Will I be able to go to work?

Many on PD are fit enough to work. Some people do a PD exchange at work during their lunch break, if there is a clean room available. Since APD exchanges are done during the night, this form of dialysis can be particularly suitable for people who work or who are in full-time education. Some heavy lifting jobs are unsuitable for people on PD, but long distance driving is okay.

If I am unable to work, can I claim any benefits?

Sometimes being on PD may bring problems in areas such as work and housing. Some people who are unable to work are entitled to benefits such as 'Disability Living Allowance', exemption from prescription charges, or reduced Council Tax. Many Renal Units have a Social Worker who can offer advice and help negotiate on your behalf with authorities as well as offer support with family issues.

Is it possible to go on holiday on PD?

People on PD can do their dialysis in any clean location in any part of the world. Before making travel arrangements, it is best to check with your Unit, who can advise on how much notice is needed to have PD supplies delivered to your holiday destination, and the location of the nearest Hospital with renal facilities. Most Units can allow each patient to have up to three weeks supply of fluid delivered anywhere in the world on one occasion each year. The contract each hospital has with the PD Company that supplies their fluid may vary, so it is necessary to check with your Unit before you book your holiday.

Is it okay to play sport and exercise?

Most types of sport and exercise are possible for people on PD. Even contact sports are possible (though not always recommended). People on PD who want to play sports such as rugby, judo and karate are advised to wear a protective belt around their abdomen.

Will I be able to go swimming on PD?

Yes. Before a swim (or bath), it is recommended that people cover their PD catheter with a special plastic dressing or pouch, which they can get either from the hospital or their family doctor. People on PD are advised to swim in a chlorinated swimming pool, and avoid swimming in the sea, as seawater is often dirty. After a swim (or bath), patients should clean the exit site of their catheter and, whenever possible, should also do a fluid exchange. The way people are taught to care for their exit site varies a little for each PD Unit.

Will PD affect my sex life?

Sexual problems such as reduced sex drive, impotence, and problems with fertility are common among people with kidney failure. The physical and psychological stresses of PD may affect your sex drive.

Hormones that control sexual function can be disturbed in renal failure. These hormones can be measured and treatment given if necessary. Tiredness, anxiety, and certain medications can also affect a persons sex drive. Some people may find it uncomfortable to have sex with the dialysis fluid in, but they can drain it out first and use a new bag afterwards. People on APD can have sex either off or on the machine (the connecting lead is very long). Females on PD are advised to use contraception and discuss pregnancy with their doctor. Pregnancy on PD is usually unsuccessful, and women are often advised to wait until they have had a kidney transplant before trying for a baby.

## Will I need to take medications on PD?

Everyone on PD will need to take prescribed medications. The most common types of medicines are those used to help;

- Prevent constipation
- Reduce bone disease
- Prevent anaemia (low blood count)
- Control blood pressure

## Will I need to be on a special diet or fluid restriction?

Many people on PD are able to enjoy a normal diet without too many restrictions, but may need to moderate certain types of food. This is because PD can only ever replace a small amount of the work done by healthy kidneys. People on PD may have a poor appetite because of the dialysis fluid in their abdomen, which can make them feel bloated, or if they are not having enough dialysis. People are often asked to restrict the amount of fluid that they drink particularly when they start to pass less urine than they used to.

*The National Kidney Federation cannot accept responsiblity for information provided. The above is for guidance only. Patients are advised to seek further information from their own doctor.*



26 January 2001

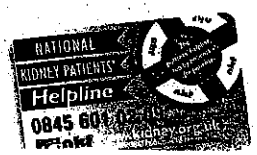
KIDNEY Matters from the National Kidney Federation

nkf National Kidney Federation representing patients

# Introduction to Peritoneal Dialysis

## Why do I need dialysis?

You need dialysis because you have suffered kidney (renal) failure. Your kidneys have stopped - or almost stopped - working. The kidneys are the body's filter system, preserving the fluid and chemicals which you need and getting rid of what is not required. Kidney failure, if left untreated, is fatal but modern medicine has provided us with a life saving therapy – *dialysis.*

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## Key Points

Peritoneal dialysis and hospital haemodialysis are both treatments for kidney failure. Throughout the UK the number of people on each treatment is about equal. People often ask, "which type of dialysis is the best?". The answer is neither - different treatments suit different people.

On PD you manage your own care, compared to hospital haemodialysis, and this gives you independence and flexibility. On PD you tend to spend around 1-2 hours each day draining dialysis fluid in and out of your tummy, and the rest of the time you get on with your life while the dialysis happens inside your body. For haemodialysis you need to be connected to a machine which cleans your blood. This takes around 3-5 hours, 2-3 times each week.

Expect changes to be made in your PD or haemodialysis prescription. Regular check ups are performed to make sure your blood results stay as close to the target levels as possible.

Everyone is different, and their body will react according to the lifestyle and circumstances of that individual. There are solutions to problems, and people who care and can give information, help and support.

## What is Peritoneal Dialysis?

Peritoneal dialysis (PD) is one of the two types of dialysis (removal of waste and excess water from the blood) that is used to treat people with kidney failure. In PD, the process of dialysis takes place inside the body. The abdomen (tummy) has a lining called the peritoneal membrane, which can be used as a filter to remove excess waste and water. A tube (catheter) is inserted into the abdomen during an operation. Special dialysis fluid is drained into the abdomen. Excess waste and water pass from the blood into the fluid and after a few hours the fluid is drained out.

## Can anyone do PD?

PD is a suitable treatment for most people with end stage renal failure (ESRF). People who have had several major abdominal operations may not be able to have PD. People who are blind or have problems with their fingers such as arthritis can usually do PD, with the help of a special system and devices. PD requires a lot of commitment from kidney patients and their families. People on PD are usually responsible for their own dialysis, in their own homes. For this reason, PD may not be suitable for some people who have no support at home. Elderly people, living in Nursing

## Are there different types of PD?

There are two main types of PD. The most commonly used type is known as Continuous Ambulatory Peritoneal Dialysis (CAPD). In this form of PD, patients have fluid in their abdomen 24 hours a day. At the end of each period of dialysis, they have to change the dialysis fluid themselves.

The other type is known as Automated Peritoneal Dialysis (APD). 'Automated' means that a machine changes the dialysis fluid for the person, usually at night.

## How will I know if PD is working well?

Most people, who have been on PD for a few weeks, start to feel quite well again. When you first start PD you may still be passing urine and this will help clear some waste and fluid from your body. Over the first two years on PD your urine output may decline, and your PD prescription may need to be changed. Symptoms such as feeling weak and tired, nausea and lack of appetite may be a sign that you are not receiving enough dialysis. A number of different blood and PD fluid tests can be carried out to assess how well your dialysis is working.

## What problems can happen on PD?

PD is not always entirely trouble free. Generally speaking one third of people experience no problems on PD, a third have occasional problems, and a third have repeated problems and feel PD is a disaster! Problems with PD tend to fall into 4 categories:

- Psychological problems
- Infections
- Problems with the PD tube, such as drainage problems
- Physical problems such as pain, itching or cramps

## How long can people remain on PD?

Some people have been successfully treated with PD for over 10 years. Generally, around half of the people who start PD stay on PD for around 2-3 years. Many will go on to have a transplant, or switch to haemodialysis. The reasons people transfer to haemodialysis vary from repeat episodes of infections, leaks of PD fluid or hernias, to being unable to cope with constantly doing exchanges. Availability of new PD fluids and a wide range of prescriptions on CAPD and APD mean that more people who choose to stay on PD can do so. Like people without kidney failure, people on PD die. The causes include heart disease (especially smokers), strokes, diabetic complications, or cancer. Survival on PD is affected lifestyle (exercise, diet, smoking, alcohol intake, stress, compliance with treatment) and luck! Coping and determination are also very important factors, which determine how long people remain on PD.

Will my peritoneum 'wear out'?

The peritoneum does not actually 'wear out', but in a very small number of patients it may cease to be effective as a dialysis membrane. It is thought that repeated episodes of peritonitis, and using a lot of 'strong bags' for a long period of time may affect the life span of the peritoneum.

Can people choose to stop dialysis?

Yes. The majority of people on PD live fulfilled lives. However, some people feel dialysis is only prolonging their life and they may decide to stop dialysis. People may feel dissatisfied with their lifestyle, medical problems, pain, disability, increasing age, or feel they are just existing and not really living. Competent (mentally fit) adults can choose to stop treatment. It is often a very difficult decision for someone to make, and they will need a lot of information, support and care. A careful review of the persons' life and health, may show problems such as loneliness, depression, financial worries or physical problems. Sometimes if problems can be lessened, this may influence the persons' decision. If after lengthy discussions, a person on PD decides to stop treatment, they, and their family will be supported and cared for by the Renal Unit team.

## Will I be able to lead a normal life on PD?

Many people on PD do all or most of the things that they did before they started on PD. Important aspects of life; (family life, work, holidays, sport and exercise, and sexual relationships), are limited in some ways, though often less of a problem on PD than people might expect. Some people cope more easily than others do with life on PD.

Will PD affect my family life?

People on PD usually do their own dialysis, usually in their own homes. This gives many people on PD a greater sense of responsibility and independence than is possible for the majority of people on haemodialysis (who receive their dialysis from nurses or dialysis technicians in a hospital). Although PD can be fairly flexible, because it needs to be done every day, people can sometimes feel worn out. Families can also find it difficult to cope with the fact that their relative needs to do PD each day, and that his/her life has changed. The responsibility for this type of dialysis is not always easy to cope with, and sometimes people on PD and their family feel