St. George Hospital

Peritoneal Dialysis Unit Newsletter

ISSUE 4 OCTOBER 2011

DID YOU KNOW?

You can travel anywhere in the world on PD?

How to get started?

1. Contact Baxter Customer Service on 1800 061 554, at least 3 months before your planned trip.
2. Inform your doctors and nephrologists.
3. Inform your PD nurses.

Enjoy your holiday!

Frequently Asked Question: Will I need more PD stock for the Christmas and New year period?

Answer: Yes, contact Baxter early to ensure that you have enough stock for the holidays.

IMPORTANT

Once your APD machine is replaced by Baxter, please inform your PD nurses ASAP.

*****We need to give you a new procard and inform you of the changes on the new APD machine.**

It has been a busy year!

Most of you probably noticed there were lots of activities in the PD unit this year. To recap, here is the list:

1. Our social workers have done a remarkable job organizing our first ever People on PD support group meeting. It was a success in every way! Special thanks to all the attendees and our social workers. We look forward to the next meeting in 2012.
2. Two surveys were sent out, all your responses and feedbacks are greatly appreciated. We are in the process of reviewing the results which will be published on the next PD newsletter.
3. All of you were given/sent a "patient card" and a letter explaining its purpose. Kindly contact us if you have any questions or have not received your patient card.
4. Another letter you would have received is to inform you of a current NSW Health initiative regarding "Priority Medical Treatment in the event of a natural disaster" for PD patients. Call us if you have any questions or have not received this letter.
5. Fiona had a baby boy!
6. You will notice new nurses in PD to cover for Fiona until her return on the last quarter of next year. We welcome Lily, Geordie and Allan to our PD group.

CONTACT US

☎ 9113 3770

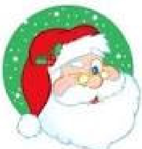
7:30AM—4:00PM

As the holiday season is upon us, the PD unit invites you to end this year with a bang! Attached with this newsletter is the PD unit Christmas party invitation. There will be lots of goodies served. We encourage you and your family to come and celebrate with us!

Again, we thank you for looking after yourselves really well and for contributing ideas to the newsletter. Keep up the good work!

All the best,

Claire, Maria, Liz & Pauline



Having trouble with low drains?

- **Check if you are constipated.**
- **Check for kinks on your PD catheter or dialysis lines.**
- **Reposition yourself.**
- **Check for fibrin/s.**
- **Contact your PD nurses.**

♫♪ ♫♪ *'Tis the season to be jolly* ♫♪ ♫♫

♫♪ ♫♫*Fa la la la la,* ♪ ♫♪ *la la la la* ♫♪

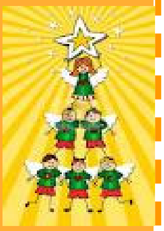
The PD unit is closed on public holidays:

26th December, 2011— Monday

27th December, 2011— Tuesday

30th December, 2011— Friday

02nd January, 2011— Monday



For any **PD machine** related concerns, please call **Baxter's Technical Support** on **1800 063 093** (freecall) for advice/support.

For any **dialysis** related issues/concerns, please call **4 South Renal Ward** on **(02) 9113 3458 or 9113 2253** for advice/support.

Peritoneal Dialysis Tests/Procedures

Peritoneal Equilibration Test (PET) is a test done a few weeks after you started on peritoneal dialysis (PD). You will need 2 days to complete this test, first day is to prepare and the next day is for the actual test done in the PD unit for 5-6 hours. Your PD nurses will explain to you the entire PET preparation and procedure as needed. The result of this test is used by your nephrologists and PD nurses to know which type of PD therapy is best suited for your health. From this test, we will know how long PD fluid should stay in your belly (dwell time) for best dialysis result. It measures how quickly or slowly your peritoneal membrane clears waste and water. In view of this, your PD therapy may change to ensure you are clearing waste and water properly on dialysis. Most of the time, patients do not need to change their PD therapy unless their condition changes. Your nephrologists and PD nurses will inform you if your PD regimen needs changing or if PET needs to be repeated.

Kt/V and Ccl are combined tests done right after the PET and **every year** whilst you are on peritoneal dialysis. Part of the test is done at your home which involves 24 hour-urine collection, PD fluid collection, exact height, body weight, ultrafiltration (UF) volume and blood tests done at the hospital. Aim of the tests is to measure how much urea (Kt/V) and creatinine (Ccl) are removed from your body through peritoneal dialysis. The result of these tests is used by your nephrologists and PD nurses to check if you are dialyzing adequately. You will be advised by your PD nurses and nephrologists if your tests have poor results which means you are not on the best PD therapy anymore. You will then receive a different PD therapy recommendation from your nephrologists and PD nurses. Education will be provided by your PD nurses on how the new PD therapy works to your advantage, how to adjust yourself to it and when to repeat the combined (Kt/V and Ccl) tests. Increasing or improving your dialysis adequacy will ensure we are maximizing your own body's ability to keep yourself well on dialysis.

PDC Extension set change is a sterile procedure done by your PD nurses **every year** and as needed. It can be done in the PD clinic or on the renal ward. The yearly PD catheter (PDC) extension set change will be arranged and booked by PD nurses, you will be notified ahead of time. Changing your PDC extension set (end part of your PD catheter) regularly will reduce the risk of mechanical breakdown of the PDC valve. PD fluid can leak from broken PDC valve which may result in contamination and infection (peritonitis). You need to contact the PD nurses immediately for any PDC extension set problem/s.

Dietitian's advice:

The 3*D* approach to maintain good blood phosphate levels: *Diet + Dialysis + Drug*.

Phosphate is a mineral found in diet, together with calcium, it helps keep your bones strong. When the kidneys are not working properly, phosphate builds up in the blood and upsets the fine balance. A high level of blood phosphate will lead to severe itchiness, lumps of calcium and phosphate deposits in bones, blood vessels, nerves and other body tissues. Brittle bones and painful joints are bone diseases common if blood phosphate control remains poor. It is important to keep your blood phosphate level within normal range of 0.80 - 1.50 mmol/L.

Dialysis does not remove the excess phosphate in your blood, so it is important to limit phosphate from the diet. Phosphate is found naturally in most foods and is generally added to foods during processing e.g. preservatives. Medications, known as "phosphate binders" help to bind or "mop up" the excess phosphate and send it out through your bowels, so that less phosphorus will get absorbed into your blood. The common phosphate binders are Caltrate or Calsup, Alutabs, Renagel and Fosrenol. Phosphate binders must be taken with each meal and with each in between meals or snacks especially if food consumed has high phosphate content. Discuss with your dietitian/s and doctor/s about your diet, eating and medication pattern for the best results.