

## **New Tool Available to Help Patients Choose their Treatment**

We frequently hear from dialysis patients about how they were not adequately informed of their treatment options before having to start treatment. While many patients end up "crashing" into dialysis, those who are diagnosed with Chronic Kidney Disease (CKD) early need to begin educating themselves on their treatment options to be prepared for End Stage Renal Disease (ESRD).

There are three avenues of treatment you can choose for renal replacement therapy: hemodialysis, peritoneal dialysis, and kidney transplant. While it is possible to receive a transplant before needing dialysis, it is still important to know what those dialysis options are in the event a transplant is not available.

Hemodialysis is the most common form of treatment and can be completed in a dialysis center (commonly referred to as "in-center") or in your own home. Hemodialysis utilizes a vascular access to connect to an artificial kidney (dialysis machine). A vascular access will be placed up to a year before treatment begins to allow the veins to mature and strengthen. Once the access has matured, you will be ready to receive hemodialysis treatments. Blood is filtered through the machine and returned to you with toxins and fluid removed. In-center treatments occur 3 times a week for up to 4 hours at a time. Home treatments can keep a similar schedule or you may perform daily shorter treatments depending on your schedule. The treatment process for in-center and home hemodialysis are the same, however, home hemodialysis patients must have a care partner available to assist in performing these treatments whereas in-center patients have staff available to begin and end their treatments.

Peritoneal dialysis (PD) also needs an access, however does not use your vascular system. The process of peritoneal dialysis allows you to use the lining of your abdomen as the filter to remove toxins and waste. There are two types of peritoneal dialysis: continuous ambulatory peritoneal dialysis (CAPD) and automated peritoneal dialysis (APD). In order to perform PD a catheter is placed into the abdomen to allow for the connection of dialysate and for the return. In both types "exchanges" are done which inserts dialysate into your abdomen and then removing that fluid. In CAPD you are connected to both a bag of dialysate (sugar solution) and an empty bag for drainage and your exchanges are done manually. With APD you are connected to a cyclor that will do the exchange for you. Peritoneal dialysis is a much gentler form of dialysis and can take place multiple times a day if doing CAPD or nightly on APD.

In addition to resources from the DPC Education Center, Arbor Research has launched a website [ChoosingDialysis.org](http://ChoosingDialysis.org) to help patients make an informed decision on the treatment best suited for them. The website provides information about the treatments like the above but also includes a "decision tool" to help patients determine which treatment may be best for their lifestyle. After learning about both treatments you are able to show how much or how

little certain things matter to you while making this decision. For example, you can say ?Having the ability to go to work or school? ?matters a lot? but ?avoiding needles? ?doesn?t matter at all?. Based on your responses a simple bar graph shows which treatment, hemodialysis or peritoneal dialysis is a better fit. This tool can also be used as a primer for guiding your learning about treatment options. The one drawback to this tool is that it does not include the home hemodialysis option, which does provide similar advantages to PD but also needs specific resources in order to provide adequate treatment (such as a care partner, special plumbing in your home, etc).

This is a great tool to start the information journey for CKD patients and ESRD patient looking to switch treatments types.

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