

## Shared Decision Making – established kidney failure dialysis

Next clinical review date March 2018

### Deciding what type of dialysis to choose for established kidney failure

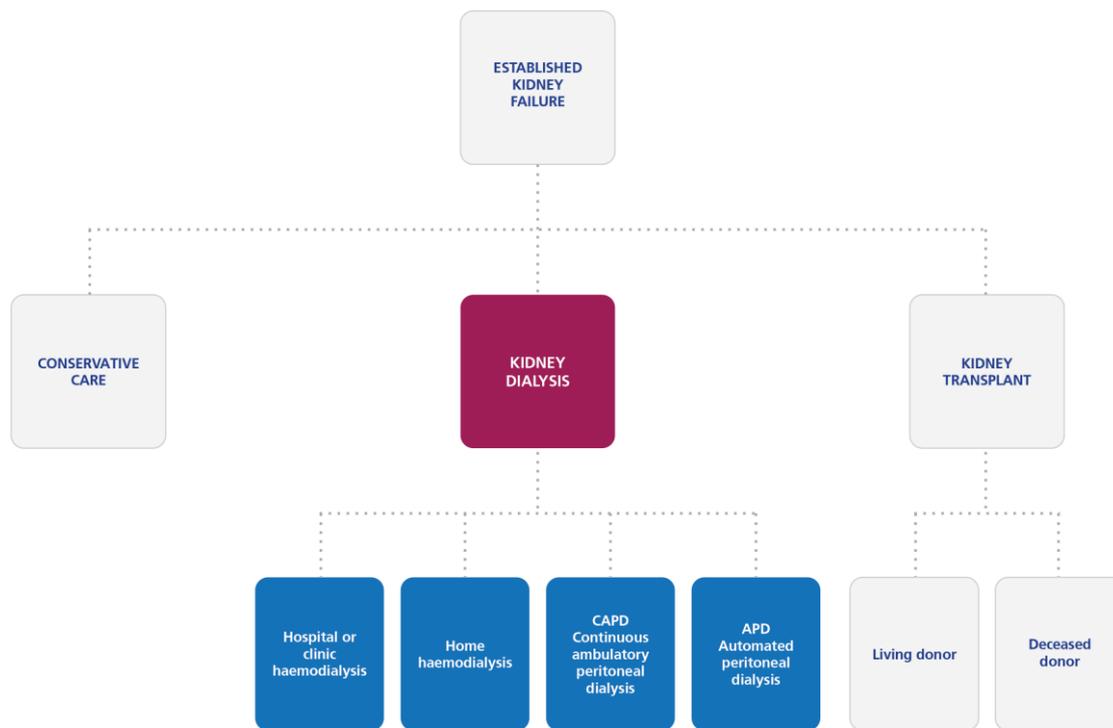
This short decision aid is to help you decide what type of dialysis is best for you, for the treatment of established kidney failure. You can use it on your own, or with your doctor, to help you make a decision about what's right for you at this time.

**There are two main kidney dialysis treatment options. You can choose:**

- Haemodialysis, where you are attached to a machine which takes unfiltered blood from your body, and removes the waste, before the blood is transferred back into your body
- Peritoneal dialysis, where instead of using a machine, the internal lining of your abdomen is used to filter your blood.

These types of dialysis can be done in different ways:

- Hemodialysis at home where you have a machine at home and handle the dialysis sessions yourself
- Hemodialysis in a hospital or clinic where you travel to use the machines at the nearest dialysis centre
- Automated peritoneal dialysis (APD), where you have a machine at home which does the dialysis
- automatically, overnight while you sleep.
- Continuous ambulatory peritoneal dialysis (CAPD), where you do your own dialysis, and can walk and move around with the dialysis solution in your abdomen



## What are my options?

	Hospital to Clinic Haemodialysis	Home Haemodialysis	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
<b>What is the treatment?</b>	<p>Having haemodialysis in clinic or hospital means you will travel to your nearest dialysis unit to have your dialysis. (a machine takes the blood out of your arm or leg, cleans it and puts the blood back over about four hours, three or four times a week).</p> <p>Usually staff at the unit will handle the dialysis.</p> <p>Some hospitals have units where you can go to do your haemodialysis yourself, with help from the</p>	<p>Having haemodialysis at home means you have a kidney dialysis machine in your home that takes the blood out of your arm or leg, cleans it and puts the blood back over about four hours, three or four times a week and you manage the dialysis process yourself.</p>	<p>In peritoneal dialysis, instead of using a machine to filter your blood, the internal lining of your abdomen acts as the artificial kidney. If you have continuous ambulatory peritoneal dialysis (CAPD) you do your own dialysis, and can walk and move around with the dialysis solution in your abdomen.</p>	<p>In peritoneal dialysis, instead of using a machine to filter your blood, the internal lining of your abdomen acts as the artificial kidney. If you have automated peritoneal dialysis (APD) you use a machine that automatically adds and then drains the dialysis fluid for you.</p> <p>The machine performs three to five exchanges during the night, usually while you sleep.</p>

	staff if you need it.			
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	Hospital to Clinic Haemodialysis	Home Haemodialysis	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
<b>What is the effect of the treatment on the length of life?</b>	<p>It's common for people to live for many years on dialysis. The type of dialysis does not seem to make much difference to how long you live. You're likely to live as long on haemodialysis, whether you have it at home or in hospital, as other types of dialysis. In the UK, between <a href="#">95 in 100</a> and <a href="#">99 in 100</a> people aged 18 to 54 are alive a year after starting dialysis.[7]</p>	<p>It's common for people to live for many years on dialysis. The type of dialysis does not seem to make much difference to how long you live. You're likely to live as long on haemodialysis, whether you have it at home or in hospital, as other types of dialysis. In the UK, between <a href="#">95 in 100</a> and <a href="#">99 in 100</a> people aged 18 to 54 are alive a year after starting dialysis.[7]</p>	<p>It's common for people to live for many years on dialysis. The type of dialysis does not seem to make much difference to how long you live. You're likely to live as long on CAPD as other types of dialysis, although not everyone can stay on CAPD long term and some people will need to change treatments. In the UK, between <a href="#">95 in 100</a> and <a href="#">99 in 100</a> people aged 18 to 54 are alive a year after starting dialysis.[7]</p>	<p>It's common for people to live for many years on dialysis. The type of dialysis does not seem to make much difference to how long you live. You're likely to live as long on APD as other types of dialysis, although not everyone can stay on APD long term and some people will need to change treatments. In the UK, between <a href="#">95 in 100</a> and <a href="#">99 in 100</a> people aged 18 to 54 are alive a year after starting dialysis.[7]</p>

	Hospital to Clinic Haemodialysis	Home Haemodialysis	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
<b>What is the effect of the treatment on the symptoms?</b>	Dialysis should improve your symptoms.[8] But if dialysis is not working well enough, you may have weakness, tiredness, a poor appetite, and pain. Both haemodialysis and peritoneal dialysis are likely to work as well as each other in controlling your symptoms.[9]	Dialysis should improve your symptoms.[8] But if dialysis is not working well enough, you may have weakness, tiredness, a poor appetite, and pain. Both haemodialysis and peritoneal dialysis are likely to work as well as each other in controlling your symptoms.[9]	Dialysis should improve your symptoms.[8] But if dialysis is not working well enough, you may have weakness, tiredness, a poor appetite e, and pain. Both haemodialysis and peritoneal dialysis are likely to work as well as each other in controlling your symptoms.[9]	Dialysis should improve your symptoms.[8] But if dialysis is not working well enough, you may have weakness, tiredness, a poor appetite, and pain. Both haemodialysis and peritoneal dialysis are likely to work as well as each other in controlling your symptoms.[9]

	Hospital to Clinic Haemodialysis	Home Haemodialysis	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
<p><b>What is the effect on what you can do?</b></p>	<p>You will need to make time for dialysis appointments at least three times a week. If you have a job, your employer is required by law to make reasonable adjustments to allow you to work. This can include giving you time off to attend dialysis appointments. You don't usually need treatment between sessions. So you should have time for days out, short holidays, and other activities.</p>	<p>You will need to make time for dialysis sessions at least three times a week. It may be possible to work around your sessions, as you can time them to suit your work schedule. You don't usually need treatment between sessions. So you should have time for days out, short holidays, and other activities.</p>	<p>You will need to fit your daily activities around your dialysis. If you work, your health care team can give advice on how to do dialysis exchanges in your workplace.</p> <p>Employers are required by law to make reasonable adjustments to allow you to work. You may be able to travel, including travelling overseas within the EU. You can take dialysis fluid and bags with you or have them delivered to your travel destination.</p>	<p>You will have your dialysis at night, while you are attached to a machine. This means you don't need to schedule your work and other daytime activities around your dialysis. You can go on day trips, but it can be difficult to travel for longer, as you need to be attached to your dialysis machine at night.</p>

	Hospital to Clinic Haemodialysis	Home Haemodialysis	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
<b>What is the effect of the unwanted side effects of the treatment?</b>	Side effects from haemodialysis include tiredness and weakness, itchy skin, muscle cramps, and restless legs. You may also have a sudden drop in blood pressure during haemodialysis, which can make you feel dizzy. You may get infections and blood clots in the vascular access points.	Side effects from haemodialysis include tiredness and weakness, itchy skin, muscle cramps, and restless legs. You may also have a sudden drop in blood pressure during haemodialysis, which can make you feel dizzy. You may get infections and blood clots in the vascular access points.	Side effects from peritoneal dialysis include fatigue, shortness of breath and restless legs. You may put on some weight. You have more risk of a hernia. An infection of the peritoneum, called peritonitis, is more common for people having peritoneal dialysis.	Side effects from peritoneal dialysis include fatigue, shortness of breath and restless legs. You may put on some weight. You have more risk of a hernia. An infection of the peritoneum, called peritonitis, is more common for people having peritoneal dialysis.

	Hospital to Clinic Haemodialysis	Home Haemodialysis	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
<b>How much time will you spend in hospital or on treatment?</b>	You will probably have dialysis at least three times a week, for four or more hours each session, although the amount of time varies from person to person. This is done in a	You will probably have dialysis at least three times a week, for four or more hours each session, although the amount of time varies from person to person. This is done in a	You need to spend one or two days in hospital having an operation to put in a catheter. You will need checks and blood tests to monitor how well your treatment is	You need to spend one or two days in hospital having an operation to put in a catheter. You will need checks and blood tests to monitor how well your treatment is

	hospital or clinic. You'll also have blood tests to monitor how well your treatment is working.	hospital or clinic. You'll also have blood tests to monitor how well your treatment is working. You may have to go to a hospital or clinic for your blood tests	working. You may have to go to a hospital or clinic for these checks and tests. Your treatment takes place every day, but you can move around and do other things while it's happening.	working. You may have to go to a hospital or clinic for these checks and tests. Your treatment takes place every day, but you have it overnight, while you're asleep.
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	Hospital to Clinic Haemodialysis	Home Haemodialysis	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
<b>What is the effect of the treatment on your diet?</b>	You may need to restrict the amount of salt, potassium, and phosphate in your diet. A dietitian can help with this. You will also need to restrict the amount of fluid you drink.	You may need to restrict the amount of salt, potassium, and phosphate in your diet. A dietitian can help with this. You will also need to restrict the amount of fluid you drink.	You may need to restrict the amount of salt and phosphate in your diet. A dietitian can help with this. You may also need to restrict the amount of fluid you drink but probably not as much as if you were having haemodialysis.	You may need to restrict the amount of salt and phosphate in your diet. A dietitian can help with this. You may also need to restrict the amount of fluid you drink but probably not as much as if you were having haemodialysis.

## What are the pros and cons of each option?

People who have dialysis for established kidney failure have different experiences and views on treatment. Choosing the treatment option that is best for the patient means considering how the consequences of each treatment option will affect their life.

Here are some questions people may want to consider about dialysis for established kidney failure:

- Are they willing to have dialysis every single day?
- Is it difficult for them to get to a local dialysis centre for frequent dialysis sessions?
- Do they have time for dialysis during the day?
- Is it important that they are able to travel away from home for business or leisure?
- Would they prefer to have medical professionals managing their dialysis?
- Would they prefer to be around other people having dialysis?
- Do they dislike needles?
- Are they concerned about putting on weight?
- Are they concerned about infection?

## How do I get support to help me make a decision that is right for me?

People using this type of information say they understand the health problem and treatment choices more clearly, and why one treatment is better for them than another. They also say they can talk more confidently about their reasons for liking or not liking an option with health professionals, friends and family.

## References

7. Castledinea C, Steenkampa R, Feesta T, et al. UK Renal Registry 13th Annual Report (December 2010): Chapter 6 Survival and Causes of Death of UK Adult Patients on Renal Replacement Therapy in 2009: National and Centre-Specific Analyses. *Nephron Clinical Practice*. 2011; 119 (suppl 2): c107–c134.
8. Murtagh FEM, Marsh JE, Donohoe P, et al. Dialysis or not? A comparative survival study of patients over 75 years with chronic kidney disease stage 5. *Nephrology, Dialysis, Transplantation*. 2007; 22: 1955–1962.
9. National Institute for Health and Clinical Excellence. Peritoneal dialysis: Peritoneal dialysis in the treatment of stage 5 chronic kidney disease. July 2011. Clinical guidance 125. Available at <http://www.nice.org.uk/cg125> (accessed on 6 June 2012).