

## Please Give Us Your Opinion

Please take a moment to fill out this form as we want to know what you think about the information in **Renal Roundup**. We will use what you tell us to make it better.

Who are you?     Patient     Family member     Other

Date you completed this form: \_\_\_ / \_\_\_ / \_\_\_\_ (month/day/year)

For each of the statements below, put an "x" in the box that matches how you feel. Select only one box for each statement:

	Not At All	Somewhat	Yes, Definitely	Does Not Apply
I understood what I read.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I learned new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What I read helped me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would tell my family or other patients to read the newsletter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you want to tell us about the newsletter?

Please send this form back to us by mail or fax: **ESRD Network #15**  
**165 South Union Blvd.**  
**#466**  
**Lakewood, CO 80228**  
**Phone: 1(800) 783-8818**  
**Fax: 303-860-8392**

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# RENAL ROUNDUP

For Patients in the Intermountain End-Stage Renal Disease Network (ESRD Network #15)

FALL 2010

## That Darn Diet!

If you're having trouble trying to follow your renal diet, you're not alone. We recently interviewed a **member of our Network #15 Patient Leadership Committee, Angie Martinez**, to find out how she's made it work for her. Angie says "Change is very hard, so take small steps, baby steps. Change little things one at a time. You'll be surprised when you go along and look back and see all that you've done and you'll feel better! Awareness is the key. A lot of people don't like to be told that they can't have certain things. But that's how we learn—knowing what to do and what not to do. You have to ask for help. The dietitian has a lot of resources. There's a recipe for almost everything, even 'mac and

cheese"! Ultimately, you have to realize you pay the price for your decisions and when you don't make good choices, you're not hurting anyone but yourself. Change is hard, but I've learned to turn it into something fun, like finding renal recipes that fit my cravings. And when you want the best for yourself, you'll do the best for yourself."



(To read all of Angie's interview, please go to our web site at <http://esrdnet15.org/treatmnt.htm#diet>)



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## Comparing Diet Plans for Peritoneal Dialysis (PD) and Hemodialysis (HD) Patients

By Christine Nguyen, Member, ESRD Network #15 Patient Leadership Committee

Did you know that nutrition is an important part of your dialysis treatment plan, regardless of which modality you choose? To stay healthy while on dialysis, one needs to make an effort to eat enough of the right kinds of foods and less of the restricted foods. However, hemodialysis and peritoneal dialysis have differences in diet plans.

### PROTEIN

Protein keeps tissues healthy and helps replace old or damaged tissues. It also helps your body to prevent and fight infection. There are two types of protein that your body needs:

- High quality protein contains all the needed ingredients for tissue growth. Sources are milk, meat, chicken, fish and eggs.
- Low quality protein lacks some ingredients needed for tissue growth. Sources are vegetables, breads, and cereals.

**PD PATIENTS:** Require a diet higher in protein because protein is lost through the peritoneal membrane with every dialysis exchange and because the potential for infection is always present.

**HD PATIENTS:** Some protein is lost during HD, but not to the same degree as PD.

... Continued on pg 2

# Why I Enjoy Being a Patient Advocate

By Stuart Abraham, Chair, ESRD Network #15 Patient Leadership Committee

My name is Stuart Abraham and I was diagnosed with kidney failure in November 2007. I transferred to my current dialysis facility in June of 2008 and was going there until July 16, 2010. After my renal failure diagnosis, I thought to myself that if I can change one person's attitude about controlling their diabetes and taking dialysis seriously, then it was worth going through what I did.

In my facility, I was able to convince two people to try using the buttonhole technique which I really love. The benefits are that you don't get aneurysms and your bleeding time is five minutes or less. When coming across a patient who has a catheter, as a patient

advocate, I tried to show them the benefits of the fistula and the dangers of keeping the catheter, which I call the highway to infection.

Considering that when I was diagnosed I didn't know the difference between a fistula, graft, or catheter, I used the Internet to find out lots of information. Two of my favorite websites are [www.esrdnet15.org](http://www.esrdnet15.org) (ESRD Network #15) and [www.kidneyschool.org](http://www.kidneyschool.org) (Kidney School™ from the Medical Education Institute). You can really learn a lot from these two websites.



## Comparing Diet Plans for Peritoneal Dialysis (PD) and Hemodialysis (HD) Patients

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### CALORIES

Sufficient calories are needed for your body to use protein for growth and repair, to provide energy, and for maintaining your body weight. If you are underweight, your dietitian may want you to eat more high-calorie foods.

**PD PATIENTS:** Tend to gain weight over time from absorption of calories from the dextrose in the dialysate. You can decrease the amount of calorie intake by limiting concentrated sweets and fats in your diet.

**HD PATIENTS:** Insufficient calories are more of an issue for HD patients who are underweight.

**PD AND HD PATIENTS:** Exercise has many benefits and can help minimize unwanted weight gain. Talk to your doctor before starting any exercise program.

### POTASSIUM

Potassium is a vital mineral for regulating your heart. Foods high in potassium include bananas, tomatoes, oranges, exotic fruits and potatoes.

**PD PATIENTS:** Do not usually require a potassium restriction because they do daily dialysis. Sometimes a higher potassium diet is suggested.

**HD PATIENTS:** Most need to limit their intake of high potassium foods because it can build up between treatments.

### PHOSPHOROUS

Phosphorus and calcium work together to keep teeth and bones strong. Over time, high levels of calcium and phosphorus in the blood can lead to calcium and phosphorus deposits in the heart, skin, blood vessels and joints. Itchy skin can be a sign of high phosphorus. Foods that contain high phosphorus include dairy products, cheese, dried beans, liver, nuts and chocolate.

**PD AND HD PATIENTS:** Phosphorus is not removed well by either HD or PD. All patients are required to follow a low phosphorus diet plan and take binders with every meal to control phosphorus levels.

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# DIET WORD SEARCH

M	U	I	S	S	A	T	O	P	C	M	P	P	J	K
U	Q	W	F	R	D	J	B	A	U	H	S	R	I	F
L	Q	X	N	O	G	I	L	I	O	Q	H	O	X	D
S	A	L	M	O	N	O	U	S	H	R	G	T	W	Z
Z	H	C	L	H	R	Q	P	L	P	T	H	E	B	A
R	E	J	B	I	A	H	X	Y	F	G	R	I	L	H
C	J	C	E	D	O	G	R	T	O	M	C	N	U	Q
O	I	S	N	R	D	I	A	L	Y	S	I	S	E	X
N	N	L	U	L	E	S	C	V	A	O	Z	I	B	K
X	E	S	O	L	U	T	U	F	X	S	O	F	E	W
X	W	K	P	C	T	C	S	B	U	Q	R	R	R	Q
B	P	P	C	P	C	W	T	E	I	D	T	U	R	K
S	A	P	H	I	A	O	N	M	X	P	V	O	I	V
S	D	H	C	Q	H	M	R	E	X	C	T	K	E	H
D	Z	T	H	G	V	C	D	B	V	S	J	X	S	M

### FIND THESE WORDS:

- APPLE
- BLUEBERRIES
- BROCCOLI
- CALORIES
- CHICKEN
- DIALYSIS
- DIET
- FLUID
- PHOSPHORUS
- POTASSIUM
- PROTEIN
- SALMON



**Make note of our toll-free number:  
1 (800) 783-8818**

## CHECK OUT WHAT'S ON OUR WEB SITE at [www.esrdnet15.org](http://www.esrdnet15.org)

We have a lot of helpful information for patients on our web site about treatment options, including home dialysis and transplant, vascular access information for hemodialysis patients, patient rights, emergency preparedness, many resources in English and Spanish, Dialysis Facility Compare, and much more! There are also links to other web sites of interest to patients, such as the American Association of Kidney Patients (AAKP), Renal Support Network (RSN), National Kidney Foundation (NKF), Medicare, and the Social Security Administration. **Have a look!**





## ESRD NETWORK #15: Who We Are, What We Do

ESRD Network #15 is a nonprofit organization dedicated to improving the quality of care for people with End Stage Renal Disease (ESRD). It is one of 18 Networks across the country started by Congress in 1978. The purpose of the Networks is to help dialysis and transplant facilities provide high standards of care to patients and to assist patients with solving problems that they have at their facilities. ESRD Networks also collect and validate patient and treatment data for the Centers for Medicare & Medicaid (CMS).

ESRD Network #15 is under contract to CMS and serves the states of Arizona, Colorado, Nevada, New Mexico, Utah and Wyoming. It is governed by a volunteer Board of Directors and Medical Review Board that includes kidney doctors, nurses, social workers, dietitians, and patients. The boards and committees of the Network, like the Patient Leadership Committee, work with the Network #15 staff and the community to accomplish Network goals.

The Network has four departments: Quality Improvement, Patient Services, Information Management and Administration. Staff includes nurses, social workers and data specialists. All departments provide educational information about ESRD and technical assistance.

*Supported by Centers for Medicare & Medicaid Services Contract No HHSM-500-2006-NW015C. The opinions and conclusions expressed are those of the authors. They do not necessarily reflect CMS policy. The authors assume full responsibility for the accuracy and completeness of the ideas presented.*

## Have A Problem?



For treatment or facility problems talk to facility staff members first (social worker, head nurse, administrator, or doctor); then, follow the steps of the facility's grievance procedure; if the problem remains and is about quality of care, you may contact us at:

**ESRD Network #15**  
165 South Union Blvd., #466  
Lakewood, CO 80228  
**1 (800) 783-8818**  
Email: [info@nw15.esrd.net](mailto:info@nw15.esrd.net)

**OR**

You may contact your State Health Department:

**AZ:** (602) 364-3030  
**CO:** (303) 692-2904 or  
1 (800) 886-7689  
**NV:** 1 (800) 225-3414  
**NM:** (505) 476-9027 or  
1 (800) 752-8649  
**UT:** (801) 538-6158 or  
1 (800) 662-4157  
**WY:** (307) 777-7123

## Is Peritoneal Dialysis (PD) Right for Me?

PD is a type of dialysis that uses the inner lining of your abdomen (peritoneum) to clean your blood. It requires no needles, only a soft catheter located in your abdominal area to fill and drain the dialysis fluid on a daily basis-usually about 4 times a day. The exchange usually takes about 30 to 40 minutes and the dialysis solution is allowed to dwell in the abdomen about 4-6 hours. This process allows waste products and extra fluid to pass from your blood into the dialysis solution and be removed from the body, once the solution is drained and discarded.

There are different types of PD. Continuous ambulatory peritoneal dialysis (CAPD) and continuous cycler assisted peritoneal dialysis (CCPD). CAPD doesn't require a machine. You can walk around with the dialysis solution in your abdomen and go about daily activities. CCPD requires a machine called a cycler to

fill and drain your abdomen, usually while you sleep. CCPD is also sometimes called automated peritoneal dialysis (APD).

PD can give you more control of your dialysis, since you don't have to schedule dialysis treatments at a center. Treatments can be completed at home, at work, or on vacation. PD can also mean a more flexible diet because toxins and fluid are removed on a daily basis. But with this independence and freedom, comes responsibility - it is especially important that you work closely with your health care team: your doctor, dialysis nurse, dietitian, and social worker.

**If you think PD might be right for you, please talk to your doctor or nurse for more information.**



## Protect Yourself Against the Flu!

The Centers for Disease Control (CDC) says "Take 3" this flu season:

- 1. Take time to get a vaccine.** It's the best way to protect against the flu. Getting a vaccine is very important for people at high risk for serious flu complications and their close contacts. People at high risk include infants, pregnant women, people with chronic health conditions like asthma, diabetes, or heart disease, and people 65 and older.
- 2. Take everyday preventive actions.** This includes covering your nose and mouth with a tissue when you cough or sneeze and then throwing the tissue away, washing your hands often with soap and water, especially after you cough or sneeze, and trying not to touch your eyes, nose or mouth - germs often spread this way.
- 3. Take antiviral drugs if your doctor says to.** These drugs must be prescribed by a health care provider. If you develop flu-like symptoms (usually high fever, headache, extreme tiredness, dry cough, sore throat, runny or stuffy nose and muscle aches) or are exposed to the flu before you get the flu vaccine, your health care professional will decide whether you should take antiviral drugs.



## Featured Recipe: Tex-Mex Meatloaf

Serves 8 (3 ounces each)



### INGREDIENTS:

- ★ 2 cups white bread crumbs
- ★ 1/3 cup milk
- ★ 1 cup onion, chopped
- ★ 1 red or green bell pepper, chopped
- ★ 1 cup frozen corn, cooked and drained
- ★ 1 large egg, beaten
- ★ 1 tablespoon chili powder  
(ground red chili has no salt added)
- ★ 1 1/2 pounds lean ground beef

**Directions:** Preheat oven to 350 degrees. Soften bread crumbs in milk. Add onion, bell pepper, corn, egg, chili powder and bread crumb mixture to ground beef and mix well. Press into a 9 x 5-inch loaf pan. Bake 75-80 minutes. Let stand 10 minutes before serving. Pour off any excess fat before slicing.

**Note:** for lower potassium, reduce or omit chili powder, bell pepper and corn.

**Nutrient Analysis:** Calories: 291; Phosphorus: 163 mg; Fat: 18 gm; Potassium: 358 mg; Protein: 18 gm; Sodium: 142 mg.

**Renal and Renal Diabetic Exchanges:** 2 Meat, 1 Starch, 1 Fat, 1 Vegetable

This recipe is from the *Southwest Cookbook for People on Dialysis*, a project by the El Paso Chapter Council on Renal Nutrition and the National Kidney Foundation of Texas, Inc., funded by an educational grant from Amgen, Inc. (Unfortunately, this cookbook is no longer available.) This recipe is reprinted with permission from the National Kidney Foundation of Texas, Inc.

## Comparing Diet Plans for Peritoneal Dialysis (PD) and Hemodialysis (HD) Patients

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### SODIUM

Sodium is an essential mineral for the body to function, but too much sodium can cause excessive thirst and raise blood pressure.

**PD AND HD PATIENTS:** The amount of sodium allowed is the same. Food can be cooked with a small amount of salt, but no additional salt should be added to foods at the table.

### FLUIDS

When your kidneys fail, they lose their ability to get rid of extra fluid. Excess fluid in the body can raise blood pressure, causing strain on the heart and making it hard to breathe.

**PD AND HD PATIENTS:** Fluid gain and fluid intake work the same.

**PD PATIENTS:** Fluid intake is limited but can be more liberal than for patients doing HD. The dextrose in the dialysate used in PD draws excess fluid from the body and is removed from the peritoneal cavity at the end of each exchange. If more fluid is released than was put in, you will need to drink a little more. If less fluid is released than was put in, you will need to drink a little less.

**HD PATIENTS:** Fluid restrictions are determined by the amount of urine the body produces in a 24-hour period, remaining kidney function, and body size. Your dietitian and doctor will determine the right amount of fluid intake for you. Less fluid gain between treatments results in better-tolerated treatments and is easier on the heart. High fluid gains can lead to cramping during dialysis, and possibly longer treatment times.

Be Sure To Talk With Your Dietitian and Doctor about Your Specific Diet Needs.

Information adapted from "The Hemodialysis Diet versus the Peritoneal Diet" by Maria Karalis, *aakpRENALIFE*, January 2005, Vol.20, No.4.

## Need information on Medicare Part D plans?

Go to:

[www.medicare.gov](http://www.medicare.gov)

or

[www.kidneydrugcoverage.org](http://www.kidneydrugcoverage.org)

## Become a Member of Network #15's Patient Leadership Committee

Network #15's Patient Leadership Committee is a volunteer advisory committee of the Network. We welcome applications from patients of diverse backgrounds, all treatment modalities and from all six of our Network #15 states.

The Patient Leadership Committee currently has six patients and one dialysis staff person from five of the six states within the Network representing hemodialysis, peritoneal dialysis, and transplant.

Members review patient educational materials, write articles for *Renal Roundup* and participate in group projects designed to benefit all patients in Network #15.

If you are interested in becoming a member, call the Patient Services Department at our toll free number: 1-800-783-8818.



## Why do I volunteer for the Patient Leadership Committee?

I have a very busy life. I am 75 years old and have been on dialysis since May 2007. I am a part time security guard at the university and also help my spouse take care of our 15 month old grandchild. I am active in my church and other community organizations. After reading about the Network #15 program, I found out that it would probably be a good challenge to get into. I am a type of person who will try anything. At this point it has been challenging and I have been enjoying it. I also enjoy the great team we have.

**Manuel R. Villa, in-center hemodialysis patient, New Mexico**

I want to give people the support they need. I have always wanted to reach out to others. I want to reach out to other patients and show them that it's not the end but just a stepping stone. What do I want people to know? People on dialysis should focus on what's important to them. For example, I focus on my family. I also want people to know that they can still lead normal and productive lives.

**Carol Joyce, in-center hemodialysis patient, Nevada**

"What goes around comes around" was what my grandmother used to tell me when I was little. I believe this is very true and it became a part of my life's attitude. I have done much volunteering in my life and there is no doubt that the experiences I gained from each event gave me more confidence in my life and my career. Lending a hand not only makes me feel good about giving something back to society but also gives me a sense of achievement, personal growth, recognition, and a sense of belonging. When I saw the opportunity to be a part of the Patient Leadership Committee, I did not hesitate to apply and I am excited to be a participant. This gives me an opportunity to get to know new people, learn more about living with kidney disease from new perspective, share my knowledge and experience with others, and help other patients be more proactive in their medical care. I always believe that taking an initiative in life will lead to a more quality and productive life.

**Christine Nguyen, peritoneal dialysis patient, Utah**

## Want to learn about kidney treatment? Go to school...Kidney School™!

This FREE online school has a fresh new look and updated content.

There are 16 modules that you can visit any time you like, 24 hours a day. Topics include treatment options, diet, anemia, heart health, lab tests, sexuality, long-term complications, and much more. Kidney School is intended to help patients take charge of their kidney health. See for yourself at [www.kidneyschool.org](http://www.kidneyschool.org)

