Welcome Home!

Thank you for taking the time to read our very first Home Hemodialysis newsletter. The purpose of this newsletter is to keep you informed of the latest news within our home dialysis program, as well as an opportunity to get to know some of us in the Home Hemodialysis community.

I am so excited to be writing this for you. I feel that sometimes messages do not get to everyone, and I want you to feel that you are staying up to date with current changes.

This is my first attempt at writing a newsletter, and I can imagine that things will improve from your input. You may feel that some news is “Old News,” as you may already be informed; however, my goal is to get the message to everyone who is currently dialyzing at home.

We would love for you to email your questions, comments or profile to share with the group. Contact info at the end of this newsletter.

What’s New?

Health Canada- IV Iron

We have been informed by Health Canada that as of July 2013, Intravenous (IV) iron, will no longer be approved to be given at home. Only IV iron can be delivered in a supervised setting where emergency supplies are accessible, such as the hospital or clinic.

As you can imagine, this is a big upset to our program. We work very hard to ensure that you are comfortable at home, and try to minimize your visits to the hospital or clinics.

Saying that, in the next few months, you may notice the doctors in clinic will be prescribing oral iron, to be taking daily. We are hoping that oral iron will be enough to keep your iron levels at a satisfactory level.

However, should you need IV Iron; we do have protocols in place to assist with this. We will be discussing these options at your clinic. Please feel free to ask your Nephrologist or R.N. about next steps in your iron prescription.
Water Samples

During Hemodialysis (HD), your blood is exposed to 25-50 times (or more) water than you could drink in a week. The water from our tap contains small amounts of bacteria, metals and chemicals. These amounts are basically harmless when we drink the water. In the case of hemodialysis, this is a different story, as the water is used to make dialysate which runs along side your blood in the dialyzer.

Hemodialysis and Water

During HD, blood flows inside the hollow fibres (semi-permeable membrane) in the dialyzer. Dialysate is defined as a precise mix of chemicals and water that bathe outside of the fibres of the semi permeable membrane. The fibres have microscopic holes that allow some particles to pass, but not others. The fibres allow wastes from your blood to pass out, but in some occurrences bacteria, chemicals or metals could pass from the dialysate into your blood.

Water may look clear but...

Farms, factories and floods can cause problems to your water supply. Water gains toxins and contaminants in a number of ways. Farm run off, has pesticides and animal wastes. Rain, picks up dust, gases and smoke from factories as it falls to the ground, turning it acidic.

Through your water treatment rack and reverse osmosis machine, these substances are removed for your dialysis water. However, if not properly maintain or tested, toxins can pass through and come in contact with your blood.

Testing your water

Your town’s water treatment can vary from day to day; this is due to heavy rain, flushing of the lines etc. Your water needs to be tested monthly; to ensure you are receiving the highest quality of water. Please refer to Microbiology Sampling-Section 13 page 27 of your Gambro Manual.

Be Alert of Symptoms

Report any new symptoms to your team. Even common symptoms like nausea or vomiting can sometimes be cause by water treatment failure.

Keeping your water treatment system in good working order and following the disinfection program guidelines will help protect your health.

Dear Sarah

How important is it to do my water testing? Do I really have to do it every month?
**Ask the Doctor-Dr. Copland**

*I am aware that more dialysis at home will help my phosphorus and allow me to drink more, but what are some of the other advantages to more dialysis?*

Intensive hemodialysis can be provided in a number of different ways:
- Nightly nocturnal hemodialysis = 5-6 x/week treatments x 7 - 9 hours per treatment
- Thrice weekly nocturnal hemodialysis = 3 x/week treatment x 7 - 9 hours per treatment.
- Short Daily hemodialysis = 5 x/week treatments x 3 - 4 hours per session.

These therapies have been associated with a number of improvements when compared with conventional/hospital-based dialysis. You have pointed out a couple of the advantages quite correctly in your question. Other benefits that have been reported in the literature include:

1. Improved quality of life, with improved energy, appetite and global sense of well being.
2. Improved blood pressure control with fewer medications.
3. Reduced medications in general, with many people being able to stop all phosphate binding medications in addition to the reduced need for blood pressure medications.
4. Freedom from hospital clinics, which minimizes exposure to some of the microbes that are common in hospital settings such as MRSA, VRE, etc.
5. Freedom to choose your own dialysis schedule and timing -- you are in charge of the dialysis rather than the dialysis being in charge of your life.
6. Improved survival! A number of studies, both in Canada and the USA have demonstrated improved patient survival on intensive hemodialysis treatments compared with conventional treatments. In fact, the survival for people receiving both nocturnal and short daily hemodialysis treatments appear to be similar to survival with a kidney transplant!

So, there are many benefits to home therapies. Time at home invested in hemodialysis is time invested in better health with a better quality of life overall.

Recipe source- Metro Magazine- July 3, 2013

- 1 tsp lemon juice
- 1 tsp honey
- 1/2 tsp lemon zest
- 2 tsp olive oil
- 1 1/2 tsp low-sodium soy sauce
- 1/2 tsp finely chopped garlic
It was a “No Brainer.”

In 2008, Gerry Couture, a 74 year old trapper and pilot from the Yukon, became severely ill when on a fishing trip with his family. It was soon discovered that Gerry needed to start dialysis; however, Gerry had no intention of moving to Vancouver. Learning about Home Hemodialysis as a potential option, Gerry states “It was a no brainer. I don’t plan to move, so home hemodialysis is the best option.”

Gerry maintains two machines in his home, and maintains all of his own care. With 2000 km between Dawson City and his Home Hemo team, Gerry has an organized system - so there is no room for error. “Being a pilot, I am used to check-lists,” he chuckles.

“I love the Yukon and wouldn’t live anywhere else. My next goal is to get renal care here in the Yukon, so our residents have the chance to stay in their communities. I have been soliciting my political leaders to hear my story.”

Gerry Couture
Dawson City, Yukon.

Up Coming Events

www.vancouverkidneywalk.ca
August 25/2013

Did you know?

The BC Renal Agency has a website of very useful information to help answer questions about Kidney Care in British Columbia.

Please visit the BCPRA website for more information:

www.bcrenalagency.ca

The Chinese Renal Association holds informal peer/family support sessions on the 1st day of each month at McDonald’s Restaurant, 1527 Main Street, Vancouver- 1030-noon.

Please contact: chineserenalassociat@kidney.bc.ca for more information.

Confession Corner

I am so happy to be writing this newsletter for you. My vision is to keep you all informed about what is new in our program, and to help you feel connected. My hopes are to give you a voice, have a safe place to ask a question, and to share success stories among us. Saying that, I must confess that writing is not my strength, I am a nurse with a technical, scientific mind: a person who writes mostly in shorthand or point-form. So if you notice my sentences running into each other, or a semicolon in the wrong place, I apologize in advance. I would hope that my charming personality would make up from my writing short comings. 😊

Have a great summer everyone.