

## *Kidney Health Information*

# *Consequences of Kidney Failure – Dialysis*

### *What is dialysis?*

Dialysis is a mechanical substitute for lost kidney function. When the kidneys fail to work efficiently, renal failure develops and eventually dialysis is required urgently to replace the excretory function of the kidneys and so maintain life.

Dialysis will be necessary if you reach “established renal failure”.

Though the expression may sound dramatic, it simply refers to your kidneys reaching a point where they no longer function, and dialysis being required as a matter of priority.

### *How is dialysis carried out?*

There are two types of dialysis – Haemodialysis and Peritoneal Dialysis:

**Haemodialysis** is the process of removing waste material and water using an artificial kidney linked to a dialysis machine. It is mainly done at hospital but can take place at home.

**Peritoneal dialysis** uses the natural membrane in the abdomen (the peritoneum) to carry out the same process. The kind of peritoneal dialysis used is called CAPD – Continuous Ambulatory Peritoneal Dialysis. This form of dialysis takes place at home only and gives the patient greater freedom in their lifestyle.

Haemodialysis and peritoneal dialysis both require a form of entry into the body (“access”):

**A blood access** is necessary for haemodialysis. It is called a “fistula”, and consists of a vein and artery joined together under the skin, usually in the forearm. Once formed, this fistula has to develop for ease of use, and so needs to be done some weeks before dialysis starts.

**A peritoneal access** involves a soft tube being inserted permanently into the patient’s abdomen for the purpose of dialysis. This means that the patient has complete freedom to walk around and continue normal home and work activities.

***Which form of dialysis would be better for me?***

You will always be advised as to which of the two methods will suit you best, and you will have the opportunity to look at both of them and ask as many questions as you like. You can also change your mind at a later stage and opt for a different treatment if it becomes clear that a change will improve your physical well-being and social/family life.

***Should I dialyse at home or just in hospital?***

CAPD is always done at home; haemodialysis can be either, although it usually takes place in hospital centres. This is probably because the preparation for haemodialysis is more elaborate than CAPD so you will need the help of your spouse or another member of the family. The equipment must also be stored in appropriate, hygienic conditions so a spare room would be needed for it.

Most dialysis centres have a Home or Community Haemodialysis Sister who oversees all home dialysis patients and will, on request, provide all the information required together with the points for and against this type of therapy.

**Will I still be supported if I dialyse at home?**

Whether you choose haemodialysis or CAPD, you and your family will be given all the training required before being sent home.

Arrangements will be made, including delivery of dialysis requirements on a regular basis. You will receive support in the form of regular visits from the haemodialysis or CAPD team and be given personal telephone numbers to call at any time of the day. If you opt for home dialysis, you will not be on your own.

### **How convenient is hospital dialysis?**

On hospital haemodialysis, you will generally be required to visit three times a week, with each treatment taking about four hours. Most dialysis centres are open in the evenings and will endeavour to give appointments after work if that is more suitable for you.

Some patients find that hospitals depress them. At dialysis centres you will find that the staff have created an environment that is as welcoming, cheerful and friendly as possible. Attractive décor, televisions, piped music and an efficient but relaxed atmosphere help to make you feel comfortable during your treatment.

### ***Does dialysis hurt?***

Not usually, although some patients may experience some discomfort and/or a feeling of being unwell. Haemodialysis patients often dialyse sitting up in a chair, watching television, reading, writing letters or simply relaxing. CAPD allows you to move around and is not painful.

### ***Can I take holidays on dialysis?***

Before starting regular dialysis, you will probably be feeling too ill to consider holidays, but most patients feel better within weeks. Holidays in the UK or abroad may require extra planning to enable you to dialyse away from the centre but the necessary arrangements should not be a problem if you have given enough notice to the team

specialist. The same applies to business trips: there are renal patients who travel regularly on business without suffering too many inconveniences or ill effects.

*Are there any social problems associated with dialysis?*

During treatment, the patient may experience problems which are not strictly medical. At the dialysis centre they have extensive Hospital Support Services which are available to kidney patients as required. The renal social worker and/or renal counsellor are available on a regular basis; others on request through the team nurse.

**For more information please view our leaflets:**

[Continuous Ambulatory Peritoneal Dialysis – CAPD](#)

[Haemodialysis](#)

[Choosing not to Start Dialysis](#)

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