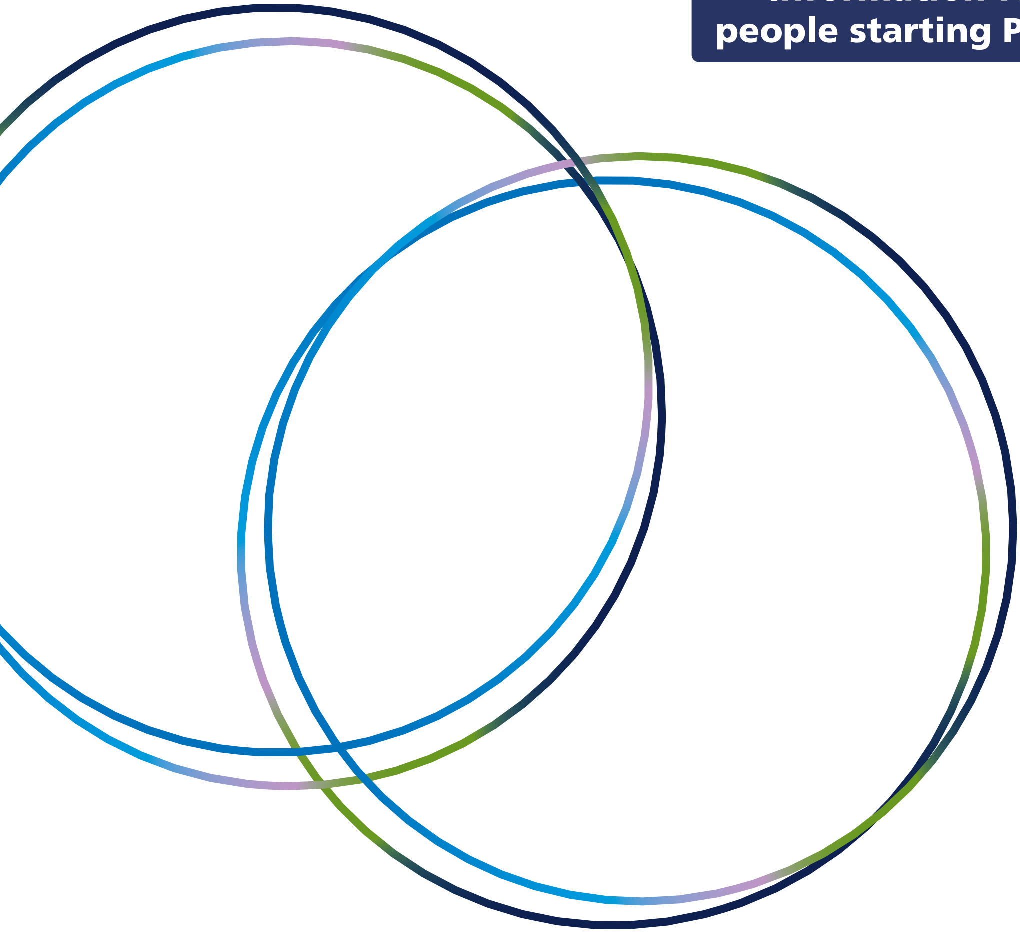
Oxford University Hospitals
NHS Foundation Trust

My Peritoneal Dialysis (PD) Therapy Guide

Information for people starting PD



Oxford Kidney Unit

Your PD nurse will have already given you a leaflet, preparing for PD at home. This will provide you information about the amount of supplies you will receive and what you will need to get prior to starting PD.

This booklet has been designed to make PD easier for you to understand and for you to know what to do should you experience a problem.

The guide has been divided into sections to enable you to access the information you require quickly. You may need to refer to it at different times whilst you are on PD.

We will provide you with specific procedures for the PD therapy you will be using.

If you have any concerns or feel that something else would be useful in this booklet please do tell your PD nurse.

Whilst this booklet may seem overwhelming, the PD team will talk through each section with you, please try not to worry.

Peritoneal dialysis

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Peritoneal dialysis

About the PD nurses

The PD team who specialise in caring for people on PD.

- You will see a PD nurse (usually at home) or a doctor in the hospital every 2 months.
- If needed, your PD nurse may visit you more frequently.
- The satellite units are open for shorter hours. You may need to come to Oxford for treatment when they are closed. It is vital that you do not delay seeking advice if you have a problem. A PD nurse is always available for advice and can be contacted through the renal ward.
- You can also “drop in” to your local PD unit. Please phone for advice beforehand, so we know what time you are coming and we can plan our work accordingly. If we are out visiting, there may not be a nurse in the unit.
- A named nurse is responsible for your overall PD care but you may be treated or seen by any one of the PD nurses.
- You can phone anytime. An answer phone message will let you who to contact if we are not available.

PD Named Nurse:

My PD Contacts

Oxford PD unit

Monday to Friday, 8.00am to 6.00pm
Telephone: 01865 225 792
Email: pd.team@ouh.nhs.uk

Milton Keynes PD unit

Monday to Friday, 8.00am to 4.00pm
Telephone: 01908 996 495
Email: renalhometherapiesMK@ouh.nhs.uk

Wycombe PD unit

Monday to Friday, 8.00am to 5.30pm
(4 days, day off may vary each week)
Telephone: 01494 426 349
Email: RenalHomeTherapiesWycombe@ouh.nhs.uk

Swindon PD unit

Monday to Friday, 8.00am to 6.00pm
Telephone: 01793 605 288
Email: RenalPDSwindon@oxnet.nhs.uk

Each unit has an answer phone that tells you what to do if there is no PD nurse in the unit.

How do I contact a PD nurse if the unit is closed?

If you are under the care of a satellite unit (Milton Keynes, Swindon or Wycombe) and your PD nurse is not available please phone the Oxford PD unit on 01865 225 792.

At weekends, bank holidays or after 6pm in the evening, phone the Renal Ward on 01865 225 780. Do not wait until the next day if you have a problem.

Please ask to speak to the ward coordinator, tell them you are on PD and have a problem.

It will be helpful if you tell the staff what PD treatment you are using.

The ward can phone the on-call PD nurse for specialist advice if required.

What happens at PD training?

By the end of your PD training you will be able to:

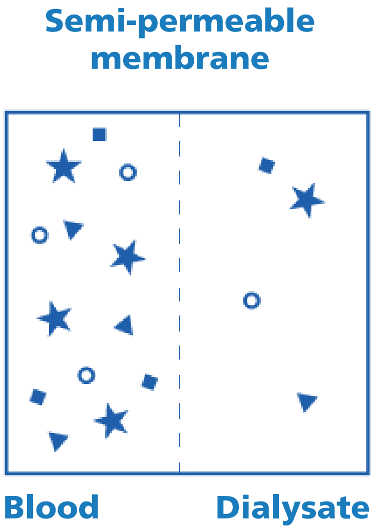
- Understand how PD works and the type of PD you are doing.
- Do your own dialysis treatment.
- Be safe in managing your own PD treatment.
- Carry out good hand hygiene.
- Record your PD treatment, blood pressure and weight.
- Care for your exit site (where the tube comes out of your abdomen).
- Recognise any problems and know how to seek help.
- Understand your fluid and diet needs.
- Understand how to order your supplies.
- Keep well on PD.

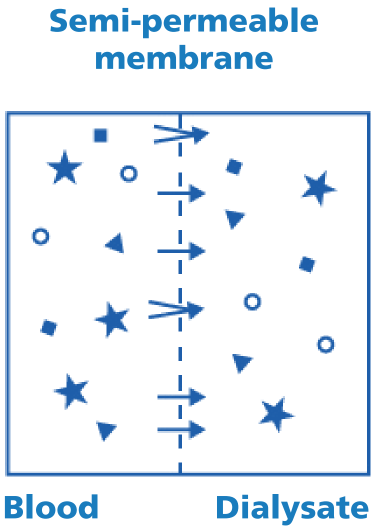
Remember you are not alone. If you wish to talk to another person on PD speak to a PD nurse.

My PD documentation

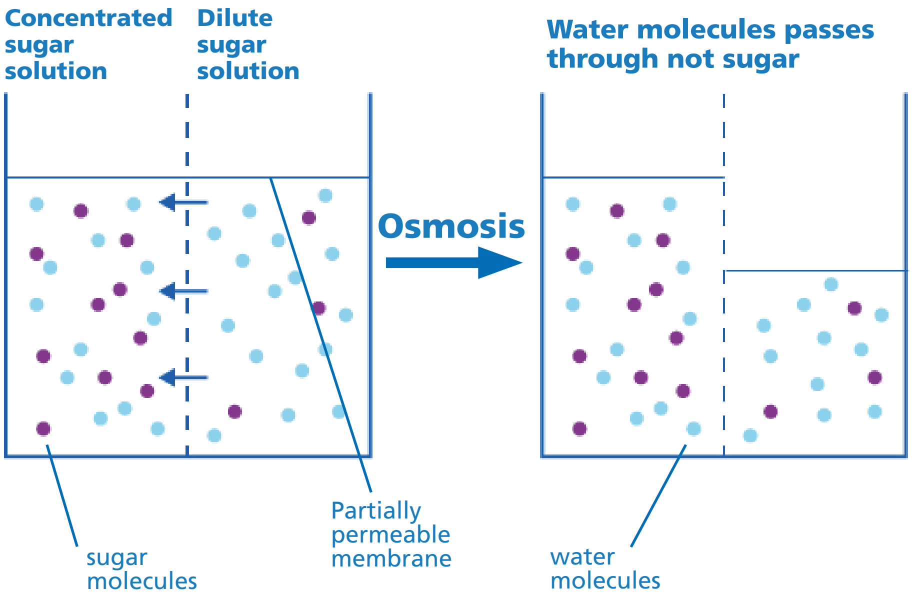
How does PD work?

1. **Waste products**: (urea, creatinine, potassium) from the blood flow through the pores of the peritoneal membrane into the PD fluid. **This is called diffusion.**





2. **Fluid**: moves from the blood to the PD fluid (or vice-versa!), through the pores of your membrane. The glucose strength of the PD fluid and dwell time affect the water removal. **This is called osmosis.**



3. **Drain**: removal of the used solution from the peritoneal cavity.
4. **Fill**: putting fresh dialysis solution into the peritoneal cavity.
5. **Dwell**: the PD fluid remains in the peritoneal cavity for a set period of time. This is when dialysis happens.

How will I feel on PD?

You may feel quite anxious and worried when first starting PD, this is quite normal. Let your PD nurse know if you are worried. These feelings should soon pass as you begin to feel more confident and experienced with your treatment.

PD should not be painful. Occasionally you may experience a mild discomfort in your shoulder blade or bottom. This usually goes within a few days of starting PD. If this happens take paracetamol as recommended on the pack.

What do some of the words mean?

- **CAPD**: Continuous Ambulatory Peritoneal Dialysis. A manual bag exchange performed several times a day.
- **APD**: Automated Peritoneal Dialysis. Usually an overnight treatment performed using a machine. The machine is prepared while you are awake and does the dialysis whilst you are sleeping.
- **PD catheter**: The tube that goes into your peritoneal cavity and comes out of your abdomen. This stays in place permanently. It is removed if you no longer need your catheter (if you receive a kidney transplant) or you have an infection that doesn't get better even with a course of antibiotics.
- **Transfer set**: The extension to your PD catheter. You need this to do your dialysis. This is changed every 6 months.
- **Harmony and Homechoice / Claria**: Types of APD machines.
- **Exit site**: where your PD catheter comes out of your abdomen.
- **Adequacy**: assesses how well your PD treatment is working. Measured every 6 months or if your health changes.
- **UF**: Ultrafiltration, the amount of extra fluid removed during peritoneal dialysis.

- **PET (Peritoneal Equilibrium Test)**: measures the movement of your toxins and fluid through your peritoneal membrane. This is measured every year.
- **Refresher visit**: A PD nurse will watch you do your PD in your home. Usually within 6 weeks of PD training, every year and after an episode of PD peritonitis.
- **Sodium dip**: Helps us the know how well your membrane removes water (water channels).

APD descriptions:

Vantive Homechoice Claria

- **Initial drain**: The fluid volume that is in your abdomen since at the end of your overnight treatment.
- A **negative UF** on Homechoice Claria means you have retained fluid in your abdomen.
- **Last bag fill**: The fluid left in your abdomen at the end of your dialysis.
- **Average dwell time**: How long the fluid has been inside your abdomen (when dialysis takes place).
- **Lost dwell**: The length of time lost on your dialysis, usually because of poor flow of fluid through your PD catheter.
- **Added dwell**: The length of time added to your dialysis time because the inflow and outflow have gone so well.

Harmony (Fresenius)

- **Initial outflow**: The day fill fluid drained before you start your overnight treatment on APD.
- A **negative UF** on Harmony is good and means you have removed extra fluid.
- **Reduced dwell duration**: This is the amount of time lost during dialysis usually due to draining issues.
- **Last inflow**: The fluid left in your abdomen at the end of your dialysis.
- **Interruptions**: This maybe an alarm or instruction.

Documenting my PD treatment

CAPD

Record the following treatment in your PD book daily:

- Blood pressure and weight.
- What bags you are using.

APD

Record the following in your PD book daily:

- Blood pressure and weight.
- What bags you are using on the machine.
- The initial drain or outflow.
- The total ultrafiltration (UF).
- The average dwell time or number of interruptions.
- On Homechoice Claria whether the dwell was lost or added.

Keeping well on PD

Hand Hygiene

Why is washing your hands so important?

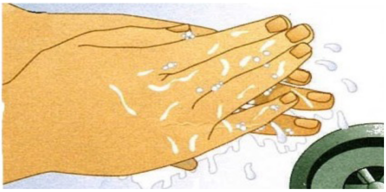
Hand hygiene is very important as it reduces the risk of infections, such as PD peritonitis or exit site infections. Never let anyone touch your PD catheter without seeing they have washed or gelled their hands.

- Bacteria (germs) can survive for a period of time on hands. There are always bacteria on hands.
- Dry skin will also harbour bacteria. Use a good moisturiser.
- Keep jewellery to a minimum. Your wrists should be free of watches or bracelets before washing your hands.
- Keep your nails short, neat and clean. Avoid using nail varnish.
- Roll up your sleeves before washing your hands.
- Make sure you dry your hands thoroughly before applying alcohol gel.

The six stages of hand washing

Begin by wetting hands and wrists and then wash with liquid soap using the following procedure. Each stage consists of 6 backwards and forwards strokes. This will take 30 to 60 seconds.

1. Rub palm to palm.



2. Rub backs of both hands.

3. Rub palm to palm with fingers interlaced.

4. Rub both palms with finger tips.

5. Rub all parts of both hands especially thumbs and wrists.

6. Rub backs of fingers (interlocked).

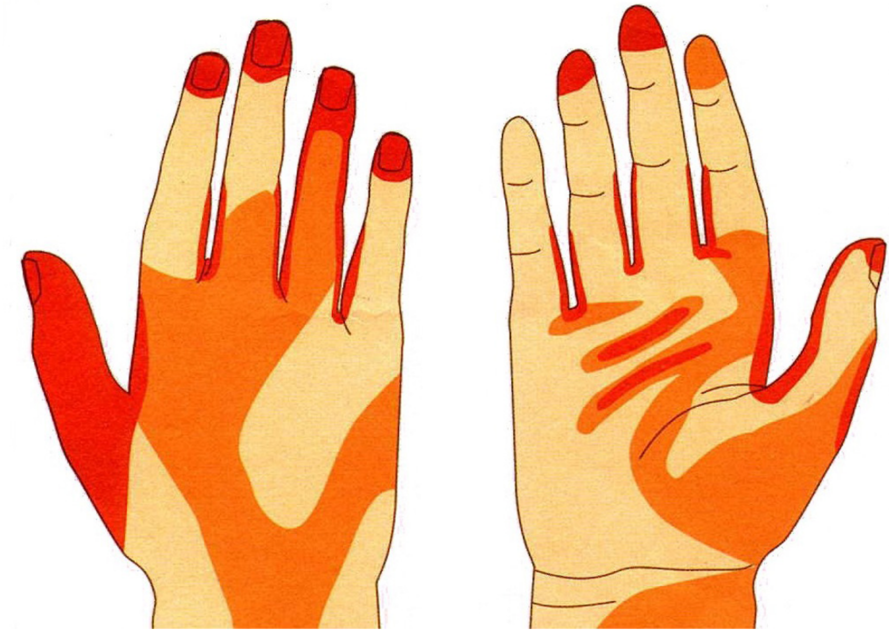
When using alcohol gel follow the same procedure. Use a 10p size or 1 to 2 squirts. Make sure your hands are dry before proceeding.

Areas overlooked with poor hand washing

🟥 Most frequently missed

🟧 Frequently missed

🟨 Less frequently missed



Where can I do PD?

CAPD

- You will need a hook on the wall (about 1 metre from where you will be sitting) or a coat stand.
- You can do an exchange in most places. Make sure you are comfortable, have good lighting and have access to water or alcohol gel.
- If you need to do an exchange outside, make sure you are out of the wind.
- Don't use a bathroom or toilet as it is a source of infection.
- If you are going to do an exchange away from your home, wrap your warm PD bag in a towel and place in a cool bag. This will keep it warm for a few hours.
- Your PD nurse can lend you a travel bag warmer if needed.
- Keep pets away from your dialysis area as they are an infection risk.

APD

- You will need electricity for both APD machines. The Homechoice Claria also has a modem which needs an electricity supply.
- Make sure you have space for the machine and fluid on a suitable unit, such a small chest of drawers.
- Most people tend to have the machine next to the bed.
- The used fluid can go straight down the toilet via a drain line or into a large drain bag.
- If you use a Homechoice Claria you can warm a manual PD bag by placing it on the heater and leaving it for 15 to 30 minutes.
- If you use Harmony a PD nurse will give you a bag warmer to use if you need to do a manual bag.
- Keep pets away from your dialysis area as they are an infection risk.

PD Fluid

PD fluid comes in **3 different glucose strengths**. Yellow, green and orange.

There are also 2 other non-glucose PD solutions, they are usually used once a day.

Yellow = weak

Green = medium

Orange = strong (rarely used)

Blue = nutrineal

Pink / Purple = extraneal

Using a lot of strong fluid may eventually cause your peritoneum to become less effective at removing fluid and toxins. Always seek advice before changing your regime.

Fluid balance on PD

- You will need a daily fluid allowance (how much you can drink) when on PD. In general it is 750ml, plus the equivalent amount of urine passed on the previous 24 hours. A PD nurse or dietitian will help you to calculate your allowance.
- This allowance includes milk on cereal, gravy, custard, and any foods with a high fluid content.

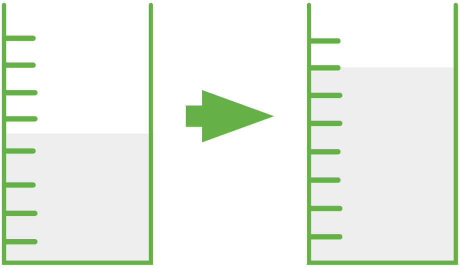
Maintaining your fluid balance

- Weigh yourself daily, try to do this the same time each day. Remember to tell any healthcare professional if you have fluid in your abdomen during the day as we will deduct this from the measurement.
- Take your blood pressure daily.
- Try to stick to your fluid allowance.
- Your weight and blood pressure will give you an indication of whether you have extra fluid within your body. Excess fluid may increase your blood pressure and you may have swelling of your ankles.
- When you feel more confident, you can then decide which strength of bags you need to use but ideally you should stick to the same bags (regime) every day.

The aim is to ensure that:

What goes in...

...Must come out with a bit extra.



Problems with fluid balance on PD

Signs of not enough fluid in your body (dehydration)

- Sudden weight loss
- Low blood pressure
- Dizziness, especially on standing
- Headache
- Thirsty/dry mouth.

Action

- Use weak (yellow) PD fluid
- Possibly stop your blood pressure medication and any water tablets on advice from your PD nurse
- Measure your blood pressure when sitting and standing
- Drink more fluid, a couple of extra glasses of fluid is usually enough.

Seek advice from a PD nurse or Renal Ward.

Signs of too much fluid in your body (fluid overload)

- Sudden weight gain
- High blood pressure
- Swollen ankles
- Feeling breathless
- Puffy eyes (in the morning).

Action

- Use medium (green) PD fluid
- Drink less
- Reduce your salt intake
- A PD nurse may ask you to measure your urine output and reassess your fluid allowance.

Seek advice from a PD nurse or Renal Ward.

Storage and warming of PD fluid

Storage

- Your PD supplies can be stored anywhere as long as the area is clean and dry.
- A spare bedroom is ideal. If indoor space is lacking, outdoor garages or sheds may be used if clean and dry. Make sure you fluid / supplies are off the ground (use a pallet if needed).
- Cold winter temperatures will not affect the bags, but you may need to bring a box or two of fluid into the house and let it warm to room temperature before using.

Warming PD fluid

- CAPD bags should be warmed before use as this feels much more comfortable. Bags should **always** be warmed in the warmer provided.
- If you want to take a bag out with you, you could use an insulated "cool bag" with a hot water bottle to keep the bag warm until required.
- **Never submerge in hot water or use a microwave to warm your PD bag.**
- Both of the APD machines warm the PD fluid before it goes into your body.

Ordering supplies

PD supply deliveries

- Vantive or Fresenius will phone you on a set day to go through your stock list (about a week to 10 days before your delivery). If this is not convenient you can email or phone them.

- You will need to tell your PD nurse if you change your regime (the bags you are using) or are not receiving the correct supplies.
- The companies will hold keys so that you don't need to be in to accept the delivery. Vantive also have a 2 hour delivery window. Ask a PD nurse or co-ordinator for a leaflet.
- You will be given a list of delivery dates. If you have to move a delivery date let your PD nurse know at least a week before your delivery. The PD unit is charged extra for missed deliveries or changes to delivery schedules.
- Don't run short of supplies. If you notice something will run out before your delivery is due, phone your PD nurse. You may be able to collect extra supplies from your local PD unit or Oxford Renal Stores.

Disposing of PD fluid

- CAPD fluid should be emptied down the toilet. Put the bag onto the cistern and the end of the line into the toilet bowl and allow the fluid to drain away. Alternatively, a hook may be put into the wall beside the toilet for hanging the bags on. The bag may be cut with scissors (the scissors should only be used for disposing of PD fluid).
- Your local council will decide how your used PD supplies will be disposed of. During PD training, your PD nurse will contact them and let you know what you should do.
- If using the Vantive system don't forget to save the blue clamps. These should be washed daily with soap and water.
- For patients on APD the drained PD fluid can go directly down the toilet or shower via a drain line or into large drain bags. The large drain bags are emptied down the toilet or into a shower or bath after your treatment has finished.

- Injection equipment should be disposed of in sharps boxes.
- Cardboard boxes should be flattened and disposed of with your recycling or household rubbish.

My PD catheter exit site

- Dress daily or alternate days as advised by a PD nurse.
- Make sure you follow the procedure and instructions given to you.
- If your exit site should become infected (red, discharge, painful), inform a PD nurse immediately as you may have an infection.
- Use your antibiotic cream every time you change your dressing. Change the tube every 28 days as it loses its effectiveness.
- Sometimes a PD nurse may suggest a different cleaning procedure. We will give you information on how to use the cleaning solutions.
- Make sure you tether your PD catheter securely to prevent pulling and chaffing at the exit site.
- Never use scissors near your PD catheter.

A good exit site:

An infected exit site:

Blood pressure

Take your blood pressure in the morning unless otherwise advised. You may need to take 2 or 3 readings and use the average. If possible take your blood pressure after you have taken your medications.

Before you take your blood pressure:

1. Rest for five minutes, sit down in a quiet place, preferably at a desk or table with your arm resting on a firm surface and your feet flat on the floor. (30 minutes after drinking caffeine or smoking).
2. Wear loose-fitting clothes like a short-sleeved t-shirt so that you can push your sleeve up comfortably.
3. Always use the same arm for blood pressure readings.
4. When you are taking a reading, keep still and silent.

If you get a high reading:

Do not be alarmed if you get an unexpected high reading, a one-off reading may be nothing to worry about. Measure your blood pressure again at another time, if it continues to be high contact a PD nurse.

We have a leaflet about blood pressure, please ask a PD nurse if you would like a copy.

Healthy bowel habits

A PD nurse will ask you about your bowel habits, we know how important this is so that your PD works well. We will use the Bristol Stool chart to describe your bowel motions. Don't feel embarrassed, it is essential to good PD.

- When on PD you will need to have your bowels open at least twice a day **(type 4 and 5**).
- Medications, diet and/or fluid restrictions can alter your bowel habits.
- Lack of exercise can cause sluggish bowels.
- You will probably need to take laxatives all the time you are on PD. We will give you a leaflet on maintaining a healthy bowel on PD.
- Constipation (**type 1 and 2**) may;
    - **squash the PD catheter causing poor drainage of your PD fluid (alarms on APD)**
    - **move your PD catheter out of the pelvis**
    - **in severe cases cause peritonitis.**
- In severe constipation you may get watery diarrhoea which is often overflow.
- A dietitian or PD nurse will talk to you about ways of ensuring you achieve a healthy bowel habit.

We have a leaflet on maintaining a healthy bowel, if you have not been given one please ask a PD nurse for a copy.

Bristol Stool Chart

Type 1		Seperate hard lumps, like nuts (hard to pass).
Type 2		Sausage-shaped but lumpy.
Type 3		Like a sausage but with cracks on it’s surface.
Type 4		Like a sausage or snake, smooth and soft.
Type 5		Soft blobs with clear-cut edges (passed easily).
Type 6		Fluffy pieces with ragged edges, a mushy stool.
Type 7		Watery, no solid pieces. **Entirely liquid.**

Troubleshooting

Problems draining fluid in and out of your abdomen

If you are on CAPD you may notice that it is taking a lot longer to drain the fluid from your abdomen. If you are on APD you may experience low drain alarms, lost dwell or lots of interruptions.

Check for the following:

- Make sure that all the correct clamps are open and that there are no kinks in the lines. Move your position, try standing, sitting or lying down.
- Check for fibrin, this is a whitish stringy looking substance, It is not harmful, but may block the catheter and prevent draining in or out.
- Make sure you are having your bowels open at least twice a day.
- If you have any of these problems contact a PD nurse for advice.

Reducing the risk of infection

Peritonitis is an infection caused by bacteria entering your peritoneal cavity. You can prevent it by:

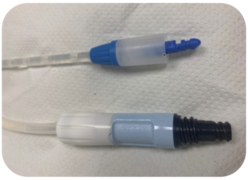
Good hand washing.

Keeping your environment clean.

Keeping your catheter exit site clean.

Avoiding constipation, take your laxatives.

Don't cough or sneeze on your exposed site.



Don't touch the end of your PD line or PD bags.

If you develop cloudy PD fluid you may have PD peritonitis.

- You may also experience abdominal pain, fever or feel sick or vomit.
- If left untreated you could become very unwell, and this may result in removal of your PD catheter. Contact your PD unit **immediately**.
- PD peritonitis is usually easily treated. You will be given some antibiotics (some to take orally and another is added to your PD fluid) and as long as you feel well you will be able to go home.
- You will need further treatment over a 2 to 3 week period.

Always check supplies for expiry dates. Do not use expired items.

Do not use PD bags if they appear to be leaking (there is more than condensation inside the wrapper).

Do not use bags that have been stored in a dirty, dusty environment.

Do not use PD fluid if it is yellow coloured.

What should I do I am unwell?

Coughs or colds

- Use a mask when connecting, disconnecting, or setting up your PD treatment.
- You should use alcohol gel immediately if you sneeze, cough or blow your nose.

Vomiting or diarrhoea

This increases your risk of PD peritonitis.

- Wash your hands and gel rather than just using gel. Alcohol gel doesn’t work on some bacteria.
- Use disinfectant wipes to clean surfaces.
- If you develop abdominal pain, check your PD fluid. If you are unable to check your fluid phone a PD nurse immediately. We will arrange for your to be seen in the hospital.

If you have any other illness please talk with your PD nurse. We can give you advice on your PD or arrange to see you.

Other problems

Blood tinged PD fluid

- If you are female you may notice pinkish or blood stained PD fluid when you are menstruating, or ovulating.
- You may also notice this if your have been lifting something heavy.
- You can do a ‘flush’ exchange (straight in and out again), this is usually enough to clear it.
- If it is still blood stained after 1 or 2 exchanges or is very heavily blood stained phone your PD unit immediately.
- If you are unable to do a PD exchange, feel unwell, have a low blood pressure seek help. Phone a PD nurse or the Renal ward.

Hernia

- A hernia is a weak spot in the muscle of your groin or abdomen and is seen as a bump or bulge. We may need to reduce the amount fluid that is put into your abdomen. You may need an operation to repair the weakness.

General advice

- It is good to be active whilst you are on PD. Take regular exercise if you can. Even people who experience difficulty walking can exercise. Ask your PD nurse for our leaflet chair based exercises.
- Walking is good exercise, try a daily 30 minute walk.
- You can swim in a chlorinated pool or blue flag ocean. We can give you some special waterproof dressings to try so that your catheter is protected. If these work for you we will ask your GP to prescribe further supplies.
- If you do abdominal exercises we would advise you to drain out your PD fluid before attempting these (a PD nurse can advise you when to do this).

Holidays

Planning

Travelling is easy on PD, both Vantive and Fresenius have their own information packs which you can get from your co-ordinator.

Planning is important

Before you book a holiday speak to a PD nurse.

- Whether the PD company can deliver to your preferred destination.
- How much time you need for the PD fluid to be delivered to your destination.
- Whether the PD fluid is delivered to the destination or a port. If it can only be delivered to a port you will need to pay the port cost.
- We are unable to arrange a holiday delivery if you do not give the correct notice time.
- All cruise PD deliveries are to port, this is an extra cost that you will be responsible for.
- Make sure you are fit to travel, speak to your kidney doctor or nurse.
- Find out if your can get holiday insurance. This is often expensive.
- Make sure someone at your holiday destination is able to accept your delivery.

APD:

- You will need to take your Homechoice: Let the airline know that you need to take medical equipment. Vantive will give you all the information, including the use of an adaptor if needed.
- Harmony: Fresenius will deliver a machine to your holiday destination. You must take your POL card with you and remember to bring it back with you.
- A courier will deliver and pick up the machine. Someone will need to take responsibility for it.

Once booked:

- You may need to take some supplies with you, check with your PD nurse.
- The travel club will send you a confirmation letter, check all the details carefully. Let your PD unit know there are if any discrepancies.
- Healthcare cover abroad, make sure you have a valid GHIC card. https://www.nhs.uk/using-the-nhs/healthcare-abroad/apply-for-a-free-uk-global-health-insurance-card-ghic/
- People using Fresenius will need to give a PD nurse a copy of your passport. This will be passed onto Fresenius.

Before you travel

- Ask your PD nurse if you need to take a PD peritonitis treatment pack with you (advised for cruises).
- Make sure you have received the information from your travel club.
- Your travel club will provide a letter to clear the fluid through customs if required.
- Talk to your PD nurse about any covering letters you may need.
- Most of the time your PD therapy can be adapted for travelling time, ask a PD nurse.
- If you are on the transplant waiting list, inform the transplant nurse specialists of the dates of travel and ensure they have your contact numbers. You may be removed from the list while you are on holiday.
- If you are swimming talk to your PD nurse about waterproof dressings for your exit site.

Packing

- Check with a PD nurse what supplies you need to take.
- Take your blood pressure kit but leave your scales at home if going abroad.
- There are custom rules so make sure you know what you can take as hand luggage.
- A PD nurse can supply a letter from your doctor listing your medications.
- Some ESA (anaemia injections) injections need to be kept cool, speak to the anaemia nurses about a cool bag. Put the contents in the fridge as soon as you arrive.
- Take an emergency supply of plasters, painkillers, insect bite ointment, diarrhoea treatment etc. Factor 30 sun cream is the minimum protection you should use.
- Vantive /Fresenius will give you the address of a local renal unit at your destination to contact in an emergency.
- Make sure you have all covering letters in your hand luggage.

On arrival:

- Check the delivery is correct.
- Any discrepancies should be reported immediately to Fresenius or Vantive.

During the holiday:

- Remember your hand hygiene. Use hand wipes if there is no access to water.
- Use sun cream.
- Use a waterproof dressing on your exit site if swimming.
- Tether your line well so it doesn’t get pulled especially if doing sports.
- If your holiday is in the UK you may need to bring the waste home with you.
- Vantive and Fresenius advise you to check with the hotel when booking about what to do with your empty bags. You may have to throw it away as domestic waste.

Returning home:

- Inform the PD team and the transplant nurse specialists you are back. You. If you had any health or PD problems whilst you were away inform a PD nurse so they can follow up on further treatment needed.

Travel Insurance

Here is a list that patients have found useful when arranging travel insurance. We would advise you to shop around as these often change.

We are unable to accept any responsibility for these websites.

National Kidney Federation

Website: www.kidney.org.uk

All Clear Travel

Website: www.allcleartravel.co.uk/pre-existing-medical-conditions-travel-insurance

Kidney Care UK

Information about travelling on PD.

Website: https://kidneycareuk.org/kidney-disease-information/living-with-kidney-disease/travelling-with-ckd/

Emotional Support

Please do not be afraid of discussing emotional or sexual problems with a PD nurse or doctor. They will be familiar with the problems you may encounter and will be supportive.

Releasing your emotions may help you to understand them so that you can cope with your life with kidney failure better.

Kidney Patient Advisor

A kidney patient advisor can give advice and support on personal and practical matters.

Clinical Psychology Service

Clinical Psychologist can help people cope with extraordinary circumstances.

We have leaflets about these services, please ask if you would like a copy. There are also copies in your local units, that you can take home.

If you would like to talk to a kidney patient advisor or clinical psychologist please speak to a member of the kidney team.

There are also Kidney Charities that help people with kidney problems.

Kidney Care UK

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidneycareuk.org

National Kidney Federation

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidney.org.uk

Hints and Tips

- If you have any problems, queries or anxieties do not hesitate to contact a PD nurse.
- The Oxford Kidney unit can provide you with a contribution towards the electricity cost of your dialysis, contact your PD nurse for more information. This is paid into a bank account so we will need your account number, sort code and the account name of the person(s).
- You may be eligible to get a reduction in your council tax. Phone your council for more information and if you require a letter let your PD nurse know.
- If you are under 60 years of age you are entitled to free prescriptions, ask your GP or PD nurse.
- If you are struggling with your waste i.e. recycling, talk to the PD secretary as they may be able to organise extra recycling boxes/bags.

We have a range of leaflets that can help you keep well on PD. Your PD nurse may have already given you some. Please ask your PD nurse what is available. Finally if you think there is something missing please tell us.

Useful websites

Oxford Kidney Unit

Lots of information about the Oxford Kidney Unit for patients and carers.

Website: www.ouh.nhs.uk/oku

Kidney Patient Guide

Information for patients with kidney failure and those who care for them.

Website: www.kidneypatientguide.org.uk

Kidney Care UK

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidneycareuk.org

Six Counties Kidney Patients Association

The SCKPA is run for patients by patients or family members.

They offer support to people suffering from kidney disease or who are on dialysis. They work closely with the Oxford Kidney Unit and have branches in Oxfordshire, Northamptonshire, Buckinghamshire, and Milton Keynes, and parts of Wiltshire, Gloucestershire and Berkshire.

Website: www.sixcountieskpa.org.uk

National Kidney Federation

A charity which has lots of practical support and information for people with kidney disease.

Website: www.kidney.org.uk

Further information

If you would like an interpreter, please speak to the department where you are being seen.

Please also tell them if you would like this information in another format, such as:

- Easy Read
- large print
- braille
- audio
- electronic
- another language.

We have tried to make the information in this leaflet meet your needs. If it does not meet your individual needs or situation, please speak to your healthcare team. They are happy to help.

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