

Considering PD?

Here are some concerns you might have about PD that would be worth discussing with your healthcare team:

I'm not sure there's a place to do PD exchanges at my workplace.

I'm worried I might do something wrong and get an infection.

I don't want to always have a belly full of fluid.

I wonder if it would be hard to sleep with a cyclor going at night.

Comments from people on PD...

"On PD, I could travel much easier. I love road trips and I would keep a tote with supplies (caps, sanitizer, a hook for over a door, etc.) ready to go. Throw in some fluid and off you go!"

"I think PD is one of the best options for dialysis. I felt much better on PD than Hemo. I love the freedom of living each day without having to go to the clinic three days a week."



For more information or to file a grievance, please contact us:

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End-Stage Renal Disease
Network of the South Atlantic

Do you know all of your treatment options?

Transplant...
In-center Dialysis...
Home Dialysis...

Peritoneal Dialysis (PD) The Needle-Free Option



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The Needle-Free Option

PD is form of dialysis that you can do on your own and you can control. You do it throughout the day while you go about your normal activities or during the night when you sleep, with the help of a simple machine. It does not require you to use needles. Before you start PD, you will have to complete the training and be able to perform each step of the treatment correctly. Most people can complete training in two to three weeks.

What are the different types of PD?

There are two types of PD: continuous ambulatory peritoneal dialysis, (CAPD) and automated peritoneal dialysis (APD). Both methods filter waste and excess fluids from your blood and both methods are done at home.

For CAPD you perform what is called an "exchange" four to six times throughout the day. During an exchange, a liquid called "dialysate" is put into your abdomen through a catheter. The dialysate pulls wastes, chemicals and extra fluid from your blood through the peritoneum. The peritoneum works like a filter as the wastes are pulled through it. For more details about this process, ask to speak with a designated member of your kidney care team.

APD differs from CAPD in that a machine (cycler) delivers and then drains the cleansing fluid to and from your belly. The treatment is usually done at night while you sleep but may require additional daytime CAPD exchanges. APD is also referred to as continuous cycling peritoneal dialysis or CCPD.

Before you can do either type of PD you will need to have a catheter surgically placed in your belly. Most people who have the procedure and go home on the same day.

How do I get started on PD?

The most important thing to consider in determining whether you are suited for PD is how much you want to do it.

If think PD might be right for you, consider talking with your healthcare team to learn more. If you do decide to start PD, the next step will be to set up your training and to arrange for a peritoneal catheter to be placed.



Important things to consider...

- You can continue your activities while you dialyze.
- You can travel with your supplies.
- You will not need to visit a clinic three times per week; most people require only a monthly visit.
- You will not need needles for this treatment.
- You will have more flexibility in setting your treatment schedule.
- With good, daily PD you may have fewer dietary restrictions.
- A catheter will need to be placed in your belly to perform the procedure.
- You may need to avoid underwater activities.

For more information about the Needle-Free Option, please visit...

- **Home Dialysis Central:** <http://homedialysis.org>
- **National Kidney Foundation:** www.kidney.org/atoz/atozTopic_Dialysis
- **National Kidney Center:** www.nationalkidneycenter.org/treatment-options
- **IPRO ESRD Network Program:** <http://esrd.ipro.org>

To find a peritoneal dialysis training center, please visit...

- **Dialysis Facility Compare:** www.medicare.gov/dialysisfacilitycompare