



kidney patient

SERVING RENAL PATIENTS IN ALABAMA, MISSISSIPPI, & TENNESSEE

update

Concerns About Your Care – We're Here to Help

Under Federal Medicare Law, End Stage Renal Disease (ESRD) Networks are authorized to implement procedures for evaluating and resolving patient complaints and grievances about the quality or adequacy of the care you receive at your dialysis unit and other concerns. Network 8 is also available to answer any technical or treatment related questions that you may have.

The types of questions and concerns that Network 8 CAN answer are:

- Treatment Related – why should I run my full four hours, etc.
- Concerns about the quality of care you are receiving
- Questions about modalities
- Questions about your access
- Help with finding transient units
- Questions about transplantation
- Questions about dealing with ESRD in the work force
- Other technical treatment related issues

The types of questions that Network 8 CANNOT answer are:

- Medicare or Social Security related – Call the Social Security Office – 800-772-1213
- Questions about Medicare – Call the Hotline at 800-633-4227
- Financial Help
- Transportation to Dialysis

...see **Help** page 2

CMS Unveils New Web Site for Beneficiaries

The Centers for Medicare and Medicaid Services (CMS) recently launched a revised version of the Medicare Drug Plan Finder Web site, which allows beneficiaries to sort plans offered in their communities by annual costs based on prescriptions, monthly premiums, coverage levels in the “doughnut hole” and other factors. Beneficiaries can then view all of the information in one chart.

The revised Web site uses a five-star rating system to compare Medicare prescription drug plans on access to care, quality of care, customer satisfaction and other measures. According to CMS officials, the new site should address difficulties some Medicare beneficiaries have had with navigation of the Web site.

There is even some extra help available for people with limited income and resources. The extra help is worth up to \$3,600 for some people to help pay for their drug coverage.

The enrollment period for Medicare prescription drugs plans in 2008 begins November 14 and ends on December 31, 2007. For more information go to www.cms.hhs.gov/center/openenrollment.asp.

AAKP Launches Kidney Patient Helpline

On October 2, the American Association of Kidney Patients (AAKP) announced the launch of a new patient education program. The AAKP HealthLine is a FREE, one-hour conference call designed to educate kidney patients on a variety of topics affecting them and their families. Conference calls feature kidney healthcare experts from across the country and provide patients with the convenience of gaining knowledge from the comfort of their home or office. Time is provided at the end of each call for participant questions.

The goal of the program is to expand AAKP's efforts to provide health related information to all kidney patients, their families, renal professionals and friends of the kidney community. “With the support of Ortho Biotech and members of the AAKP Medical Advisory Board, the AAKP HealthLine allows AAKP to provide the most recent treatment options for quality care to patients across the county,” said Kris Robinson, AAKP Executive

Director/CEO.

“Twenty million Americans are estimated to have chronic kidney disease (CKD). We try to develop programs that make it as easy as possible to get the best information to take charge of their healthcare,” stated Roberta Wager, RN, MSN, AAKP President. “With AAKP HealthLine, that information is just a phone call away.”

All conference calls are organized by AAKP and feature world-renowned renal professionals. Participation is FREE and no phone charges apply. The first conference call was held on November 15 and had nearly 300 participants. Entitled, *Kidney Beginnings: A Guide to Living with Reduced Kidney Function*, the conference call included information on the basics of kidney care and proper kidney function. To learn more about AAKP HealthLine and to register for future calls, please call AAKP at (800) 749-AAKP or log onto the AAKP website, www.aakp.org.

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, Mississippi. 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 321475, Flowood, MS 39232.

QUESTION: My brother needs help with his depression. Why is it so embarrassing for him to seek help? It's keeping him from getting the care that he needs.

ANSWER: For hundreds, if not thousands, of years almost any illness has been seen as a reason to shun those who have it. Perhaps no illness has this problem so severely as mental illness. I think that illness in others awakens deep fears inside of ourselves that somehow we may be or we may become ill ourselves. You must understand that our concepts of how diseases are passed from one person to another are relatively recent in history. The idea of germs and cleanliness are only a couple of hundreds years old. So for thousands of years when people didn't know how illnesses were transmitted, fear kept them away from those suffering and I would think nothing was more puzzling to people in past times than mental illness because there was no idea about its source.

In the old days people thought malaria was transmitted by "the damp night air". They could somehow figure out that exposure at night made people ill, but they had not grasped the idea that it was the mosquito in the air and not the air itself. But mental illness with its hidden source was particularly disturbing and very strange ideas came forth such as demons, too much black bile (the origin of the word melancholy), or even punishment from

other benevolent gods. Not only was this illness so mysterious in where it came from, there was really little help from the crude medical care of the day. It has only been in the past 50-60 years that medicines were available and "talking therapy" or psychotherapy is only a little over 100 years old. So for thousands of years people have seen an illness that could not be explained nor could it be treated and in most people's minds the only possible way to prevent it would be to take everyone who was mentally ill and separate them in some sort of asylum. In this way people as a whole would be protected from whatever dark forces were at work in those who were suffering. Prejudices such as these that date back for thousands of years are difficult to overcome.

Perhaps even more important is the suffering individual's idea that he or she has done something somehow to deserve this. That it is within his own power to control if he or she was just strong enough. Many people blame themselves for their illness. Mental illness is seen as a weakness - that one has control over one's mood and thoughts and therefore should just be able to "pull oneself up by one's boot straps". The problem with this thinking is that the mind, the part of the body that we're asking to heal, is the one that has the problem. It's like asking a computer to fix itself. If the computer's not working right, it's very difficult for it to make its own repairs.

I think you need to reassure your brother that getting help for his mental problems is not a sign of weakness and to reassure him that you and his family and friends do not and would not think less of him. It will be hard for him to deal with some people's perceptions, but these perceptions will change as time goes on and people become more educated. But with reassurance from you he will be able to get the help that he needs. I just hope that one day all people are enlightened enough to accept those with mental illness as they would anyone else.

Flu Season Has Arrived

We all know the old saying, "Be Wise, Immunize" and for dialysis and transplant patients, this is particularly true. Medicare pays for your flu shot, so you have no excuse not to get one. Your immune system is more fragile than most, so please be prepared to take all the right steps to protect yourself.

You should get a flu shot every year because the flu virus changes every year. The flu can be very serious, even deadly for people over 65 and those with chronic medical conditions (such as dialysis and transplant patients). It can lead to dangerous – and costly – health problems. And since Medicare Part B pays for both the flu and the pneumococcal shots, your vaccines are covered.

The best time for getting the flu shots is in the fall before flu season starts, but they can still be effective if you get the shot in December or later. By getting your flu shot, you'll avoid spreading the flu to loved ones.

You cannot get the flu from the flu shot. The vaccine contains dead virus that cannot cause the flu in any way.

You can protect yourself from some pneumonia infections by getting a pneumococcal shot. One shot may be all you ever need. Ask your doctor about this.

Help from page 1

If you have a complaint, grievance or concern about your quality of care, your FIRST STEP should be to discuss your problem with your physician, nurse, social worker or facility administrator. Such discussions may resolve your problem. If it doesn't address the problem, the ESRD Network can assist you by providing an impartial review of the situation. But, keep in mind that you do not have to address it with your facility first. If you would like to remain anonymous, you have the right to file a complaint or grievance with the Network as the first step.

Should you need more information about how the Network complaint and grievance process works, talk with your social worker or call the Network at (877) 936-9260.

Meet Your PAC

In the Spring 2007 newsletter we listed the members of the new Patient Advisory Committee (PAC). Now we'd like for you to meet these individuals who will be working with Network 8 staff to provide insight to the staff and to the Network boards on the concerns and needs of our patients. The first project that the PAC will undertake is the "I Count" campaign and you will be hearing more about this in our next newsletter. Stay tuned!

CHARLOTTE MERRIWEATHER BAYNES

Charlotte is an educator and the mother of Phillip Merriweather and Hershel Baynes. She is a graduate of the University of Alabama in Birmingham where she received her B.S. and M.S. degrees in Elementary Education. She is a retired schoolteacher with 25 years of teaching experience. She has enjoyed traveling around the world to several European countries, Russia, the Caribbean, China and all around the United States. During all of her travels, she was able to dialyze from country to country and state to state successfully. She has learned how to live like others and enjoy her life as a dialysis patient for 27 years. She gives all of these blessings to the almighty God for the gifts he has bestowed on her. Charlotte's motto for living is trust in the Lord and he will deliver you and guide you to your success in life. She appreciates all of the support from her family for this success. She would like to thank all of the people who have helped her throughout her 27 years as a successful dialysis patient.



RUTH CRENSHAW-LOVE

My name is Ruth Crenshaw-Love and I have been a dialysis/transplant/dialysis patient for over 30 years. I am the mother of four beautiful gifts from God and the Grandmother of one precious little girl. I am a nurse and I love reading, spending time with my grandbaby,



singing and watching the Lifetime channel on TV. I am a giver and a patient advocate. My goal in life is to be the best example I can be and to make a difference for someone else. If you read this and can be a donor, "GO FOR IT", for in doing so, you can give someone the Ultimate Gift of Life.

DOROTHY DAVIS

I am a French teacher at Minor High School in Adamsville, AL. I have been at this school for twenty-five years, and for most of those years I have been on some form of dialysis: In-center, home hemo and CAPD. The nine years I spent on CAPD were probably the most productive because I was able to take students to France on three separate occasions. Once the logistics were worked out, (my doctor was very helpful), these trips went very well. For the opportunity to go to France, my students were more than willing to help me transport my supplies across Europe! I recently received my second transplant on June 23, 2001, and so far, so good! In the spare time I don't have, I enjoy being active in my church, reading, cheering at my nephew's basketball games and advocating for kidney patients whenever and wherever I can. Nothing gives life more meaning than forgetting about yourself from time to time and remembering to do something for somebody else.



TRAVIS DAVIS

Travis Davis is self-employed doing landscaping and lawn services in the Corinth, MS area. He started dialysis in January of 2000 and was on in-center hemodialysis before he got a kidney transplant from his sister, Sandra Mayo of Michigan City, Indiana on June 8, 2006. Travis is proof that a dialysis patient can lead a normal, physical life. While on dialysis, Travis would go to the park in his neighborhood and run 2 1/2 miles three times a week. His mission has always been to advocate for other patients and he continues to do so. Since his



transplant Travis says that he feels 100% better. I eat healthy and remain active everyday. He travels and basically leads a normal life. He says that everyone needs to understand that there is life after a transplant and also after dialysis.

CHRIS ELROD

Chris Elrod's kidneys failed in 2000, due to long-term juvenile diabetes. He was on dialysis for two years before receiving a kidney/pancreas transplant on August 25, 2002. Since April 2003 he has been working for a dialysis unit as a patient care technician. He is currently chief technician at the unit in East Ridge, Tennessee. In his spare time, Chris does volunteer work for the Tennessee Donor Services. He has spoken at several patient and professional meetings and is always available when called on to advocate for his fellow patients.



BILLYE GRIFFIN

Billye started dialysis in 1992 in Baton Rouge, Louisiana. She moved to Madison, Tennessee in 2000. She has been able to do peritoneal dialysis (first CAPD and now CCPD) for her entire 15 years on dialysis! She says that peritoneal dialysis works really well with her busy schedule of working and raising her daughter. Billye has been very active in the AAKP Chapter of Middle Tennessee and has spoken at several patient meetings in her area. Her goal is to continue to educate her fellow patients about the benefits of peritoneal dialysis because she feels that it is not offered to patients as much as it should be.

FLOY H. LAMBERT

Floy Lambert is the newest member of the PAC. Floy is currently employed as a report editor for an appraisal firm. She has been a dialysis patient for 4 1/2 years with her kidney failure resulting from Polycystic Kidney Disease. Her mother was also on dialysis for 18 years, so Floy has experience both as a patient and as a caregiver. She is an excellent example of how following doctor's orders regarding dialysis can lead to a very good quality

...see PAC page 4

PAC from page 3

of life. She is a wonderful mother and grandmother, is independent, active and supportive of others, has strong leadership skills, attends the annual Alabama Kidney Camp and is involved in projects at her dialysis center. Her positive attitude and her experience and knowledge make her a valued asset to this committee.

PAUL SCOTT MCGINNIS, M.D.

Paul McGinnis started dialysis when he was 17 years old and a freshman at Millsaps College in Jackson, Mississippi.



He has dealt with kidney disease since birth. He went on to finish college, medical school and is currently a practicing psychiatrist in the Jackson area. He is also currently

celebrating the 12th successful year of his third kidney transplant. He enjoys boating and spending what little free time he has with friends, three dogs and a kitty. In the past he has served on the

Board of Directors of the American Association of Kidney Patients and on the Medical Review Board and Grievance Committee for Network 8. He is the author of "The Doctor Is In" column, which he writes for this newsletter three times a year.

LAURIE ANN MCCOMMON

Laurie started dialysis in May 1991. Since that time Laurie has dealt with many health issues including access problems and breast cancer. Now a breast cancer survivor,



Laurie has previously received the "Comeback Award" from the American Association of Kidney Patients for her strength and determination in

fighting this disease. Laurie is a dedicated wife, mother and a fabulous grandmother. She regularly runs in the "Fight for the Cure" races for breast cancer and in the Kidney Walks sponsored by the National Kidney Foundation of West Tennessee. She is also an avid biker. Laurie has been

involved with Network 8 for many years as a patient advocate and she works part-time with her husband in a family business.

MARY MELINDA O'QUINN

Melinda started dialysis when she was 13 years old. By the time she turned 19, she had done peritoneal dialysis,



hemodialysis and had had three failed transplants. In 1989 she married her husband Bill and a few months later got the call for another transplant. This one lasted 3 1/2 years.

When that transplant failed, Bill gave her one of his kidneys and it turned out to be the best transplant of all and lasted 8 years. Melinda is currently on home hemodialysis with Bill as her helper. She continues to have a wonderful attitude, loves her nieces and spoils them completely. She is a frequent speaker to patients and professionals and at community events. She and Bill thank God for every new day that they are together.

Renal Support Network Launches Hopeline on September 10, 2007

Network 8 patient Jacqueline Bland tells us in her article that she is an Operator for RSN's HOPEline. What is HOPEline? The following press release tells us all about it.

Are you a kidney patient in need of HOPE? Do you have some non-medical questions you don't want to "bother" your doctor with? Do you need to talk with another patient who's been there? Did you just get diagnosed and don't know what to expect?

Have we got GOOD NEWS for you!!

RSN is pleased to announce the implementation of a long-planned centralized toll-free phone line that will allow people affected by Chronic Kidney Disease (CKD) and their families to call a fellow patient for peer support.

Here is how it works: by calling toll-free (800) 579-1970, kidney patients who are just beginning their CKD journey or trying to "stay on the path" can speak

to knowledgeable, compassionate peer patients and retain their anonymity. The HOPEline is open Monday through Friday from 10:00 a.m. to 8:00 p.m. PT (8:00 a.m. to 6:00 p.m. CT).

The peer patients go through a training program as telephone operators on the HOPEline. In addition to providing access to resources, they learn how to share their experiences, strengths, and hopes, building confidence in fellow patients and empowering them to be their own advocate in their care.

"Whether you or a family member lives with kidney disease, the support of one friend can make a difference," says Renal Support Network founder and three-time kidney transplant patient, Lori Hartwell.

Cher Thomas, a kidney transplant recipient, states, "When I was first diagnosed with kidney disease, my family and I were in shock. After living with kidney disease for over a decade, I find the support and knowledge I have gained

from other patients has been as valuable as the medical care I have received."

Twenty million Americans have kidney disease. Close to 350,000 people in the United States are on dialysis.

As the peer patient gains in feelings of self-worth by sharing valuable experiences and coping skills, he or she is in turn motivated to reach out to others. For many peer patients, this position can help them perfect their skills as a vehicle for career development.

The development of peer patients gets to the grassroots problems of isolation that some kidney patients may have and makes use of the available Internet and cell phones networks, allowing those who are in rural communities or housebound access to valuable information and support. People grow closer together rather than remain in isolation.

Hemo, Peritoneal or Nocturnal Dialysis... Which is Your Choice

Jacqueline F. Bland is the author of this article. She is a 56 year-old, pro-active, nocturnal dialysis patient from Memphis, Tennessee who has lived with End Stage Renal Disease since 2003. She enjoys being involved in her church and sorority. She serves as the patient representative of her dialysis clinic for ESRD Network 8. Recently she became involved in the Renal Support Network (RSN). She is an RSN HOPEline Operator and has traveled to Washington, D.C. with other patients from RSN in support of the Kidney Care Quality Bill for 2007.

Living with end stage renal disease for almost five years, has taken me through all of the stages of varying emotions, even depression. During this struggle, I have made several changes in my modality. Although each modality was different, each brought its own amount of different changes; however each change always seemed better than before.

When I first went into kidney failure in early 2003, I was immediately placed on Hemo-Dialysis. No other option was ever offered. It was also decided that I would have a Graft. During this time there was not a lot of discussion about the access a patient would have. After receiving treatments, with a Graft that could be immediately used for almost one year, my Graft stopped working. I started having a lot of clotting problems. I experienced a lot of drama before I discovered that there was another option for my dialysis, Peritoneal. During this time, I had to have another Perm Cath inserted. I finally realized that with much prayer, knowledge and time **I could beat this disease and not let it beat me.**

After gathering information by Internet, Healthcare Professionals and a few peritoneal patients, I decided Peritoneal would be the best for me. I discussed this choice with my doctor, who tried to discourage me because he could not remain being my doctor. He provided all of the information necessary to discourage me from switching; however, **I decided to seek another doctor and then made the change.** This required another surgery, so I had to continue with Hemo until my PD Catheter was ready for use and my training was complete. The instructor was **SUPER** and made learning about peritoneal absolutely great. This process became most interesting to me and was a welcomed relief. The fluid restrictions were not as great as with Hemo and I really loved that because water is my most favorite drink. I felt better, lost weight and my hair began to grow back! Even though my living room became completely

cluttered with supplies, I did not mind the clutter.

For approximately 14 months, I was happy and most content. I even progressed from CAPD (bag method) to CCPD (machine method). I started having some problems and was hospitalized. My peritoneal cavity stopped working and I had to return to Hemo Dialysis. This was the most devastating news my doctor could have given me. The first things I thought about was that

my hair would shed again and oh yes, another surgery would be in store. Before I left the hospital another catheter was placed in my chest and plans were made for the removal of my PD catheter. In 2006, a fistula was to be placed in my left arm and the plans went forward. I suddenly began to have more access problems and had to have the Perm Cath removed and a Vas Cath placed. This most unsightly access was very uncomfortable and could only be in for two weeks. Another Perm Cath had to be placed in and, needless to say, my fistula surgery was not a success and had to be redone on the right arm. This took a lot of FAITH and talking to other patients about who preformed their

surgery. Once I noticed the name of a surgeon with good comments, I sought him out to do my surgery. This time it was a breeze! Now I was able to do Hemodialysis with just a few recurring problems; constant low blood pressures and a feeling of being beat up and "washed out."

Recently, while attending a meeting in California, I began to hear a lot about Nocturnal Dialysis. Once again I returned to the Internet, talked with other patients, chatted on *Kidney Talk*, an on-line RSN support program, and discussed Nocturnal with my social worker, manager and doctor. After all of the research, every comment was extremely favorable. Once again I have decided to change my modality.

While writing this article, I was in the process of completing my last Hemo 4 hour treatment and anxiously awaiting beginning my Nocturnal treatments. Now I have completed two weeks of Nocturnal Dialysis and am proud to say, **"It has been great!"** I have no tired beat-up, washed out feelings and my pressure doesn't seem to drop as low. Thank God for this new revelation! I believe I can live with this modality until I get my "lucky" phone call from the transplant institute or total healing or news about an even better modality comes to me.



Jacqueline F. Bland

Healthy Holiday Recipes

Baked Chicken with Savory Stuffing

4 chicken breast halves
salt-free butter, melted
lemon juice
savory stuffing
dash of pepper

Wash and dry chicken. Arrange stuffing into four mounds and cover with chicken breasts. Sprinkle chicken breasts with lemon juice, pepper and melted salt-free butter. Bake at 375 degrees for 50-60 minutes, or until tender.

Savory Stuffing

1/2 c. salt-free butter, melted
2 T. minced onion
4 slices white bread cut in two
1/2 tsp. poultry seasoning cubes
1/2 tsp. ground ginger

Mix ingredients, tossing lightly but thoroughly. Adjust seasoning to taste.

Recipe Note: Yield 4 servings, Serving size, 1 chicken breast half; Calories 248, Protein 21 gm., Sodium 186 mg., Potassium 318 mg., Phosphorous 186 mg., Exchanges 3 meats + 1 Bread.

This recipe is from Southern Comforts of Mississippi furnished by the Mississippi Kidney Foundation.

Gingerbread

2 tsp. lemon juice or vinegar
1 T. Margarine
1/2 cup skim milk
1 cup sifted flour
1 egg
1/2 tsp. baking soda
1 T. brown sugar
1/2 tsp. cinnamon
2 T. brown sugar substitute
1 1/2 tsp. ginger
2 T. molasses
Pinch of cloves

20 YEAR CLUB

The 20 Year Club is a continuing feature of Network 8's Kidney Patient Update. This feature highlights Network 8 patients who have survived End Stage Renal Disease for 20 years or more. If you or someone else at your facility has been on dialysis, had a transplant or a combination of both for 20 years or more, please let us know. Contact Brenda Dyson at Network 8 at (877) 936-9260 or fax the information to (601) 932-4446. The information can also be mailed to: Network 8, Inc., P.O. Box 321475, Flowood, MS 39232.

SALLIE FLOWERS

This article on Ms. Flowers was sent in by her social worker, Anita Graydon.

I'd like for you all to meet Ms. Sallie Flowers! She is a sweet, kind and wonderful person.

Ms. Flowers started hemodialysis in Troy, Alabama on October 5, 1987. She is proud of her 20 years on dialysis.

She drove herself to treatments until a few years ago. She had

shoulder surgery and then hip surgery, and now her family brings her. She has bounced back from the surgeries and is happy to use her walker.

She has seen many changes over the years, but some things have not changed. She loves her family and they love her. "My Children are behind me 100%." She has faith in God, and thanks him for her 20 years on dialysis.

In the past, she has traveled out of state to visit family and arranged her treatments there, which she enjoyed. She is not interested in transplant and has chosen to come to the center for her treatments.

When thinking about dialysis, Ms. Flowers said she would, "recommend it to anybody who needs it, because without dialysis, I wouldn't be here".

An amazing thing about Ms. Flowers is that in all these 20 years, she has not "skipped" any treatments, and she does not plan to start now!

She is an inspiration to many people. She has a great attitude and we enjoy having her with us!



In a small bowl, add 2 tsp. lemon juice or vinegar to 1/2 cup skim milk to make sour milk. Set aside. Beat eggs with sugar, sugar substitute and molasses until fluffy. Mix sour milk, margarine, sifted flour, baking soda and spices together. Add egg and sugar mixture and beat until smooth. Bake in an 8-inch greased pan at 350 degrees Fahrenheit for 25 to 30 minutes. Serves 12.

Recipe Note: Per serving – serving size 2 X 2 1/2 inch pieces, Calories 71, Carbohydrates 12 g, Protein 2 g, Fat 2 g, Sodium 71 mg, Potassium 71 g, Phosphorous 28 mg.

This recipe is from Living Well on Dialysis: A Cookbook for Patients and Their Families.

AAKP Seeking New Faces for “AAKP Says I Can” Campaign

“AAKP Says I Can” is designed to raise awareness about kidney disease, dialysis and AAKP, while at the same time demonstrating that those who have kidney disease can lead full, active lives.

AAKP is currently accepting applications for the new faces of “AAKP Says I Can.” These inspirational patients appear on posters around the nation and offer hope to other kidney patients. Individuals interested in applying should write an 800-word essay sharing their story of life with kidney disease and how they do not let kidney disease take over their life. To submit your story to the “AAKP Says I Can” campaign, complete the application at the AAKP website and e-mail your story to info@aakp.org.

Dialysis and transplant patients are strongly encouraged to apply. Entries can also be faxed or mailed to the AAKP National office. The deadline to submit an application is Feb. 15, 2008. Winners will be announced in March in honor of Kidney Disease Awareness Month.

The individuals selected receive a free 2008 Convention registration and complimentary lodging at the official Convention hotel in Washington, D.C. They will also have their picture and story featured on posters in dialysis units, transplant units and doctor’s offices throughout the country.

Please visit the AAKP Web site, www.aakp.org, or call (800) 749-AAKP to learn more about the campaign.

BRENDA DYSON

Yes, it is I, the editor. I am now able to welcome myself into the 20 Year Club. I started dialysis on August 21, 1987 at Kidney Care North in Jackson, MS. Dr. John Bower, now retired (sort of) was my doctor. My mother had died in June and when I started feeling bad, I thought I was just depressed and then I gained 30 pounds of fluid and started throwing up every day so I realized it was probably a little bit more than depression.

I was referred to Dr. Bower and started dialysis immediately. Dr. Bower really promoted home hemodialysis and since I really had to keep working it was definitely the best choice for me. Things were different in those days. There was no EPO so I worked everyday with a hematocrit of 18 – 20. My machine had an acetate bath not bicarbonate, and sodium modeling wasn’t used, so I threw up and cramped badly during every treatment. My sisters were my helpers at home and they knew how to have the barf bags handy and were very good at pushing on my legs when I started cramping. I got my first transplant in December 1990 from my sister Lynda. It lasted 11 years and then the membranous glomerulonephritis that caused my original kidneys to fail reoccurred in my transplanted kidney. I went on the new daily NxStage machine for a while when



I had to restart dialysis and then received a kidney from my sister Lisa in July 2002. I am now five years out with this kidney.

Obviously I couldn’t have made it this far without a tremendous amount of help from a whole lot of people, the most important ones, of course, are my sisters. Twenty years ago, I was 32, Lisa was 25 and Lynda was 23. Our parents had died, we weren’t married, we definitely felt like orphans and then I got sick. It was a huge test for all of us and it made my sisters have to grow up really quickly. I thank my blessings each day that they did just that. I also thank my doctors and nurses (especially Dr. Bower), my friends, the wonderful people I work with and my extended family, aunts, uncles, cousins and yes, even my brothers-in-law who help me more than they know. The greatest blessing is my niece, the perfect Hannah Rose Richards. Thank goodness one of us (Lynda) finally had a child. I spoil her horribly and I know it. I also feel that I have made it this far because of my faith. I don’t go to church a lot and Hannah gets on to me about this, but I believe in God and I believe in Angels and I know my mama has been watching down on us to help us through these 20 years. And now, I’m ready for the next 20 and then the 20 after that!!

Season's Greetings from Everyone at Network 8, Inc.

The Bells & Whistles of the Dialysis Machine

"This is how the machine lets us know that something needs to be checked"

This list was compiled by the staff at FMQAI: The Florida ESRD Network. It was shared with patients at the 2006 AAKP convention and is reprinted with permission.

The dialysis machine continuously monitors the pressures created by your blood inside the blood tubing and dialyzer. It also monitors the blood flow, temperature and proper mixture of the dialysate. If any of these go out of range, the machine lets us know by sounding an alarm, blinking lights and shutting down blood or dialysate flow.

Venous Pressure – Venous pressure alarms occur when the needle/dialysis catheter is lodged against the wall of the vessel. Also, when the needle nicks or penetrates the wall of the vessel, an "infiltration", and when there is a clot in the venous line, air detector or dialyzer.

Arterial Pressure – If the arterial pressure alarm sounds, the machine is alerting you to check if there may be a kink or a clot in the line, the needle may be dislodged, the

blood flow may be too high for your access or your blood pressure may be too low.

Blood Pressure – The dialysis machine has pre-set ranges for both high and low blood pressures. Whenever your blood pressure falls outside the range, the machine will alarm to alert someone to check on you.

Conductivity – The plastic jugs on or near your machine hold the liquids used to mix the dialysate or "bath". The "bath" is made up of an acid solution, bicarbonate and purified water. The conductivity alarm will sound when the mixture of water, acid and bicarbonate is not appropriate.

Air Detector – Occasionally, air gets into the blood tubing. To help combat this, blood tubing has air traps built into them. These traps catch any air that may get into the system. If air does get past these traps, a sensor shuts down the blood pump and an alarm will sound. All blood flow is stopped until the air is removed.

Treatment End – The machine alarms when it's time to go home!!

Handwashing – Little Thing, Big Results

Experts agree that hand washing/hand hygiene is the single most important measure in preventing the spread of infection. The Centers for Disease Control and Prevention offers clear guidelines on how to prevent this from happening. This information is available on their website: www.cdc.gov.

- When washing hands, use warm running water, soap and friction for a minimum of 60 seconds.
- Alcohol-based (greater than 60 percent) gels can also be used, but only if the hands aren't visibly soiled.

All hand surfaces should be cleaned with a generous amount of sanitizer.

- Wash your hands after coughing, sneezing and blowing your nose. Wash them before and after preparing food, after trips to the bathroom and after handling pets.
- Wash your hands after contact with bodily fluids – yours and/or another person's

Besides hand hygiene, here are other simple precautions:

- Cover your mouth and nose with

coughing and sneezing

- When blowing your nose, use tissues once and discard them immediately.
- Don't stuff them in your pocket. (Ditto for wiping the kids' noses.)
- Keep your hands away from your face and mouth as much as possible.
- Avoid close contact with people who are ill. Malls and theaters are crowded venues that are sometimes worth bypassing.
- Avoid sharing toothbrushes, towels and similar items. Maintain good personal hygiene.



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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

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