Kidney Stories

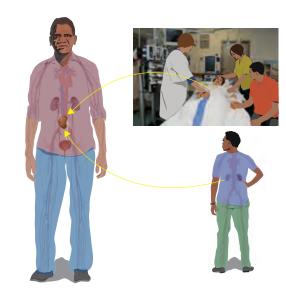
Treatment Options - Peritoneal Dialysis













Kidney Stories

Aboriginal and Torres Strait Islander people are advised that this resource contains illustrations that may have a resemblance to deceased people.

Other resources in the Kidney Stories series are:

- The Chronic Kidney Disease Book
- The Work Of Your Kidneys & When Your Kidneys Get Sick
- Living with Kidney Disease
- Diet and Kidney Disease
- Treatment Options Peritoneal Dialysis
- Access Fistula and Catheter
- Making a Plan & Palliative Care
- Transplant Books 1 4

Enquiries > Gillian Gorham, Senior Nurse Renal Advisor Department of Health and Families, gillian.gorham@nt.gov.au 08 89992405





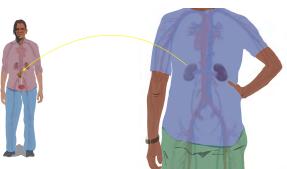
If you have Chronic Kidney Disease it is good to think about what kind of treatment you want in the future. There are three different kinds of treatment.

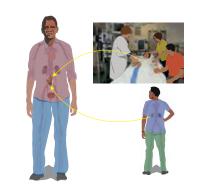
Dialysis treatment does the work that your sick kidneys
can no longer do by cleaning your blood and removing the
waste part of your blood out of your body. Dialysis does not
fix your kidneys.





2. A kidney transplant is when you have an operation to have a good kidney put into your body to replace your sick kidneys. This good kidney comes from a relative or friend, or from someone who has just passed away and who has agreed to donate their kidney.





3. Palliative care is when you decide you do not want dialysis treatment. Palliative care means getting help from health care workers and family to help you finish up the way you want, in a safe and comfortable way.







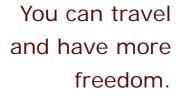
Everyone has different sicknesses. The doctor may say that some treatments are not good for you. You may decide that some treatments are not good for you.

You need to talk about these with your doctor, nurse, health worker and family to decide which is the best treatment for you.





Peritoneal dialysis is a good treatment for Chronic Kidney Disease because you can stay at home, on country, with your family.







Doing perintoneal dialysis every day helps you to feel good.



Doing peritoneal dialysis will mean changes in your life. If you don't already live in town then you will have to move into town to learn how to do peritoneal dialysis. You can move back home after you learn how to do it by yourself. You may need to stay living in town.

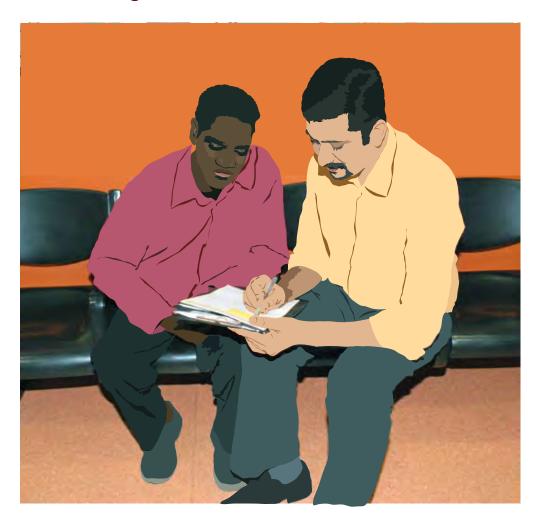
It will probably take you some time to understand what these changes mean for you, your family and your community.

It is good to take lots of time to think about it and to talk with your family and health workers.

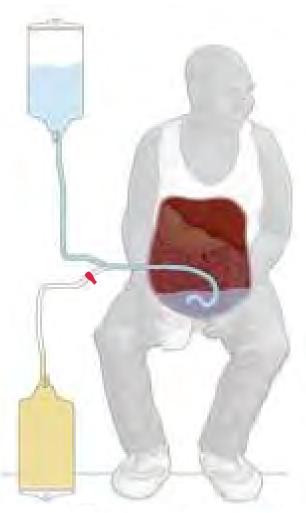


A Social Worker or Aboriginal Liaison Officer will help you with things like finding accommodation, transport, Centerlink forms and counselling.









This dialysis happens in the fluid around your stomach inside your body. Dialysis fluid goes from a bag through a soft tube into your body. The waste in your blood moves from your blood into this fluid.

Then the fluid with the waste goes out through the soft tube and into another bag.

This process cleans your blood.



You will have an operation at the hospital to put a small tube into your stomach.

This tube is called a catheter

This catheter stays in your stomach and must always be kept clean.





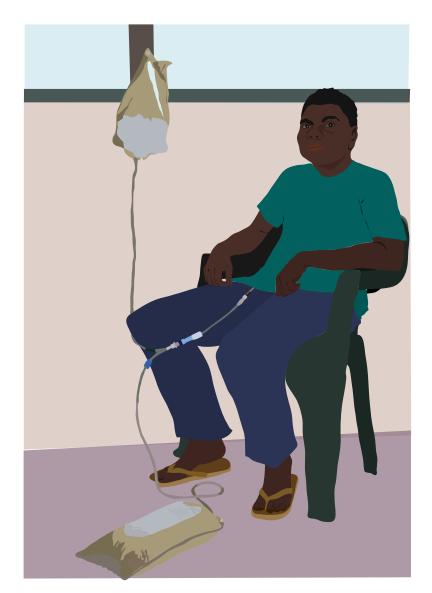
Training is done at Flynn Drive.

The PD nurses will teach you how to do your treatment and look after your catheter and tube.

They will also teach you how to order and look after your bags.



You can do this dialysis during the day...





Or during the night.



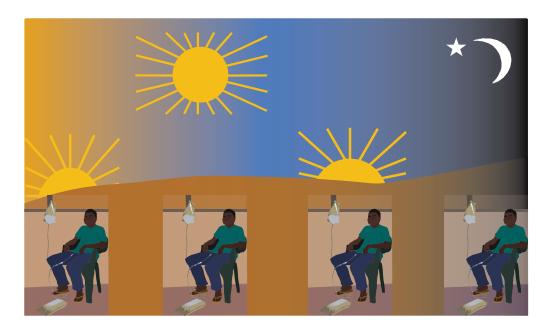
Continuous Ambulatory Peritoneal Dialysis (CAPD) means that you do a bag exchange 4 times a day for about 30 minutes each time.

Your blood is cleaned each time.

Its easy to do.

You can do it from home.

You don't need any electricity.



Bag exchange are done 4 times a day.

Each bag exchange takes 30 minutes.

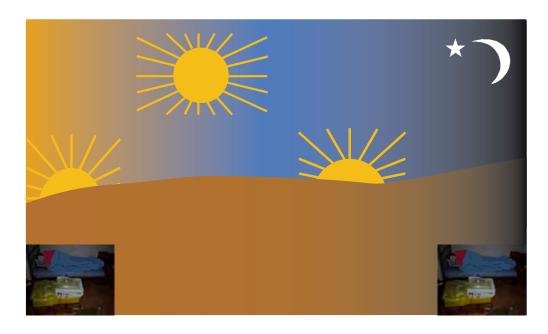
You will do these bag exchanges every day.





Automated Peritoneal Dialysis (APD) means that your blood is being cleaned overnight while you sleep.

A machine does the work of controlling the bag exchange.



Bag exchanges are done over night.

You will be connected to dialysis for about 10 hours each night.





You will be trained and supported until you and your community are ready for you to continue treatment from home.

Once you move back home you will have ongoing support from the PD nurses.



It is very important to protect yourself from germs and to keep everything really clean.



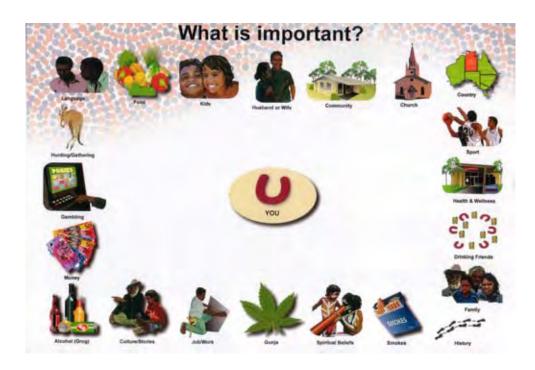






You can not see germs but they are everywhere, and they can cause infections.

You have to be very careful to make sure your catheter does not get infected.



What kind of treatment could you do?

What type of treatment would allow you to keep doing what is important to you?

If you are not sure, or you think you do not want dialysis you can get a catheter, just in case you change your mind and decide that you do want to try dialysis.



Kidney Stories

Treatment Options - Peritoneal Dialysis

Project Management

Michael Roseth

Art work

michael.roseth@nt.gov.au

Content Development

NT Renal Services

Consultants

Renal patients, NT Palliative Care, PEPA Program, NT Preventable Chronic Disease Program, NT Aboriginal Interpreter Services, NT Aboriginal Services Support Unit, NT Aboriginal Workforce Development, Western Desert Nganampa Walytja Palyantjaku Tjutaka, Congress, Danila Dilba Health Service, Katherine West Health Board

Border art work

From NT Palliative Care Model Design by Bev Derschow

Painting by Barrapuy Wanambi, Dipililnga Marika, Wayalwanga Marika, Samuel M Assan, Nina Puruntatameri, Karina Napagardi Penhall

NT Renal Services would like to thank all the renal patients and others who donated their time in posing for the photos that were used to make the illustrations in these books.







ustralian Government Department of Health and Ageing



Kidney Stories

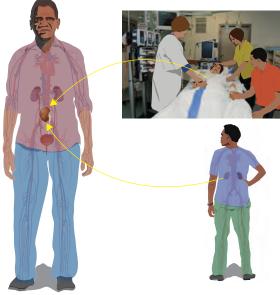
Treatment Options - Haemodialysis













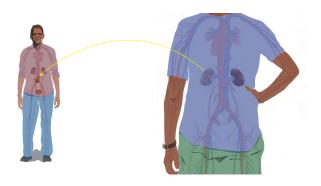
If you have kidney disease it is good to think about what kind of treatment you want in the future. There are three different kinds of treatments.

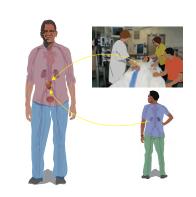
Dialysis treatment does the work that your sick kidneys
can no longer do by cleaning your blood and removing the
waste part of your blood out of your body. Dialysis does not
fix your kidneys.





2. A kidney transplant is when you have an operation to have a good kidney put into your body to replace your sick kidneys. This good kidney comes from a relative or friend, or from someone who has just passed away and who has agreed to donate their kidney.

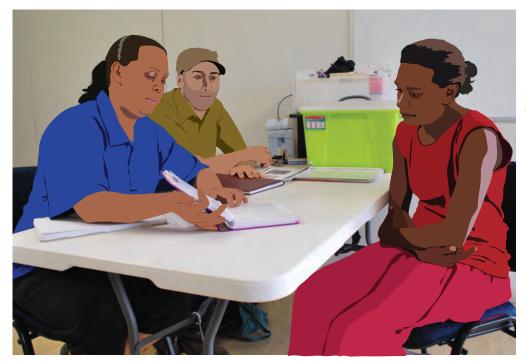




3. Palliative care is when you decide you do not want dialysis treatment. Palliative care means getting help from health care workers and family to help you finish up the way you want, in a safe and comfortable way.







Everyone has different sicknesses. The doctor may say that some treatments are not good for you. You may decide that some treatments are not good for you.

You need to talk about these with your doctor, nurse, health worker and family to decide which is the best treatment for you.





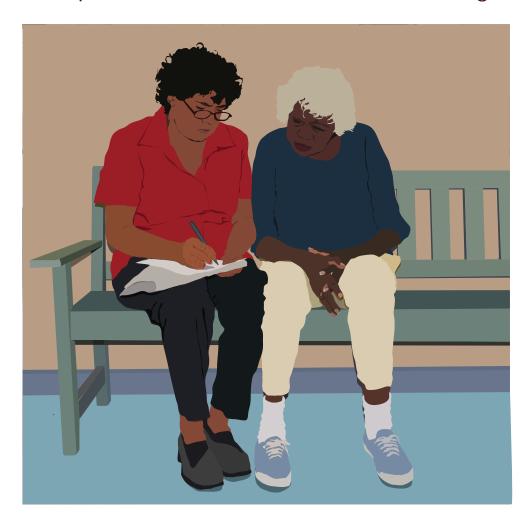
Doing haemodialysis will mean big changes in your life. If you don't already live in town then you will have to move into town to do these treatments. You may have to live in town for ever.

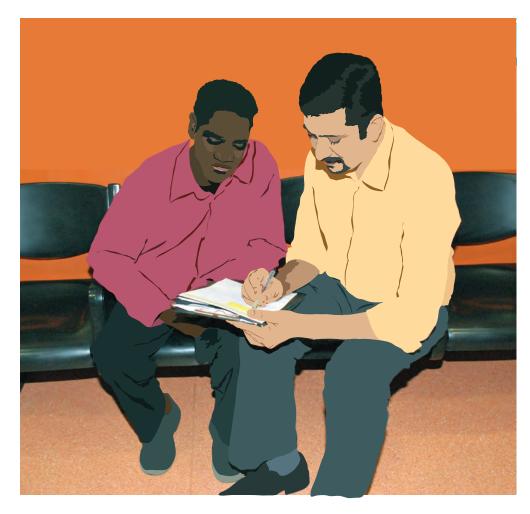
It will probably take you some time to understand what these changes mean for you, your family and your community.

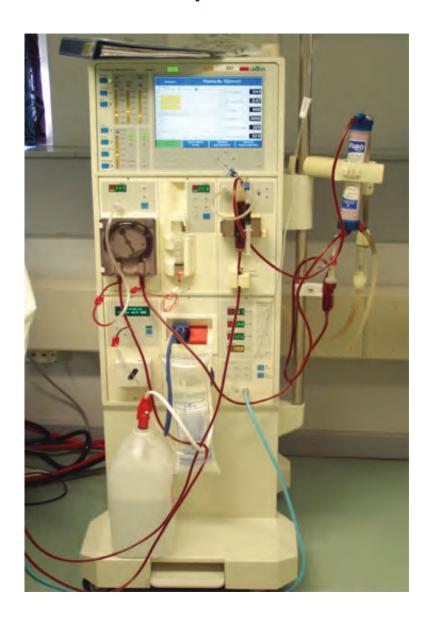
It is good to take lots of time to think about it and to talk with your family and health workers.



A Social Worker or Aboriginal Liaison Officer will help you with things like accommodation, transport, Centerlink forms and counselling.







When you do haemodialysis treatment your blood is filtered and cleaned by a filter on a machine.

'Haemo' is a scientific word for blood.

'Dialysis' means filtering and cleaning.

Haemodialysis does not fix your kidneys.

Haemodialysis does not do as good a job as healthy kidneys do.



To connect your blood system to the machine you will have a small operation at the hospital. The operating doctor will join two blood vessels in your arm to make one big blood vessel. This is called a fistula.



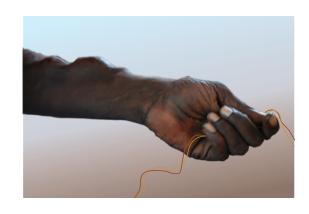
CKD BOOK > TREATMENT OPTIONS > HAEMODIALYSIS > ACCESS





Your fistula will be used for haemodialysis.





You can keep doing the things you enjoy doing.

CKD BOOK > TREATMENT OPTIONS > HAEMODIALYSIS > FISTULA



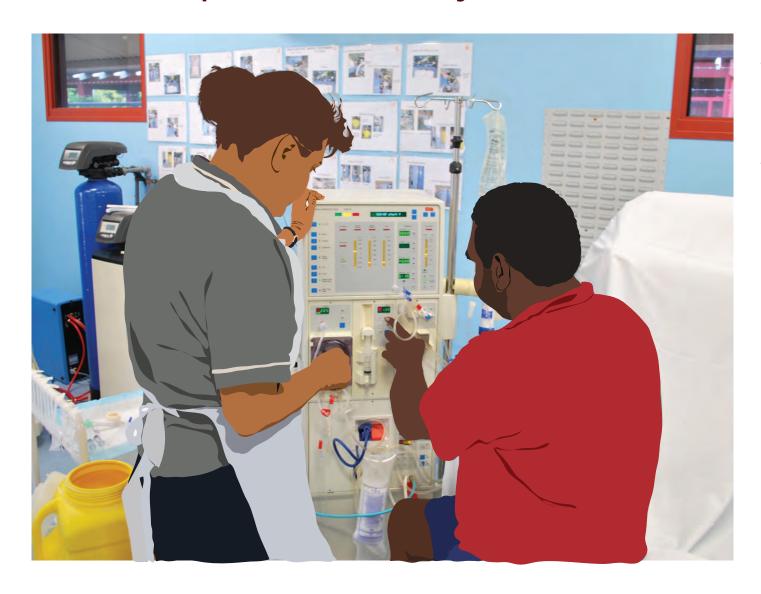
You will do dialysis in the haemodiaysis clinic at Flynn Drive.



Or at the hospital.

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
morning time	7							
	8		,,,,,		,,,,,			
_	9							
	10			110000				
_	11				,,,,,,			
afternoon	12	~						
time	2 3 4 5		11					
evening time	6							
	7							
_	8		n.					
	9		1000	10-11				
close	10							

You will do dialysis treatment 3 times a week.



A nurse will set up the machine.

After some time you can learn how to set up the machine by yourself.



A nurse will put the needles into your fistula. These needles will connect you to the machine.

After some time you can learn to put the needles in yourself.





During this treatment you will be in a dialysis chair next to a machine. You will have two needles put in to your fistula. One needle will take blood out of your body and it will be pumped through a filter.

This filter does the work of your kidneys and removes the waste and extra water from your blood. The cleaned blood is then pumped back into your body through the second needle.

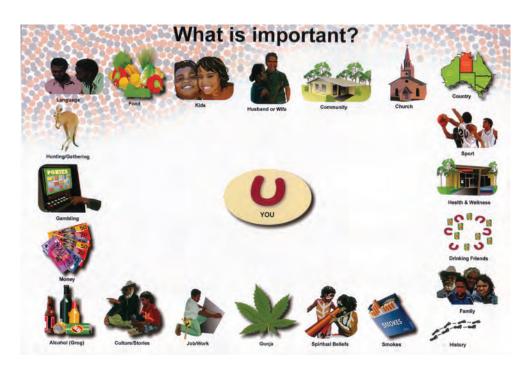
CKD BOOK > TREATMENT OPTIONS > HAEMODIALYSIS > PROCESS



It takes about 4 -5 hours to clean your blood by continuously pumping it through the filter.

The needles are then removed.

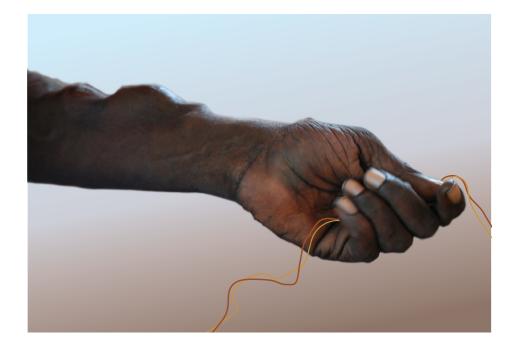
The machine is stripped and cleaned.



What kind of treatment could you do?

What type of treatment would allow you to keep doing what is important to you?

If you are not sure, or you think you do not want dialysis you can get a fistula, just in case you change your mind and decide that you do want to try dialysis.



CKD BOOK > TREATMENT OPTIONS > HAEMODIALYSIS > REVIEW

Kidney Stories

Treatment Options - Haemodialysis

Project Management Art work

Michael Roseth michael.roseth@nt.gov.au

Content Development

NT Renal Services

Consultants

Renal patients, NT Palliative Care, PEPA Program, NT Preventable Chronic Disease Program, NT Aboriginal Interpreter Services, NT Aboriginal Services Support Unit, NT Aboriginal Workforce Development, Western Desert Nganampa Walytja Palyantjaku Tjutaka, Congress, Danila Dilba Health Service, Katherine West Health Board

Border art work

From NT Palliative Care Model Design by Bev Derschow

Painting by Barrapuy Wanambi, Dipililnga Marika, Wayalwanga Marika, Samuel M Assan, Nina Puruntatameri, Karina Napagardi Penhall

NT Renal Services would like to thank all the renal patients and others who donated their time in posing for the photos that were used to make the illustrations in these books.







Australian Government

Department of Health and Ageing

