



Heartland Kidney  
Network

We're Here For You.

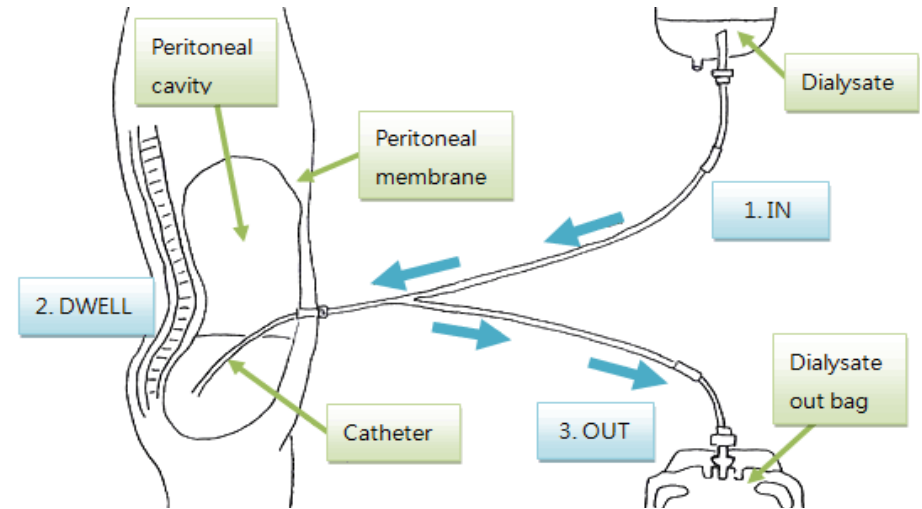
# MY CHOICES: PERITONEAL DIALYSIS (PD)

Peritoneal dialysis (PD) is another available treatment choice to do at home when you have kidney failure. There are two types of PD treatment to choose from— **Continuous Ambulatory Peritoneal Dialysis (CAPD)** and **Continuous Cycling Peritoneal Dialysis (CCPD)**. CAPD is done manually, usually about 4 times a day (morning, lunch time, dinner time and bed time). CCPD uses a machine called a cycler, which is set to automatically fill and drain your peritoneal cavity, usually at night while you sleep. Your doctor and care team will help you decide which choice is best for you and teach you how to safely do your treatment.

## GETTING READY FOR PD

There are several things you will need to be able to do PD:

- Have a PD catheter surgically placed in your peritoneal cavity
  - Both types of PD use a catheter
- Training
  - Takes 1 to 4 weeks
  - Staff will make sure you feel comfortable with each step
- Space to store the supplies in your home
- Supplies (\*provided by dialysis clinic)
  - Dialysis solution\* (dialysate)
  - A stand to hang dialysis solution bag\*
  - Gloves and mask\*
  - Tubing\*
  - Drainage bags\*
  - Machine\* (cycler), if using CCPD
  - Trash bag
  - Hand sanitizer, paper towels and disinfectant



## HELPFUL WORDS TO KNOW

- **Catheter** - a tube that carries the dialysate (dialysis solution) into and out of your body.
- **Dialysate (dialysis solution)** - a cleaning liquid that has a sugar called dextrose in it to help pull waste and extra fluid into the peritoneal cavity.
- **Peritoneum** - a thin layer of tissue covering the walls of the abdominal cavity. This acts as a natural filter and lets waste products and extra fluid pass from your blood into the dialysis solution.
- **Exchange** - the process of filling and draining the dialysis solution from the body. There are 2 types:
  - Exchanges manually by hand (CAPD)
  - Exchanges using a cycler (CCPD)
- **Dwell time** - the time the dialysis solution is in your peritoneal cavity.

For more information or to file a grievance please contact the Heartland Kidney Network at: Heartland Kidney Network • 7306 NW Tiffany Springs Pkwy. • Suite 230 • Kansas City, MO 64153  
Toll-Free Patient Line: (800) 444-9965 • net12@nw12.esrd.net • www.heartlandkidney.org

End-Stage Renal Disease (ESRD) #12 Network Coordinating Council, Inc. dba Heartland Kidney Network. This resource was created, developed, compiled, etc.) while under contract with Center for Medicare and Medicaid Services, Baltimore, Maryland.  
Contract #HHS-500-2010-NW012C. The contents presented do not necessarily reflect CMS policy.

Continued to back.

## HOW PD WORKS

There are a few steps to doing PD. First, the peritoneal cavity is filled with dialysate through the dialysis catheter. Next, the dialysate “dwells” or sits in the peritoneal cavity for 4-6 hours pulling out waste and extra fluid. Then the dialysate and waste are drained back out of the catheter and thrown away.

Typically, there are 4-5 hours in between CAPD exchanges with a long “dwell” time at bedtime.

## ADVANTAGES

- Dialyze at home or on the go
- More control over dialysis treatment and schedule
- Fewer ups and downs in how you feel (You may not feel wiped out or tired after exchanges)
- More normal diet than in-center hemodialysis patients
- Your own peritoneal membrane—not a dialyzer— cleans your blood, so your blood does not leave your body
- No needles
- Travel may be easier because supplies can be shipped to you anywhere in the United States
- Less contact with potential germs than in-center
- If you are eligible for Medicare, it will start the day you start your PD training, with in-center hemodialysis you have to wait 3 months for Medicare to start

## DISADVANTAGES

- Dialysate has sugar (dextrose) in it, which can cause weight gain
- Possible body image changes due to having fluid and a catheter in your peritoneal cavity

- Peritonitis, an infection of the peritoneum, can be a problem
- Underwater activities may be limited
- Adequate storage space
- Supply boxes are heavy
- Space for supplies
- Supply delivery times may not be convenient
- Cyclor noise and alarms can be annoying

## WHAT I NEED TO WATCH FOR

As the main person in charge of your PD treatment, you need to be alert and report any concerns to your doctor or nurse. Watch for these signs:

- Redness around your catheter
- Pain around your catheter
- Fever
- Feeling sick to your stomach or vomiting
- Shortness of breath
- Sudden weight gain
- Swollen feet and/or ankles
- Catheter shifts or if it starts to come out or leak
- Clamps on your catheter break
- Your dialysate looks cloudy

## MY QUESTIONS

**Ask your Care Team:** What do I need to get started with PD? How long is the training? How much room do I need for supplies? How do I get my supplies? When will I need to come to the clinic for my appointment? What keeps the catheter from falling out?

Sources: [www.kidney.org](http://www.kidney.org), <http://nkdep.nih.gov/>, <http://www.childrenkidneyfund.org.hk/en/kidney.health/pd>

For more information or to file a grievance please contact the Heartland Kidney Network at: Heartland Kidney Network • 7306 NW Tiffany Springs Pkwy. • Suite 230 • Kansas City, MO 64153  
Toll-Free Patient Line: (800) 444-9965 • [net12@nw12.esrd.net](mailto:net12@nw12.esrd.net) • [www.heartlandkidney.org](http://www.heartlandkidney.org)