



# Comparing treatment options for when your kidneys are not working.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

People with chronic kidney disease often have questions regarding their treatment options. This tool can help answer your questions.

These treatment options include: kidney transplant, dialysis at home or in a facility, and supportive care. It is important to decide your best treatment option early, as preparation is required for each of these choices. Early preparation has been shown to lower your chance of getting sick and needing hospitalization.

Use this comparison chart to help you decide on the best treatment option for you. Consider your own needs and concerns when you are reviewing each option. Your nephrology team will assist you.

Thinking about your health condition and living situation, your options are (all that are checked apply to you):

- Kidney transplant
- Peritoneal dialysis
- Home hemodialysis
- Facility based hemodialysis
- Supportive management



## COMMON QUESTIONS AND ANSWERS

<p>Common questions</p> 	<p>Kidney transplant <i>New kidney</i></p> 	<p>Peritoneal dialysis <i>Dialysis with bags at home (manual or with machine)</i></p> 	<p>Home hemodialysis <i>Dialysis with a machine at home</i></p> 	<p>Facility based hemodialysis <i>Dialysis with a machine in a hospital or dialysis clinic</i></p> 	<p>Supportive management <i>No dialysis or transplant</i></p> 
<p>How does this treatment work?</p>	<p>A healthy kidney from either a deceased or a living donor is surgically implanted into your belly. A living donor is a person who is willing to donate a kidney to you. The transplant workup for you and your donor involves many tests that can take several months. A kidney transplant from a living donor can be done before you need dialysis.</p>	<p>Fluid goes in and out of your belly through a tube. This can be done 3-4 times a day manually or by using a machine every night.</p>	<p>A machine cleans your blood 3-5 times a week in your home. This can be done during the day or at night while you sleep.</p>	<p>A machine cleans your blood for 4 hours, 3 times a week. Your total time in the unit will be about 6 hours and you will have to plan for travel time. Treatment times are booked in morning, afternoon or evening slots. The treatment time and unit assigned to you will depend on availability of spaces and your dialysis needs.</p>	<p>Your symptoms are managed without dialysis or a transplant. The goal is to control your symptoms and to ensure you are comfortable. You would be kept comfortable with minimal interventions at home or in a facility.</p>
<p>What will happen to my kidneys?</p>	<p>Your kidney function will be regained and you will pass urine as normal.</p>	<p>Your kidney function will continue to slow down but will remain functioning for some time. You may pass urine for a few months to years.</p>	<p>Your kidneys will eventually stop working and you will stop passing urine.</p>	<p>Your kidneys will eventually stop working and you will stop passing urine.</p>	<p>Your kidney function will deteriorate and fail.</p>
<p>How will I feel?</p>	<p>After recovery from the operation, most people feel very well.</p>	<p>This is a gentle treatment and most people feel well.</p>	<p>Most people feel very well with this treatment.</p>	<p>Most people feel tired after each treatment.</p>	<p>You will develop symptoms, as your kidney failure gets worse. Your health-care team will treat these symptoms and keep you comfortable.</p>
<p>Will I need an operation?</p>	<p>You will need an operation to transplant the donated kidney. Typical hospital stay is 5 to 7 days.</p>	<p>You will need to have a day surgery to insert a tube into your belly. This should be done well in advance of needing dialysis.</p>	<p>You will need a day surgery to have a fistula created in your arm. This should be done well in advance of needing dialysis. If you cannot have a fistula, you will have a dialysis line placed in a blood vessel in your chest.</p>	<p>You will need a day surgery to have a fistula created in your arm. This should be done well in advance of needing dialysis. Some people, who urgently start dialysis, have a tube placed in their chest and then have a fistula created later.</p>	<p>No operation needed.</p>

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<b>Who will do my treatment?</b>	Apart from medication, no ongoing treatment is needed.	You or a family member will do your treatment. Expert dialysis nurses will teach you and visit you at home as needed. This will take 1-2 weeks. Based on your needs, community nurses can come to help you with your treatment. The Home Dialysis nephrologists, dietitians and social workers will provide you with continued support.	You or a family member will do your treatment. Expert dialysis nurses will teach you and visit you at home as needed. This will take 5-7 weeks. The Home Dialysis nephrologists, dietitians, social workers, and allied health team will provide you with continued support.	Qualified staff will carry out your dialysis. You will have regular contact with other patients having the same treatment in the hemodialysis unit.	Apart from medication, no ongoing treatment. Your Nephrology team may refer you to other services and resources in the community, such as hospice or palliative care.
<b>What travel will be required?</b>	You will need to travel to regular clinic appointments. Initially these are very frequent. After 6 months, if you are stable, these will be about every 3 months.	You will need to travel to regular clinic appointments. These will be about every 2 months when you are stable.	You will need to travel to regular clinic appointments. These will be about every 2 months when you are stable.	You will need to travel to the dialysis unit 3 times per week.	You will need to travel to regular clinic appointments as long as you are well enough.
<b>What about my work?</b>	Most people feel well enough to return to work after 3-6 months.	Many people are able to continue working. Dialysis can fit around your work.	Most people are able to continue working. Dialysis can fit around your work.	Some people are able to continue to work. Dialysis schedules can fit around your work.	You can continue to work as long as you feel well enough.
<b>Will I have food and fluid restrictions?</b>	You will have very few restrictions to your diet or fluid intake.	You will have fewer restrictions to your diet or fluid intake than with facility-based hemodialysis.	You will have almost no restrictions with your diet and fluid intake.	You will need to limit many foods in your diet and restrict your fluid intake.	You will have fewer restrictions than you would if you were on dialysis.
<b>Will I need to buy equipment and supplies?</b>	You will need to have a blood pressure monitor.	Your dialysis equipment and supplies are provided. You will need to have a digital body weight scale and blood pressure monitor.	Your dialysis equipment and supplies are provided. You will need to have a digital body weight scale.	The dialysis unit provides your equipment and supplies.	Depending on your needs, CCAC or your palliative care team will help you to get any special equipment or supplies.

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Will I need to store equipment and supplies at home?	No equipment or supplies are required at home.	Yes. Your dialysis supplies will be delivered to your home once a month. The dialysis machine, if you use it, is about the size of a small microwave.	Yes. Your dialysis supplies will be delivered to your home once a month. The dialysis machine is about the size of a medium-sized fridge.	No equipment or supplies are required at home.	No equipment or supplies are required at home.
Can I travel and go on vacation?	Yes, however not in the first 3 months following transplant.	Yes. You will need to plan ahead. Equipment and supplies can be transported by car, train or airplane for short holidays. For longer holidays, arrangements can be made to have supplies shipped to your vacation destination.	Yes. You will need to plan ahead. You will need to make arrangements with a hemodialysis unit at your destination. Some restrictions and costs apply.	Yes. You will need to plan ahead. You will need to make arrangements with a hemodialysis unit at your destination. Some restrictions and costs apply.	Yes, depending on your health.
Can I change from one treatment to another?	Yes. All other options may still be possible.	Yes. All other options may still be possible.	Yes. All other options may still be possible.	Yes. All other options may still be possible.	Yes. All other options may still be possible.
What is my life expectancy?	Overall life expectancy is longer with a transplant than with dialysis. A transplant generally lasts for 15 years but survival time is difficult to predict. It often depends on how fit you are and whether you have other health problems.	People with kidney disease have a shorter life expectancy than those with normal kidney function. It is difficult to predict and depends on how fit you are and whether you have other health problems. Generally, people on peritoneal dialysis do better the first two years after starting dialysis than those who start facility-based hemodialysis.	People with kidney disease have a shorter life expectancy than people with normal kidney function. Life expectancy is difficult to predict and depends on how fit you are and whether you have other health problems.	People with kidney disease have a shorter life expectancy than those with normal kidney function. Life expectancy is difficult to predict and depends on how fit you are and whether you have other health problems.	Life expectancy is difficult to predict and depends on the state of your kidney function and whether you have other health problems. Once your kidneys have failed, your life expectancy will be days to weeks.

• Adapted from *What matters most... Chronic kidney disease* Editors: Elwyn, G., Prichard, A., Nerys, T., O'Donoghue, D., Bekker, H., Lloyd, A. See [www.optiongrid.org/resources/chronickidneydisease\\_evidence.pdf](http://www.optiongrid.org/resources/chronickidneydisease_evidence.pdf) ISBN: 978-0-9571887-5-4 Last update: 04-Apr-2012 .

• Amendments based on clinical expertise of development group, key publications of relevant research reports and systematic reviews, relevant Clinical Practice Guidelines; established Canadian and National research priorities and professional standards of practice. See evidence document.

Please, add any other questions you have in the spaces below. Your Nephrology team will help you to get answers.

My notes:

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After knowing about what treatment could work for me and looking at these questions, I am leaning toward:

- Kidney transplant
- Peritoneal dialysis
- Home hemodialysis
- Facility-based hemodialysis
- Supportive care

Other questions to discuss with your nephrologist and Nephrology care team are\*:

- How long does the average person with this renal disease live?
- Will this care directly treat my renal disease, or improve my symptoms or both?
- What are the side effects?
- Am I healthy enough to try this treatment, or will my other health conditions and medications interfere?
- What does the care cost?
- Am I eligible to participate in relevant clinical trials?

\*Adapted from Institute of Medicine (2013) recommended questions for patients to ask when considering care options.