My appointment for Peritoneal Dialysis/Home Hemodialysis assessment is on:

_________________________________________________________

Peritoneal Dialysis

St. Boniface Hospital
409 Taché Avenue, A4West
204-235-3045

Seven Oaks General Hospital
2300 McPhillips Street, Kidney Health Clinic
204-632-3454

Home Hemodialysis

Health Science Centre
820 Sherbrook, GE169A
204-787-7671, 204-787-7672 or 1-855-694-4497

Seven Oaks General Hospital
2300 McPhillips Street, 3rd Floor, RM 3U9
204-632-3634 or 1-855-829-8406

My nephrologists: ____________________________________________

My social worker: ____________________________________________

My dietitian: ________________________________________________

My pharmacist: ______________________________________________

My nurse: __________________________________________________
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The Manitoba Renal Program (MRP) is made up of a team of health-care professionals working together to provide the highest quality kidney care and kidney education. The MRP’s services include kidney health outreach, kidney health clinics, and dialysis programs both at home and in hospital.

Kidney health outreach initiatives are offered throughout the province to increase awareness in an effort to prevent chronic kidney disease and the progression of existing chronic kidney disease.

Kidney health clinics join newly diagnosed and/or progressing patients with an interdisciplinary team of health-care providers to treat problems resulting from low kidney function and begin therapies to prevent, delay and/or decrease the development of kidney failure.

MRP jointly operates hemodialysis units in 20 locations throughout Winnipeg and Manitoba. MRP also has home dialysis training units in Winnipeg that train and support home dialysis patients who reside in all corners of the province.
This Handbook

This handbook can help answer questions about home dialysis but is only meant to be an introduction. The MRP health-care team is your main source for information in addition to other materials you receive at the kidney health clinic and on MRP’s website: www.kidneyhealth.ca.

If you have any questions or concerns, don’t hesitate to ask your health-care team that includes nephrologists (kidney doctors), nurses, dietitians, pharmacists, social workers and support staff.

The Kidney Health-Care Team

During visits, the patient will meet and work with several of our health-care team members. The following is a brief description of each role.

Nurse – The nurse receives special preparation to provide professional kidney care and training. A nurse can help with any questions or problems and can make suggestions for changes that may help patients feel comfortable and safe.

Dietitian – MRP dietitians will determine what food choices are best for the patient’s health. Every person’s diet will differ and a dietitian will talk to patients about their specific needs and make suggestions that may help them feel better and improve overall health. If there are any questions or concerns, contact the dietitian for an appointment.

Nephrologist – Nephrologists are doctors that specialize in caring for patients with kidney disease. There are nephrologists who work with patients choosing home dialysis. They will track a patient’s kidney health and give medical care as needed.

Educator – A nurse educator teaches nurses and dialysis aides about new equipment, procedures and techniques. The educator also may help with problems or concerns that come up during dialysis.

Manager – The manager supervises staff and makes sure treatments are given safely and according to rules and guidelines of MRP. The manager also assists with problems or concerns.

Pharmacist – A pharmacist keeps updated records of patients’ medications, helps patients understand the medications prescribed and helps doctors choose the right medications. Ask the health-care team if you want to speak to a pharmacist about medications.
Social Worker – A social worker can help patients and their families adapt to lifestyle changes that come with kidney disease. If having issues with care or personal life, the social worker can help connect patients with useful resources. Make an appointment by calling the social worker.

Fitness & Wellness Coordinator – The fitness and wellness coordinator is based in Winnipeg and helps develop exercise programs and techniques that are suitable for individuals living with kidney disease and/or are on dialysis.

Technologists – The technologists take care of the operation and safety of our dialysis machines and other health-care equipment. They also look after the water treatment system necessary for dialysis.

Transition Coordinator – The transition coordinator works with patients to guide them through information about kidney dialysis treatment options and assist with transition to different treatment options.

Types of Treatment Available

When the time comes that kidneys can no longer function on their own, the health-care team will suggest treatment to maintain health. Everyone is different and a health-care provider will talk about options to consider.

In-Centre Hemodialysis

Hemodialysis is when blood is cleaned outside of the body using a machine and artificial kidney filter. In-Centre hemodialysis treatments are usually scheduled three times a week at a dialysis unit in a health-care facility.

Peritoneal Dialysis

Peritoneal dialysis (PD) is a form of dialysis done at home either by the patient or a caregiver. For those patients residing in Winnipeg, MRP can also provide assistance with PD in the home. During PD, the blood is cleaned inside the body, using it as a natural filter. It is a more gentle form of dialysis, that lets your kidneys hold onto their remaining function longer. A patient choosing PD dialyzes seven days a week, usually overnight while asleep. Patients only need to visit the PD clinic every two to four months for assessment by health-care team members.
Home Hemodialysis

Home hemodialysis is the same as in-centre hemodialysis, but is done by the patient in their home. With this option, a patient and a partner (a partner may be optional based on assessment) are trained to perform hemodialysis at home. The home will be outfitted with a hemodialysis machine and water filtration system at no cost to the patient. Patients set their own dialysis schedule which is either overnight, while sleeping, or during the day. Patients choosing this option can do dialysis more often and for longer times than in hospital, often leading to improved health. Once training is complete, patients only need to visit the home dialysis clinic once every one to two months for assessment by health-care team members.

Transplant

Talk to the health-care team to learn if you are a candidate for kidney transplant. Manitoba has its own kidney transplant program that performs both living and deceased donor transplants for people with kidney disease. Individuals must be considered eligible for a kidney transplant by their nephrologist before being evaluated by the transplant team. There is a waiting list for kidney transplants in Manitoba for those who do not have a living donor.

End of Life Care

Some patients choose not to have dialysis. If a patient chooses not to have treatment, they will die sooner than if they choose dialysis. This can be a very difficult decision but often your quality of life on dialysis might not be what was expected. Patients may want to try dialysis for a trial period to see if it makes them feel better. The patient has the right to stop treatment at any time. If a patient chooses not to continue treatment, our dialysis team will continue to offer care and support and connect them with additional support as needed.
Home Dialysis Assessment

Teaching about home dialysis options happens during kidney health clinic appointments, at regularly offered kidney education classes and when talking to health-care providers. The health-care team will work with patients to decide if home dialysis is best for them.

If the patient and their health-care team feel the patient is a good fit for home dialysis and they want to learn more, an assessment appointment will be arranged.

A home dialysis assessment appointment is a chance for the patient to learn about home dialysis in more detail. In turn, the team can learn more about the patient’s lifestyle and home environment to see whether this type of dialysis would work best for them.

Assessments are up to two hours long. Patients will see a nurse, social worker and nephrologist. Assessments for PD and home hemodialysis are done at separate appointments.
PERITONEAL DIALYSIS

“It is a way of life, a way to live as normal as possible, and get your dialysis in the comfort of your own home.”

— MRP PD Patient
Peritoneal Dialysis

Peritoneal dialysis (PD) is a form of dialysis done at home either by the patient, a caregiver, or, in certain circumstances, with the assistance of a visiting nurse. With PD, the blood is cleaned inside the body, using it as a natural filter, rather than being cleaned outside in a machine. It is a more gentle form of dialysis, that lets your kidneys hold onto their remaining function longer. A patient choosing PD dialyzes seven days a week, usually overnight while you sleep. Patients only need to visit the PD clinic every two to four months for assessment by health-care team members.

Benefits of Peritoneal Dialysis versus In-Centre Hemodialysis

- Independence in your care and schedule
- Ability to work
- Ability to travel
- Less food/diet restrictions
- Less fluid/drink restrictions
- Less risk of infections
- No travel to and from a dialysis unit
- Remaining kidney function lasts longer
- No needles
WHAT’S INVOLVED – AN OVERVIEW

After the PD assessment, if the patient and health-care team agree PD is a good option for the patient, they will work with the patient to plan the steps towards education and training.

A peritoneal catheter (soft tube) is placed into the peritoneal cavity in your belly (under the ribs and above the hips). The peritoneal cavity membrane surrounds internal organs and is the filter that will be used to clean the blood.

Using the catheter, the peritoneal cavity is filled with clear fluid (called dialysate). Over time the fluid put into your body will collect waste. This waste fluid is then drained through the catheter before fresh fluid is put in again. This is called a PD exchange.

TYPES OF PERITONEAL DIALYSIS

Manual method – CAPD (Continuous Ambulatory Peritoneal Dialysis)
- Dialysate dwells in the peritoneal cavity at all times
- Exchanges are done by the person 4 to 5 times every day
- Also known as “Twin Bag” method
- Each exchange can take about 30 minutes to complete

Automatic Method – CCPD (Continuous Cycling Peritoneal Dialysis) or APD (Automated Peritoneal Dialysis)
- Done by a compact, portable machine overnight for about nine hours while asleep
- Dialysate dwells in the cavity for short periods of time before the machine drains it out and fills with fresh dialysate (this is called cycling)
- In the morning one last fill will occur before disconnecting
- This fluid may stay in the cavity the entire day
- In some cases, people using the automatic method may have to do a manual exchange during the day
**WHAT THE PATIENT WILL NEED**

The patient will need to have the following at home in order to have the best possible environment for PD:

- Telephone
- Clean work area
- Storage space for supplies
TRAINING & CLINIC VISITS

PD training takes about one week and happens daily (weekdays). Training is provided by PD nurses at either St. Boniface Hospital or at Seven Oaks General Hospital in Winnipeg. Once training is complete, PD program staff is still available for questions and there is 24-hour trouble-shooting support for PD cycler machines.

Clinic appointments for PD patients are every two to four months.

Getting There

Talk with your health-care team if you plan on driving to training or if you need help arranging transportation.

RESPONSIBILITIES

Being on home dialysis means managing one’s own care. While this is a responsibility, it also allows freedoms such as setting the dialysis schedule. The patient will have to ensure they are willing and able to:

• Manage their own care
• Order supplies
• Attend clinic appointments

CATHETER

Catheter surgery takes about an hour and requires only a few hours stay in hospital (not overnight). It is very important to keep the catheter site clean to prevent infections. Keeping the catheter site clean and free of infection will ensure the patient is able to stay on PD for a longer time. The patient is taught how to care for the catheter site and how to watch for infection.

If you have concerns or questions about your catheter site, always ask the health-care team.
EATING & DRINKING

One of the great things about PD is that it allows more freedom in diet than in-hospital hemodialysis. Because the patient is dialyzing daily and PD is a more gentle form of dialysis, the body is better able to process foods including minerals and nutrients. However, there still are some restrictions.

Every person has different needs and restrictions when it comes to foods and liquids. The dietitian will customize a special diet just for the patient. Always talk to the dietitian if there are concerns about nutritional needs. As well, MRP has kidney friendly cookbooks available through MRP’s main office or the dietitian. Additional resources and information can be found on the MRP website: www.kidneyhealth.ca.
**Frequently Asked Questions**

**Can people who live in apartments do dialysis at home?**
Yes, PD can be done in apartments.

**What equipment will be needed in my home?**
There will be boxes of dialysis solutions and a warmer. If using the CCPD method of PD there will also be a night cycler that is about 7” x 19.5” x 15.7” and weighs about 27 lbs. As well, there are some other small supplies for cleaning the PD catheter exit site. All PD supplies are provided by the Manitoba Renal Program and delivered to the home. The patient will be responsible for ordering supplies as needed.

**What other supplies will need to be in my home?**
There needs to be a reliable scale for a daily weight and a blood pressure monitor. This can be discussed with the training nurse.

**Where should PD dialysis supplies and equipment be kept?**
Supplies can be stored in any warm, dry space preferably away from pets. Ideally, the patient should not need any more than a large linen closet to store supplies in.

**Do any changes have to be made to the home in order to accommodate the dialysis equipment?**
No changes to the home are required for PD.

**What happens if the patient decides to stop PD?**
If the patient decides to discontinue PD they will return to the in-centre hemodialysis unit or train for home hemodialysis. The dialysis machine and warmer will be removed from the home. The patient will be responsible for disposing of other dialysis supplies.
HOME HEMODIALYSIS

“HOME DIALYSIS HAS GIVEN ME MY LIFE BACK.”

— MRP Home Hemodialysis Patient
Home Hemodialysis

Home hemodialysis is the same as in-centre hemodialysis, but is done by the patient in their home. With this option, a patient and a partner (a partner may be optional based on assessment) are trained to perform hemodialysis at home. The home will be outfitted with a hemodialysis machine and water filtration system at no cost to the patient. Patients set their own dialysis schedule which is either overnight while sleeping or during the day. Patients choosing this option can do dialysis more often and for longer times than in hospital, often leading to improved health. Once training is complete, patients only need to visit the home dialysis clinic once every one to two months for assessment by health-care team members.

Benefits of Home Hemodialysis versus In-Centre Hemodialysis

• Independence & personal control
• Less travel for health care to and from dialysis
• Flexible schedule/ability to work
• Less exposure to infections
• Better blood pressure control*
• Improved phosphate control*
• More dietary freedom*
• Less fluid restrictions*
• Less medications*

*For Nocturnal Hemodialysis and Short Daily Hemodialysis
What’s Involved – An Overview

Hemodialysis is a treatment that takes a small amount of blood (250ml) and cleans it outside the body using a machine. Blood leaves the body through a vascular access (a way to access to the bloodstream) and is filtered through a dialyzer on the machine that acts like an artificial kidney. The clean blood is then returned to the body.

Hemodialysis is often done in hospital but can be done at home using similar equipment. The difference is the patient learns how to do their own hemodialysis and manage their own treatments and schedule.

Types of Home Hemodialysis

The main difference between types of home hemodialysis is how often and for how long a patient dialyzes.

Nocturnal (Night) Home Hemodialysis

With this type of dialysis, the patient has their dialysis treatment during the night while they are sleeping. It is a slower, longer and gentler form of dialysis done five to seven nights a week for six to eight hours. A benefit for this type of dialysis is that dialyzing at night leaves the days free. There can also be benefits such as better blood pressure control, better phosphate levels, more dietary freedom and less fluid restriction as well as less medication.
Short Daily Home Hemodialysis

This type of dialysis is when the patient has dialysis treatment five to six days a week for two-and-a-half to three hours each time. Since this is a shorter session, it’s usually done during the day at a time chosen by the patients. Benefits include ability to schedule one’s own treatment, better blood pressure control, better phosphate levels, more dietary freedom, less fluid restriction and less medication.

Conventional Home Hemodialysis (Three Times a Week)

With this type of dialysis the patient has their dialysis treatment three days a week for four hours each time, similar to an in-centre schedule. While this option offers less time, it does not offer all the same benefits as short daily or nocturnal home hemodialysis. It does, however, allow the patient to be at home and independent.
**What the Patient Will Need**

The patient will need to have the following in order to have the best possible environment for home hemodialysis:

- Suitable water, plumbing and electricity as determined by MRP technologists
- Telephone
- Clean work area
- Storage space for supplies
- Space for the dialysis machine

Home requirements include:

- 260 square feet for dialysis treatment, circulation space, water treatment, supplies and biohazard waste storage area
- Devoted standard electrical receptacle
- Seamless vinyl flooring in space dedicated to dialysis
- Fluorescent treatment lighting with separate switch
- Adequate temperature, humidity and ventilation control
- Adequate municipal or well water
- Adequate sewage or septic system
- Telephone land line in treatment room

All of this will be discussed with you in more detail during your home hemodialysis assessment appointment.
TRAINING & CLINIC VISITS

Home hemodialysis training takes six to eight weeks and happens daily (during weekdays). Training is provided by home hemodialysis nurses at the hospital in Winnipeg. Some rural patients may choose to relocate to Winnipeg during training. Once training is complete, home hemodialysis program staff are available to answer questions and there is technical support available to help with equipment concerns and issues.

Clinic appointments for home hemodialysis patients are every one to two months once the patient is independent at home.

Getting There

Talk with the health-care team if the patient plans on driving to training or if you need help arranging transportation.
Responsibilities

Being on home hemodialysis means managing one’s own care. While this is a responsibility, it also allows the patient freedom to set their own schedule. The patient will have to ensure that they are willing and able to:

• Complete the training
• Manage their own care
• Order supplies
• Attend clinic appointments
• Have home plumbing and electrical adjustments to accommodate the machine (arranged and paid for by MRP)

Vascular Access

“Vascular access” is how your bloodstream will be accessed so that dialysis can be performed. The health-care team will talk about all the access options available and inform patients about which option is best for them.

Often the vascular access has to be created and stable for a period of time (sometimes weeks) before it can be used for dialysis.

Patients are taught how to care for the vascular access by keeping it clean and monitoring it for signs of infection. It is very important that patients report any concerns to the health-care team.

Eating & Drinking

Short daily and nocturnal home hemodialysis offers the benefit of more freedom in the diet and fluid intake than conventional (three days a week) dialysis. Because the patient is dialyzing more often, their body is better able to eliminate certain waste products and excess fluid. Though these types of dialysis offer more dietary freedom, there are still certain restrictions.

A dietitian will talk to patients about a customized diet for the patient’s specific needs. Always talk to the dietitian if there are concerns about nutritional needs. As well, MRP has kidney-friendly cookbooks available through the main office or the renal dietitian. Additional resources and information can be found on our website: www.kidneyhealth.ca.
Can people who live in apartments do hemodialysis at home?

If someone lives in a rental property they must obtain legal written consent from the property owner for any renovations required. A consent form will be provided to the patient and must be signed by the property owner and witnessed before any training will begin. The MRP will return the rental unit to its original state if the patient moves or chooses to come off home hemodialysis. The MRP will only pay for this service once. If the patient decides to move they are required to pay for the new renovations.

What equipment is needed in the home?

In addition to the dialysis machine, there is a reverse osmosis (R.O.) water purification unit. This unit sits on floor behind the machine. There is also a water softener and a board with carbon filters that clean the water before it goes through the R.O. and is used for dialysis. All equipment is provided and installed by MRP.

What other supplies will be kept in the home?

Enough space will be needed to store tubing, dialyzers and dialysate solution. There are also other smaller supplies like medications, gauze, syringes and needles. The patient will be responsible for ordering supplies as needed.

Where should my dialysis supplies and equipment be kept?

It is recommended that dialysis equipment and supplies be kept in the room that will be used for dialyzing for convenience. Supplies can be stored in any warm, dry space. This will all be determined on a home visit prior to starting home dialysis. Ideally, no more space than a large linen closet will be needed to store supplies in.
Do any changes have to be made to the home in order to accommodate the dialysis equipment?

A home hemodialysis technologist will visit the home if the patient decides to do home hemodialysis. The technologist will assess water quality and the septic system to determine if home dialysis is possible. The technologist will work together with patients in determining the best location for the dialysis equipment. The dialysis technologist will also arrange for a plumber and electrician to come in and make any changes needed in order to house the equipment.

What will the plumber do in the home?

The plumber will connect the R.O. unit to the closest water supply, usually in the bathroom. He will run pipe or flexible tubing from the cold water inlet directly to where the R.O. will be located. Once the plumber installs the water line then he must install a drain line that will accommodate the drain from the R.O. and the drain from the dialysis machine.

What will the electrician do in the home?

The electrician will install an electrical wire from the main electrical power source to the room in which the dialysis equipment is located. The electrical wire will be dedicated to the dialysis machine only.

What happens if the patient decides to stop home hemodialysis?

If the patient decides to discontinue home hemodialysis, they will return to the in-centre hemodialysis unit for treatments. The dialysis machine, R.O. unit, water board, chair and carts will be removed from the home. The patient will be responsible for disposing of other dialysis supplies. Any repairs needed as a result of home hemodialysis will be done and expenses for these repairs will be covered by the MRP.
GENERAL INFORMATION
**Medication**

During visits to kidney health clinic, the health-care team will monitor the patient’s medications. Once the patient starts dialysis, the health-care team will continue to review medications and dosages. Staff will explain any changes. If there are changes made to medications by another doctor, tell the clinic team as soon as possible so they may be checked for safety and proper dosing for patients with kidney disease. The pharmacist is a part of the health-care team and is available to answer any questions about the medications.

**Non-Prescription Medications**

Always talk to the health-care team before taking non-prescription medications such as laxatives, antacids, pain pills or herbal remedies. These medications can be harmful to people on dialysis.
List of Medications

The patient needs to bring a list of medications they are taking (or the medications themselves) with them if going to the emergency room, being admitted to hospital or having an appointment with a doctor. This also includes kidney health clinic visits.

PROBLEMS OR CONCERNS

Medical Problems While at Home

If the patient experiences non-emergent health issues while at home, call the home dialysis unit. If the patient has a serious concern, go to the local hospital’s emergency department or nursing station. Make sure the staff knows the person is a dialysis patient.

Social Worker

A social worker is available to help patients understand and adapt to lifestyle changes that come with dialysis. The social worker can assist in helping the patient cope with concerns related to their medical care, or offer strategies in dealing with personal issues. They can also help connect patients with useful resources. Some areas the social worker may be able to help with are counselling, education, helping address social and financial concerns, employer consultations, home care referral and vacation planning.

Patient Representative Committee

The MRP Patient Representative Committee is a committee formed by patients with an MRP coordinator. Regular meetings are held to discuss patient concerns and get feedback. Information gathered from the committee is shared with MRP management to help resolve issues or concerns. Patients are not obligated to attend any meetings but receive a small honorarium for every meeting they attend. Call 204-787-3286 to find out more about the committee and the next meeting.
Physical activity helps keep our bodies and minds healthy. Maintaining an active lifestyle is important for patients with kidney disease. It helps patients have more energy to do daily activities. The benefits of staying active include improved energy, muscle strength, flexibility, blood pressure, stronger bones, blood sugar levels and improved quality of life. Patients should check with their doctor before beginning new exercises and activities.

In Winnipeg, Brandon and some rural units, MRP has exercise programs for patients with kidney disease. To learn more call the Fitness & Wellness Coordinator at 204-631-3039. Patients outside of Winnipeg can also talk to their doctor and nurse about resources within a nearby health-care facility and in the community. More information can be found online at www.kidneyhealth.ca.
Additional Information

Vacations

With planning, dialysis patients can still take vacations while using home dialysis.

PD patients have to carry some equipment with them and arrange for supplies to be delivered to the destination. For home hemodialysis patients dialysis can be arranged at a unit near their destination.

Both PD and Home Hemodialysis patients who want to travel have to plan in advance. If a vacation is planned, let the health-care team know as soon as possible so they can work with you to make necessary arrangements.

Home hemodialysis patients will have to arrange dialysis treatments at a unit near their destination. It is the patient's responsibility to make initial contact with the destination dialysis centre to arrange dates for hemodialysis. At that time the patient can ask the unit to send dialysis information forms to their home dialysis unit for completion. Tests are often required as part of this process, so enough time is needed for these to be organized.

Travel within Canada requires at least six to eight weeks notice. There are no additional costs to receive dialysis at other units in Canada (with the exception being private clinics in Quebec).

Travel outside of Canada requires longer notice. Units outside of Canada charge various fees that are the responsibility of the patient. Patients are encouraged to get the costs or additional fees in writing beforehand. Patients must assume all the costs of the dialysis treatment outside Canada but can provide receipts to Manitoba Health for a set amount of reimbursement, which is usually only a portion of each hemodialysis treatment.

For patient travel stories and more information about travelling while on dialysis visit www.kidneyhealth.ca/wp/patients-and-caregivers.
**Family Doctor**

Patients may continue to see their family doctor for problems not related to kidney disease. The kidney health-care team needs to know if the family doctor has suggested any new medications, ordered any new tests or made a referral to a specialist. If seeing a specialist or having a test done, ask that copies of the report be sent to both the family doctor and the dialysis unit.

**Surgery**

If the patient is to have any type of surgery please let the health-care team know. Changes to a patient’s dialysis schedule will be arranged and the health-care team can ensure medications used for dialysis do not interfere with surgery. If having out of town surgery, tell the health-care team as soon as possible so dialysis-related arrangements can be made.
Support

There are a variety of supports and resources for individuals living with kidney disease.

The Manitoba Renal Program has many resources and tools available for patients online at www.kidneyhealth.ca. As well, Manitoba Renal Program has educational events to help bring together patients and provide information. Our Patient Representative Committee is a place where patients can share their concerns and be heard. More information on this committee is found in the “Problems & Concerns” section. The social worker can also help connect patients with supports in the community.

The Kidney Foundation of Canada – Manitoba Chapter has an active community of individuals raising awareness of kidney disease and providing support to individuals with kidney disease. Their wide range of resources includes brochures and booklets, events, support groups, peer groups and online tools. Call 204-989-0800 or 1-800-729-7176 to find out how they can assist you, or visit their website at www.kidney.ca.

They also have an online forum for those living with kidney disease and their families. Share thoughts, ask questions and connect with other people also living with kidney disease. The forum is found at www.kidneyconnect.ca.

Patient Rights

You have a right to:

- be informed about your care
- be treated with respect and dignity
- speak to any member of the interdisciplinary team as needed
- ask questions and get answers in a timely manner
- a second opinion if you wish to seek one
- ask about your health-care provider’s experience and credentials
- to take action if you are not satisfied with the care you or someone you care about receives – the first step is talking with the caregiver or supervisor
- review your chart (in-patients can see their chart within 24 hours, out-patients can make a request and pay a fee to Medical Records to see their health information)
Patient Responsibilities

You have the responsibility to:

- be an active participant in your care
- treat other patients, staff and visitors with respect and dignity
- tell your health-care team about changes in your health or medication, address, phone number or Manitoba Health Number
- arrive for appointments on time or tell us if you cannot get to the unit on time
- follow the health-care team’s recommendations regarding medications, fluid limits and diet choices or let the doctor know if there are reasons you cannot
Manitoba Renal Program works to prevent kidney disease, promote kidney health and provide kidney health services to Manitobans.

For more information contact
**Manitoba Renal Program:**
A570 Seven Oaks General Hospital
Phone: 204.632.3607
Fax: 204.632.6168
kidneyhealth@wrha.mb.ca