

IV. MY RESOURCES

MEDICATION ASSISTANCE



NeedyMeds is an information resource devoted to helping people in need find financial assistance programs to help pay for medications.

www.needymeds.org

1.800.503.6897

If you have Medicare and are having trouble paying for your prescriptions you should apply for "Extra Help" with Medicare prescription drug plan costs through the Social Security Administration.



www.ssa.gov/prescriptionhelp

1.800.772.1213

GENERAL SUPPORT

For other useful resources related to kidney disease, please speak with your social worker at the unit; he/she will help you navigate and connect to the right resources.

JOIN A PATIENT SUPPORT GROUP!

Everyone has something valuable to offer. You can help other patients who are in need of guidance just like you once were!

For more information or to file a grievance, please contact:



Mid-Atlantic Renal Coalition A Quality Insights Company

Serving Maryland, Virginia, West Virginia, and the District of Columbia

300 Arboretum Place, Suite 310

Richmond, Virginia 23236

804.320.0004

Email: marc@nw5.esrd.net

Web site: www.esrdnet5.org

Patient Toll-Free Telephone:

1.866.651.6272

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NAVIGATING THE DIALYSIS SYSTEM

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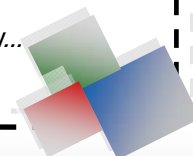
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A Guide for Dialysis Patients

Made by Patients Like You...



I. MY SUPPORT TEAM

YOU

You are the leader. You are the only one who knows you best, and the team depends on you!

NEPHROLOGIST (KIDNEY DOCTOR)

This is the go-to person on your dialysis team. He or she prescribes your treatment, monitors your health, and makes needed changes to your treatments.

NURSE

Checks your health and your reaction to medications, supervises treatments, and provides education. Nurses take care of more than one patient at a time. Having patience and being respectful of their jobs will help make the best of the time they provide to you.

DIETITIAN

Helps you pick kidney friendly foods based on your current health, medical history, and blood test results. Making better food choices will help you feel more comfortable at dialysis treatments and live an active, healthier lifestyle.

SOCIAL WORKER

Can help you address concerns and find community resources like financial aid and support to assist you in navigating your life with kidney disease. He/she can help you most if you are open and honest about how you feel.

TECHNICIAN

Under the supervision of the nurse, monitors your dialysis treatment and handles any other dialysis issues you may have.

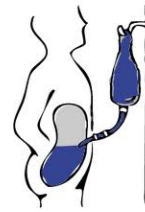
PHARMACIST

Experts on any medication related questions. You should inform the pharmacist about all of the medications, vitamins, food supplements, or herbal medicines you are taking, as these can have a bad reaction with other drugs.

II. MY TREATMENT

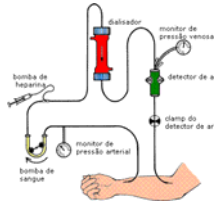
PERITONEAL DIALYSIS (PD)

PD is performed through a catheter. It can be done almost anywhere by yourself. Diet and fluid are more flexible. It is important to avoid getting the catheter wet. It must be kept clean as you are at higher risk of infection.



IN-CENTER HEMODIALYSIS

Treatment is done through a graft or fistula 3 times a week and lasts 3 to 4 hours. Longer is better as it will clean out your blood and help you feel better. You are on a very strict fluid and meal plan. Although it is time-consuming, you have 4 days of the week on which you do not dialyze.

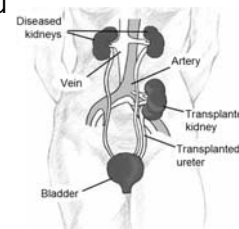


AT-HOME HEMODIALYSIS

You are in charge of your everyday care. Treatment times are flexible to your schedule. You must be responsible in following the doctor's orders during all your treatments. If an emergency happens, you will have to keep calm and prepare ahead to deal with it.

KIDNEY TRANSPLANT

This is often viewed as the optimal form of treatment. If the new kidney works well you will not need dialysis, but you must keep taking medications every day to help your new kidney function. The drugs are costly and have side effects. You will have to drink lots of fluids to keep your new kidney healthy.



III. MY VASCULAR ACCESS

VENOUS CATHETER

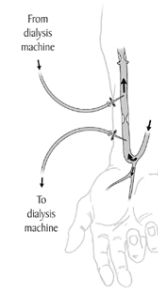
A venous catheter is a plastic tube that is surgically placed in the chest, neck, or groin. One end of the tube connects to a primary vein, and the other end is outside of the skin and used to dialyze. When first starting dialysis, this may be the ideal temporary access for hemodialysis.



Once a vein mapping has been completed, in collaboration with your vascular surgeon, a permanent access is identified. **These are your choices:**

FISTULA

This is the ideal access method for dialysis. It is less likely to form clots or become infected, and it lasts longest. Typically done in the forearm, your vascular surgeon will connect an artery to a vein causing more blood to flow through the vein and making it easily accessible for dialysis.



GRAFT

Unlike the fistula, the artery connects to the vein with a piece of synthetic tubing. This access method may become infected or clotted or develop holes after some time because of the needle punctures. For such reasons these often need replacement somewhere between 1 to 3 years.

