Ist Place Winner, 15th Annual Essay Contest

Making lemonade out of lemons

by Brad Chaffee
How did you meet your husband? Prior to meeting and marrying my husband, Dean, I secretly bought into the old line, “I wouldn’t want to join any club that would have me as a member.” You see, I felt comfortable with the game players, despite the self-doubt they dredged up. With them, one thing was guaranteed: I wouldn’t have to get too close. I could tell, even on that first date, there was no such guarantee with Dean. I was making up reasons not to like him because I didn’t want to be rejected. I was afraid I was too imperfect to love, and once he saw how difficult a relationship and my multiple health issues with me would be, he’d take off. I had to learn to communicate about my illness and to accept that I was more than my illness! I’ve learned that everyone has “something.” And if you allow kidney disease to run your entire life, people may have difficulty relating to you. I have been married to Dean for 20 years and he gives me an anniversary card every month since we have been married! You can find love.

What causes itchy skin? When I was on dialysis, symptoms like itching were commonly due to high parathyroid or phosphorus levels. Be aware of your lab values and talk with your doctor on how to best keep them in normal range. Medications and dialysis can also cause dry skin.

I’ve found quality moisturizers can help soothe and repair dry, itchy, and irritated skin. It’s always best to apply moisturizer when your skin is still a little damp after your shower or bath. Dr. Yuval Bibi, is a dermatologist and explains what can cause itchy skin and ways you can best treat, care for and protect your birthday suit. Web ID 1014

Have you experienced dry mouth? It is no fun to have a dry mouth. Kidney disease can cause dry mouth, bad breath, and sometimes even leave a metallic taste. I’ve learned this can be a side effect of medications, fluid restrictions, and/or breathing through the mouth instead of the nose. I found that limiting my salt intake helped me not to feel so thirsty. Chewing gum, and using a product called Biotene, also helped me with dry mouth. Chronic dry mouth can lead to dental problems so try to find a solution that works for you.

What did you eat when on dialysis? I was thrilled to interview Sarah Carlson, RD for KidneyTalk™. She describes what she would cook for me if she was my personal renal chef for the weekend. You can listen to all the enticing foods she would prepare for me. The way she describes food and the different seasoning she uses will leave you hungry. Web ID #926

Are you worried about having pets and infection? I love my pets! I have 4 dogs, a cat and a parrot. I know I would be devastated if I was told that I had to get rid of my furry/feathered friends because of my disease. Over the years, I’ve learned to take precautions against pet-borne infections. I interviewed Phillip Zakowski, MD who is a specialist in infectious diseases and he shared several strategies on how to how to handle animals and stay healthy. Web ID #993

Did you tell your employer that you have kidney disease? I have worked since I was 18 years old, and having a job/career has added so much meaning to my life. I always sold my work capabilities before relaying any information about my illness. I came to all my jobs through networking and having someone vouch for my expertise. It’s also important to know your rights and how to communicate your illness to an employer. Dr. Nissenson provides some insight for this question. Web ID #734

See page 11 for more information about how to access and listen to the KidneyTalk™ shows mentioned in this article on iTunes or at RSNhope.org. You should not use this information in this article to diagnose or treat a health problem. Contact a qualified healthcare provider.

Lori Hartwell is the Founder & President of Renal Support Network (RSN) and the host of KidneyTalk™, a radio podcast show. Lori 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 inspirational book Chronically Happy: Joyful Living in Spite of Chronic Illness and is a four-time kidney transplant recipient.
other symptoms, tested my resolve. It certainly made it more difficult for me to make the best of my situation. However, my determination was strong, and I pushed through for my family. No matter what happened, I tried not to complain. I reminded myself that regardless of the struggles I was facing, there was always someone else who had it worse. That’s not to say I didn’t sometimes succumb to negative feelings about my situation, but what was fascinating was that my new outlook seemed to help me come around much faster. It also helped that I surrounded myself with positive and uplifting people that I could turn to for support and encouragement. Little did I know, my decision to be positive had a profound impact in ways I didn’t expect.

I initially made the decision because I was concerned about my family, but as time passed I realized it literally changed me as a person. I transformed from a devout pessimist to someone that went out of my way to see the positive in everything I faced. It not only helped me appreciate my blessings, it also helped me cope with PKD and all of its terrible symptoms. It became, quite literally, the best decision I ever made concerning my health.

Avoiding victimhood and keeping that mindset from infecting all aspects of my life was paramount. That moment, I decided to embrace an idea that had been completely foreign to me. I was going to “make lemonade out of lemons”. I had heard the adage many times in my life, but I never thought it applied to me until that moment. I was going to seek out the positive in every struggle I faced, which was going to be challenging since my tendency to always spot the negative was second nature. It was time to turn over a new leaf. I wasn’t sure I was capable of such a thing, but I knew I had to try.

As suspected, 10 hours a night on dialysis proved to be quite a trial. Fatigue, nausea, vomiting, and severe muscle cramps, among
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Serious hypersensitivity reactions, including anaphylactic-type reactions, some of which have been lifethreatening and fatal, have been reported in patients receiving parenteral iron products. Patients may present with shock, clinically significant hypotension, loss of consciousness, and/or collapse. Monitor patients for signs and symptoms of hypersensitivity during and after hemodialysis until clinically stable. Personnel and therapies should be immediately available for the treatment of serious hypersensitivity reactions. Hypersensitivity reactions have been reported in 1 (0.3%) of 292 patients receiving Triferic® in two randomized clinical trials. Iron status should be determined on pre-dialysis blood samples. Post dialysis serum iron parameters may overestimate serum iron and transferrin saturation.

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www.triferic.com
Debby Ramsey is a mother of three and has an adorable grandson. She would not have been able to share in these joys without the most generous spirit of her unknown donor family. She owns the oldest business in Zion, Illinois, the Aiuppy Feed Store that her grandfather established in 1924. Since her transplant in 1984, she regards each day as a gift and wants to use this gift to live life as though her donor is watching and encourage others to never lose hope.

I found a wonderful doctor who was supportive of my decision. He too, was cautious and concerned but he respected my ultimate decision. He let me know from the beginning that if things got too complicated he would refer me to a specialist, but he was willing to help me through this major chapter of my life. I did not go back to the nephrologist who recommended the abortion and seven months later, on April 28, 1980, my son Kevin Alan was born. He had a rocky start and spent three weeks in the neonatal unit of the hospital, but on Father's Day, 1980 he came home.

He is now 37 years old, and works for a company that takes him all over the country setting up for major sporting events. He has been my best friend, confidant, and truly the joy of my life. At four years old, he answered the call that wonderful morning when the transplant center informed me that a kidney was waiting for me. When he was ten, we were blessed with the adoption of two beautiful twin girls, and he instantly became the best big brother they could ever have.

Every day is a gift, especially since my transplant, and major decisions are often to be made. My decision to take a leap of faith and face the challenge of a very high risk pregnancy under the guidance of a very caring doctor was the best one ever!
A chance meeting in a random hallway led to changes.

Echoes of conversations filled my mind.

“You should opt to get yourself back on the transplant list.”

I fidgeted in my seat.

“Take a chance Sandra. It will be worth it.”

I’m doing reasonably well. Treatments are working. I’m handling the regimen.

“It’ll be better for you. Trust me,” Dr. Schumacher, nephrologist extraordinaire chimed. He encouraged me to try for a second transplant every office visit. Assuring me benefits would abound.

Everybody was pressing me to do it. I’m aware a bounty of positives flock along-side successful transplantation. The first transplant, donated by my brother Brian, was wonderful. “Bartholomew” worked for 11 years, 11 months and 11 days.

“Sign up. Get the tests. What’s holding you back?”

Squeamishly replying to the concerted efforts of health care professionals and friends, I always voiced the same concerns:

“Ok. Suppose I try for a new kidney and a match is miraculously found. Three years post-transplant, Medicare ends. I would need to find and fund a complete fresh health plan. Plus the cost of the drugs can be huge.”

“Well, maybe you could get a full time job with health benefits.”

Hahahahahahahahahaha! My insides were busting up with laughter. Whooping it up with a mixture of held back tears and silent resistance to change. I officially qualify for senior citizen discounts. Who’s gonna hire me full time and give me health insurance? Maybe I could become the new Commander of the Navy Seals elite squad. That would be outstanding. I’d enjoy that one!

“I know you care. But... will you pay for my transplant drugs or health insurance? I didn’t think so. Thanks anyway. It’s all working just fine the way it is.

This was clearly the right decision. Stay on dialysis ’til the end. It’s manageable. I held faithfully to this truth like a lifeline. Even as surprise bumps rose up on the seemingly smooth ride, I fought through challenges to get back to my “normal” - home hemo-dialysis five hours a day, five days a week. Two needles poked in my arm, blood filling the IV lines, scrunching under the multiple blankets as the machine scrubbed away the toxins.

Riding one particular storm of hospitalization, I roamed the hallways between treatments. Popping out a side door, I came face to face with my future.

“Hi, Dr. Conti.”

“Hey, you. What are you doing here?”

“I’m looking for a new kidney,” I blurted out.

Dr. Conti volleyed back, “Call my secretary Alice and set up an appointment.” He gave me the number.

Later that day, I timidly dialed the number and set a date for orientation. Dragging my heels over the next few months, Still resisting changes to my routine, I slowly completed the testing for placement on the transplant list.

A bit over a year later, I received a call from Albany Medical Center. I was setting up to do a treatment, so I let the answering machine pick up. Right before plugging in, I figured I should check the message and was directed to call Jennifer.
“Hello, this is Sandra Kisselback returning your call.”

“Hi, this is Jennifer. We have a kidney for you. How long will it take you to get to the hospital?”

Twenty-one hours later I was being wheeled to surgery. I successfully celebrated my third anniversary on April 8, 2017.

I had been protecting myself in a box of comfort. Making excuses for playing it safe. Sticking to what was working and leaving the risk taking to experts. I now realize, life will improve by having confidence enough to question your standard operating procedure. In the potato chip caper I was told I could do anything I set my mind to. But that’s another story.

Deciding to go forward with a second transplant and living dialysis free is my new normal. They were right. It was well worth it!

Kidney Transplant and Organ Donation Resources:

National Kidney Registry
Phone: (631) 517-9546
kidneyregistry.org

National Living Donor Assistance Center
Phone: (703) 414-1600
livingdonorassistance.org

United Network for Organ Sharing (UNOS)
Phone: (804) 782-4800
unos.org

Donate Life
donatelifelife.net

Find more transplant and donor resources at RSNhope.org

Prom season comes early for teens and young adults who have been diagnosed with kidney disease, who are on dialysis or who have a kidney transplant. Find out more and download the Invitation at RSNhope.org

The EmbraceHOPE Artisan Jewelry Collection is hand-crafted by people who have been affected by chronic kidney disease, providing them with the opportunity to express themselves creatively and share their experiences, strength, and hope with one another at the same time. Each hand-crafted piece arrives packaged in a keepsake Organza Bag with an RSN Embrace Hope Card as a token reminder that your purchase of this special gift helped benefit those with kidney disease.

Proceeds help RSN life-enriching programs. Available at embracehopejewelry.com

Sandra Kisselback has a passion for wood, unicorns, writing and learning new things. She received a kidney transplant in 1994 and 2014. Sandra lives in East Berne, New York.
Tony didn’t control his blood pressure, and he developed a disease called diabetes. High blood pressure and diabetes caused what’s called kidney failure, so now my brother and I can no longer do the job we were designed to do.

However, Tony got smart, and he went to a doctor, a nephrologist, who deals with kidneys. The doctor identified symptoms that pointed to kidney failure, and he began treating Tony’s blood pressure and diabetes. He prescribed medicine, put Tony on a diet, and got him to start exercising.

The nephrologist helped Tony keep us working as long as possible. He also taught Tony about different types of dialysis, a procedure that can help us do our job. He even talked about a kidney transplant. That’s a bit of a long shot, but it’s something to consider.

Tony now knows his best defense is knowledge, so he is learning all about kidneys, kidney failure, kidney transplants, and dialysis. He recently chose PD dialysis, that’s peritoneal dialysis, a procedure he does at home, and he’s feeling better each day.

He knows how important we are, and he is doing everything possible to keep us working, along with our brothers the brain, heart, lungs, blood, and pancreas. He made a positive decision about his health by scheduling regular doctor visits, by learning all about us, and by making lifestyle changes. My brother and I are thrilled. We are ready for whatever may happen in the future.

Thanks for listening to our story. Please make a positive decision. Learn all you can about your kidneys. It may save your life.

Ferris Anthony is from Brunswick, Ohio. Because “Ferris” is an unusual first name, his friends call him “Tony.” Tony earned his Ph.D. at Michigan State University. He is a retired Dean and Professor of Education. He has been living with kidney disease for four years and began peritoneal dialysis in May, 2017. He plays cello and harp, and he draws, paints, and sculpts. He volunteers with several non-profit organizations.
Pain is a common and complex problem in people living with chronic kidney disease. The risks and benefits of treating pain itself need to be understood. Pain medications can cause dependence, depression, itching, constipation, dizziness, light-headedness, feeling faint, abdominal distention, bloating and increased risk of falling. Patients are often unaware of these risks.

According to the Centers for Disease Control and Prevention (CDC), the United States is experiencing an epidemic of drug overdose. The most common drugs involved in prescription opioid overdose deaths include Methadone Oxycodone (such as OxyContin®) and Hydrocodone (such as Vicodin®).

To reverse this epidemic, we need to improve the way we treat pain. We must prevent abuse, addiction, and overdoses before they start.

Patients with chronic kidney disease often have pain due to specific causes. Peripheral neuropathy is an extremely common problem for my patients, especially those with diabetes. This type of pain is due to nerve damage, which causes burning and numbness sensations in the legs. It responds better to drugs usually prescribed for other reasons, i.e., for other diseases that involve the nervous system. For example, the seizure and antidepressant medications that include Gabapentin and the controlled drug Lyrica®. The major concerns with these drugs are the possibility of sleepiness and the fact that they may interact with other drugs that affect the brain and as a result cause confusion. For these reasons, these drugs are usually started at a very low dose. The dose is gradually increased until pain is controlled. Dosages cannot be raised for patients who have serious side effects.

Another commonly-used pain medication is in its own unique class. It is called Tramadol. Though it is a controlled substance, it is less likely to cause addiction than opioids because there is no euphoria or “high “associated with it. Tramadol poses no problems for kidney function, so doctors can prescribe this drug for chronic kidney disease patients. Tramadol is commonly given with regular Tylenol® to boost its strength as a pain killer. The major problems associated with Tramadol are that some patients feel a bit sleepy with the drug, and about one out of 20 patients experiences nausea from it.

Nonsteroidal anti-inflammatory drugs (NSAIDs), which include Advil and Aleve, can cause kidney failure and reduce urine output. Therefore, we do not recommend them for patients who have chronic kidney disease and still make urine. Dialysis patients who no longer make any urine, however, do not need to worry about protecting their kidneys. They may sometimes still use this class of drugs. But NSAIDs can cause stomach problems like ulcers, and pose a higher risk of internal bleeding. Because of these risks, NSAIDs are only to be used under your doctor’s supervision, even though they are sold over the counter. They also require you to have some food in your stomach prior to use.

Finally, if opioids are used they should not be prescribed on a regular schedule for chronic problems. Opioids are morphine and similar drugs derived from opium. Daily regular use of opioids causes dependence and addiction, and develops drug tolerance. Built-up tolerance means that the same dose of opioid medicine will not stop pain as it used to after a period of regular use.

Most opioid addiction occurs when well-meaning doctors prescribe these drugs for a sudden pain situation, such as after a surgery or trauma. Later, patients find it hard to stop using these drugs. After all, they have a sense that they “feel no pain” while on the opioid drugs. It does not take long before patients start “needing” opioids. Dependence quickly develops.

Depression, poor appetite, and constipation are serious side effects frequently seen in regular users of opioids. Patients need to take great care to avoid this recent and familiar cycle which has become so common it is branded as a “national opioid epidemic”.

Pain is a terrible thing, but so are some of the approaches to alleviating it. Consult your doctor and always report any problems associated with the medications you are given.

Possible Pain Relievers

Cognitive behavioral therapy — a psychological, goal-directed approach in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress

Exercise therapy, including physical therapy

Exercise and weight loss

Gel packs — these are simple packs that can be warmed or chilled and used to ease localized pain

Acupuncture and massage

Relaxation techniques — guided imagery, hypnosis, biofeedback, breathing techniques, and gentle movement such as tai chi

Source: Centers for Disease Control and Prevention www.CDC.org

Dr. Minasian is a practicing nephrologist in the Los Angeles area with over 34 years of diverse experience. He serves as medical director for several facilities he has focus on managed care / ACO issues as they relate to the CKD/ESRD population as well as home dialysis modalities. Dr. Minasian is currently serving on the California Dialysis Council and Renal Support Network Board of Directors.
Deciding I Could Lose Weight
by Karen Delfin Peacock

President's Pick, 15th Annual Essay Contest

Nobody asks for end-stage renal disease. I’m still not even sure what started the process of IgA nephropathy I was diagnosed with a few years ago. I took my medicines, watched as my hair fell out from the chemotherapy drugs and my face get round from the high dose of prednisone. I followed all the recommendations and instructions on what to do, what to take, what to eat. Despite that, because of the nature of kidneys, I found myself at stage 5 kidney failure and getting my first surgery to prepare my arm for the dialysis that I would need at some point.

During that time, I felt like everything I was doing was as a result of what was happening to me. To be honest, I felt a bit helpless. Nothing I did made my kidneys better. Nothing would heal them back to normal. I would soon need dialysis. I would later need a kidney transplant. It was inevitable. No matter what I did, these things were going to happen.

Then we moved from Indiana, where I had lived all my life, to Utah. My first appointment with my new nephrologist went something like this: “You’ll have to begin dialysis when you start to feel bad, but we’ll try to postpone that as long as possible.” Then the news that I knew, but didn’t want to hear: “They will not give you a kidney at your current weight. You need to lose over 50 pounds.” There it was. I have struggled with my weight most of my life. I had lost some weight a couple of years earlier, but gained most of it back. At first I was devastated, thinking I would never get there. I was really struggling because I really wanted a kidney, I wanted to be able not only to be alive, but to be able to live again.

My husband was compassionate, but told me: “You don’t lose weight because you don’t think you can. You have to believe that you CAN do it.” Thinking about how much I wanted more time with him and the rest of my family and friends, how much more of the world I wanted to see, how many more things I wanted to experience, I made the decision to lose the weight. I told myself that I COULD lose the weight! After years of feeling helpless about my kidney disease, I was empowered to do something to help myself.

It certainly started out slow and rough. I paid more attention to my diet, especially after starting dialysis. I was already limiting my sodium and potassium intake, but now I had to watch my phosphorus also. I remembered to take my phosphorus binders when I ate. I would think about snacking, then remember being hooked up to the dialysis machine, and would decide I really didn’t need a snack.

I started working out with my friends, doing toning exercises, light cardio, etc. I was really out of shape, so it was very difficult at the beginning. Gradually it became less tortuous and I was gradually losing weight. I could see the results of my decision, which encouraged me to press on. Fifty pounds seemed so far away at times, but it took me years to add all this to my body, so it was going to take some time and work to get it off my body.

The day came when I got on the scale and had not only reached my goal but surpassed it. In less than 18 months I lost 70 pounds. The transplant team has started my testing, screening, vaccinating, and anything else I need to do to get closer to being placed on the transplant list. That is where I am today, jumping through hoops, but each jump gets me closer to getting a new kidney and a new life.

I would not be where I am today if I had not made the serious decision to seriously lose weight. I would also not be here without the loving support of my family and friends. I am proof that you can lose that much weight on your own without programs or surgeries. You have to decide to do it, decide that you can do it, and decide that your life is worth fighting for.

Karen Delfin Peacock is a veterinarian living in Utah with her husband and two pugs. She still works and goes to in-clinic dialysis three times a week. Karen loves all things geeky and enjoys going to conventions in costume, playing computer games with her husband and watching Star Wars movies.

Then the news that I knew, but didn’t want to hear: “They will not give you a kidney at your current weight.

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Tune in to RSN’s online podcast talk show hosted by Lori Hartwell on iTunes or RSNhope.org

iTunes: Enter “KidneyTalk” into the search tool at the iTunes store to access or download any show 24 hours a day.
RSNhope.org: Enter the Web ID listed in the search box in the right hand corner located on RSNhope.org to stream.

Listen in to these inspiring shows:

Coping with the Holiday Blues
Web ID 900

The Kidney Project with Dr. Shuvo Roy
web ID 1027

Holiday Eating Tips: Eat, Drink, and Be Careful
with RD Sara Colman Web ID 599

KidneyWorks™ Job Retention Program for People with
Chronic Kidney Disease with Paul Conway
and Richard Knight Web ID 3000

Urge elected officials to support these bills:

Chronic Kidney Disease Improvement in Research &
Treatment Act of 2017 (H.R. 2644)
This bill will increase funding for research, improve coordination of care and allow kidney patients to have access to Medigap.

The American Health Care Act of 2017 (H.R.1628)
This bill will promote early detection and improve care of people who have kidney disease.

The Living Donor Protection Act of 2017 (H.R.1270)
This bill will protect living organ donors rights and promotes organ donation.

Visit the RSNhope.org advocacy page

to learn about these bills and take action today!
Know Your Lifeline

How to recognize and prevent dialysis access complications

By Lana Kacherova, RN

Dialysis is a life-sustaining treatment and whether you choose hemodialysis or peritoneal dialysis, the success of your treatment largely depends on safe dialysis access.

There are different dialysis types depending on the modality you choose to treat your kidney insufficiency. If you are active during the day, then peritoneal dialysis (also known as PD) may be the most suitable treatment modality for you. You can do your treatments in the privacy of your own home. Most people choose to do it at night using a special Cycler machine. If you are not a candidate for PD, then hemodialysis (also known as HD) is another treatment option. You can either go to an outpatient center three times a week or do it at home. During hemodialysis, your blood travels through a special filter that resembles a function of the kidneys by removing toxins, waste, and extra fluid from your body.

Hemodialysis Access

For hemodialysis, there are three types of vascular accesses, each of them created surgically:

1. Arterio Venous Fistula (AVF): surgeon uses your own veins to create a vascular access under the skin. Fistulas are considered the “gold standard” of vascular access because they last longer and clot less, but they need at least three months to mature (become usable).

2. Arterio Venous Graft (AVG): surgeon places a specially-made bio-compatible plastic tube under your skin and connects it to your own blood vessels. Traditionally AV grafts could be used in 10-14 days, but with new advances, some grafts can be used the day after the surgery.

3. Central Venous Catheter (CVC) – a special plastic tube placed into your neck and tunneled into the right atrium of your heart, with the lumens still located outside of the body. CVCs are the fastest way to offer hemodialysis, but they are not considered safe in the long run and they may lead to serious complications if left in one’s body for longer than 90 days.

There are a limited number of places in the body where an access can be placed (the arms, legs, neck or chest), and proper access care is essential for patients to preserve longevity of vascular access.

Tips to prevent vascular access complications:

• Wash your fistula or graft site prior to initiation of every dialysis treatment – each center must have a designated sink to do that. Besides cleaning it yourself, make sure your nurse or technician also cleans it with special disinfectant prior to placing the needles.

• Avoid wearing tight clothes, jewelry, or carrying heavy bags around your vascular access, or sleeping on top of it – this may restrict blood flow and create clotting of your access.

• During your blood pressure check, make sure the cuff is placed on your non-access arm.

• Get familiar with your vascular access by checking it every day: feel the “thrill” – vibrations sensation, and listen for the familiar sound of the bruit, the whooshing sound. If it sounds or feels differently, or you are not able to feel or hear either, don’t wait until your next trip to the dialysis center - call your healthcare team immediately.

• Always examine your vascular access site for signs and symptoms of infection. If there is any redness, swelling, numbness, hot to touch feeling, itching, or fluid drainage around the vascular access, or you experience fever or chills, contact your healthcare team right away.

• If you have a Central Venous Catheter (CVC), don’t get your dressing wet between treatments; your nurse will be checking the exit site when performing CVC care every time you receive treatment. Ask your nurse how to change the dressing yourself in case of emergency and have an extra set of supplies at home.

Remember, a CVC is a temporary vascular access and you are at increased risk for infection. Talk to your health care team about creation of permanent vascular access.
Ask your doctor or dentist for a prophylactic use of antibiotics before you have any dental procedures, because during the procedure bacteria from the oral cavity may enter the bloodstream and cause harm to your vascular access.

**Peritoneal Access**
Even though majority of people with kidney failure receive hemodialysis, there are more and more of you that try to do Peritoneal Dialysis treatments. This treatment modality is a more natural way to remove toxins from the body because it uses your own peritoneal membrane as a natural filter, and it preserves your residual kidney function if there is any left. Just like kidneys work around the clock cleaning blood and producing urine, the peritoneal membrane filters body fluids in a similar way. This seems gentler to the body compared with hemodialysis, where toxins are removed aggressively during 4-hour sessions.

There are certain criteria for PD patients and the home environment that has to be cleared prior to PD catheter placement. Therefore, your health care team conducts a home visit to ensure that the home environment is suitable for PD treatments. Sometimes only slight modifications are necessary, and your health care team will guide you on what needs to be changed.

Peritoneal dialysis access is created surgically: the surgeon places a PD catheter inside your peritoneal cavity and leaves the "exit site" outside of the body, normally below the belly button to the right or to the left, depending on your anatomy and/or preference. Sometimes the exit site can be located much higher than belly button – this is called pre-sternal PD catheter. The most common complication from a PD catheter is infection – it could be either an exit site infection or peritonitis, which could lead to the catheter loss, therefore each person on PD must learn how to recognize the early signs.

**Take Away Points:**
Dialysis Access is your lifeline and you are the Most Valuable Player (MVP) on your team. Infection could become a serious health problem affecting other organs or systems in your body well beyond your vascular access. Daily access assessment and care is essential to prevent complications and prolong the life of your access. Remember that communication is the key. If you experience serious symptoms at night when your health care team is not available, go to the nearest hospital Emergency Department or call 911 if necessary. You are in charge of your own body and your health. The health care team is there to support you.

**Tips to prevent PD catheter infections:**
- After new PD catheter is placed, you will be given instructions by your surgical team and asked to come back in a week or two. Normally, you should leave the dressing unchanged for that period of time and you cannot take any showers or baths. It is important to let the exit site heal without it being compromised.
- Your PD nurse will teach you proper catheter exit site care as well as how to secure it properly in one place so it does not get pulled or shifted under your clothes. There are special "Belts" on the market specifically designed to wrap about the PD catheter to keep the exit site secured.
- Your PD nurse will also teach you how to perform daily exit site care and which disinfectant agents and sometimes antibiotic creams to use.
- Avoid bacterial contamination by not swimming in fresh water such as lakes, ponds, and rivers. Swimming in your own chlorinated pool or ocean may be OK – ask your PD nurse about this and how to clean your exit site immediately after the swim.
- Avoid taking baths or soaking in a hot tub, unless you have a pre-sternal PD catheter and the water line is far below the exit site so the dressing remains dry (check with your PD nurse first!).
- Prophylactic antibiotic use prior to dental procedures is also recommended for PD patients.

Lana Kacherova, RN has been working in the dialysis industry since 1993 in different capacities, taking care of people with kidney disease. She started as a dialysis technician, then became a nurse, later transitioned to clinical coordinator of a hemodialysis unit, quality improvement professional, and case manager. While working full-time, Lana attended California State University Northridge, and received a BS degree in Nursing and Master of Public Health in Health Education. She recently joined Kaiser Permanente of Southern California as a Renal Case Manager.
JOIN RSN - THERE IS NO FEE

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☐ Yes! E-mail me the RenAlert RSN’s electronic update.

Name __________________________________________
Address _______________________________________
City_________________ State_______ Zip__________
E-mail _________________________________________
Phone ________________________________ ☐ home ☐ work ☐ cell

Please check all that apply:
☐ Patient: ☐ Transplant ☐ PD ☐ Hemo
☐ Family Member ☐ Administrator ☐ Physician ☐ Nurse
☐ Dietitian ☐ Social Worker ☐ Technician ☐ Company Rep ☐ Other

CONTRIBUTE TO RSN, ALL DONATIONS ARE TAX-DEDUCTIBLE. THANK YOU!
Your gift, no matter the amount helps RSN continue to offer our life-enriching programs at no charge to people whose lives have been affected by chronic kidney disease.

CONSIDER A TRIBUTE DONATION Make a donation in honor of an organ donor, a transplant anniversary or as a holiday or birthday gift. Please indicate (in the notes if making a donation online or in the Tribute Donation Details section below if mailing/e-faxing a donation) to whom or to what occasion the tribute donation is for and we will send you a custom receipt and thank you letter.

DONATE ONLINE AT RSNHOPE.ORG Click Contribute in top menu bar
DONATE BY PHONE, BY MAIL Use form below and see contact information above.
DONATE VIA PAYPAL to donations@RSNhope.org

Method of Payment for contributions:
☐ Check or Money Order (payable to Renal Support Network)
Credit Card: ☐ Visa ☐ Mastercard ☐ Amex RSN accepts all major credit cards

Donation charge to card $ ___________________ Billing Zip ________________
Card#: ___________________________ Exp. Date: _______/_______
Cardholder Name: ____________________________
Signature: ________________________________

What is RSN?
Lori Hartwell founded Renal Support Network (RSN) in 1993 to empower people who have kidney disease to become knowledgeable about their illness, proactive in their care, hopeful about their future and make friendships that last a lifetime.

READ LIVE & GIVE ONLINE
Current issue, printable version, articles, and archives can be found at: www.RSNhope.org

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RSNhope.org

14 Fall/Winter 2017
Critical Creative Cures the Soul

2018 Calendar “Creativity Cures the Soul” Monthly Inspiration for your Creative Spirit.

Treat yourself or show your appreciation with the picture-perfect holiday gift this year and support RSN’s life-enriching Programs. Your gift with a donation of $25 or more. Use the order form at left or visit RSNhope.org to make a donation.

RSN EVENT CALENDAR
Visit RSNhope.org for details

Monthly Support Group
4th Sunday of the Month

8th Annual Celebrity Bingo & Poker Tournament
Nov. 11, 2017

19th Annual Renal Teen Prom
Jan. 14, 2018

World Kidney Day
March 8, 2018

Organ Donor Month
April 2018
RSN’s New Website offers a Hopeful, Informative Experience

Come see what's new at RSNhope.org

After a summer of hard work, we are pleased to announce RSN’s new website! Visit RSNhope.org and you will find:

• A mobile device friendly website with a colorful, image driven and easy-to-navigate design so you can get right to what you want to know.

• Hundreds of exclusive, personal stories written by people who share how to live successfully with chronic kidney disease. You’ll learn something new whether you have just been diagnosed, on dialysis or have a kidney transplant.

• New 'Take Action' Advocacy Portal lets you easily contact your local officials about current legislation that will help people who have kidney disease.