placed in the abdomen. PD fluid flows into the peritoneum through the catheter. The fluid helps filter out waste products. After a set period of time (three to four hours), the fluid is drained and discarded. Fresh fluid is then infused and the process begins again. This filling and draining process is called an exchange. Usually four exchanges are needed during a 24 hour period to maintain treatment. You will need space for supplies. You may not need a care partner for this modality.

Continuous Ambulatory Peritoneal Dialysis (CAPD)

About four manual exchanges per day provides for continuous 24 hour dialysis. Some patients may need more exchanges.

Continuous Cycling Peritoneal Dialysis (CCPD)

You will be trained on the use of a PD cycling machine and dialyze every night six to ten hours while sleeping.

Palliative Care

Palliative care simply means that patients are given care to keep them comfortable, but not to extend their lives. When a patient chooses the palliative care option, that patient is choosing not to have dialysis treatment. Comfort measures may be different for each patient. Sometimes patients make a personal decision to choose the option of no treatment. If you feel that dialysis and transplant will not prolong your quality of life, you have the right to choose no treatment. Without treatment, the kidneys will eventually stop working completely, but the timeframe for this is different for each individual. Comfort measures may be taken during the palliative care journey.

As with any of the other options, palliative care should be discussed with your doctor and loved ones.

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

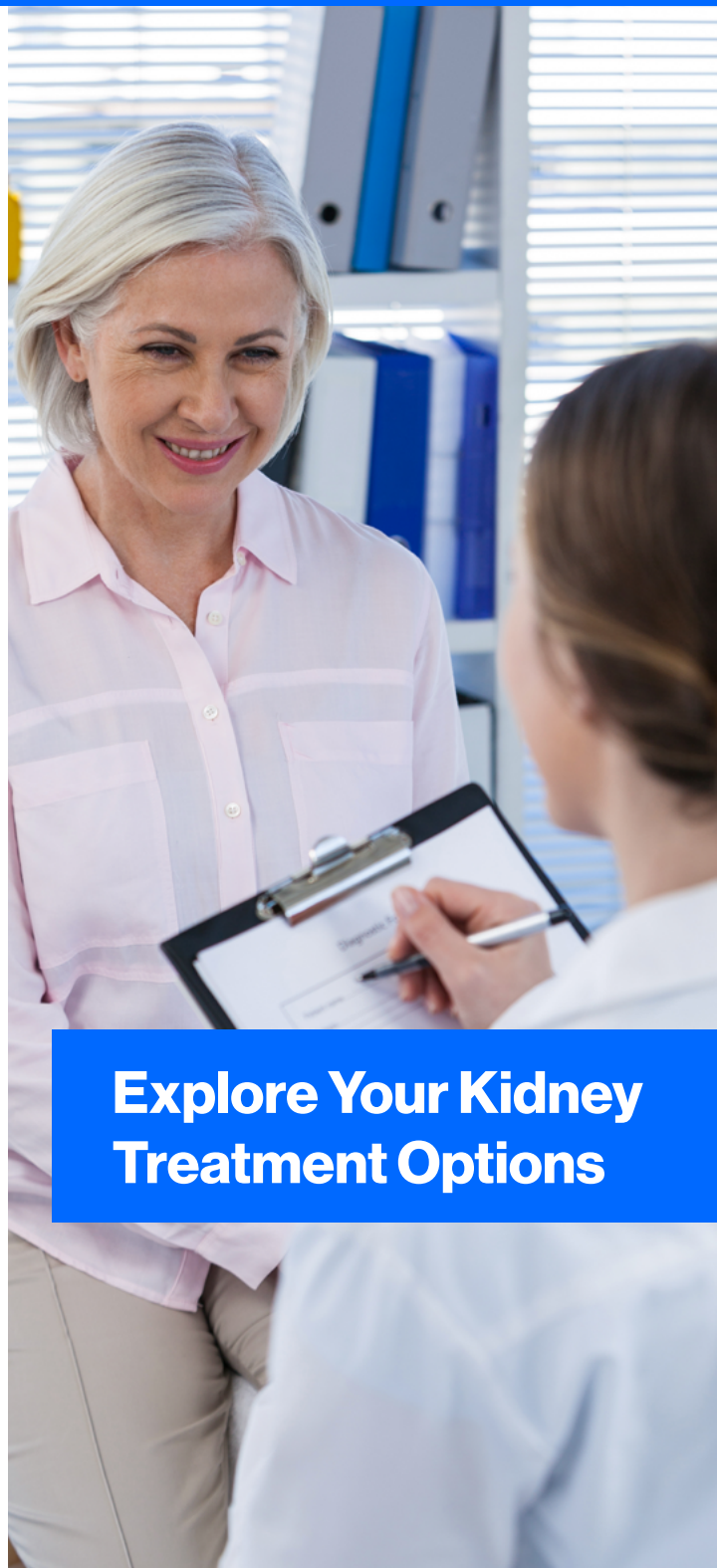
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Explore Your Kidney Treatment Options

Did You Know You Have Options?

You have the right to choose or to change to a different kidney treatment modality (option) that is best for you. It is your right to be fully informed of all treatment options available.

It is a good idea to review your options periodically. You may decide to switch modalities, for example from in-center dialysis to home dialysis, to better fit your current lifestyle.

Qsource ESRD Networks would like to provide you with information that can allow you to choose the modality that best meets your needs.

Remember, the Networks are here for you, helping you stay an active participant in your treatment. The following are short descriptions of treatment options. For in-depth information on a treatment option, please visit our website at **esrd.qsource.org**.



In-Center Hemodialysis (ICHD)

ICHD requires vascular access to the bloodstream, ideally, via a fistula or graft. Trained staff is available for care in the dialysis clinic. Treatments average three times a week for three to five hours and will follow an established schedule. You will have fluid and dietary restrictions. You will be expected to follow facility policies. Your nephrologist will see you during your treatment time.

Kidney Transplant

Transplant requires a new kidney, either through a deceased or living donor. The kidney is surgically implanted. Once your transplanted kidney is working, you will no longer need to go to the dialysis facility for treatment. You won't have food and fluid restrictions, either, other than following a healthy diet. After transplant, you will have to take medications every day for life.

To be considered for a transplant, you first need to go through testing, and then you will be placed on a wait list. The wait time for a kidney transplant varies. If you have a loved one or friend who is willing to donate a kidney, called living donation, you will not have to wait for a deceased donor kidney to become available. Your donor will need to go through testing, also, to be sure the donated kidney will be compatible with your body.

Home Hemodialysis (HHD)

HHD is done in the privacy of the home. A home dialysis machine and supplies are provided to you. You will need room for storage of the supplies.

Patients may schedule their own dialysis times, even overnight. You may need a care partner. You will need a vascular access (fistula is the preferred access for home dialysis).

Deciding on home dialysis as your choice of modality will allow you more independence when it comes to diet, working, going to school, and even traveling.



Standard Home Hemodialysis

Treatment is scheduled three to four times a week, three to four hours or longer each time.

Nocturnal Home Hemodialysis

Patients dialyze between seven to eight hours every other night while they sleep. In-center nocturnal dialysis is also an option in some areas.

Short Daily Home Hemodialysis

This option has shorter (two to three hour treatments, five to six days a week. It uses a machine designed for short daily home treatment.

Peritoneal Dialysis (PD)

PD is a home dialysis treatment which removes waste and excess fluid by using the peritoneum (a thin lining) in your abdomen to act as a filter. A permanent catheter is