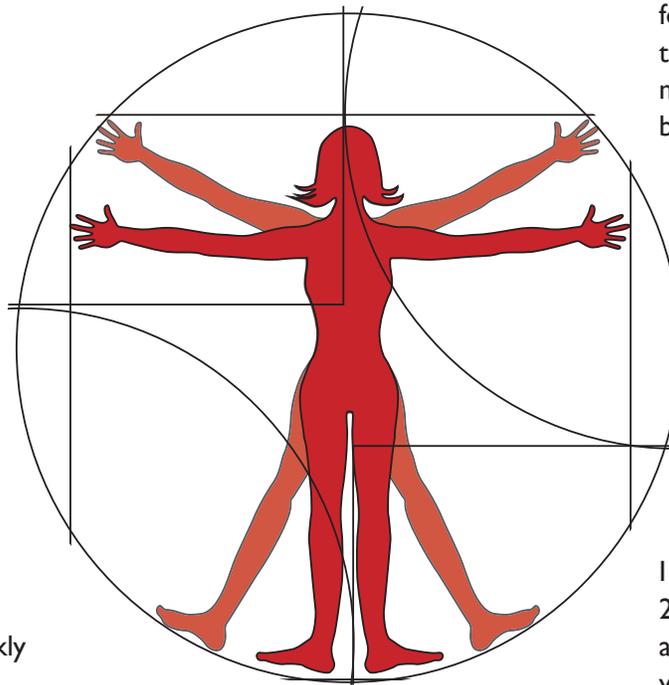
At the age of 7 months, I developed kidney disease, which led to two transplants from deceased donors; I had the first one when I was 5 and the second one when I was 12. When I was 10, I began to limp badly because of osteoarthritis and avascular necrosis in my left hip.

An orthopedic surgeon determined that my left leg was shorter than my right one. She explained that the immunosuppressants and prednisone that maintained my kidney function had affected the blood supply to my left hip, resulting in the gradual deterioration of the joint.

Severe, constant pain would eventually require total hip replacement surgery. Because of my age, my history of kidney disease, and the fact that a hip replacement lasts about 20 years and revision surgery is extremely complicated, she said that surgery could only be performed when I could no longer tolerate the pain. It quickly worsened to the point that I regularly walked with one crutch and sometimes had to use a wheelchair.

Unexplainably and miraculously, the pain disappeared when I

received my second kidney transplant and only returned (with a vengeance, unfortunately) when I was 24. I'm so grateful that my second transplant allowed me to be pain-free for 14 years. Nonetheless, the fact that my left hip would continue to worsen and that I would spend my days wondering whether my quantity of life was more important than my quality of life left me mentally and emotionally distressed, and exacerbated my symptoms.



I was lucky to have an amazing support system of friends and family who reminded me that I wasn't alone and that I had options. Because of them, I decided to undergo surgery only as

a last resort and turned instead to alternative forms of treatment to manage the pain.

I began to see an osteopath, who aligned my joints and balanced my legs with lifts and orthotics in my shoes. I forced myself to stay physically active with swimming, walking, and stretching, even when the pain was severe. When I had to stay in bed, I wallowed in self-pity. I slowly learned that "prevention" was the only "cure" for the incurable arthritis that I had to deal with while at the same time maintaining my kidney function. I began to rest periodically on outings, told people when I needed help, and accepted my limitations even as I forced myself to keep going when the pain exhausted me.

Time and experience provide us with the wisdom that helps us persevere, but I continue to struggle with that balancing act every day!

I have now had kidney disease for 29 years and osteoarthritis and avascular necrosis for almost 20 years. Realistically, a total hip joint replacement is in my future, but I feel that I can tackle anything. All of these health challenges have taught me that time is precious, that life is a gift, and that being in the company of people I love makes all the difference.



Mary Wu is a 29-year-old American of Chinese descent. As a result of her experiences, she has a unique perspective on and interest in counseling and supporting organ donor families, pediatric or young adult recipients/candidates and their family/friends, and transplant recipients/candidates in general. She is an Arthritis Ambassador for The Arthritis Foundation and is well known in the organ donation and transplant community as someone who is always working to promote education, awareness, and especially donor registration through public speaking, published articles, and the book she's writing, "Confessions of a Kidney Transplant Recipient" (see www.kidneyconfessions.blogspot.com).

SECRETS *to* COPING *with* ARTHRITIS

PHYSICAL ACTIVITY

It's recommended that you spend 20 to 30 minutes 3–5 days a week on physical activity that's easy on your joints: Swimming/aquatics, walking, yoga, Tai Chi, or stretching.

PERIODIC REST

Buy a cane that converts into a small stool to sit on whenever you need a break.

SUPPORT GROUPS

The Arthritis Foundation has information on local support groups and programs.

ALTERNATIVE TREATMENTS

Physical therapy, osteopathy, homeopathy, chiropractic, acupuncture/acupressure, Alexander technique, Rosen method, or meditation/visualization.

Check to see what's covered by your insurance.

PAIN RELIEF

As kidney transplant candidates or recipients, we cannot take Motrin, Aleve, or Bayer Aspirin because they could do long-term harm to the transplant.

The following medicines are allowed:
Muscle relaxants, Tylenol, and external analgesics or ointments such as Bengay, Icy Hot, or capsaicin cream.

MEDICAL CARE

If surgery is called for, you'll need to find an orthopedic surgeon who is part of your insurance network.

HANDICAPPED PARKING PERMIT

Find out how to get one.
Your doctor can help.

ASSISTIVE DEVICES

Get a cane, a walker, and orthotics or lifts for your shoes.

Remember to consult with your physician before engaging in physical activity, undergoing alternative treatment, or taking nonprescription medication.

HOPEline



If you have questions relating to chronic kidney disease

Call (800)579-1970

and connect with someone who can offer

EXPERIENCE,

STRENGTH

and HOPE.

An illness is too demanding when you don't
HAVE HOPE!

Call toll-free 10:00am to 8:00pm
(Pacific Time)

HOPEline tambien esta disponible en espanol.



The Giver

There aren't enough words to thank someone who donates a kidney. My stepsister unselfishly stepped forward to give me the gift of life. To ensure our compatibility, we purchased and wore matching outfits. Hey, it worked!

The Supporter

Support from someone who has shared your journey for decades and helps remind you that you've repeatedly overcome the odds is priceless. A friend who can help you work through the emotional rollercoaster and the frustrations that kidney disease presents is essential to healing. No more "California Screamin' Rides," Maria!

The Fighter

Preparing for a fourth transplant is no picnic when you have so many fighter antibodies that can kick the new kidney to the curb. Undergoing a special treatment to keep these little suckers at bay was pretty scary. Cathy had fought the battle earlier and won, and she coached me so that I could win too.

Embrace HOPE A Tribute to Friends

The Expert

Honoring Susan Vogel

Having a nephrology nurse as a good friend can really help you sort out all of the medical decisions you have to make when your kidney is puttering out and dialysis is in your immediate future. The upside is that friends tell you the truth, and Susan reminded me that you have to be your own advocate, that I'm a survivor, and that better days were ahead.

The Best Friend

Having a best friend by your side is like always having the comfort of home near you. Someone who knows what you need before you need it makes you feel loved and cared for. Catherine's a Wonder Woman when it comes to caring for others. No spandex suit required. Catherine, you're my super hero!

The Creative Cook

Eating a dialysis diet can be challenging since you have to limit salt, potassium, and phosphorus. Susie is very familiar with those dietary restrictions and would whip up magical meals to delight my taste buds and help me stay on track with my diet. Bon appétit, Susie. I made you a low-sodium bracelet!

The Artist

Honoring Rebecca Rees

The creative spirit gets my mind off my troubles and helps me heal. Rebecca is a professional artist and she helped me learn how to reach down inside myself and trust my artistic ability. I took everything she had to teach to heart and am the better for it. To get my mind off the difficult days when I wasn't feeling good, we would explore the artistic process by arranging buttons and creating bracelets out of them. She's my creative muse!

You Can Do It!

If you need a cheerleader in your life, you want to have L-I-N-D-A. To have a friend who believes you're capable of anything is a real gift. When I was feeling overwhelmed by life's adversities, all I had to do was call Linda. She'd give me a pep talk and rally my soul.

Honoring Cyndi Jones

The Advocate

Honoring Karol Franks

Advocating for yourself can be difficult, especially when you don't feel good. Karol is a tireless advocate for her daughter and one of the most persistent, dedicated people I know. When I was dragging my butt instead of moving forward on my health care plan, she was there to give me a good swift kick.

Honoring Cathy Bridges

Tender Loving Care

Honoring Lesley Holden

Recovering from a transplant takes a village and who better to be your friend than a pediatric nurse who took care of you when you were a child. Her good advice, wicked sense of humor, and chicken soup were just what the doctor ordered.

The Entertainer

Honoring Malia Langen

You can have some down time when you're transitioning in care, and there's no better way to pass the time than to watch a good movie. Laughing, crying, and feeling the suspense build make for a great escape, and Malia knows her stuff when it comes to chick flicks. Who needs film critics? I had Malia. Thanks for the memories.

Honoring Catherine Glover

Honoring Susie Gonzalez

Beading Buddy

Honoring Marissa Carr

If you ever want a master class in making jewelry or identifying a metal or stone, Marissa's your girl. Her teaching techniques aren't for the faint of heart because she'll make you repeat, repeat, and repeat until you achieve perfection. I can still hear the words, "That's not Lori Hartwell work." She's my beading buddy and never let me slide when I wasn't feeling good.

Honoring Linda Oakford

"The Advocate"
Karol Franks

"The Giver"
Cyndi Jones

"The Fighter"
Cathy Bridges

"The Supporter"
Maria Hsieh

"Tender Loving Care"
Lesley Holden

"The Artist"
Rebecca Rees

"The Expert"
Susan Vogel



"The Best Friend"
Catherine Glover

"Beading Buddy"
Marissa Carr

"The Creative Cook"
Susie Gonzalez

"You Can Do It!"
Linda Oakford

"The Entertainer"
Malia Langen



Lori Hartwell
Founder & President

EMBRACEHOPE JEWELRY by lori hartwell

The EmbraceHOPE Jewelry Collection is crafted by people who have been affected by chronic kidney disease (CKD), providing them with the opportunity to help the Renal Support Network (RSN) and to share their experiences, strength and hope with one another.

"Each of these 12 handmade bracelets I designed is dedicated to an incredible woman who helped me prepare for my fourth kidney transplant. Making jewelry has always been a way to help me cope with kidney disease, and I'm thrilled to have the opportunity to honor these women, who are as unique as the bracelets themselves."



Make a Minimum \$25 Tax-Deductible Donation to RSN
and Choose your favorite bracelet from the Embrace HOPE Collection.

\$25 donation: 1 gift \$60 donation: 3 gifts \$100 donation: 6 gifts Your choice of gifts!

For more information about RSN, kidney disease, the Embrace HOPE Jewelry Collection
or to make a donation, visit www.RSNhope.org or call 866-903-1728

RSN is a nonprofit, patient-focused, patient-run organization that provides nonmedical services to those affected by CKD.

Are you concerned about policies and news affecting people with kidney disease?

Become an

EDUCATED ADVOCATE

Join Renal Support Network's weKAN Program

weKAN promotes self-advocacy and self-determination by showing patients how to become actively involved in medical, regulatory, and legislative decisions affecting their lives.

For more information e-mail wekan@rsnhope.org or call 866-903-1728

DIALYSIS and the Teabag Effect

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In PD, the membrane is a person's peritoneum—the thin membrane that encases the organs in the abdomen. In both PD and HD, the blood and the dialysate are separated by the membrane. The two fluids never mix.

Dialysate consists of pure water mixed with electrolytes—called solutes. It contains lower amounts of solutes than are normally found in the body. This causes waste products in the blood, such as urea and creatinine, to move through the membrane into the dialysate, just as tea is drawn into water. Over time, the solutes in both the blood and the dialysate come into balance. This process is called diffusion.

In HD, the blood and the dialysate move through the dialyzer in opposite directions, forcing the extra water in the blood to be pushed through the semi-permeable membrane into the dialysate. This process is called ultrafiltration.

Removing excess fluid too quickly can cause a drop in blood pressure. Keeping your fluid intake under control between treatments can help minimize this common occurrence. A drop in blood pressure is less likely with PD because excess fluid moves into the PD dialysate more gradually by osmosis.

It's important to know your dialysis prescription. For HD, this includes the specific amounts of potassium, calcium, and bicarbonate solution that are added to your dialysate, the size of your dialyzer, and the frequency and hours of your treatments. Your doctor prescribes these on the basis of your laboratory values and adjusts them as necessary. Patients on PD and home hemodialysis are usually more aware of their dialysis prescription because they learn to do all aspects of their treatment themselves.

Normal kidneys perform diffusion and ultrafiltration continuously—24 hours a day, 7 days a week. Dialysis can never

fully replicate the work of a normal kidney. Though dialysate removes some impurities from the blood, it's not a perfect system. So what are our options?

Obviously, if we increase the number of hours we dialyze, we will more effectively replicate a normal kidney. Many people choose PD for this reason, since the dialysate inside the peritoneum works around the clock to remove wastes. The saturated dialysate is changed often so that dialysis takes place continuously.

Others have chosen home HD. This allows them to do longer or more frequent treatments than are possible in-center. Some dialysis centers also offer nocturnal HD—patients sleep overnight at the center and receive a longer and more gentle treatment. You can take control of your health by choosing the treatment option that's best for you.

Of course, a transplant will give you the best kidney function! Getting more dialysis will help your body remain strong in preparation for a new kidney.

No matter which type of dialysis you choose, remember the principle behind it. It's as simple as making a cup of tea.

KIDNEYSPACE.COM
Where the Kidney Community Connects

Got questions?
Need someone to talk to?
Log on and join the conversation!

The KidneySpace.com online forum is a program of the Renal Support Network.



Shari Gilford has lived with kidney disease for over 30 years, having experienced several dialysis modalities—CAPD, CCPD, in-center hemodialysis, and nocturnal home hemodialysis. She received training as a dialysis technician, then performed her own hemodialysis treatments both in-center and at home. She received her third transplant in March of 2006. In 2010, she and her husband David traveled to north India to live at an orphanage for a year, teaching English and life skills to 32 children. She believes dialysis or a transplant should not prevent anyone from fulfilling their dreams if we have the courage to take a risk.



For more than 40 years, AAKP has been dedicated to providing education and support to kidney patients, their family members and renal professionals through a variety of activities including:

- Assisting patients both to learn more about their disease and to become active participants in planning and managing their treatment;
- Working together for the improvement of public programs that help kidney patients meet their health care and personal needs;
- Reflecting the views and concerns of patients to public policy makers and others in the renal community.

Want more information on AAKP programs?

2701 North Rocky Point Drive, Suite 150
Tampa, Florida 33607
800-749-2257
www.aakp.org



How the

NEW HEALTH CARE LAW

Could Affect People with Kidney Disease

by David Ackerman, Esq

The Patient Protection and Affordable Care Act of 2010 contains several provisions that could be beneficial for people with kidney disease.

In the current environment, depending on the stage of kidney disease, insurers often consider such individuals to have a pre-existing condition and thus use this to either refuse them insurance or charge them higher premiums. (Note: This is mostly true for individual policies and not for employer-provided group policies.)

The Act does not address or affect Medicare, Medicaid or supplemental policies, such as MediGap plans.

1 Under the new law, adults with pre-existing conditions that rendered them uninsurable for more than six months became eligible to join a temporary high-risk pool to be run by the states.

2 Effective September 23, 2010, insurers were prohibited from imposing lifetime dollar limits on essential benefits, such as hospital stays, in new policies. This is important in that the medical costs for those on dialysis or with a functioning graft are very costly.

3 Also effective as of that date, insurers were prohibited from excluding pre-existing medical conditions (except in grandfathered individual health insurance plans) for children under the age of 19 and also from dropping policyholders when they become sick.

4 Effective January 1, 2014, insurers are prohibited from discriminating against anyone or charging higher rates for pre-existing conditions. The Act does not apply to policies in effect at the time of enactment.

It is important to read and understand your policy whether individual or group, and to know what is covered.



David Ackerman is an attorney in Long Beach, CA, having spent the majority of his legal career in business and civil litigation. Following his receipt of a kidney transplant in 2007 from a friend of many years, he is now semi-retired. He has volunteered with RSN for the last three years.

♥ RSN News & Information

RSN's online bi-weekly radio talk show

KidneyTalk!

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Each show is available online 24 hours a day or can be downloaded free any time from the iTunes store

Featured Shows:

- Laughing Through the Illness
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- Dialysis Without Fear
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Get Ready for the Holidays

Make something that's delicious yet safe for you to eat! RSNhope.org has many recipes designed for people on a kidney diet. They're catalogued by type of dish as well as cuisine. Here's a sample:

**Harvest Apple Cake with
Cinnamon Yogurt Sauce**

Low-Sodium Pound Cake

Spicy Fruit Cookies

Butterscotch Apple Crisp

Easy Spicy Angel Cake

**Rock Cornish Game Hens
with Tarragon**

Honey Garlic Chicken

Chicken Fusilli Salad

Cauliflower in Mustard Sauce

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Write for RSN

Whether you're an established writer or simply someone who has a story to tell, we'd love to hear what you have to say! Whenever possible, RSN obtains patient-authored articles that we post on our website or publish in our newsletter Live & Give. We're looking for patient profiles or success stories, lifestyle tips such as how to cope with dietary restrictions or how to tell the person you're dating that you have a peritoneal dialysis catheter, and renal-friendly recipes.

Find complete guidelines at RSNhope.org. Click on Health Library in the sidebar, then Author Guidelines. You can also e-mail info@rsnhope.org to request the guidelines.

Tell us your story of hope!

What is RSN?

Renal Support Network (RSN) is a nonprofit, patient-focused, patient-run organization that provides non-medical services to those affected by chronic kidney disease (CKD). Through a variety of programs RSN strives to help patients develop their personal coping skills, special talents, and employability by educating and empowering them (and their family members) to take control of the course and management of the disease.



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Live & Give

EDITORIAL TEAM

EDITOR-IN-CHIEF Lori Hartwell
ART DIRECTOR Shari Gilford
DISTRIBUTION Jessica Garcia

CONTACT INFORMATION

Renal Support Network
1131 N. Maryland Ave.
Glendale, CA 91207

info@RSNhope.org

866-903-1728 Toll Free
818-543-0896 Local
9 AM-6 PM Pacific Time
Monday-Friday

*If you have a change of address
or other information,
please contact us.*

LIVE & GIVE ONLINE

Current issue, printable version,
articles, and archives can be found at:
www.RSNhope.org

MISSION

The Renal Support Network is a patient-run nonprofit organization whose mission is to identify and meet the non-medical needs of those affected by chronic kidney disease.

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relies on charitable contributions
to provide hope to people
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You pour the boiling water over your teabag. Sure enough, the water begins to darken, and the aroma of fresh-brewed tea fills the room. You know how it works: the essence of the tea moves through the teabag into the water. Eventually the water inside and outside the teabag will each have the same concentration of tea.

Dialysis—both hemodialysis (HD) and peritoneal dialysis (PD)—is based on

the same simple principle as making tea.

Both types of dialysis use a semi-permeable membrane, like a teabag, to filter toxins out of the body. For HD, multiple membranes fill the inside of a long cylinder called a dialyzer, which plays the most important role in the dialysis treatment. The tubes, gauges, and pumps on the machine serve only to safely channel the blood to and from the dialyzer.

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