



Wellstone Clinic

Renal Care



Patient Education Booklet

PATIENT EDUCATION BOOKLET

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INTRODUCTION

We would like you to feel both welcome and supported as a patient here at the Wellstone Clinic.

This educational booklet has been specifically designed by the staff of the Wellstone Clinic to help provide information and as a guide to your new environment. Included in this booklet is information on your transport, fluid management, anaemia, nutrition, to name but a few. We look forward to your input as this will indeed help us to better meet your needs and also enable you to be proactive with your care.

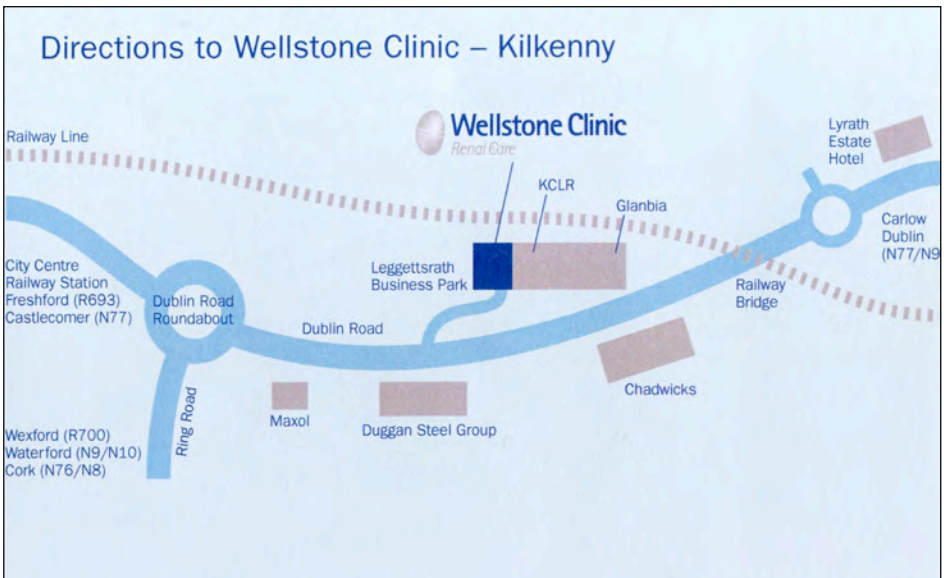
Should you experience any problems or have any questions then please feel free to consult your named nurse.

Wellstone Clinic Patient Information

Name:	WCK patient no.:	Named nurse:
Consultant:	Dietitian:	Transport: Driver: Tel no.:
Clinic's address	Tel no:	Fax no:

Directions to Wellstone Clinic

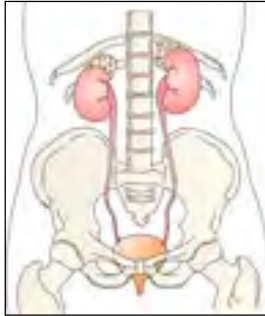
Clinic's opening time: Monday – Saturday 07:30 – 19:30



OVERVIEW OF THE KIDNEYS

Normal healthy kidneys receive about 20% of the body's blood volume and process about 180 litres of blood per day. From this blood flow, the normal kidneys produce and gets rid of 1,200 to 1,500 ml of urine per day.

The normal adult kidney is bean shaped, about 4.3 (11cm) long , 1 inch (2.5cm) thick, 2 inch (5cm) wide and weighs 4-6 oz (113 to 170 grams). As per diagram below, the kidneys are located in the mid back area. The right kidney lies slightly lower than the left, because of the liver space, and the kidneys are protected by connective tissue (body fat).



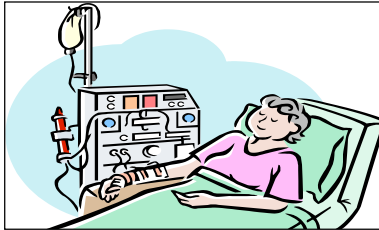
The Ureters are a pair of fibro muscular tubes measuring 12 inches to 13 inches long (30-33cm) and vary in diameter from 2-8mm, they transports urine from the kidneys to the bladder.

When the Kidneys are not functioning properly then kidney replacement therapy is needed at this stage to do the work of the healthy kidneys.

There are three types:

- Haemodialysis,
- Peritoneal Dialysis,
- Transplantation

HAEMODIALYSIS



Healthy kidneys perform a wide range of vital functions including:

- Removal of toxic waste products from the blood,
- Removal of water and salts from the body,
- Production of hormones which help control blood pressure,
- Helping to keep calcium and phosphate levels in balance for healthy bones,
- Maintaining a stable balance of body chemicals, particularly salt, potassium and acid content.

While many kidney diseases can be treated successfully, sometimes chronic kidney disease may result in irreversible kidney failure. This is called end stage kidney disease (ESKD).

When your kidneys stop working, your body fills with water and waste products. This condition is called uraemia. Your hands and feet become swollen and you feel tired and weak because your body needs clean blood to function properly.

Haemodialysis involves being attached to a machine via a neck line or a fistula (the joining of an artery and a vein in the arm). It removes waste products from the blood by passing it out of the body, through a filtering system (dialyser) and returning it, cleaned, to the body (dialysis).

The waste products pass through a membrane (dialyser) into a dialysis solution (dialysate), then out of the machine. The clean blood is carried on through the machine and returned safely to the body.

This happens over and over again throughout the dialysis session. Every time the clean blood is returned to the body, it picks up more waste products from the body's cells that it circulates through, and brings these newly collected toxins back to the dialyser to be removed.

Fresh dialysate is passed through continuously, to make the rate of the cleaning process as fast as possible.

As well as cleaning the blood, the dialysis machine also removes excess water. This part of the process is called ultrafiltration which can be done separately without dialysis.

It takes 3-5 hours to complete a good haemodialysis session, depending on a patient's prescription, and it needs to be done 3 times a week.

COMMON CAUSES OF RENAL DISEASE

Diabetic Nephropathy:

Diabetic nephropathy is the kidney disease that occurs as a result of diabetes. It is a leading cause of kidney failure in Europe and the USA. After many years of diabetes the delicate filtering system in the kidney becomes destroyed, initially becoming leaky to large blood proteins such as albumin which are then lost in urine. This is more likely to occur if the blood sugar is poorly controlled.

Nephrotic syndrome:

It is the name given to a condition when large amounts of protein leak out into the urine. Normal urine should contain almost no protein. In nephrotic syndrome the leak is large enough so that the levels of protein in the blood fall.

The most obvious symptom is usually swelling of the ankles and legs. Extra fluid may also accumulate in the abdomen and around the face, especially overnight. In children and young adults the ankles may be less affected and the abdomen and face more affected

Polycystic kidney disease (PKD):

Polycystic kidney disease, or PKD (or PCKD), causes the kidneys to be slowly enlarged by many fluid-filled cysts. It is an inherited disease that can be passed on from your father or your mother, although they are sometimes unaware that they carry it. Often high blood pressure or an abnormal urine test leads to further tests. An ultrasound scan can show the cysts developing, although they may be too small to be seen until you are in your twenties or even later, even though you have the disease.

Reflux nephropathy:

Reflux nephropathy has sometimes been called chronic pyelonephritis in the past. Some people are completely unaware that they have it. Others have major trouble from infections or from the kidney damage that can go with reflux. Some people with reflux nephropathy may have other abnormalities within the kidney or lower down - for example, the kidneys themselves may not have developed normally, or there may be narrowing or blockage of the normal urine flow (for example, caused by urethral valves).

Renal artery stenosis:

Renal artery stenosis is narrowing of the artery that supplies blood to the kidneys. This results in restriction of blood flow to the kidneys and may lead to high blood pressure (hypertension) and reduced kidney function (kidney failure). In most cases it is caused by build up of cholesterol and lipid on the lining of arteries (atherosclerosis).

Renal artery stenosis usually has no symptoms. Some medications can reduce kidney blood flow.

This can lead to trouble if the blood supply is already reduced by renal artery stenosis, as kidney function can be severely reduced. The major medications that can cause this problem are: Non Steroid Anti Inflammatory Drugs (NSAIDs) Angiotension Converting Enzyme Inhibitors (ACE Inhibitors).

Systemic lupus erythematosus:

It is most commonly diagnosed in young women, but also occurs in men, and at any age. It often runs for years, in an up and down course with periods when the disease is quiet. In some people SLE can be short lived and mild, whilst in others it can be a prolonged and sometimes serious disease. Lupus affecting the kidney is sometimes said to be the most severe lupus. In fact many people with 'ordinary' lupus have mild kidney involvement.

Unfortunately it is true that serious kidney disease usually requires the most powerful anti-lupus treatment. However it is important to remember that lupus can almost always be successfully treated

Vasculitis:

Vasculitis means inflammation of blood vessels. The effects of vasculitis depend on the sizes of the blood vessels that are affected and on the parts of the body involved. Commonly vasculitis may only affect the skin, sometimes it affects many organs at the same time (systemic vasculitis). There are many varieties of systemic vasculitis, and they are often given peculiar and difficult names . However it is useful to know the variety as the treatment may differ, and some types are more likely to come back again. Some types of systemic vasculitis commonly start by affecting a single organ, for example, the kidney Usually the cause of vasculitis is unknown. Sometimes it occurs as an allergic reaction, for example, to medication. Vasculitis is not a hereditary disease.

Scleroderma and the kidney:

Scleroderma means 'hard skin', but it is a disease that can affect many other organs, when it may be called systemic sclerosis or systemic scleroderma. It is a rare disease, but it is much more common in women than men, and most often develops between the ages of 30 and 60. Rarely it occurs in children. Scleroderma mainly affects the blood vessels of kidneys. Scleroderma renal crisis leads to a sudden and severe rise in blood pressure and decline in kidney function over days or weeks. It may lead to complete kidney failure. It is not known what causes the crisis to develop. It is not known what causes scleroderma but it is believed to be an autoimmune disease, in which the body's immune system attacks itself. That kind of process causes a number of important diseases - thyroid diseases, juvenile diabetes, rheumatoid arthritis, and many kidney diseases.

Goodpasture's disease:

Goodpasture's disease is a rare but serious condition that can cause severe kidney and lung damage. The disease can be controlled by treatment, but often leaves patients with severe kidney damage. Some people have only lung disease, others have only kidney disease, while some have both. Kidney disease ranges from just a hint of blood on urine testing, to very severe kidney damage which happens very rapidly

Alport syndrome:

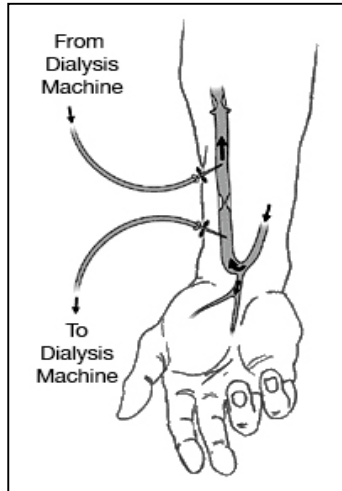
Most people with Alport syndrome develop kidney failure in early adult life - in their late teens or twenties. Some (particularly women) only get the disease in later life. Before kidney function deteriorates, there may be blood and protein in the urine, and high blood pressure may develop. Women may never get much more than these changes, but some of them go on to get kidney failure over decades

Chronic renal failure and its progression:

Renal failure means that the kidneys aren't working properly. If the renal failure is chronic, it is lasting and kidney function is unlikely to improve. However you can remain quite well until late on in chronic renal failure. It is therefore important to stop it from getting worse, if at all possible. 'Chronic renal failure' is often shortened CKD

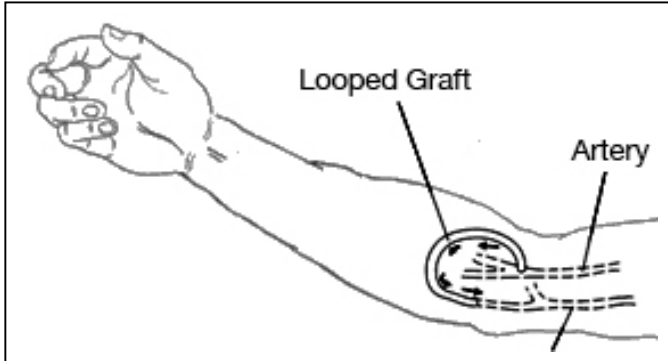
ACCESS INFORMATION

Fistula:



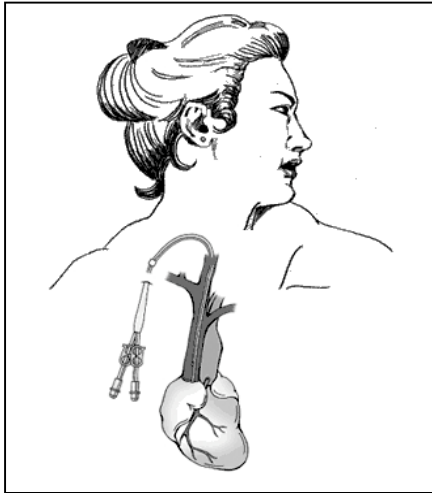
A fistula is formed by connecting an artery to a vein, usually in the forearm. Connecting the artery to the vein causes more blood to flow into the vein. As a result the vein will grow bigger and stronger but will need to develop over a period of around 3 months, then needles can be inserted for dialysis. The surgery is usually done as a day case and can be carried out under a local or general anaesthetic.

Gortex Graft:



If your veins are too small for a fistula, you will need to get a synthetic (“plastic”) tube implanted under the skin in your arm or thigh. This tube becomes an artificial vein that can be needed for dialysis. The graft does not need time to develop like the fistula, it can be used sooner after insertion (around 2-3 weeks). The surgery is usually done under general anaesthetic and you will need to stay in hospital for around 1-2 days.

Venous Catheter:



A venous catheter is a tube which is inserted into a vein in your neck, chest or leg near the groin. It has two chambers to allow two-way flow of blood for dialysis. Catheters are not ideal for permanent access because they can clog, become infected, or cause narrowing of the veins in which they are placed. For patients whose fistula or graft access is not successful a long term catheter access must be used. The catheter is inserted as a temporary access when you are awaiting fistula formation, fistula maturity, or if your fistula/graft is not working properly.

Taking Care of Your Access:

- When your fistula is newly formed it is very important to listen and feel for the buzz (bruit), if this is not present inform a dialysis nurse immediately.
- Make sure your nurse checks your access before each treatment of dialysis
- Keep your access clean and dry at all times, dressings of your venous catheter are changed once a week by the dialysis nurses in the unit.
- Do not use your catheter/fistula/graft for anything else other than haemodialysis.
- Only dialysis nurses are allowed to use your access, if admitted to another hospital please remember not to let anyone take bloods from your fistula or put needles (cannula's) in your arm
- Be careful not to bump or cut your fistula

- If you have a fistula do not let anyone put a blood pressure cuff on your arm
- Do not wear jewellery or tight clothing over your access site
- Don't sleep with your access arm (Fistula) under your head or body
- Don't lift heavy objects or put pressure on your access arm (Fistula)
- If your access becomes painful, red or inflamed please inform your dialysis nurse immediately as it may be infected.

MEDICATION:



Haemodialysis only partially replaces the function of healthy kidneys. While it removes excess water and waste products from the blood, it is unable to manufacture essential hormones and enzymes, e.g. erythropoietin (epo), calcitrol, renin etc, which help regulate and control important body functions including BP control, prevention of anaemia and renal bone disease.

The symptoms most commonly found in patients with ESKD include:

- High blood pressure (hypertension),
- Anaemia, (low in red blood cells)
- Renal bone disease,
- Shortness of breath,
- Muscle cramps,
- Itching,
- Loss of appetite.

Management of these symptoms through the use of medications alongside haemodialysis will be necessary for all ESKD patients.

Therefore, it is important for patients to know their medications and why they are taking them. It is hoped that better knowledge of medications will lead to greater compliance and thereby, improved patient clinical outcomes.

The following is a guide to the medications generally prescribed to manage the above symptoms for patients with ESKD.

Should you experience any side effects, e.g. stomach upset, constipation or diarrhoea; please report this to your named nurse.

Medication for High Blood Pressure:



High blood pressure (hypertension) is caused when a patient's blood is pushing too hard against the walls of the arteries. A lot of haemodialysis patients have high blood pressure and need to take medication to control it.

Normal kidneys produce a hormone called renin which regulates blood pressure. Unhealthy kidneys often produce abnormal amounts of this hormone causing high blood pressure. High blood pressure becomes worse when there is extra water in the body (fluid overload). This excess water increases the volume of blood in the arteries and this extra volume of blood causes the pressure in the arteries to increase.

For some people, high blood pressure can be controlled by removing fluid during dialysis to achieve their 'target weight' or 'dry weight'. This is the weight at which blood pressure is normal and fluid content is neither too high nor too low.

Most patients with ESKD will need to take some type of blood pressure medications.

Some patients take their medications before dialysis and have no problems, while other patient's blood pressure becomes too low while on the dialysis machine so they wait until after dialysis to take their medication.

The doctors and nurses will tell you which is the most suitable regime for you.

There are different types of blood pressure tablets and patients may be on one type or a combination of the following:

- ACE Inhibitors – treatment of high blood pressure as well as certain forms of heart failure, e.g. Captopril, Enalapril, Lisinopril and Ramipril.
- Beta Blockers – reduce the workload of the heart and reduce blood pressure, e.g. Atenolol, Metoprolol, Propranolol and Sotalol.
- Calcium Channel Blockers – relax the muscles including the heart muscle and reduce the workload of the heart and causes a drop in blood pressure, e.g. Nifedipine, Amlodipine, Verapamil and Diltiazem.

Medication for Anaemia

Many patients on haemodialysis have anaemia (low haemoglobin and iron levels in the body) and it makes you feel tired all the time.

Haemoglobin and iron are needed to carry oxygen around the body.

Healthy kidneys make a hormone called erythropoietin (epo) which sends a message to your bone marrow to make red blood cells. As the red blood cells grow, they need iron to make haemoglobin.

When your kidneys are not working, there is not enough epo being produced to make red blood cells.

Oxygen is also important for your heart; it does not have to work as hard if it gets enough oxygen with each pump.

The iron and ferritin levels in your blood are checked regularly by the nurses when you are on the haemodialysis machine.

Two medications which work together are generally used in the treatment of anaemia:

- An epo injection (Epoetin Alfa or Aranesp) does the same work as the epo produced by the kidneys.
 - It can be given via the dialysis machine or injected directly into the stomach.
 - The injection dose will be determined by your haemoglobin levels and it will be prescribed by your nephrologists.

- For epo to work well, your body must have enough iron. Iron can be taken in tablet form, e.g. Galfer or Ferrous Sulphate, or it can be given as an injection through the machine, e.g. Venofer.
 - Iron supplements may cause constipation, diarrhoea or stomach upset.

Medication for Diabetes

Diabetes is one of the most common causes of ESKD.

Blood glucose levels are normally regulated by a hormone called insulin which is made by the pancreas. Insulin stimulates the body's cells to use glucose as energy.

When a person has diabetes, the pancreas does not make enough insulin or the cells don't respond to the hormone.

Your body is unable to process glucose and therefore, it builds up in your bloodstream. These high levels of sugar in the blood cause diabetes and over time will damage the small blood vessels in your body, e.g. your eyes and your kidneys.

When the blood vessels in the kidneys are damaged, they are unable to clean your blood properly. Diabetes can also cause damage to nerves in your body and high sugar levels in your

bladder can result in infection from the growth of bacteria in your urine.

There are two types of diabetes:

- Type 1 – This is also called insulin dependant diabetes and it occurs when the pancreas does not make enough insulin. It usually starts in childhood. Treatment of Type 1 diabetes is insulin injections for the rest of your life, e.g. Human Insulatard, Human Mixtard and Actrapid

- Type 2 – This is more common and usually occurs in adulthood. The pancreas makes insulin but your body does not use it efficiently. It is controlled by eating a diabetic diet (low in sugar/glucose) and/or taking medications such as Diamicron.

Medication for Renal Bone Disease

Renal bone disease is experienced by most patients with end stage renal failure (ESKD). If this is not treated, ESKD patients will have brittle bones that are likely to fracture. Treatment and prevention of renal bone disease usually includes taking phosphate binders and vitamin D.

Examples of phosphate binders include Renegel, Fosnol (lanthanum carbonate), PhosLo and Calcichew. These should be taken with food as they act directly on the food you are eating.

Examples of vitamin D are, 1 alpha in oral form and Zemplar (paracalcitol) which can be given intravenously through the machine.

Controlling (Parathyroid hormone) PTH levels prevents calcium being taken from the bones. If you have an overactive parathyroid gland, you may be prescribed Cinacalcet which reduces your PTH level and leads to a decrease in calcium levels in your blood.

Other medications you may be on:

Diuretics

Diuretics (water tablets) are used to get rid of excess water in the body by increasing the amount of urine that is passed. This prevents fluid overload which can cause shortness of breath and swollen ankles, e.g. Frusemide and Bumetanide.

Laxatives

Constipation may be a problem when you are on dialysis for a number of reasons:

- your fluid intake is restricted,
- foods, high in fibre, often contain potassium which is restricted in your diet
- medications, e.g. Renegel, can contribute to constipation.

Laxatives used include Senokot and Lactulose.

Statins

Cholesterol is a substance made by the liver and other organs and consumed in animal fat. High fat diets increase the amount made in the body. High levels of cholesterol may collect in the arteries, possibly leading to cardiovascular disease. Diet, exercise and medications can reduce this.

Statins are a class of medication used to lower the level of cholesterol in people with or at risk from cardiovascular disease, e.g. Lipitor and Lipostat.

Quinine

Patients are prone to cramps during dialysis and also at night. This is as a result of the rapid fluid and electrolyte shifts in and out of the muscle cells during your haemodialysis treatment. Quinine Sulphate may be prescribed to prevent cramps.

Piriton

Due to high phosphate levels, many patients experience itching. Piriton or Clarityn are usually prescribed along with a low phosphate diet and phosphate binders.

FLUID MANAGEMENT:



When your kidneys start to fail they become less efficient at keeping the body's fluid level balanced.

One of the main problems with kidney failure is being able to get rid of excess water from the body.

Therefore it is important to control the amount of fluid you drink. If you drink too much fluid it stays in your body.

Some of the signs and symptoms of this are

- Shortness of Breath.
- Puffy ankles
- Puffy around the eyes and face
- High blood Pressure



Fluid Restrictions can be very difficult, but there are some ways to help this.

- Gargling Ice Water
- Sucking Ice cubes
- Chewing Gum
- Limiting or avoiding Salt and Salty foods

Remember that many foods contain fluids such as Ice Cream, Custard, Soup and Fruits, and anything that is liquid at room temperature.

The daily fluid allowance for each person depends on the amount of urine produced.

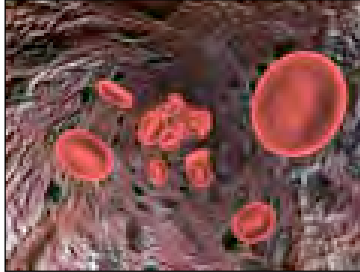
Your named nurse will give you a container to measure your urine output and inform you what your fluid allowance is.

The normal fluid allowance is 500ml plus the urine output measured over a 24 hour period.

The more urine produced the more fluid that you can drink.

It is very important to limit the amount of fluid you drink as drinking too much puts excessive pressure on your heart. If you have any queries about your fluid allowance please speak to your named nurse or any of the nurses in the unit

ANAEMIA:



Normal blood is important to health and a feeling of wellbeing. It contains both blood cells and nutrients that need to be present in the right amounts.

Red blood cells:

Red blood cells are tiny doughnut shaped cells, produced in your bone marrow {found inside some of your bones}. When you breathe air into your lungs, red blood cells pick up oxygen and then transport it around your body. This is a very important job, because all living cells need oxygen and, in order to stay alive, oxygen needs to be transported to all parts of your body. Most of your blood cells are red cells, which is why your blood is red in colour.

When your kidneys don't work:

When your kidneys don't work properly, not enough EPO is made. This means that the amount of red blood cells made by your bone marrow may fall. If this happens, the number of red blood cells in your blood drops and you may become anaemic.

Haemoglobin:

Haemoglobin {Hb} is the substance inside red blood cells that actually carries oxygen. When there isn't enough haemoglobin, not enough oxygen can be carried around your body.

Measuring the level of Hb in your blood provides a guide to the number of red cells you have. If your Hb is low, this suggests that you do not have enough red blood cells and you are said to have anaemia, or you are anaemic. The Doctors and nurses know this, and the hospital will regularly test your blood to check your Hb.

This is often known as your 'blood count'

Anaemia causes tiredness:

If you are anaemic, you do not have enough red blood cells. This means that the amount of oxygen getting around your body is less than ideal. Without oxygen, your body cannot get the energy it needs, and so you feel tired. As a result, you cannot do some or all of the things you want to. Even walking up stairs can become a big effort.

EPO and your kidneys:

Your kidneys control how many red blood cells are made in your bone marrow, to do this, your kidneys produce a hormone called erythropoietin {EPO}. EPO travels in your blood from your kidneys to your bone marrow, where it constantly reminds the marrow to keep making red blood cells.

How to take EPO:

EPO cannot be taken as tablets and has to be injected under the skin. This is not as bad as it sounds and you will soon get used to it. Your nurse will tell you how often you need to take the EPO according to the Doctors recommendations. You will be shown how to inject yourself and you will soon gain confidence. If you cannot manage to inject yourself, then your partner, dialysis nurse or public health nurse may do it. Your EPO will need to be kept cool, so keep it in the fridge {but not the freezer compartment}.

Other Problems:

Being anaemic doesn't necessarily mean that you will notice any problems, especially if the anaemia happens slowly. However, you may notice some of the following symptoms:

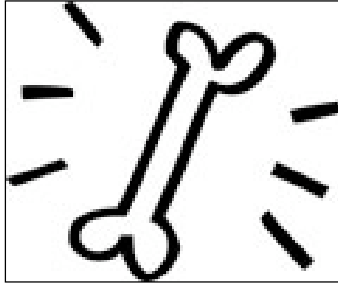
- feeling tired all the time
- feeling cold
- losing your appetite
- having trouble concentrating
- forgetting things
- losing interest in sex
- women may find that their periods stop altogether

If you suffer from any of these symptoms, please remember to let your Doctor or Nurse know.

Iron therapy:

Iron helps in the formation of Hb. Your body requires adequate iron stores in order for EPO to work effectively. Iron will be given to you during treatment by the dialysis nurse. It is prescribed according to your blood iron levels

RENAL BONE DISEASE



Phosphate and calcium are two minerals found in the body, which are used to make bone.

If your kidney function is normal, these 2 minerals balance each other out and are kept tightly controlled by a chemical messenger in the blood called parathyroid hormone (PTH).

In renal failure however, typically, the calcium levels in the blood drop and the Phosphate levels rises. High phosphate levels in the blood over a period of time may lead to bone disease. Once problems have developed they cannot be fully reversed, so prevention is better than cure.

Symptoms of bone disease do not develop until an advanced stage, but may include:

- Itchy skin
- Sore red eyes
- Joint pains – usually mild and widespread
- Aches in bones
- Sometimes fractures of the bones may occur

Your phosphate and calcium levels can be checked by a simple blood test. Every patient is different and treatment will be discussed by the doctor, nurses and dietician in the Wellstone Clinic. This will consist of:

- Diet: to reduce your daily intake of phosphate which is found in milk, cheese, dairy products and nuts
- Good quality dialysis
- Medication to reduce phosphate absorption i.e. phosphate binders such as reneGel
- Vitamin D medication i.e. 1-alpha, Zemplar
- Calcimimetics ie Cinacalcet (Mimpara) may also be used to control your parathyroid hormone (PTH) levels.

Compliance with your treatment will help to maintain healthy bones and prevent complications thus enhancing your quality of life. If you require any further information please do not hesitate to contact your named nurse.

NUTRITION

Eating the right foods can really help you feel well and stay well when you are on dialysis. It's well worth paying a little attention to your diet. Whilst the dialysis cleans your blood there is only so much that dialysis can do.

Do have a frank and honest open chat with the dietitian. Tell her exactly how it is for you and your family at home. Tell her what your lifestyle is. What do you like to do? Are there any foods in particular that you enjoy? Tell her about your meals, the amount of food you eat, what you drink and how much. It's hard to remember everything you eat and drink. Many people find it handy to write down the foods they eat. Usually people eat different foods on a dialysis day, non dialysis day and at the weekend. Often it's only when you jot something down on a piece of paper that you see the 'true picture'

It can be a good idea to write all your questions down at home. Ask the people living with you to add in their queries. So often patients will say to the Dietitian 'I had a lot of questions at home and now I can't remember any of them'. Some patients bring in a family member to meet the dietitian also.

MIND SEARCH!!!

Here are some ideas to get you thinking! Write down the answers and bring the book with you.

- How much fluid do you drink? Put water in your usual mug, cup and/or glass and measure the amount of water in each of them. Tell these measurements to the Dietitian. If possible measure in ml.

MUG = _____ml

CUP = _____ml

GLASS = _____ml

- How often do you eat meat? Put your usual meat portions on the plate. It's a good idea to weigh the meat. Most of us don't know how much meat we eat. Do the same for fish and/or chicken. How often do you eat fish and chicken? Do you eat different portion sizes at dinner and tea/lunch?

	<u>Dinner</u>	<u>Tea</u>
Meat		
Fish		
Chicken		
Eggs		
Cheese		

- Milk. Check how much milk you put on your cereal in your tea. How many cups of tea do you have a day? Do you drink milk? If so how much?

Milk on Cereal _____ml

Milk in tea _____ml

How many cups of tea everyday?

Do you drink milk? YES / NO. If yes, how much? _____ml

Do you eat yogurt YES/NO How often?

Are you fond of cheese? Do you find yourself nibbling some from time to time?

It's not 'a bad thing' to eat yogurt, milk and cheese. You need calcium to keep the bones strong. It's about getting the balance right.

The one thing people seem to know about diet and dialysis is to double boil the potatoes. Most people on dialysis cut down on vegetables a lot and sometimes cut out fruit altogether. This is not necessary. Fruit and vegetables help prevent constipation and are rich in vitamins.

- Do you know how much you eat and how often you eat fruit and vegetables?
- Do you eat some vegetables/fruit more often than others? Which ones?

From very early on when your kidneys started giving you 'a bit of bother', you were advised not to eat salty foods and not to put salt on your food or in cooking. Eating salty foods will make you very thirsty. Also, avoiding salt helps control your blood pressure and prevents too much fluid building up between dialysis sessions.

Your Dietitian will give you a diet sheet to suit you as an individual. As every one is an individual and different, each diet sheet is calculated and worked out to suit your lifestyle, medical needs and individual requirements.

ONE MORE THING!

Your weight.

People within the healthy weight range fare better on dialysis. Again, talk to your Dietitian and find out what your healthy weight should be. Try to achieve it. It is as important not to be overweight as it is not to be underweight.

CONCLUSION

Understanding End Stage Kidney Disease, dialysis, fluid and diet restrictions and your medications will enable you to optimize your health. If you require clarification or any further information, please do not hesitate to talk to your named nurse or any of the staff in the unit.

Suggested web site addresses that you may find beneficial.

www.kidneyschool.com

www.ika.ie

www.nkf.org

www.nephroworld.com

www.globaldialysis.org



Wellstone Clinic

Renal Care

Wellstone Clinic Kilkenny
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