CONVERSATION
STARTER:
Questions to Ask
Your Healthcare
Team About
Changing Dialysis
Therapies

A tool to help patients and caregivers have more effective dialogue with their healthcare teams.







AAKP defines high-quality kidney care as timely patient access, without interference, to innovations that help prevent and treat diseases and empower patients to remain healthy, independent, and better able to pursue their aspirations including meaningful full-time or part-time work and a career; home ownership; starting and supporting a family; and a secure retirement.



To learn more, visit <a href="https://www.patientvoicepatientchoice.org">www.patientvoicepatientchoice.org</a>.



Studies have found that 23 to 38% of patients "crash" into dialysis, and 33 to 63% of patients initiate dialysis in an unplanned fashion<sup>1</sup>. This leaves little wonder as to why only approximately 12.5% of dialysis patients are on a home dialysis therapy, under-utilizing therapies such as home hemodialysis or peritoneal dialysis.

<sup>&</sup>lt;sup>1</sup> Risk factors for unplanned and crash dialysis starts: a protocol for a systematic review and metaanalysis. Published online 2016 Jul 19. doi: 10.1186/s13643-016-0297-2

Whether you have reduced kidney function or total kidney failure, it's important to know and understand all of your kidney replacement therapy (KRT) options and feel confident that just because you start on one form of dialysis, such as in-center hemodialysis, doesn't mean you cannot change your therapy to another form of dialysis, such as a home dialysis option.

There are many things to consider when deciding which KRT is right for you. Everyone's life situation and/or understanding of their condition changes over time, so a treatment option that may have seemed impossible before can suddenly seem like the right fit!

Deciding to change dialysis therapy options is your right and should be done in consultation with the doctor you choose to care for you. Many patients also find talking with their family members and loved ones; friends; fellow kidney patients; or faith leaders helps them to discover the things in their life that are most important to them which can help guide them in changing to a KRT that supports their life goals and aspirations.

Following are 10 questions to help you start the conversation with your healthcare team about transitioning from in-center hemodialysis to a home dialysis therapy. These questions aren't inclusive of everything you will need to know or consider when changing therapies, but allow this to be a guide to help you have an effective dialogue with your healthcare team.

- 1 What type(s) of dialysis will provide me with the most flexibility and independence so I can continue \_\_\_\_\_ (working, volunteering, traveling, playing with my grandkids, etc.)?
- 2 What type(s) of dialysis will help keep me the healthiest until I can possibly get a transplant?
- 3 What type(s) of dialysis may allow me to have a less restrictive diet?
- What type(s) of dialysis will help reduce or potentially eliminate co-morbid conditions many in-center dialysis patients face, such as recovery time, cramping, itching, etc.?

What are the main complications that occur with home hemodialysis and peritoneal dialysis?	Notes:
How much support and monitoring will I have from clinic staff if I select a home dialysis therapy?	
What type of training can I expect to go through to teach me about home hemodialysis and/or peritoneal dialysis?	
B Do I need a care partner to assist me with my home dialysis treatments?	
Are there any home modifications or needs I can expect when transitioning to a home dialysis therapy, such as space to store dialysis items, ensuring a clean, sterile area is set up for treatments, etc.?	
What do I do if a family member assisting me with home dialysis or I get tired or overwhelmed with responsibility? Is their respite care available, where a nurse can help at home for a short period of time, or can I come into the center for a couple treatments when needed?	



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