



# St. George Hospital

## Peritoneal Dialysis Unit Newsletter

ISSUE 3

APRIL 2011

### DID YOU KNOW?

You will have **peritonitis** if you accidentally touched the end of your PD catheter when exposed.

If this happens... You must:

1. Stop dialysis.
2. Cover your PD catheter.
3. Contact the PD nurses or 4 South senior nurses (after hours) for advice.
4. Come to the hospital for a PD catheter extension set change and immediate antibiotic treatment.

Time flies when you're busy!

Sure enough, the PD unit has been very busy in the last 6 months. We are pleased to welcome all the new members to our peritoneal dialysis community! The PD unit had undergone and will undergo some changes this year. We know that with change comes new opportunities and the chance to improve our services. Here's the list of what happened and what will happen in PD:

1. Staffing : Pauline is now working 2 days a week and we are excited to have Maria as a new staff member. Maria has an extensive renal and PD experience from the 4 South Renal ward and some of you may have met her.
2. The PD unit will be renovated very soon. You will be informed as to how it may affect your clinic appointments and our services during the renovation.
3. The 6-monthly home visit program will commence on May, 2011. We will call you to arrange a home visit schedule. We thank you in advance for your cooperation.

Again, we encourage you and your family to contribute ideas, stories or questions to our PD newsletter. We believe you all have inspirational stories to share. And remember the saying, "There are no stupid questions, the only stupid question is the one not asked."

All the best,

Claire, Fiona, Liz, Maria & Pauline



### CONTACT US

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7:30AM—4:00PM

### Frequently Asked Question:

What do I do if a PD fluid bag is leaking?

**Answer:** Change the PD fluid bag quickly, discard the leaking PD fluid bag and inform Baxter.

### 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.**

### Record- Keeping:

**Question:** What do you need to record?

**Answer:** Your daily weight, PD fluid solution used, UF and I-drain volume (for APD patients) or drain volume (for CAPD patients).

**Question:** What is the importance of record-keeping?

**Answer:** Having these information handy makes it easier for you to measure and control your fluid status. It will also assist us in conducting a proper fluid assessment during clinic visits.

**Having trouble with manual drain on APD machine?**

The new step-by-step procedure "End of Treatment with Manual Drain" is attached with this newsletter.

Please call us if you have any questions.

### Things to do to maintain a healthy PD catheter exit site:

- Wash & dry hands before touching the PDC exit site.
- Shower daily & change your PDC exit site dressing after shower.
- Examine your PDC exit site daily & keep it dry.
- Tape the end of your PD catheter down to prevent from dangling.
- Do your PDC exit site dressing as you were taught by the PD nurses.

• For any changes or concerns regarding your exit site, please contact the PD unit/nurses immediately.

## Understanding Your Medications



When your kidney fails, peritoneal dialysis can keep you well by removing the excess water and toxins from your system with the help of your peritoneal membrane. However, the dialysis can not do everything that the normal kidneys do. Because of this, your nephrologists will include several medications in your treatment to help maintain your health and well-being:

**Iron** comes in tablet form to be taken orally at home or may be given to you as an intravenous infusion in the hospital. Kidney failure impedes the ability to absorb iron from the gut which will lead to low iron level & anaemia. Anaemia can make you feel tired or weak and short of breath. Your nephrologists will advise you which form of iron supplement you may need.

**Erythropoietin** comes in pre-filled syringe and is given as an injection just under the skin. This is a hormone that stimulates the production of red blood cells which failed kidneys can not produce enough to prevent anaemia. Having regular Erythropoietin injection, as advised by your nephrologists, will prevent anaemia & may raise your energy level.

**Phosphate binders** come in tablet forms to be taken with meals/food at all times. Most foods have phosphate and it is very hard for failed kidneys to remove excess phosphate from the blood. High phosphate level in the blood can cause severe itching and bone disease. Phosphate binders assist in removing unwanted phosphate by binding the phosphate in your ingested food then be removed with your bowel motion. Phosphate binders not taken with food will not have the desired binding effect. Phosphate binders can be:

1. Calcium based i.e. Caltrate and Cal-sup
2. Magnesium based i.e. Magmin
3. Aluminum based i.e. Alu-tab
4. Combination of Aluminum and Magnesium i.e. Mylanta
5. Other types of phosphate binders are: Lanthanum carbonate (Fosrenol) and Sevelamer (Renagel)

Taking phosphate binders regularly, as advised by your nephrologists, may relieve itchy skin and prevent soft & weak bones.

**Vitamin D (Calcitriol)** comes as small caplets in white/orange colour. Most people with kidney failure lack Vitamin D thus can not absorb calcium from their food causing the calcium to come out of their bones resulting in weak and soft bones. Taking calcitriol regularly, as advised by your nephrologists, will help regulate the level of calcium in your blood and prevent soft & weak bones.

**Anti-Hypertensives** come in tablet forms to be taken orally at home. Blood-pressure control can be very challenging for people with kidney failure. Uncontrolled blood pressure is bad for your heart, can make you very unwell and may lead to stroke. Your blood pressure can be managed with dialysis, diet (avoid salt & salty foods) and fluid restriction. However, these may not be enough so your nephrologists will prescribe anti-hypertensive medications to help regulate your blood pressure.

**Laxatives** come in liquid or tablet form to be taken orally. Your dietary and fluid restrictions plus some medications you take may cause constipation. Ongoing constipation can lead to poor peritoneal dialysis drain volume (low drain alarms) and peritonitis. You may need to take laxative/s at times to have regular bowel motions. Daily bowel movement is ideal!