



kidney patient

SERVING RENAL PATIENTS IN ALABAMA, MISSISSIPPI, & TENNESSEE

As a Dialysis Patient, How Can I Get In Better Shape?

This article was written by Maria Karalis, RN, LD, CSR. Maria is a Registered Dietitian and Staff Developer in Staff Development with Fresenius Medical Care. She is a Board Certified Specialist in Renal Nutrition (CSR) and has been working in the renal industry for many years. This article originally appeared in the January 2003 issue of aakpRenalife, Vol. 18, No. 4. It is reprinted with permission.

Like most Americans, you probably make several New Year's resolutions such as to eat better, lose weight or start an exercise program. How are you doing?

Studies have shown that no matter how old you are exercise can make you stronger and give you more energy. People on dialysis that exercise do more, feel better and have a greater sense of control over their lives. There are numerous other benefits too.

Exercise:

- Helps to maintain or decrease your body weight
- Increases strength, endurance and flexibility
- Keeps your heart healthy
- Improves your sense of well-being
- Lifts your mood and helps fight depression
- Helps control blood pressure (you may even be able to cut down on blood pressure medication)
- Lowers blood sugar (if you are a diabetic)
- Reduces your risk of having a heart attack
- Helps you sleep better
- Keeps your bones healthy

...see exercise page 3

update

Facts About Organ Donation

As of January 5, 2007 there were 94,620 men, women and children waiting for a life-saving organ transplant. More than 69,581 of these patients are awaiting kidney transplants. Every 12 minutes, a new name is added to the national transplant waiting list. Each day an average of 18 people die from the lack of available organs for transplant.

In contrast to the large number of people awaiting transplantation there were 7,593 deceased donors and 6,896 living donors resulting in 28,110 organ transplants performed in 2005. Approximately 1,000,000 tissue transplants are performed annually.

One donor has the power to save or improve the lives of up to 50-70 people through both organ and tissue donation.

Vital organs can be recovered from anyone up to 90 years of age and tissue donation can occur up to 80 years of age.

YOU have the power to save a life, consider this and talk to your family about your decisions. Spread the word – Support organ and tissue donation.

The above data was provided by the United Network for Organ Sharing, the Organ Procurement and Transplantation Network and Donate Life America.

New Patient Advisory Committee Formed

Network 8 is pleased to announce that a new Patient Advisory Committee has been formed. The NEW Patient Advisory Committee was created by Network 8 in 2006 to better achieve CMS goals outlined in their contract with Networks. The committee will consist of 8 – 12 ESRD patients representing the diversity of modality choices and all three states. The committee members are appointed by the Board of Directors. The ultimate aim of the committee is to provide input to the Network and its Board on the concerns and need of patients. The newly formed committee will hold its first face-to-face meeting on February 8 in Birmingham, AL. The committee members are:

- AL PAC Chair: Charlotte Baynes, Birmingham, AL
- MS PAC Chair: Travis Davis, Tupelo, MS
- TN PAC Chair: Laurie McCommon, Memphis, TN
- BOD Appointee: Ruth Crenshaw-Love, RN, Montgomery, AL
- BOD Appointee: Dorothy Davis, Birmingham, AL
- MRB Appointee: Ellie Durrett, Cottontown, TN
- At-Large Rep.: Paul McGinnis, M.D., Madison, MS
- At-Large Rep.: Melinda O'Quinn, Wesson, MS
- At-Large Rep.: Billye Griffin, Madison, TN
- At-Large Rep.: Chris Elrod, Chattanooga, TN

The composition of the committee includes four (4) incenter hemodialysis patients, two (2) home hemodialysis patients, one (1) peritoneal dialysis patient and three (3) kidney transplant patients. We are very excited to be working with such a knowledgeable group of patients. The ten patients comprising the committee have a combined 175 years of chronic kidney disease experience. Their professions include a hemodialysis nurse, a nursing student, two teachers, a hemodialysis technician, and a psychiatrist among others. They are all excited and willing to work hard and we know they will all do a wonderful job for the Network 8 patients.

Network 8 will continue to support the three state-wide Patient Advisory Councils, which consist of a named patient representative from each dialysis facility. Council representatives assemble annually, along with other patients from their state, to participate in a one-day educational workshop. Council members are asked to assist their fellow patients in better understanding the role and functioning of the ESRD Network program.

the doctor is in

Our physician columnist is Dr. Paul McGinnis. Dr. Paul is a three-time kidney transplant recipient and a graduate of the University of Mississippi Medical Center. He is currently employed as Staff Psychiatrist for the Region 8 Mental Health/Mental Retardation Commission in Jackson, MS. Dr. Paul will be happy to answer questions related to problems ESRD patients face in simple, everyday language. Please send any questions to Brenda Dyson, Network 8, Inc., P.O. Box 55868, Jackson, MS 39296-5868.

QUESTION: The sister of a new dialysis patient submitted this question. Her brother started dialysis in the spring of 2006 and is having a hard time dealing with the fact that he can no longer do the sort of physical labor that he did prior to dialysis. He has had to change his eating habits, take multiple medications and seems to have lost interest in most of the things that he used to enjoy.

Her questions are: How to get him to accept his kidney failure? How do we get him to eat enough food to build his body back up and make him understand that the right foods such as meat will not increase his blood pressure? How do you get him to look at life in a more positive manner when dialysis leaves him feeling weak and tired? He is having trouble walking and the problem remains undiagnosed despite many tests. Any help would be appreciated.

ANSWER: From the general tone of your questions, it seems not only has your

brother actually accepted his kidney failure, he's decided that it means an end to his life and there's no reason to do any of the things that he should to help himself. There could be many reasons for this, one of which of course when talking to a psychiatrist would be depression. In your original letter you used the line, "lack of interest in most things he used to enjoy". This is almost exactly a symptom from the textbook definition of depression. One might need to wonder if your brother needs medical treatment to determine if he has depression. Depression could explain many of the problems that you mentioned. It seems as if your brother's perceptions of his situation are not entirely accurate.

When I look at the description of the many problems you describe with your brother I see a picture of a man who is depressed. Each of the complaints in my eyes can be traced back to a depressive episode. Your brother can't make the changes you'd like him to make until his depression lifts and he can understand that there is hope for the future. The risk of depression in the dialysis population is something of a debate. Many of the common symptoms of depression can be mistaken for the effects of dialysis. At the same time other people believe that



anybody in the position of a dialysis patient has reason to be depressed. Estimates of the exact percentage of patients with depression on dialysis vary tremendously depending on the source; anywhere from the same as the average person to perhaps 5 times that.

One of the major things that I noticed was the fact that your brother had been a very hardworking person before the start of his dialysis and in his mind this seems to have been taken from him. Men get much of the sense of who they are and where they belong from their work. This sense of purpose from work is not nearly as strong in women. I struggle with the question of whether or not my patients need to return to work on a daily basis. I'm caught between their need for purpose and their lack of abilities due to their illness. I can say that it's absolutely been my experience that without some sense of purpose such as work, my patients do poorly. I can't count the times I've had patients who have struggled with numerous jobs coming to the conclusion that they cannot work any longer, yet when they stop working their illness worsens and they do very poorly from a medical standpoint. When I talk about work, I don't necessarily mean going to a place, performing some sort of labor and getting a paycheck every two weeks. When we don't work, we don't seem to have a purpose in society. Any activity that serves a purpose to society is work in my book. This of course opens the door to a multitude of options such as part-time work, volunteering, vocational rehabilitation, etc. People are social animals that live together in cooperation, just like ants, bees, wolves and porpoises. Without contributing to the activity of the hive, the pack or the pod, animals don't do well. We call our group society and in the same way as the animal kingdom, we need to contribute to the overall society.

Your brother has some specific problems such as his eating, his walking, and his weakness after dialysis and tried to address these problems on an individual basis. Until you address your brother's depression and sense of purpose, it will be hard for him to be on board with you and get these problems resolved. Your first step may be talking with the nephrologist in order to evaluate your brother's need for depression treatment. Another step may be helping him contact a social worker so that he may be evaluated through vocational rehabilitation to provide him with options to regain a place in society.

Understanding High Phosphorous and Your Treatment Options Brochure Now Available From AAKP

The American Association of Kidney Patients (AAKP) has announced the publication of a new patient education brochure, *Understanding High Phosphorous and Your Treatment Options*.

This 13 page brochure is designed to give patients a better understanding of the effects of hyperphosphatemia (high phosphorous), how phosphate binders work and how eating well can help balance the body's phosphate levels.

High phosphorous levels can be dangerous for kidney disease patients, "Studies have found elevated phosphate increases the risk of death for people with chronic kidney disease," says AAKP

CEO/Executive Director Kris Robinson. "This new brochure is intended to help patients avoid that risk and provide them with tips to stay healthy."

Phosphorous, in the proper amounts, is important for the growth and maintenance of body tissues. Phosphorous is released from food into the stomach during digestion. The main food sources are the protein food groups of meat and milk.

The brochure was made possible by a grant from Shire. For a free copy of the brochure, contact the AAKP National office at (800) 749-2257 or download it from the website at www.aakp.org.

exercise from page 1

Recent studies have shown that senior citizens who exercise can be in better shape than a couch potato in their twenties. How old you are does not determine how fit you are. What counts is what you are doing to improve your fitness level. So how do you “just do it?”

Consult your doctor and start out slowly.

First talk to your doctor to see what types of exercise are best for you. Questions to ask are, “what exercises are best to improve my strength and endurance?” or “what exercises are best to improve my heart health?” When you start, start slowly. Don’t try to do too much too fast. If you have mobility problems, your doctor may refer you to a physical therapist. Physical therapists can help you with stretching and strengthening exercises. In addition, a registered dietitian can help you plan a healthy diet. No matter what your physical condition, your healthcare team can design a fitness program to work for you.

If you can exercise on dialysis, ask if specially designed exercise bikes are available so that you can exercise while you are dialyzing. If your dialysis center doesn’t have a specialized exercise bike, talk to the staff about the possibility of obtaining one. Several companies have bikes available that can be adjusted to your physical needs.

Make it fun.

Choose something that is easy and that you will enjoy. Most people quit exercising because they are bored. If you are a very social person, consider recruiting a buddy to exercise with you. Or find an exercise group in your neighborhood. You may want to start a mall walking group or some other activity. Build variety in your exercise plan. Change the activities and where you engage in these activities. If you’d rather exercise on your own, try walking, yoga or tai chi. You don’t have to run a marathon to improve your health. Simply folding the laundry or doing a few stretching exercise or arm lifts counts.

Keep at it and add some variety.

Get moving and stick with it! No

matter how small you start out (even if it’s only waving your arms or swinging your legs for a few minutes, resting and doing it again), whatever you are doing is more than you were doing before and that is great! Be sure to set some small goals for yourself and celebrate your successes!

Make it a lifetime.

Seeing you get fit will help inspire others to follow in your footsteps. A journey of a thousand miles starts with just one step. Remember it’s the long run that counts. You don’t have to race to the finish line first, you just have to show up to the starting line and do the best that you can.

Work closely with a registered dietitian.

If your goal is to lose some weight, work closely with the registered dietitian at the dialysis center. It is well known that extra weight worsens diabetic control, blood pressure and is a major risk factor for heart disease. The formula for weight control seems easy but actually trying to cut back on calories and including exercise in a busy lifestyle can be a real challenge. The dietitian can give you some general guidelines on where to cut back without compromising the overall quality of your diet. Here are general tips to get you started:

- Think “healthy” eating instead of “dieting”. Dieting is an on again-off again thing; healthy eating is a life-long process.
- Make sure to select a wide variety of foods from each food group depending on your calorie needs.
- Eat the suggested serving size. Weigh or measure what you eat until you can estimate a serving.
- Choose high fiber foods; this helps to create a feeling of fullness.
- Eat three meals per day; don’t skip any meals. Skipping meals leaves you famished and then you tend to overeat.
- Be sure to eat all your allowed fruits and vegetables every day.
- Choose lean cuts of meat, poultry and fish. Trim away any visible fats; broil, roast or boil, instead of frying. Remove

skin from poultry.

- Be aware of your eating habits. Keep a food diary and jot down what you are eating and drinking for several days. Include what you are doing, where and how you are feeling. Do you see any patterns?
- Limit foods that are high in fat, such as butter, mayonnaise, oils (even olive oil), desserts/pastries, and fried foods. These are often not limited on a renal diet because they tend to be low in sodium, potassium and phosphorous. But these foods are high in calories and if eaten in excess can lead to weight gain. Your dietitian can give you a list of high fat foods and help you identify ways to cut back.
- Limit sugars and concentrated sweets. Like fats, these are “empty” calories that provide very little nutritional value but can add a lot of calories. For those of you on peritoneal dialysis, you are already receiving extra calories from the dextrose in the dialysate. Watching simple sugars in your diet becomes even more important to help manage your weight.

There are many excellent resources out there to help you get started. Here are just a few:

- *An Exercise Program for the Person with Chronic Renal Disease* – Published by the NKF of Eastern Missouri and Metro East, Inc. Call 314-961-2828 or write to: the National Kidney Foundation of Eastern Missouri and Metro East, 1423 Hanley Industrial Court, St. Louis, MO 63144.
- *Exercise: A Guide for People on Dialysis* – Booklet, Life Options Rehabilitation Program. To request a free copy, call 1-800-468-7777.
- *Exercise Lite Brochure* –Booklet, American College of Sports Medicine. Call 317-637-9200 for more information.
- *Staying Fit with Kidney Disease* – National Kidney Foundation. To request a free copy, call 1-800-622-9010.

A Mother's Love

This article was written by Lori Tate, LCSW. Lori is a Social Worker for Fresenius Medical Care in Mississippi.

I remember the first time I met Camellia Abraham. She was in the doctor's office and was crying. She was young and pretty and pregnant. She was told that she would be starting dialysis. She was also informed that because she was pregnant that she would be receiving dialysis treatments six (6) times a week. Camellia was somewhere around 20 weeks pregnant at the time. I immediately felt a connection to her because my own son was only 5 months old. When I asked about her family, I learned that her mother was in Indiana. Indiana!! She said her mom would come and help her, though, if she asked her. She also told me she had friends in the area. We talked some more about children and dialysis. I learned that she had 2 other small children at home, Lyde'a (7 years old) and Dimarcus (11 years old).

In the coming months, Camellia adjusted to dialysis and life with End Stage Renal Disease, all the while pregnant with her third child. She was a single mother with two small children and

another child on the way. She was the only provider for her family. Her mother was several states away and she would need dialysis six days a week for the next several months, IF the baby made it.... I'm not sure if she wondered how she would do it, but I sure did. I shouldn't have worried. Camellia not only managed



to make it on dialysis six times a week, she managed to care for herself, her two other children and her unborn son. Camellia showed the most grace and poise during this time than anyone I have ever known. She was amazing! Maybe

most of it was on the surface and there were times she probably wondered what God had in store for her but she continued to smile and pray that her son would be healthy.

He was. Ze'den Que'von (they call him Zey) was born June 28th, 2006 at the University Medical Center in Jackson, MS. He weighed two (2) pounds. All of his systems were fully functioning. He did require the ventilator for two days but he was healthy! He was breathing, for the most part, on his own. He remained at UMC for observation for the next three weeks; he was then transferred to King's Daughters Medical Center in Brookhaven until he gained enough weight to go home.

During his stay at UMC, Camellia had to travel back and forth to Jackson to visit him, then return home to Brookhaven to care for her other two children and complete her now three times a week dialysis treatments. She still managed all of this with grace and a smile. Zey was finally able to go home with his family at 4 pounds, 11 ounces. They are all at home and are doing well. They call him their little miracle boy. He is, in fact, a miracle; given to his miracle of a mommy!

20 YEAR CLUB

DERWIN ESTES

The following article was written and submitted by Raeann Windham, RN, a nurse at FMC, Meridian, Mississippi.

Derwin Estes was diagnosed with Alport's Syndrome in 1976 when he was only thirteen years old. Eight years later his kidney function had deteriorated, requiring hemodialysis the day before his twenty-second birthday. Eight months later he had a transplant at UAB in Birmingham, Alabama. For twelve years he returned to a fairly normal life in Hero, Mississippi. He worked three jobs and played drums for several bands.

In 1997 Derwin rejected his kidney and returned to hemodialysis in Meridian, Mississippi. In 1999 he moved to Nashville, Tennessee to attend Tennessee Technology Center during the day and received dialysis at night at Vanderbilt Dialysis Clinic. He graduated in 2002 with a degree in computer technology. Today he is a home hemodialysis patient, working with the team led by Dr. Randall Hicks at the Fresenius



Medical Care unit in Meridian.

Derwin now works full time as a computer technician for Newton County Schools in Decatur, Mississippi. He also has his own computer repair business and plays drums for his church, Faith Baptist Church in Meridian.

Derwin says he is "awaiting another transplant if it is God's will." He sums up his situation by saying, "I'm here now because God has been my strength all along." His faith has been unwavering through the years of dialysis, joint pain, cramps, fatigue, nausea, restrictive diet and over forty surgeries. Derwin's great attitude, warm smile and bright blue eyes have touched many lives.

The Benefits of Volunteering

This article was written by Barb Campbell, MSW, the Patient Services Coordinator at ESRD Network 15. It is printed with her permission.

Let's face it. Most people on dialysis are not employed. Some individuals long to work again but have found managing a job as well as dialysis to be simply too difficult and exhausting. Others may voluntarily remove themselves from the grind of the workday world, if financially feasible, in order to spend more time with family or attend to health issues. Many others are in retirement. Regardless of which reason applies, everyone whose employment has ended due to age, disability, or incompatibility with medical treatment regimens may face similar effects: the loss of feeling useful, lowered self-esteem, having too much time on one's hands, having fewer social outlets, loss of self-confidence, and perhaps depression. If this describes you or someone you know, please consider the benefits of volunteering.

Volunteering is when you give your time to help another person, group, or cause. There is a long list of possible advantages to those who volunteer. Author Allan Luks explores some of them in his book, *The Healing Power of Doing Good: The Health and Spiritual Benefits of Helping Others*. Some of the

advantages he lists are:

- A more optimistic and happier outlook on life
- A heightened sense of well-being
- An increase in energy
- A feeling of being healthy
- Decreased feelings of loneliness, depression, and helplessness
- A sense of connectedness with others
- A greater sense of calmness and relaxation
- An improvement in insomnia
- A stronger immune system
- A reduction in pain
- Speedier recovery from surgery

Volunteer activities also offer a meaningful way to interact in a world that may otherwise focus on the limits of people who are on dialysis instead of showcasing what they can do, not only for themselves, but also for others. Volunteering is a selfless way to "give back" and acknowledge one's own prosperities. It's a way to promote lifelong learning and also self-examination. Volunteering can add structure to one's daily life. Lastly, in some cases it's possible for a volunteer experience to result in a paid position. Whatever your motives, consider volunteering for the potential benefits it holds for you.

To find out about volunteer opportunities in your community, please refer to the following table of suggested resources:

Contact Organizations for Volunteer Opportunities

- Local resources that you would have interest in, such as church, school, hospital, nursing home, library, community center, etc.
- United Way <http://national.unitedway.org>
- RSVP (Retired Senior Volunteer Program) www.seniorcorps.gov
- SCORE (Service Corps of Retired Executives) www.score.org
- www.servenet.org
- www.idealists.org
- www.volunteersolutions.org

Or, for volunteer opportunities you can do from home:

- Volunteer Match www.volunteermatch.org (offers "virtual volunteering" – do your volunteering from home; generally requires a computer, Internet connection, phone, and/or fax machine)
- Network for Good www.networkforgood.org (offers "online volunteering" – do your volunteering from home; would require a computer, Internet connection, phone, and/or fax)

On October 12, 2006, Derwin celebrated twenty-two years as a kidney patient. He says, "Every day is a gift from God".

NADEAN SISNEY MCGOWAN

Hello,

My name is Nadean Sisney McGowan. I began my dialysis on November 1, 1985 in Chicago, Illinois. I was on dialysis three times a week. That same year my husband passed away. My daughter and I moved to Anguilla, Mississippi. In October 1986, I started on dialysis in Greenville, Mississippi. My physician was Dr. Fialko and later Dr. Ned Kronfol came to the unit. Dr. Kronfol is my physician at this present time.

These 21 years on dialysis have not been all easy. I have had some rough times. The first year was rough because I had not accepted it. I had to realize if I wanted to live and take care of my children, I MUST accept it, and with the Grace of God and the help of my family, I did. In 1990, I had my first heart attack. A year later I had another heart attack. God brought me through and I give Him all the praise. In 1992 I had my left kidney removed. I have had surgery on both of my hands and



my foot. I do not know what will come next. I cannot count the times I have been hospitalized, but with God and my family, I am still here. My family's love and encouragement keeps me going, I could not make it without them. I am so thankful for them. Their encouragement and support helps give me the strength I need to continue to strive

each day and go forward in my life.

I have a grandson who lives next door to me. He is 10 years old. He is the most important person in my life. I thank God for him. He is the man in my life and he keeps me on my toes.

I would like to thank Dr. Ned Kronfol and Ms. Tammy Brown, CFNP, and his staff for caring and taking care of me. Also I would like to thank Ms. Dale Nicholson, RN and Ms. Demtria Jackson, RN and their staff at RCG in Mayersville, Mississippi. May God richly bless each of you.

Advance Care Planning For The Dialysis Patient and Their Family

Talking About Your Wishes Can Help You and Your Family Plan for Your Future Care

This information is taken from the brochure of the same name produced by the Mid-Atlantic Renal Coalition and the Academy for Educational Development.

Today's treatments for kidney failure allow you to participate in life and enjoy your family and friends. Dialysis is a life-saving treatment, but it is not a cure. Most people with kidney failure have other diseases or conditions that get worse over time. At some point, you could face failing health and – as all people do, regardless of their health – the end of life.

Looking ahead can be overwhelming and scary to think about. But it helps to take control of your care by telling your health care providers and your family about your wishes and the type of care you want as your disease progresses. This also will make it easier for them to make decisions for you if you become too sick to make them yourself.

Many people on dialysis say they feel better knowing that they talked to their family or social worker about their wishes for the future. They say that they:

- Feel a sense of control over their future
- Have a peace of mind
- Know they have made sure that they will be taken care of with dignity, through pain relief and other chosen treatments
- Feel they will be less of a burden to their family, who will not have to make difficult decisions on their behalf.

All of these decisions are called “**advance care planning**,” which is simply planning for your care before you need it.

Your dialysis facility staff are ready to work with you on putting some of these decisions in writing so you can have peace of mind about your future. You can always change any of your decisions later; they are not set in stone.

WHERE TO START

Many people on dialysis say they don't know where to start when it comes to deciding what should be in their

advance care plan. Before you talk about it with your family or social worker, think about what is really important to you about your life and health. Here are some questions to think about:

- How do you feel about your current health and life?
- What do you value about your health and life now?
- How important is it for you to be:
 - ◆ Independent and self-reliant?
 - ◆ Able to recognize family and friends?
 - ◆ Able to talk and understand others?
 - ◆ Able to live without a lot of pain?
 - ◆ Are there any situations – such as permanent unconsciousness, severe dementia or severe stroke – in which you would not want to be kept alive with a breathing machine or a feeding tube, or other measures?
- Are there any situations in which you would want to stop dialysis?

If you feel strongly about any of these issues, talk about it with someone close to you (a family member, social worker, friend or clergy). Then think about including your decisions in your advance care plan.

The hard part is bringing up the subject. Nearly everyone finds it difficult to talk about what the future will bring, especially illness and dying. But here are some things you can try:

Talk to a family member or close friend about your wishes.

Tell your family and friends what you would like your life to be and under what conditions you would not enjoy life. This will help them understand what is important to you. Think about some of the questions above. Your wishes can be as simple as these examples:

- *Whatever may happen to me, I want every procedure done to save my life.*
- *I do not want measure taken to save my life if I will not be able to feed, dress, bathe or use the toilet myself.*

After you have shared your wishes, ask for help in thinking about your

options and choices for future treatment. This will help you and your family understand what decisions they might need to make if you cannot speak for yourself.

Talk with your doctor about your future care

Your nephrologist is responsible for your care for the long term. This means he or she can help you plan for your future care. Sometimes doctors also have a hard time bringing up the subject of future care. They may not bring it up unless you do. Discuss the topic at your next visit and tell your doctor about your concerns and the care you want at the end of your life. This will help him or her understand what treatment is best for you.

Meet with your social worker

Make an appointment with your social worker to get started on your advance care plan. Your social worker will have the necessary information and forms to help you. Your advance care plan can include:

- Who you want to make decisions for you if you become too sick to make them yourself
- Your goals for dialysis and other life-sustaining treatments
- Your wishes for pain relief (palliative care)
- “Do not resuscitate” (DNR) orders
- Advance directives (a legal document that tells your doctor and family what treatments you want in case you cannot speak for yourself)
- Your preferred place to die (such as your home, hospital or hospice center)
- Your wishes for donating organs and tissues like heart, lung, liver, corneas, etc.

You do not have to talk about all of these at once. Just making the appointment to talk about what an advance care plan is and what decisions you want it to include is a good first step.

Five Habits of Successful Dialysis Patients

Want to Stay Healthy? Follow These Tips

This article was written by Ramiro Valdez, Ph.D. and Alex Rosenblum, RN. It is reprinted with permission.

This title may sound familiar. A short time ago a best-selling book by Stephen Covey with a similar name was the rave. The idea behind this book is that people who succeed in life have certain habits, and habits that help them become successful and allow them to live healthier, longer lives.

Kidney failure happens to all kinds of people: Male, female, old, young, strong, weak, famous, rich, etc. Kidney failure is an equal opportunity disease. But mostly kidney failure happens to everyday people who must learn to adapt and cope with the complications and changes it brings to their daily lives. If you are reading this right now you are most likely a patient (or a family member or friend of a patient) who receives some form of renal replacement therapy (dialysis, transplant) to treat your kidney failure. *If you are, you're already a success by conquering kidney failure.*

Would you like to feel even better, have fewer hospitalizations and live longer? The truth is you can make drastic improvements in your long-term health by working with your dialysis facility team, and incorporating one or all of the following successful habits of hemodialysis patients.

1. Make the Most of Each of Your Dialysis Treatments

- Monitor the effectiveness of your dialysis treatment. Research has shown that the more dialysis you receive the healthier you will be and the longer you will live. Don't forget, before you got kidney failure, your kidneys worked to clean your blood 24 hours a day.
- Ensure that you receive at least the minimum recommended levels of dialysis each treatment and make sure you always run your prescribed time. Current MINIMUM recommendations for dialysis are a URR of 65% and a Kt/V of 1.2.
- Ask your nephrologist or nurse for the current dialysis adequacy

recommended standards and how your results compare.

2. Treat Your Vascular Access like Gold

The leading cause of hospitalizations for dialysis patients is due to vascular access (graft, fistula, catheter) clotting and infections. You can help prevent complications with your vascular access and thus avoid hospitalizations and surgery.

- Wash your access (graft, fistula) site before each treatment and keep it dry and clean between treatments.
- Make sure that the nurses apply an antiseptic to your access (graft, fistula) before placing the needles to help prevent infections.
- Have the nurses rotate the places where the needles are placed to avoid overuse.
- Report any changes with your vascular access – like pain, redness, swelling, discharge, or heat to your nurse immediately.

3. Take All the Medicines Your Doctor Prescribes

- Did you know that the average dialysis patient takes more than 6 different medications daily? How many do you take?
- Be knowledgeable of the purpose of each of your medicines.
- Know the best time of the day to take your medications. Many medications work best at specific times of the day or need to be taken before or after meals.
- Always take all your medications as prescribed by your nephrologist.
- Bring your medications to your clinic when requested to allow the nurses to double check that you are correctly taking the medications that your doctor has prescribed.
- If you do not know why, when or how to take your medications, ask your doctor or nurse.

4. Follow the Recommended Diet Prescribed for You by Your Dietitian

- Research has shown that being malnourished (low albumin level) may result in a shortened life expectancy for patients on dialysis.
- Get to know high potassium/high phosphorus foods and do your best to avoid them.
- Always follow your dietitian's recommended diet plan and fluid intake precautions.
- On the lookout for new meal ideas? Ask your dietitian.

5. Keep Your Life as Normal as Possible and Become Educated About Yourself

- Continue or look to participate in activities such as work, school, clubs, church, and playing cards. Consider volunteering for a kidney related charity.
- Exercise at least every other day as allowed by your doctor.
- Learn as much about your kidney disease and dialysis as you can. Your nurse knows it because it's her job, but for you, it's your life.
- Become active in your dialysis clinic as a patient advocate or ask to lead or become a part of a clinic support group.
- Take advantage of every program of assistance that is available to you: financial, supportive and educational. Ask your Social Worker for details.
- Don't let kidney disease take control of your life; you can take control over your kidney disease by taking responsibility and looking out for yourself.
- Look at the positive and don't stay focused on the negative. Don't things that make your life happy and richer.
- Talk about your feelings with family and friends. Only by this kind of communications will they know what you're going through and be able to offer assistance or understanding.

POETRY CORNER

Billy Lightner of Clayton, Alabama is our contributing poet for this issue of *Kidney Patient Update*. Billy is an incenter hemodialysis patient at DCI in Eufaula, Alabama. His poems were submitted by Annie Maddox.

I DID

When my life was so full of trouble,
No one believed I would make it, but I DID
When the rain came down and no one
Thought it would stop, it DID
When death came and no one thought I
Would get over it, but I DID
When my way got dark and no one thought I
Would ever see the light again, but I DID.
When I came to the Cross Road of life, no one
Knew the right way to go, but I DID.
You ask me how I can be so positive, and
It's because I know God is everything and
With Him I can do anything!

WHAT WOULD YOU DO?

What would you do if Jesus visited your
Church? Knowing he knows everything
About you. Would you tell him you love and
Respect your Master. Would you tell him you
Tried to live your life the best you could.
Maybe you would tell him how you saw
Someone hungry and tried to feed them.
Maybe you would tell him you tried to help
Someone up who had fallen down. Maybe you
Would tell him you tried to help someone who
Had lost Faith in the world. Maybe your
Tell him how you LOVE and RESPECT your
Church family. I hope to meet Jesus one day
And hope I will be able to tell him I have done
All these things. What about you?



NETWORK 8, INC.

P.O. Box 55868 Jackson, MS 39296
Phone 601-936-9260
Patients only 877-936-9260
www.esrdnetwork8.org

DIALYSIS FACILITY COMPARE

To locate a facility or to compare your facility to another unit go to: www.medicare.gov/dialysis/home.asp

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Brenda Dyson, Editor

NETWORK 8, INC.

is available to answer any technical or treatment related questions that you may have.
You can call our toll-free phone number (for patients only) or email us at: info@nw8.esrd.net.