

Live & Give

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Vol. 12 Issue 1

Helping to educate and motivate people living with chronic kidney disease.

THE CELEBRATE LIFE ISSUE

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Traveling the World

WITH MY NEW KIDNEY

by Shari Gilford



by Lori Hartwell

As a nurse starts an IV on me, I will conduct a quick and instinctual “trust assessment” based on the healthcare professional’s verbal and non-verbal cues. The first indicator for me is presentation: I want to see them look at me and introduce themselves in a confident and nurturing way. The second is consideration: they should ask me as the patient for my input on the best place for the IV. The third is compassion: if the first attempt doesn’t work, how the nurse handles the next couple of minutes is crucial

In addition to those positive indicators, I rely on little cues such as:

- Facial expressions – are they displaying a friendly demeanor?
- Methodical approach – do I see this in their actions of washing hands and preparing for procedures?
- Attention to detail – such as swabbing the end of the IV bag with alcohol with precision and showing pride in their work.

• I provide a brief history and explain where I think the IV should go.

• I ask what type of needle they use. My goal is to get them talking; their answers determine if I think they care.

It is important to convey to our healthcare team how important earning our trust is, and what we need to feel secure.

Trusting our healthcare team is essential. Studies have shown that if you trust your healthcare professional you’re more likely to take your meds, show up for care, and listen to their advice.

Trust is earned over time. Unfortunately, we don’t have the luxury of time on many occasions.

for me to continue to trust. If the IV is a success, I breathe a sigh of relief. But if it doesn’t take, the nurse should hold the site with pressure and make eye contact with me while calmly expressing our joint frustration. Holding the site provides comfort from the needle stick. A short comment of regret conveys that they recognize me as an individual.

All of these positive indicators persuade me that I can trust the nurse and can allow a second attempt.

• A question that lets me know they see me as an individual – this can be as simple as, “What is one of your favorite memories?” or “How did you get here today?” or any other easy-to-answer question that shows interest in me.

How can we help healthcare professionals if they don’t act in the ways we need to feel comfortable? This is what I do:

- I ask them their name and how long they have been starting IV’s.

Trust, according to the dictionary, means: assured reliance on the character, ability, strength, or truth of someone or something.

Trust is earned over time. Unfortunately, we don’t have the luxury of time on many occasions.

If you aren’t checking off many of the positives above, assert yourself! You can start with my questions about experience and tools. The resulting conversation isn’t always easy, but our life may depend on it!

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.

Traveling the World

WITH MY NEW KIDNEY

by Shari Gilford

Web ID: 1094

I love getting to know people from various world cultures. When my husband and I got married in 1998, we dreamed of travel to far-away countries. For the first nine years of marriage I was doing home dialysis (peritoneal, then nocturnal hemodialysis). We did some travel in the United States, my husband dutifully hauling my peritoneal dialysis machine and supplies in and out of our car and into various hotels. Later, on hemodialysis, I sampled a variety of hemodialysis clinics across the country.

manage with so many threats to my health, magnified by my suppressed immune system. I didn't have any problems at all except an ordinary cold which confined me to our hotel room for a few days.

My success fed our wanderlust. Since then my husband and I have traveled all over south and southeast Asia, with longer stays in India. I've found that it's not difficult to remain healthy as

Bottled water or water from a reverse osmosis machine is the only water I drink, though I cook with tap water.

I always carry hand sanitizer with me when I go out and use it generously if there is nowhere to wash my hands with soap. Carrying a small tube of antibacterial cream is also a good idea in case I get a cut, though I've had to use hand sanitizer on occasion.

It's important to just use common sense and be wise. I try to connect with a hospital or nephrologist if I'm going to be in one place for a few weeks. Even developing countries usually have one or two high quality hospitals or labs for foreigners. You can check with the US Embassy or other foreigners who live in the area to get recommendations in case of an emergency. Learn

“After the first successful trip I was hooked.”

the local emergency numbers. I carry a list of all my medications and allergies with me as well.

I organize my medications so I have them ready to take wherever I am. For many years, I've created small pill packets using 1"x2" zipper bags. I make 24 of these and store them in larger bags marked "Morning" and "Night." I take my morning pills around noon with food. If I know I'll be out of the house, I bring a juice box and put one of the pill packets in my purse. At night I take my pills before bed, so it's not usually a problem remembering. Once in a while, when I know I'll be busy and might forget to take my pills, I'll set my phone alarm or ask a friend to remind me to take them. I've rarely forgotten them.

When I got my transplant and asked my doctor if I could travel, he said emphatically, "Of course! Do it! You got a kidney so you could live. Take precautions, but don't be afraid." Those words encouraged me to put aside any fear and try. After the first successful trip I was hooked. Since then, I've rarely gotten an infection or an illness beyond a normal cold.

Plan ahead to stay safe. Bon voyage!



Finally in 2006, I received a transplant. Now we could fulfill our dream! Our first trip was to Nepal and India, just 6 months after the transplant. We stayed for a month and loved it. This was a big test to see how well I would

long as I keep a few important things in mind. The following are common tips for every traveler and are even more important for someone with a suppressed immune system. In developing countries, I watch what I eat. I never eat raw vegetables or fruit unless I first wash them with soap and let them dry completely. If I'm out I don't eat sandwiches or salads. Water-borne illness is one of the most common maladies, which is why I check that all serving dishes, cups, and utensils are dry before I use them. Hot food is usually safe unless the server touches it with their bare, sometimes unwashed, hands.

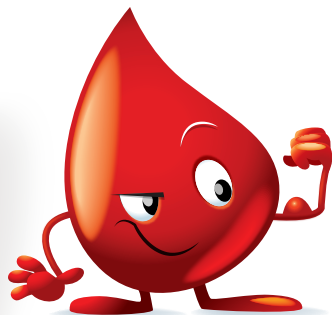


Shari Gilford teaches English to refugee families in the USA and to disadvantaged children during her travels overseas. Her first transplant was in 1977 and she received her third transplant in March 2006. In between transplants she was on dialysis for over 10 years.

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IMPORTANT SAFETY INFORMATION

Warnings and Precautions

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.

Adverse Reactions

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Sister, Donor, Hero

by Rosemarie Kelley

How do you thank someone for giving you an extra forty years of life?
That's what my sister gave to me, and counting!

My story begins when I was 8 months old, and my mother was told that my kidneys were small and not developing. My health was so-so until the age of 9, when I suffered a heart attack and stroke. My kidney function was beginning to fail. At the age of 18, my kidney function dropped from 29% to 6% within a few short months.

In October of 1976, I was placed on peritoneal dialysis, which was not the same as it is now. I would enter the hospital on Monday, start dialysis on Tuesday, stop dialysis on Thursday and go home on Friday. Repeat every week for two months. In December, I had a shunt placed in my left arm, as they were hoping my transplant would be soon. I wasn't going to make it without one. I was 18 years old and weighed 42 pounds.

My family began testing for a donor. My mom, two of my three brothers (one was too young), and my two

sisters were tested. My mom matched 50%. My sister Debbie and brother Eddie each matched 85%. My brother Terry was no match. My sister Donna, who was 8 years older than me, matched 102%. It was beyond a perfect match.

There was one problem. She was married, she had a small son, and her husband did not believe in transplants or organ donation. Plus, Donna was terrified of needles and hospitals. After a few weeks, and my shunt going out and being put back on peritoneal, she said yes to giving me a kidney. It cost her the marriage.

The morning of March 17, 1977, Donna went to surgery first. I never realized the pain and scarring she would go through to do this for me. A few hours later they came for me. I fought them, hung on to doors, and told them to sew her back up. I wasn't going. If it wasn't for my nurse and my family, I wouldn't have been able to handle things.

After 16 hours of surgery my heart stopped, and I was put in an isolation room. My mom and my sister stood at the door crying and yelling at me to wake up. I remember after being in my room for 7 hours, I was up out

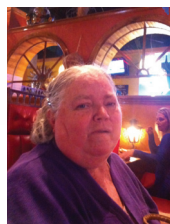
of bed. I walked across the room and sat in a chair so they could clean my bed. Just like Donna, I hated hospitals and wanted to go home. Donna and I walked or raced in the hallways every day so we could go home sooner. We were in for a little over a week, even got a day pass, and then went home.

Because of Donna, I have been here to have a wonderful life. She is a big part of me and my life. We are closer than most sisters. I'll never truly be able to tell her how thankful I am.

Donna has been battling breast cancer since October of 2016, and I can't save her as she saved me. She went through so much pain and misery for me to be here. Because of her, I was able to adopt two wonderful sons who have grown into fine men. Donna gave me life, love, and kept me off machines for the past 40 years. My numbers for my transplant remain in great shape. I try to take care of my kidney and myself.

So, this is to my hero, Donna. I love you and am thankful for you, more than words can ever say. You gave me life, strength and hope. Here is to the next 40 years!

Rosemarie Kelley lives in North Little Rock, Arkansas with her husband Robert Downey Jr. (not the actor) and two dachshunds, Rusty and Lucy. Rosemarie and Robert (AKA Bo) have been together for 23 years, married for 3 years. Rosemarie has two sons, Justin 35, Horace 34.





Grief is something we all encounter in our lives. When I was diagnosed with an autoimmune disorder and Chronic Kidney Disease (CKD) twenty years ago, I encountered grief. My feelings of loss manifested as emotions of shock and anger to guilt and even profound sadness. Coping with grief is a messy, discombobulated learning process. Grief can wreak havoc with physical health, interrupting sleep and making you feel confused. There is no right or wrong way to grieve. There are, however, healthy ways to grieve that can help reduce your sadness, help you come to terms with the loss you've encountered, and allow you to move on with your life.

loss

When something we love is lost or taken away, the loss can feel overwhelming. The more significant the loss in your life, the more intense your grief. You may associate loss or grief only with the death of a loved one, but it is the result of many adverse events. The loss of health is something we've all experienced in the CKD community. Experiencing a decline in health can cause deep feelings of despair and helplessness. However, finding ways you can positively impact your health can lead to physical healing and empowerment.

When I was diagnosed with CKD at the age of 30, I grieved my loss of health, the upset in my future plans, and my financial (in)security. Meeting younger people with CKD helped me cope with the grief I felt about my age. We ALL feel "too young" to have to deal with a chronic illness. Instead of thinking "why me?" I

began to think, "why NOT me??? I can deal with this!" I found comfort in meeting others with CKD and exchanging stories. I learned I was not alone and found strength to overcome obstacles that often find their way into our lives.

Aside from kidney disease, there are other ways we experience loss: divorce (or loss of a relationship), loss of a job and/or financial independence, the loss of personal independence, the loss of safety after a traumatic event, or the loss of a cherished pet. Any one of these can cascade into a big ball of messy, unorganized feelings that turn our world upside down. Whatever your loss, it is personal to you. You should not feel ashamed; however, you should make it your goal to positively cope with your grief. They say "time heals all wounds" and "they" were right. Taking steps to cope, I felt more confident in my CKD journey.

another challenge

Eight years ago, I encountered another form of loss. My husband was diagnosed with terminal cancer. Although there is “always something” we have to address in our health with CKD, I found myself feeling anger, fear, fatigue, and sadness that I had never encountered before. I went from being the patient, to being the caregiver.

I went with my husband to countless medical appointments, diagnostic procedures, and chemotherapy infusions. There was an adjustment period, but I used my experiences with CKD to advocate for my husband's health. Because of my experience with CKD, I was prepared for the boredom, hunger, and frustration of those countless medical visits. And although I can't say that I “never” lost my cool, I was able to care for my husband well because of the empathy I had for him. We had battled together for my life, and it was my turn to help him with his. Unfortunately, his battle ended five years ago.

cop ing with loss

The first year after his death, I kept really busy. Fixing things around the house that had broken during his illness gave me the opportunity to focus on rebuilding my life. One of my cherished dogs died. It was a difficult, busy year, but I survived. The second year was harder. The people that had surrounded me with care and love drifted back to their own life routines. I felt frustrated. Another dog and my cat died. I went on one date and it was a disaster! LOL!

I took charge. I began to exercise, and I joined a cancer support group. I was the only widow in our group, but it was very welcoming. We formed an American Cancer Society Relay for Life Team. I enjoyed the camaraderie and helping other wives in the group who were fighting for their husband's lives. I was not only receiving support, I was giving support. The third year, I wasn't the only widow in our support group. Again, I drew from my own experiences to help others. Being useful made my own grief more tolerable. I adopted a new puppy! Year four was filled with hours of puppy training classes and support group meetings. I became team captain for our Relay for Life team. Not all was rosy: I broke my ankle and my brother died of colon cancer. His death impacted me greatly, but I had developed a good support system and coping was easier.

As I look back at the end of my fifth year, I am thankful and proud I have survived losses and grief. It has not been easy, but I have found new purpose in my life. Living a good life is the ultimate tribute to my husband. My two dogs (the puppy is now 80 lbs!) keep me busy and active. I continue to engage in the CKD community and I have a new family in the cancer community.

Helping others has been a rewarding experience. Although I've not been on a second date, I am not alone. I have found positive ways to deal with my grief. I live and I give. I learned that from Lori Hartwell, my CKD mentor. Life is good!

Cher Thomas, RDH is a Registered Dental Hygienist and a renal transplant recipient. After her kidneys failed due to ANCA positive vasculitis, her brother, Robert, was her donor in 1999. Cher utilized her experience with peritoneal dialysis and organ transplantation to explore the relationship between oral and renal health. She lives in Galveston, Texas.



If you are a person with chronic kidney disease, a family member or caregiver and don't know what to expect, call us. Connect with another person who has lived successfully with kidney disease and can share their experience, strength and hope with you on what they have done to successfully navigate this illness.

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Support from someone who has been there.





Throughout my life I had heard the question, “Where do you see yourself in 5 or 10 years?” I had always been so sure of my answer: “I will be running my own restaurant.” January 18, 2010 was the day my answer and my life changed forever. Sometimes that plot twist plays continuously in my mind.

I was twenty-four years old. I had welcomed my first child into the world with my wife just four months earlier. I had become one of the youngest chefs in a well-known restaurant. I was on track toward my “life plan,” well on the way to becoming Executive Chef. I was always a hard worker and I worked twice as hard at making sure my family was happy. I knew what it took to reach my full potential and wasn’t planning on slowing down.

That day in January I called my wife and told her I was leaving work early because I wasn’t feeling well. She took me straight to the hospital, knowing this was out of character for me. That night, lying in a hospital bed, I was told I would have to start dialysis treatments the very next day because I was in kidney failure. One of my kidneys was completely gone and the other was only working at 8%. The aches and pains I had been feeling weren’t from

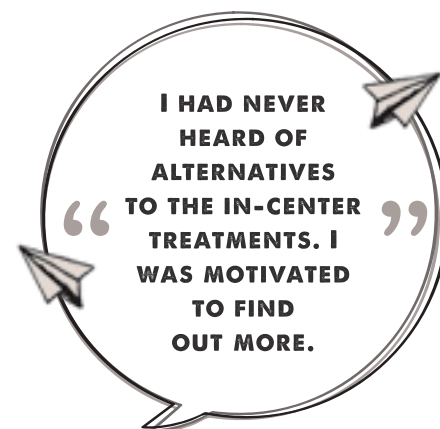
working long hours and my vomiting wasn’t from the flu. Had I not come in I could have died in days or weeks.

Shocked, confused, and afraid, I was taken into the operating room to be given a catheter for my treatments. Less than 24 hours later, I had my first hemodialysis treatment. Reality sunk in a week or so into my 4 hours/3 days-a-week in-center treatments. I could barely muster the strength to lift my baby girl into the air. I was forced to resign as a chef. I believed that because of me my family was suffering. I became depressed after weeks, months, and years of appointments and treatments.

I found joy in making my family laugh, most of the time hiding my depression. My daughter had started school and I made every effort to be at all her school activities. One day while signing my daughter into school, a new office attendant noticed my fistula and asked about my dialysis treatments. She told me her son was also on dialysis, and he had started a new treatment at home. I had never heard of alternatives to the in-center treatments. I was motivated to find out more. I called my nurse and asked her to get me more information. When I went in for

my next treatment a representative explained home hemodialysis options to me and my wife. This plot twist gave me new hope.

My wife and I started our training. Just six weeks later, on my 28th birthday I was doing my last in-center treatment and going home. After my first week of home hemodialysis treatments I



felt a tremendous increase in strength and had the energy I had missed for so long. I was running and playing for hours with my daughter just 10 minutes after getting off my machine. We were able to easily travel again and bring my machine along. I took my daughter to Disney World and wasn’t exhausted after walking around for hours. I felt

young again. It was like walking in the sunshine after years of rainy days. I was amazed that I hadn't known earlier about something that made such a huge improvement in my quality of life.

A few months after starting home hemodialysis; I was asked to speak about my experience at my old in-center clinic. I jumped at the opportunity to share my story with my in-center family, who had brought me such a long way. So many new people were also looking for the same change I had found. I was next given the opportunity to become a Patient Advocate and reach even more people across the state of Florida. I am truly blessed to be helping people who feel the way I have felt.

I had been using home hemodialysis for two years when I finally got the call that I would be getting a kidney transplant. I truly believe that my home treatments helped me to get in the best shape I could be in to receive my transplant. It has been a year now since I have been transplanted and I will never forget the impact home Hemodialysis had on my life.

I am so thankful for that woman in the office who started the conversation with me. I'm thankful for my beautiful wife who got me through, and for my daughter for loving me and making me feel like superman when I certainly didn't. I would not be in the position I'm in today to help so many people had I not experienced it all myself.

Now when I'm asked that oh-so-familiar question, "Where do you see yourself in 5 or 10 years?" I simply say, "I'll be right where I'm supposed to be." Life is not a plan that can be written down on a piece of paper and then carried out. I've learned from experiences, emotions, and interactions, that we have each other to help us find our way!

Donald Ferguson is a patient advocate who travels the U.S. to dialysis centers speaking to patients about the benefits of NxStage's home hemodialysis system from his own personal experiences. Donald, his wife Alexis and daughter Sarra are from Miami, FL.



WAYS TO BE HEARD MAKE YOUR CONTACT WITH STATE AND FEDERAL LEGISLATORS UP CLOSE & PERSONAL

Washington is busy making changes that affect your life. You have the power to do more than discuss it with your friends on social media. Here are six ways to broadcast your concerns and make your local and state representatives take notice.

Find your representatives contact information at RSNhope.org
Web ID: 423

- 1. Call Congress and your state representatives** A phone call at their district state office is the over-all best way to reach your representative and let your voice be heard. Most calls are handled by interns or low-level staff members, but you can ask to be directed to a staff member who has expertise in the area of your concern. Even if you don't get to speak directly to your local official, staff members pass the message along in one form or another.
- 2. Write a letter to your state's district office** After your call, consider writing a follow up letter, which is proven to be more effective than an email.
- 3. Email your state representatives** If you've already called and written a letter, go ahead and send an email to recap your concerns.
- 4. Tweet your state representatives** Declare your concerns on twitter and tag your local representatives. State your concern first, then tag with the @ symbol before their twitter name. You want to tag at the end of your tweet so your followers will have an opportunity to see and retweet your message. Here is an example tweet: Protect healthcare for pre-existing conditions @SenFeinstein @SenMcCain
- 5. Tag your state representatives on Facebook** Share your concerns along with a photo of yourself or a person you know (tag them too) who will be affected by a new law. Also state how they will be affected and what you want your representative to do. Here is an example facebook post: @DianneFeinstein @KamalaHarris Please support the Living Donation Bill!
- 6. Set up a calendar reminder** Prompt yourself to keep in touch with your state representatives and make certain that your concerns stay on their minds. A weekly, bi-weekly or monthly calendar reminder will keep you from forgetting to follow up or just stay in touch.



Living to inspire others began with my own divinely delivered inspiration. Two years ago, while waiting for treatment, I saw a patient who looked like she could really use a hug. I was moved to ask her if she would like one. She was surprised but readily accepted and returned it with much enthusiasm. We began greeting each other like that.

Eventually, other patients who waited with us in the morning joined in. For nearly a year, there were seven of us hugging each other as we arrived. Then as new patients came to the clinic I would introduce myself and the others, offer a hug, and invite them to join our “hug group.” No one has refused yet, and I’m certain I’m not the only one who looks forward to that energy exchange three times a week.

Billie Jo Seffrin was diagnosed with Chronic Kidney Disease (CKD) at age 5. After receiving a transplant at age 28, her body reacted unfavorably to the immunosuppressive drugs. Therefore, she began hemodialysis five years post-transplant which continues presently. She is grateful to have learned of the healing power of hugs.



There are now 10 of us in the hug group. It has had a profound effect on those who participate. Sometimes we discuss our anxieties. Sometimes we open up about painful challenges. Other times we share our experiences with ESRD and dialysis-related issues. Listening, I

“
WE BEGIN TREATMENT
FEELING UPLIFTED,
AND LEAVE FEELING
UNDERSTOOD AND HEARD.”
”

believed sharing my own experiences and hard-won victories might prove useful. This prompted Q&A sessions and group empowerment. I saw them become convinced to become their own advocate and take charge of their treatment.

These interactions have mental, emotional, and spiritual benefits which, in turn, affect us physically in a positive way. We begin treatment feeling

uplifted, and leave feeling understood and heard. The hug group may be the only time some of these patients are hugged, listened to, or feel supported. After staff members commented on the energy of our shift being very different from the others, I realized I was being validated: “Right direction, keep going!” Giving a sincere hug to show care changes the vibration and energy of everyone and everything.

As Christmas 2015 holidays approached, I observed several patients who had withdrawn into themselves or were filled with apprehension because they were alone. I personalized stockings for every patient on my shift. Inspired, my mother helped me stuff each with lotion for dry skin, lollipops for dry mouths, hand warmers for cold hands, and warm socks for cold feet. The feedback was immediate and overwhelmingly positive: patients were grateful they were remembered and that somebody cared how they felt. The connection had been made and walls began coming down!

It isn’t about spending money or giving material things. The best gifts are those of time and attention: giving myself, giving a hug, saying “I care” or even “I love you.” One patient told me she re-reads cards I’ve given her whenever she is in need of uplifting. That makes my soul sing. Of all the things I could do to help patients feel better, I’ve become aware that what they really need is emotional, mental, physical, and spiritual support. My experiences with my hug group make clear the importance of a community of touching, talking, sharing, hope, and love.

Over the last two years, I have learned that living to inspire others brings much JOY. In helping others, we help ourselves. As the Angels once told me, “find a need and fill it.” Serving others is truly the gift that keeps on giving.









*Dedicated to and in memory of
Jeanetta Hudson,
with love & hugs.
March 2017*

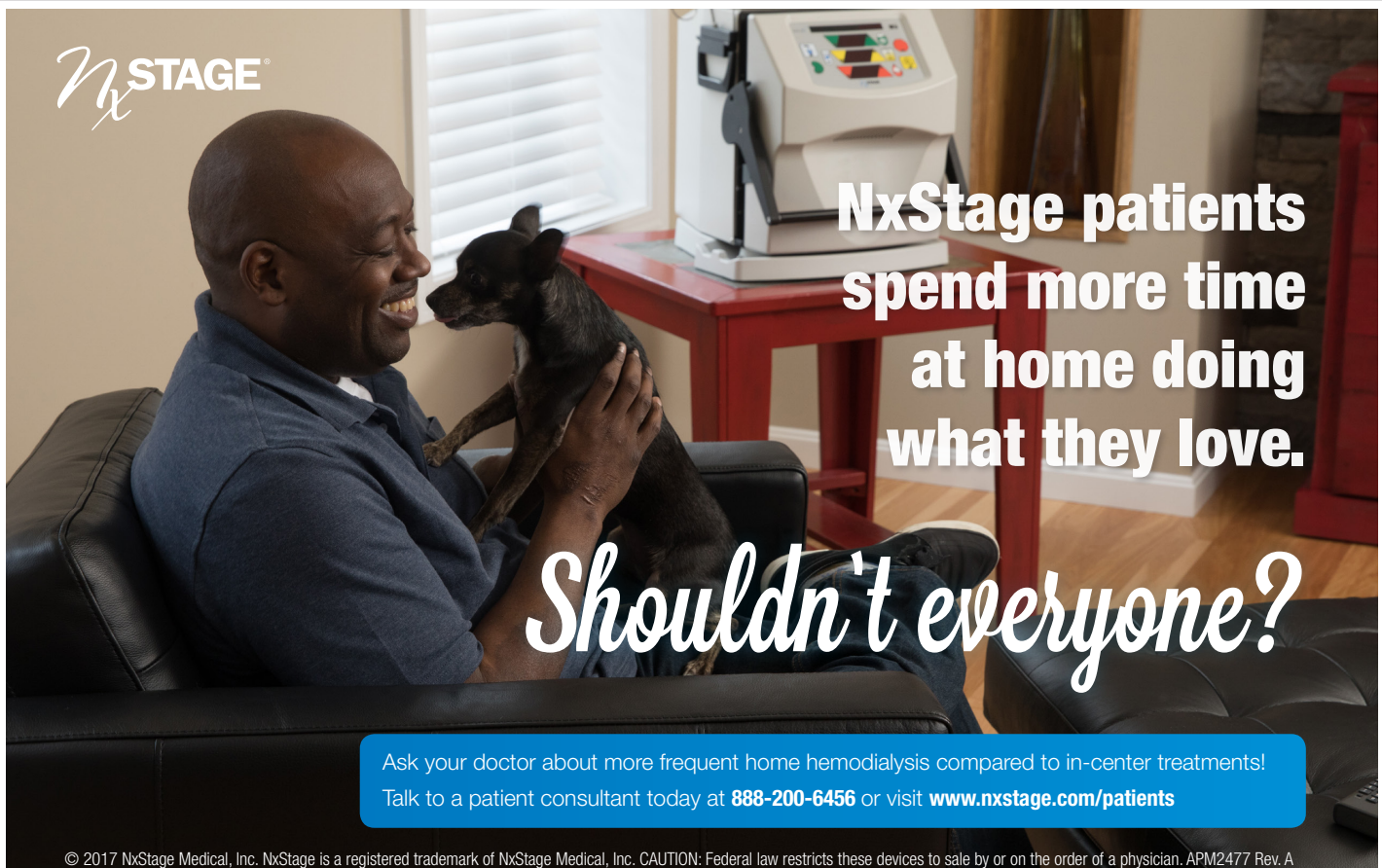


Tune in to RSN's online podcast talk show hosted by Lori Hartwell on iTunes or RSNhope.org

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 below in the search box in the right hand corner located on RSNhope.org to stream.

-  *Sleep Disorders in People who have Kidney Disease with Dr. Hakimisefat* **Web ID:1091**
-  *Always up, Always Forward with David Rush* **Web ID:1089**
-  *Organ Donation Policies around the World with Tom Mone* **Web ID:1080**
-  *A Lifetime of Discovery with Heather Powell* **Web ID:1070**
-  *What Do The Kidneys Do and Why Should You Care? with Bill Poirier* **Web ID:1076**
-  *Choosing Hospice with Celeste Castillo-Lee* **Web ID:1069**
-  *Sage Advice From Someone Who's Been There with Jorge Caraveo Gamboa* **Web ID:1078**
-  *Treatment Options Taught from Personal Experience with Lubna Akbany* **Web ID:1068**



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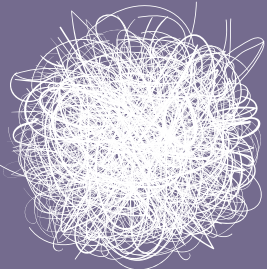
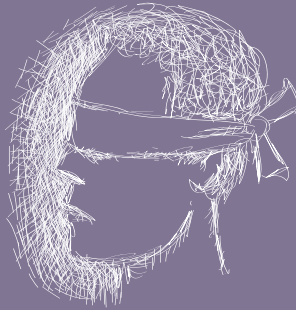
Swiss psychiatrist Elisabeth Kübler-Ross explains the psychological process one goes through when they experience loss as the five stages of grief. People diagnosed with kidney disease may find themselves struggling with this cycle of emotions.

When you or someone close to you has been diagnosed with kidney disease, it's important to understand the emotions you are feeling. It will help to identify where you are within the five stages as you navigate your new normal. There is light at the end of the process. The five stages are a natural, healthy process that one needs to experience in order to mentally come to terms with their diagnosis. As one goes through the stages they gain insight and develop skills to cope with chronic illness.

THE 5 STAGES OF GRIEF:

1

Denial: Once the shock diminishes, the defense mechanism of denial kicks in. Thoughts turn to "this is not happening to me" or "I can't be sick, my doctor must be wrong."



Anger: One will question why they are chronically ill. They may look for someone or something to blame. Anger and frustration can be directed inward or toward other people.

2

3

Bargaining: During this stage, people look for ways to circumvent their illness by bargaining with themselves or a higher power, thinking it will go away. They might also start questioning choices or actions they believe may have led to their illness.



Depression: Feelings of isolation, sadness and hopelessness may start to take over your thoughts. This can lead to potentially damaging behavior like skipping medication or not keeping doctor appointments.

4

5

Acceptance: At last a sense of knowing that although there is no cure for your illness, you can adapt. Feelings of loss or anxiety will not completely go away. But one can learn coping strategies to overcome those emotions one day at time.



STRATEGIES TO HELP YOU COPE WITH GRIEF:

Do everything you can to learn about your disease. Research treatment options to discuss with your doctor. Ask your healthcare professionals to show you how to read and understand your labs. Explore the internet for some information, but don't rely entirely on the internet. Seek out others who have gone before you and can offer their advice and support.

Find a creative outlet. Creative activities can help take your mind off your worries and pain. Dabble in creative writing, painting, crafting hobbies. If you don't already have a favorite creative activity, search the internet and YouTube for a tutorial on something that interests you.

Filter out internal negativity by surrounding yourself with positive people. Ask good friends to visit for an afternoon if you don't feel like going out. Sharing a laugh and just having a good time can lift your spirits.

Entertain yourself when you are alone by watching a favorite movie or listening to your favorite music. Start a Facebook group based on something you love like art, movies or books. Invite and ask people to post their favorites and share their memories with the group.

You don't have to go it alone. You and the people close to you are in this together. Look for a local support group for people with kidney disease and their families that you can attend together. If there isn't one near you, consider organizing one yourself. Chances are good that there are people in your community who would gladly participate if you get things going. Don't give up hope!

EMBRACE **HOPE** JEWELRY

by lori hartwell



Gem of a Friend

Amazing Grace



Hope, Courage & Strength Trio



EMBRACE **HOPE** Jewelry
is hand-crafted by people
with kidney disease.

*Available at
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**PATIENT
EDUCATION
MEETING**

Saturday, Sept. 16, 2017 | visit RSNhope.org for details



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relies on **charitable**
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We appreciate your help!

Method of Payment for contributions:

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ALL DONATIONS ARE TAX-DEDUCTIBLE. THANK YOU!

DONATE ONLINE

Go to RSNhope.org
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818-543-0896

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MAIL CHECKS TO:

Renal Support Network
1146 North Central Ave #121
Glendale, CA 91202

RSN accepts all major credit cards
Gifts are tax-deductible

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

EDITORIAL TEAM

EDITOR-IN-CHIEF Lori Hartwell
CREATIVE DIRECTION Suzette Maffi
DISTRIBUTION Mica Spalding

CONTACT INFORMATION

Renal Support Network
1146 North Central Ave. #121
Glendale, CA 91202

info@RSNhope.org

866-903-1728 Toll Free

818-543-0896 Local

E-Fax: 818-484-2070

9 AM-5 PM Pacific Time
Monday-Friday

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

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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Would you like to receive a free subscription to Live&Give and RenALERT!, RSN's electronic newsletter? Both provide access to educational information. Give us your contact information via phone, fax or mail. Be sure to include your name, mailing address, email address and phone number. See contact details above.

BEAT the ODDS

Celebrity Bingo & Poker Tournament

Save the Date!
Saturday, November 11th, 2017



How you can help:

The *Celebrity Bingo & Poker Tournament* is RSN's only annual fundraising event. We hope that we can count on you to help us make this event our best one yet!

Please consider donating a silent auction item for the event, such as local business products or services, gift cards, gift baskets, artwork, signed memorabilia, getaway and spa packages, sport event or concert theater tickets, artisan jewelry or decor, and tickets/passes to museums, theaters, theme parks and other entertainment venues.

Thank you in advance for your contribution. I hope to see you in November!

- Lori Hartwell

Visit RSNhope.org for details

RSN EVENT CALENDAR

Check RSNhope.org for all event details

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

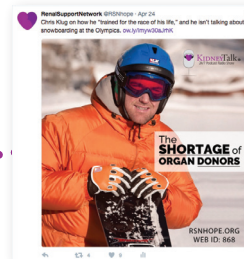
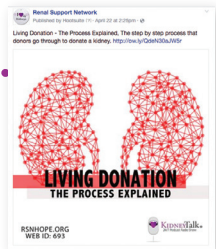
19th Annual Renal Teen Prom
Jan. 14, 2018

Patient Meeting
Saturday, Sept. 16, 2017

Monthly Support Group
4th Sunday of the Month

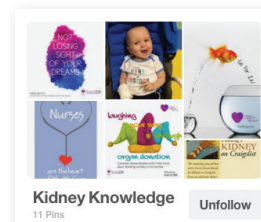
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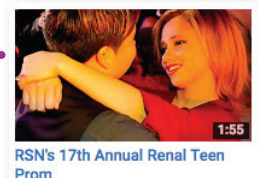

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Service to those affected by chronic kidney disease

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1st Place, \$500, 2nd Place, \$300, 3rd Place, \$100

"People who live successfully with a chronic illness like kidney disease know firsthand the importance of having an innovative perspective not only toward their illness, but also toward life in general. There is an abundance of talent within the renal patient community, and the RSN Essay Contest provides people who have chronic kidney disease with a forum where they can share their experiences, strength, and hope, as well as inspire others."

- Lori Hartwell,
RSN President and Founder

**Submission deadline is August 10, 2017
and winners' names will be announced
after September 14, 2017.**

Visit RSNhope.org/essay-contest for details

