Renal Pathway

Kidney Transplant Pathway

Peritoneal Dialysis (PD) Pathway

Haemodialysis (HHD) Pathway

Unit Haemodialysis

Cons Care Pathway

My Kidney Journey





Renal Pathway

Kidney Transplant Pathway

Peritoneal
Dialysis (PD)
Pathway

Haemodialysis (HHD) Pathway

Unit Haemodialysis

Conservative
Care Pathway



Return to main menu

01Introduction to CKD nurse

02 Two way discussion

03Shared decision making

04Your decision& your journey

05Monitoring

06Starting

07 Where to get more information

Introduction to CKD nurse

You will be guided and supported on your renal journey by both your renal consultant (nephrologist) and a dedicated nurse specialist. You will meet your nurse specialist when your kidney function blood test (eGFR) is between 20-25mls/min. Your nurse will:

- be a point of contact and support you throughout your renal journey.
- help you understand about chronic kidney disease (CKD).
- provide information on treatment options Kidney Transplantation, Peritoneal Dialysis, Home Haemodialysis, Unit Haemodialysis & Supportive Care.
- discuss how to keep yourself fit and healthy whilst living with CKD: keeping fit & active, healthy diet, blood pressure control, help to stop smoking and managing diabetes.
- may recommend the BALANCE program, an inhouse programme run by dieticians and physiotherapists to help with weight loss and improve your levels of activity.
- ask about current work and home circumstances to assess whether you may benefit from any extra help at some stage. We want to help give you access to as many different treatments as possible. There is a lot of support available.
- invite you to attend our Renal Support Programme which allows you to meet other kidney patients in similar situations, hear about treatments, and let you meet the wider Nephrology & Transplant team.
- show you Patient's Know Best (PKB) (a patient app/website) which allows you to have access to your medical records and test results. You simply need an email address and the nurse specialist can set help it up. A family member can access it on your behalf if you prefer.

Return to main menu

01Introduction to CKD nurse

02Two way discussion

03Shared decision making

04Your decision
& your journey

05Monitoring

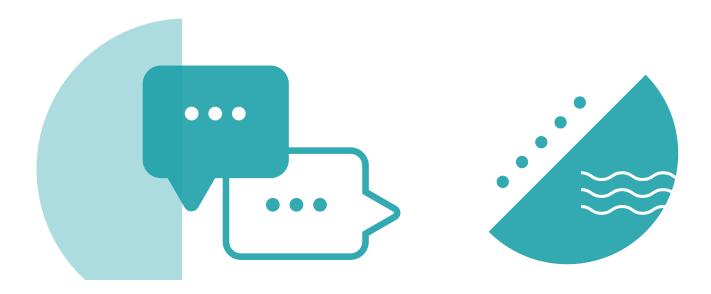
06Starting treatment

07 Where to get more information

Two way discussion

In the 2nd appointment with your nurse they will:

- encourage you to bring family/friends to help support you and help their understanding.
- discuss the information given so far in more detail.
- discuss any questions or concerns you have about particular treatments.
- explain how some treatments may not be suitable for everyone due to other health problems, social circumstances, how much support you may need day to day from family or carers and your general fitness level.
- give you more time to discuss with family and friends after your appointment.



Return to main menu

01 Introduction to CKD nurse

02

Two way discussion

03Shared decision making

04Your decision
& your journey

05Monitoring

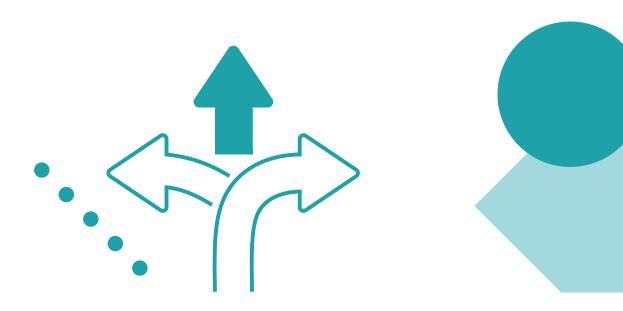
06Starting
treatment

07 Where to get more information

Shared decision making

In the 3rd meeting with your nurse, and then during meetings with your consultant in clinic:

- we will come to a decision as to which treatment you would prefer in the future.
- we will explain what happens next for your treatment plan.
- if you have chosen transplant we will often recommend you choose a dialysis treatment as well in case you need treatment before you get a transplant.
- your nurse will write to your GP informing them of the treatment choice you have made.
- some patients need more time or further meetings to come to a decision and patients can always change their minds in the future.



Return to main menu

01 Introduction to CKD nurse

UZ Two way discussion

03Shared decision making

04Your decision & your journey

05Monitoring

06Starting treatment

07Where to get more information

Your decision & your journey

At this stage, you should have a clear understanding of your choice and the treatment pathway you would like to follow. As you progress on your renal journey you will meet specialist teams for your chosen treatment - Live Donor Transplant, Transplant, Home Dialysis, Vascular Access, Supportive Care/Palliative Care.

You may also be referred to other members of the multidisciplinary team for support such as:

- Renal Social Worker
- Renal Psychology
- BALANCE (Dieticians and Physio)
- Renal Pharmacist
- Kidney Care UK
- Popham Kidney Support
- Kidney Wales

Your nurse specialist will still be a point of contact and see you in clinic.

01 Introduction to CKD nurse

UZ Two way discussion

03Shared decision making

04Your decision & your journey

05Monitoring

06Starting treatment

07Where to get more information

Monitoring

You and your blood results will be monitored in clinic by your consultant and nurse specialist until you start your treatment. The frequency of your appointments will depend on blood results and how you have been feeling recently. You may feel well during this period but if you start to experience any of the following symptoms, please contact your nurse or discuss at your next clinic appointment:

- Swollen ankles and/or breathlessness
- Nausea (Feeling Sick)
- Itching
- Loss of Appetite
- Altered taste in the mouth
- Cramps/Restless Legs
- Tiredness

If you are feeling particularly unwell, please ensure you seek medical advice from your local GP or out of hours service. In an emergency dial 999.

01Introduction to CKD nurse

02Two way discussion

03Shared decision making

04Your decision& your journey

05Monitoring

06Starting treatment

07Where to get more information

Starting Treatment

Starting treatment will depend on which pathway you have chosen and how well you are.

It may be possible for you to have a pre-emptive kidney transplant, meaning you may never need to start dialysis, receiving a kidney from a living donor on a planned operation date or being called from the deceased waiting list.

If you have opted for a transplant, while preparations are being made for a live donor kidney transplant, while you are being assessed for suitability or even after you have gone on to the deceased donor waiting list your symptoms or blood tests may reach the point where you need to start dialysis first. A kidney transplant can take place after you have started dialysis although the preference where possible is to get a transplant first.

Whether you are for a transplant or not, if your symptoms are worsening or your bloods are deteriorating, we may suggest that you start dialysis. On average, patients start dialysis when their kidney function is between 5-12mls/min.

Once you have started treatment, you will be looked after and regularly monitored by the specialist transplant and dialysis teams.

For those who have opted for supportive care, you will continue to be monitored by your Nephrology Consultant, nurse specialist & your GP. You may also be referred to the supportive care or palliative care team for symptom control & management.

Return to main menu

01Introduction to CKD nurse

UZ Two way discussion

03Shared decision making

04Your decision & your journey

05Monitoring

06Starting treatment

07Where to get more information

Where to get more information

For further information, please visit the following:

Welsh Kidney Network

Kidney Care UK

Kidney Wales

Popham Kidney Support



Return to main menu

Renal Pathway

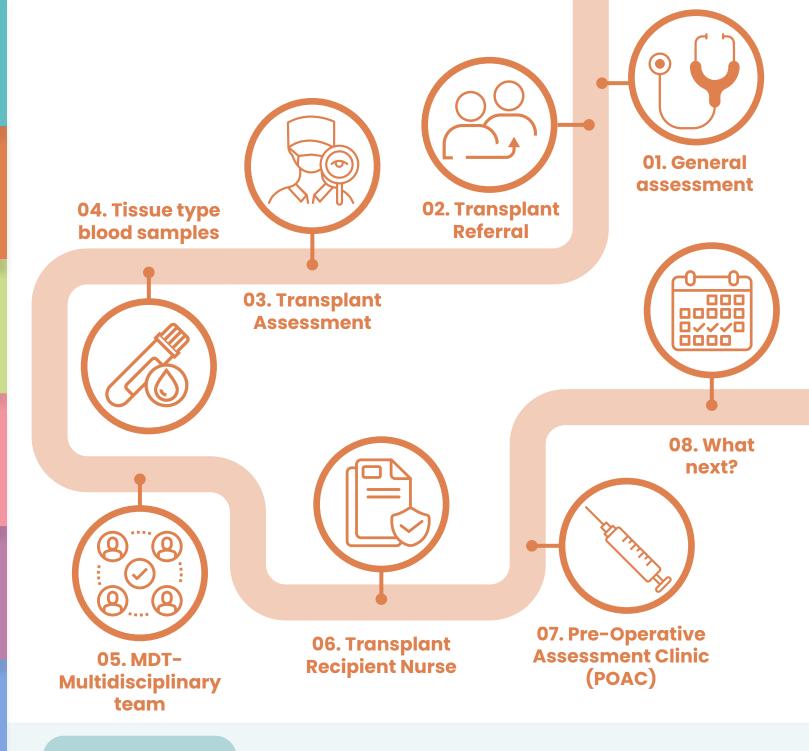
Kidney Transplant Pathway

Peritoneal Dialysis (PD) Pathway

Haemodialysis (HHD) Pathway

Unit Haemodialysis

Conservative Care Pathway



Return to main menu

01General assessment

02 Transplant referral

03Transplant assessment

04Tissue type
blood samples

05MDT: Multidisciplinary team

06 Transplant Recipient nurse

07Pre-Operative
Assessment Clinic

08 What next?

Kidney Transplant Pathway

General assessment

Your nephrologist and specialist nurse will discuss your overall health and level of fitness with you. You might be asked to lose weight or increase the amount of exercise you take. We can support you with this as part of the BALANCE programme. If transplantation would be a good option for you, your consultant will arrange a heart tracing (ECG), heart scan (echocardiogram) and Chest X-ray. You may need additional tests, depending on your age and medical history.

Your nephrologist will also outline the potential risks and benefits of a transplant for you, and what long term treatment will be needed.

We will ask you if you have someone you know who may consider being a live kidney donor. Information will be sent to you to share with them and they can contact the live donor team for more information.

A psychosocial assessment takes place. You and your family may have some unexpected feelings during this journey and we check you are emotionally prepared for the physical and emotional aspects of the surgery, post-transplant care, and for living with a new kidney.

More information on kidney transplant is available here:

Kidney - Organ transplantation - NHS Blood and Transplant (nhsbt.nhs.uk)

Return to main menu

03Transplant assessment

04Tissue type
blood samples

05MDT: Multidisciplinary team

06 Transplant Recipient nurse

07 Pre-Operative Assessment Clinic

08 What next?

Transplant referral

A referral form is completed by your consultant and sent to the transplant team provided:

- you are felt to be a suitable candidate for kidney transplant and are keen to proceed.
- the ECG, Chest X-ray and echocardiogram are satisfactory.
- additional tests, especially any extra cardiac tests needed based on your age or medical history are completed and satisfactory.

You will receive an appointment to see a transplant surgeon in the transplant assessment clinic.



Return to main menu

01General assessment

02 Transplant referral

03Transplant assessment

04Tissue type
blood samples

05MDT: Multidisciplinary team

06 Transplant Recipient nurse

07Pre-Operative
Assessment Clinic

08 What next?

Kidney Transplant Pathway

Transplant assessment

This appointment is to assess your suitability for transplant. The surgeon will carry out:

- A full medical and surgical history: Asking you questions about any illnesses or operations you have had.
- A physical examination
- **Tests:** Your surgeon will review all results from the tests you have had. They may then refer you for extra tests such as Cardiopulmonary Exercise Test, ultrasound test to see how good the blood flow through the arteries and veins supplying your legs.
- **Blood test:** Tests to screen for infections (including HIV, hepatitis, EBV and CMV) are also performed before your transplant. This is because medications we give to prevent rejection of the transplant reduce your immune system.
- **Transplant choices:** The surgeon will discuss your transplant options:

Living donor: If you have potential living donor your surgeon will provide you with the contact details for your donor to speak to our living donor team.

Deceased donor list: matches are made based on a combination of factors, including your blood group, your tissue type, whether you have tissue type antibodies and how long you have been on dialysis (if applicable). There is also matching for other donor and recipient factors such as age and medical history.

If you have specific health issues, the transplant surgeon may refer you to see an anaesthetist at this stage.

03Transplant assessment

04Tissue type blood samples

05MDT: Multidisciplinary team

06 Transplant Recipient nurse

07Pre-Operative
Assessment Clinic

08 What next?

Tissue type blood samples

These are blood tests to see your "tissue type" and also detect whether antibodies have been made to other tissue types (this can occur after a blood transfusion, pregnancy or a transplant). This will be explained by the nurses and surgeons in the clinic.

Your first tissue typing blood samples will be taken at your transplant assessment, second sample will be taken at your next transplant appointment after this. If you are activated on the deceased donor list then you will need regular samples taken every 12 weeks.



Return to main menu

03 Transplant assessment

04 Tissue type blood samples

05MDT: Multidisciplinary team

06 Transplant Recipient nurse

07 Pre-Operative Assessment Clinic

08 What next?

MDT- Multidisciplinary team

This meeting has transplant surgeons, nephrologists, transplant nurse specialist, chronic kidney disease nurse specialists, physiotherapists and dietitian in attendance. In this meeting your surgeon will discuss all your test results and information taken at your transplant assessment appointment with the whole team. If the team think you need extra tests before you can be considered for a transplant or are not suitable for a kidney transplant then you will be informed of this. If they are happy for you to have a kidney transplant we will arrange for you to see our transplant recipient nurse specialist.



Return to main menu

03 Transplant assessment

04Tissue type blood samples

05MDT: Multidisciplinary team

06Transplant
Recipient nurse

07 Pre-Operative Assessment Clinic

08 What next?

Transplant Recipient Nurse

At this appointment you will be provided with details about being on the kidney transplant list and receiving the call (if applicable), the transplant process from admission to theatre, post-transplant care including long term care of your kidney transplant. If you are happy with all of the information then you will be asked to sign a consent form which will be individualised for you.



Return to main menu

03 Transplant assessment

04 Tissue type blood samples

05MDT: Multidisciplinary team

06 Transplant Recipient nurse

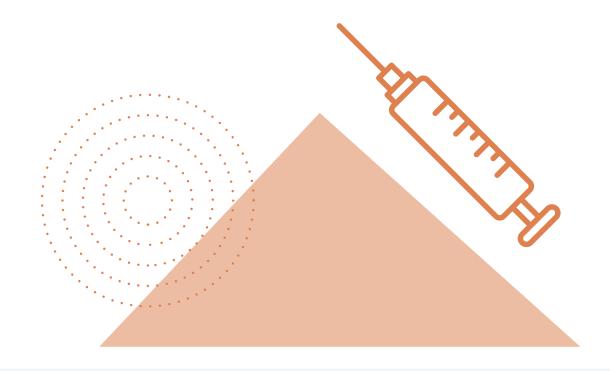
07Pre-Operative
Assessment Clinic

08 What next?

Pre-Operative Assessment Clinic (POAC)

You will either be referred by your transplant recipient nurse or your transplant consultant to be seen by the POAC team to carry out an anaesthetic assessment.

If you are having a live donor transplant, you will be seen by an anaesthetist in our transplant outpatient department, two weeks before planned live donor date therefore not required to have a POAC assessment.



Return to main menu

03Transplant assessment

04Tissue type
blood samples

05MDT: Multidisciplinary team

06Transplant
Recipient nurse

07 Pre-Operative Assessment Clinic

08What next?

What next?

Live kidney donor

If you are awaiting a live kidney donor transplant we will be informed of the date of your surgery and you will need to attend clinic 2 weeks before this date for an appointment to make sure you are fit and well for surgery.

Activation on the list

If you are to be activated on the deceased donor transplant list this could take a few weeks (and sometimes longer) after your appointment with the transplant nurse. This is while our tissue typing department are processing your blood samples. You will receive a phone call when you have been activated. You will have annual reviews and tests carried out while you are on the transplant list. If you are unwell, admitted to hospital or planning to travel whilst on the list we ask that you inform the transplant team.



Return to main menu

Renal Pathway

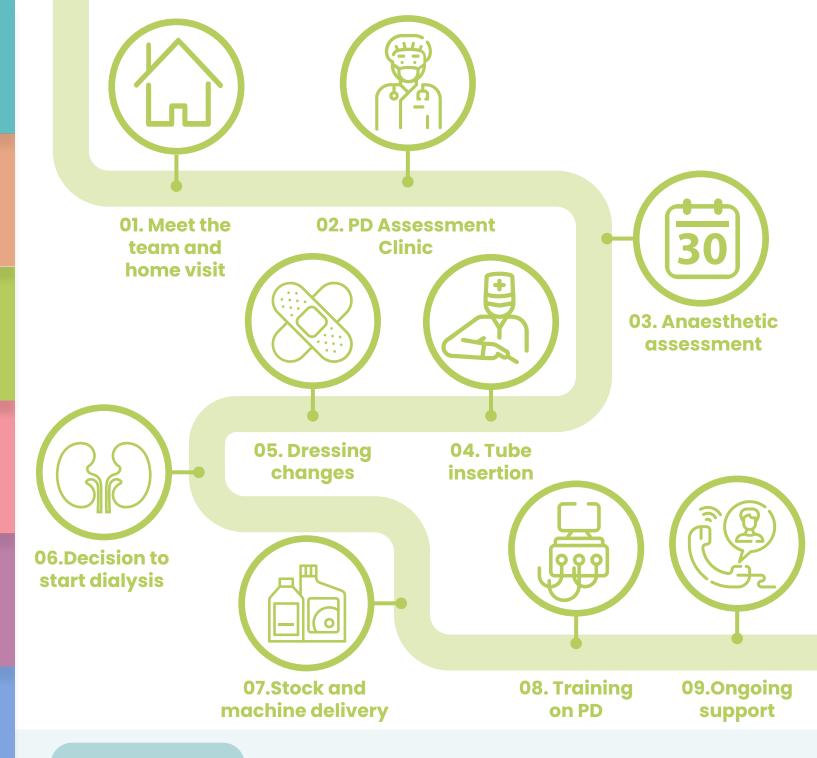
Kidney Transplant Pathway

Peritoneal Dialysis (PD) Pathway

Haemodialysis (HHD) Pathway

Unit Haemodialysis

Conservative Care Pathway



Return to main menu

- 02 PD Assessment
- **03** Anaesthetic
- 04 Tube insertion
- 05 Dressing changes
- 06 Decision to start dialysis
- 7 machine delivery
- 08 Training on PD
- 09 Ongoing support

Meet the team and home visit

The peritoneal dialysis (PD) team will call you by telephone to introduce themselves and to arrange a convenient time to visit you at home. During the visit they will discuss with you about:

- recap about what is peritoneal dialysis
- the next steps in getting ready for the treatment
- where in your house would be suitable to store the machine and the dialysis fluid
- how PD fits around other aspects of your life like pets and holidays
- answer any questions you have at that time



- 02 PD Assessment Clinic
- **03** Anaesthetic
- 04 Tube insertion
- 05 Dressing changes
- 06 Decision to start dialysis
- 7 machine delivery
- 08 Training on PD

09 Ongoing support

PD Assessment Clinic

You meet a surgeon who checks that you are suitable to have a PD tube inserted into your tummy. You will be given bowel prep to take home ready for the days before the operation to put the tube in - this helps to prevent you being constipated which can cause the tube to not work properly.



Return to main menu

01 Meet the team and home visit

02 PD Assessment Clinic

03 Anaesthetic assessment

04 Tube insertion

05 Dressing changes

06 Decision to start dialysis

7 machine delivery

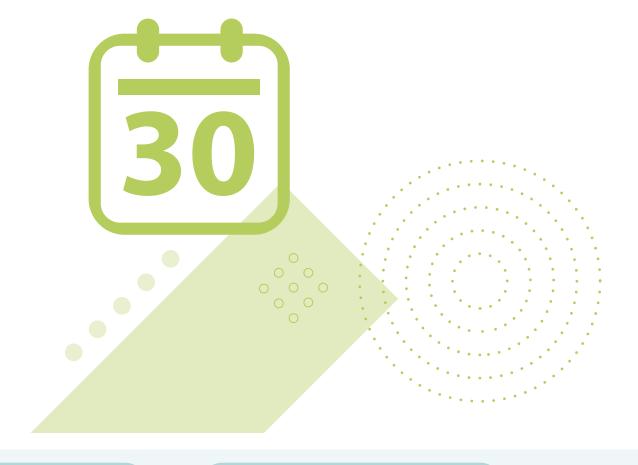
08 Training on PD

09 Ongoing support

Peritoneal Dialysis (PD) Pathway

Angesthetic assessment

Most tubes are inserted under general anaesthetic. You will be assessed depending on your health problems and levels of fitness. You will get a date for the operation to insert the tube soon after this.



Return to main menu

01 Meet the team and home visit

02 PD Assessment

03 Anaesthetic

04 Tube insertion

05 Dressing changes

06 Decision to start dialysis

7 machine delivery

08 Training on PD

09 Ongoing support

Peritoneal Dialysis (PD) Pathway

Tube insertion

You will have taken the bowel prep in the days leading up to the surgery. Most patients are admitted on the day of the operation and most patients go home the same day.



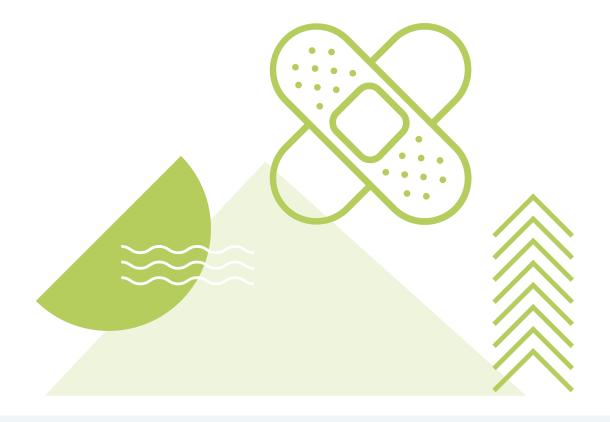
Return to main menu

- 02 PD Assessment
- 03 Andesthetic assessment
- 04 Tube insertion
- 05 Dressing changes
- 06 Decision to start dialysis
- 7 machine delivery
- 08 Training on PD

09 Ongoing support

Dressing changes

Over the 3 weeks after the tube is inserted, the PD team will do weekly dressing changes and flush the tube to check it is working properly. This will either be at your home or in clinic. This will be a good opportunity for you to start to learn about looking after the tube.



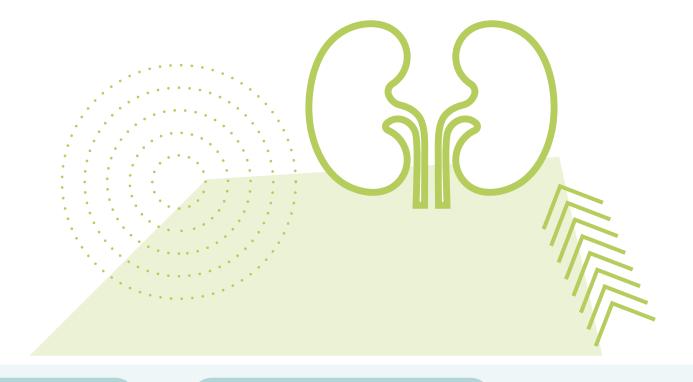
Return to main menu

- 02 PD Assessment
- 03 Anaesthetic
- **04** Tube insertion
- 05 Dressing changes
- **06** Decision to start dialysis
- 7 machine delivery
- 08 Training on PD

09 Ongoing support

Decision to start dialysis

Your blood results and symptoms will be monitored more often in clinic as the kidney function becomes lower. The clinical team and you will agree when it has reached the time to start dialysis.



Return to main menu

- 02 PD Assessment
- 03 Andesthetic
- 04 Tube insertion
- 05 Dressing changes
- 06 Decision to start dialysis
- O7 Stock and machine delivery
- 08 Training on PD
- 09 Ongoing support

Stock and machine delivery

The PD team will order a peritoneal dialysis machine and arrange for the first stock of dialysis fluid to be delivered to your home. Regular deliveries of dialysis fluid will take place from now on (usually monthly).

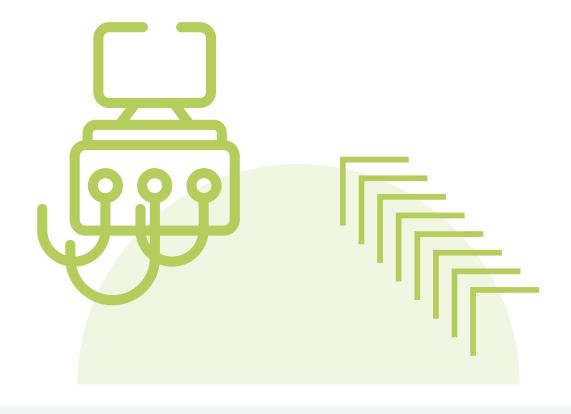


Return to main menu

- 02 PD Assessment
- 03 Andesthetic
- **04** Tube insertion
- 05 Dressing changes
- 06 Decision to start dialysis
- 7 machine delivery
- 08 Training on PD
- 09 Ongoing support

Training on PD

The PD team will train you on your machine and ensure that you can safely do the PD. They can also show your family or friends about the treatment. Occasionally some patients have problems with the tube such as it having moved due to constipation and needing reposition. The team will help to resolve these problems.



Return to main menu

- 02 PD Assessment
- 03 Andesthetic
- 04 Tube insertion
- 05 Dressing changes
- 06 Decision to start dialysis
- 7 machine delivery
- 08 Training on PD

09 Ongoing support

Ongoing support

Further home visits will continue as you settle into dialysis. Should you have any queries, you will be able to directly contact the PD team during weekdays and the on-call dialysis medical team out of hours. You will be seen regularly in the PD clinic to check your health, how well the dialysis is working and ongoing planning for the future eg a kidney transplant.



Return to main menu

Renal Pathway

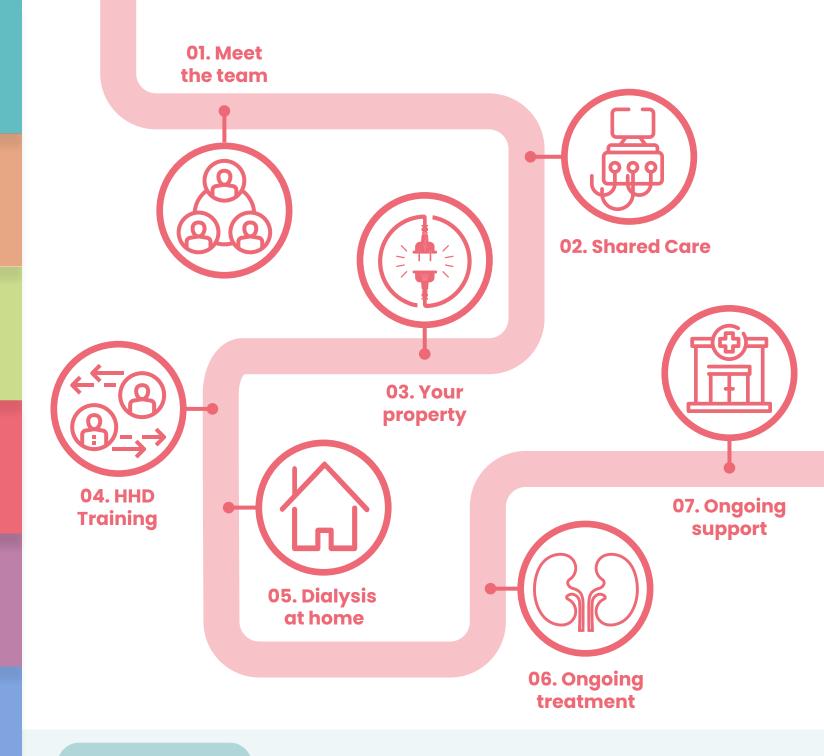
Kidney Transplant Pathway

Peritoneal Dialysis (PD) Pathway

Haemodialysis (HHD) Pathway

Unit Haemodialysis

Conservative Care Pathway



Return to main menu

Haemodialysis (HHD) Pathway

02 Shared Care

03Your property

04 HHD Training

05Dialysis at home

06 Ongoing treatment

0 / Ongoing support In Cardiff, all patients who eventually do home haemodialysis (HHD), first have haemodialysis in one of the dialysis units (see the "Unit Haemodialysis Pathway"). Patient choose HHD at different times - some patients are keen to do HHD from when they are in the regular kidney clinic but some patients only request HHD after getting some experience in the unit. We encourage all our patients to be as involved as possible in their dialysis treatment and to do as much "Shared Care" as possible. You can make the choice for HHD at any time and we regularly encourage patients in the dialysis units to consider it. The steps below outline what happens after you have made the choice to consider HHD.

Meet the team

The HHD team will contact you by telephone to introduce themselves and to arrange a convenient time to visit you either at home or in the dialysis unit. During the visit they will discuss with you (and a dialysis partner if you have one) about:

- recap about what haemodialysis involves and shared care in the dialysis unit.
- the next steps in getting ready for the treatment at home.
- help decide where in your home would be suitable to do the dialysis and store equipment boxes.
- how HHD fits around other aspects of your life like work, pets and holidays.
- answer any questions you have at that time.

Return to main menu

Haemodialysis (HHD) Pathway

02 Shared Care

03Your property

04HHD Training

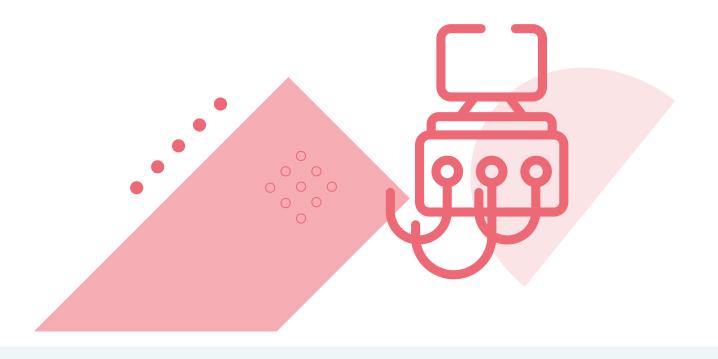
05Dialysis at home

06Ongoing treatment

07 Ongoing support

Shared Care

Once you start haemodialysis in the unit, you will be encouraged to start doing Shared Care. This is where you are encouraged to start learning to set up your machine and connect yourself to the machine, with support from the dialysis unit nurses. At first, you will simply do some basic tasks like weighing yourself and gathering some equipment. Some patients have someone close to them who will eventually help do the HHD at home (dialysis partner) and, where possible, we encourage those people to attend dialysis in the units to also start learning and doing shared care. However, many patients who do HHD live alone and have no dialysis partner.



Return to main menu

Haemodialysis (HHD) Pathway

02 Shared Care

03 Your property

04HHD Training

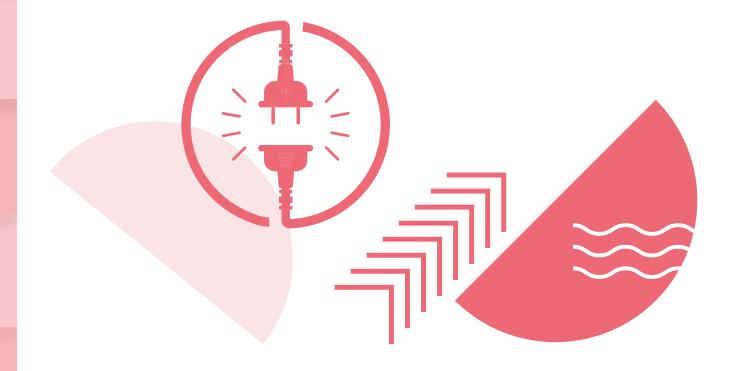
05Dialysis at home

06 Ongoing treatment

07 Ongoing support

Your property

HHD requires a machine, plumbing and electrical sockets to be installed by our technicians. The room will be returned to its original state if you stop the treatment. This is free of charge. Patients who live in rented accommodation can have this done with the agreement of the landlord. For patients who live in council accommodation which is not suitable for HHD, we can provide supporting letters to help that patient obtain more suitable accommodation with enough space.



Return to main menu

Haemodialysis (HHD) Pathway

02 Shared Care

03 Your property

04HHD Training

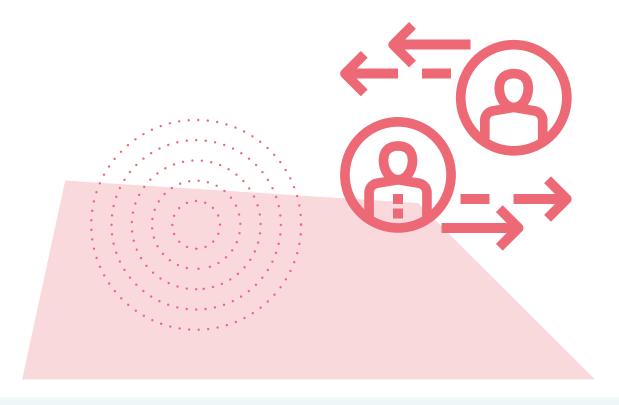
05Dialysis at home

06 Ongoing treatment

07 Ongoing support

HHD Training

Once we are happy that the property is suitable and shared care is going well we will agree a time with you when we are ready to start preparing for home. You will start training (with your dialysis partner if you have one) in a specialist dialysis unit under the supervision of the HHD nurses. This is normally over several weeks and you will be able to do the dialysis independently by the end of it.



Return to main menu

Haemodialysis (HHD) Pathway

02 Shared Care

03Your property

04HHD Training

05Dialysis at home

06 Ongoing treatment

07 Ongoing support

Dialysis at home

Once everything is set up at home and the dialysis is going well in the training unit we will agree a date to start doing the dialysis at home with one of the HHD nurses present. The dialysis nurse will gradually be less involved until they stop attending and you are having treatment at home independently.



Return to main menu

Haemodialysis (HHD) Pathway

02 Shared Care

03Your property

04HHD Training

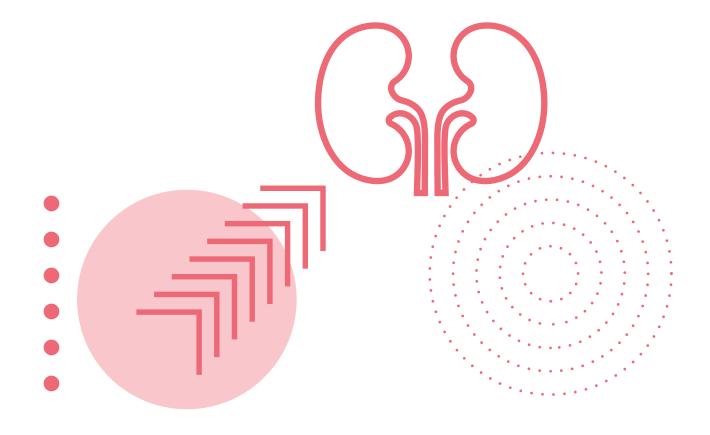
05Dialysis at home

06Ongoing treatment

07 Ongoing support

Ongoing treatment

The HHD team will arrange for the dialysis fluid and equipment used each dialysis session to be delivered regularly to your home. The cost of the water and electricity used for treatment will be reimbursed to you.



Return to main menu

Haemodialysis (HHD) Pathway

02 Shared Care

03Your property

04HHD Training

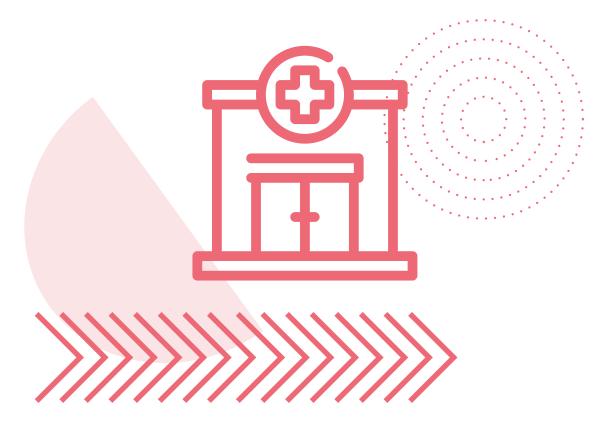
05Dialysis at home

06 Ongoing treatment

07Ongoing support

Ongoing support

Further home visits will continue as you settle into dialysis. Should you have any queries, you will be able to directly contact the HHD team during weekdays and the on call dialysis medical team out of hours on the ward. You will be seen regularly in the HHD clinic to check your health, how well the dialysis is working and ongoing planning for the future e.g. a kidney transplant.



Return to main menu

Renal Pathway

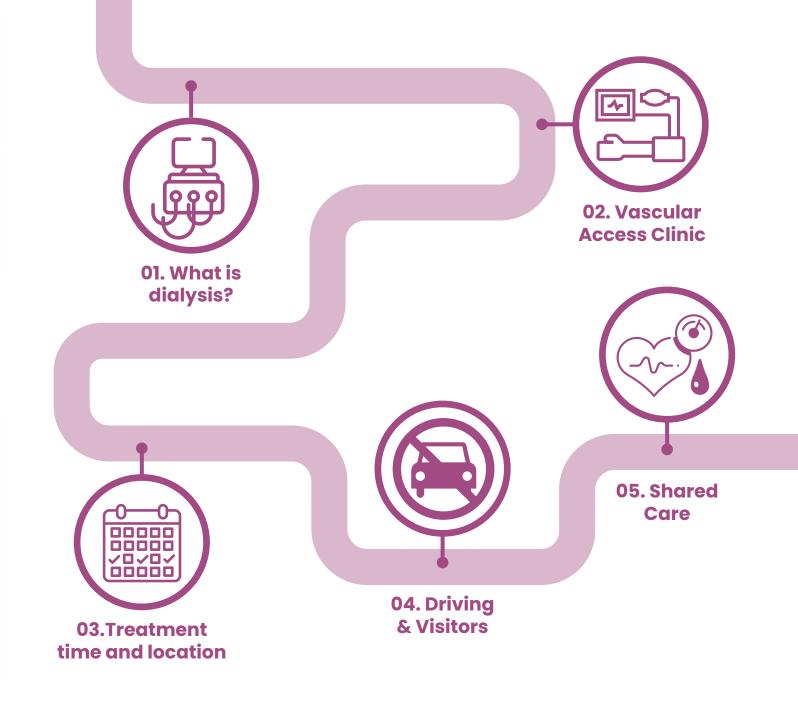
Kidney Transplant Pathway

Peritoneal Dialysis (PD) Pathway

Haemodialysis (HHD) Pathway

Unit Haemodialysis

Conservative Care Pathway



Return to main menu

02 Vascular Access Clinic

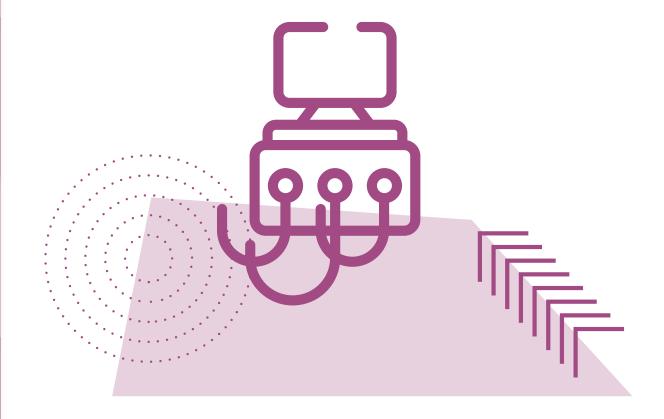
03Treatment time and location

04Driving & Visitors

05 Shared Care

What is dialysis?

Haemodialysis treatment involves using a kidney machine called a 'dialysis machine' to clean the blood and remove excess water when your kidneys are no longer able to do this for you. Blood is transported outside the body, passes through a filter and is then returned back to you once cleaned.



Return to main menu

Return to Unit Haemodialysis Pathway Roadmap

Unit Haemodialysis

01What is dialysis?

02Vascular
Access Clinic

03Treatment time and location

04Driving & Visitors

Vascular Access Clinic

We will need to plan a way for your blood to be connected to the dialysis machine. This could either be through an arteriovenous fistula (AVF - also known as a fistula), a tunnelled line (also known as a permeath) or arteriovenous graft (AVG) or 'graft'.

Please use the below link to access videos about what a fistula is and how it is created: Fistula Surgery – Cardiff Kidney (explainmyprocedure.com)

Please use the below link to access a video about what a tunnelled line is and how it is inserted: Tunnelled Lines – Cardiff Kidney (explainmyprocedure.com)

You will be referred to the Vascular Access Team who will undertake assessments and scans to find out which option would be suitable for you. You may find we refer you to the team long before you need to start dialysis. This is for us to know what options are available to you and it also gives us time to make sure that your access is working well, ready for when you need to start treatment.

05 Shared Care

02 Vascular Access Clinic

03Treatment time and location

04Driving & Visitors

Treatment time and location

Dialysis treatment usually lasts for 4 hours and is carried out 3 times a week. You will be allocated a dialysis slot on either a:

Monday + Wednesday + Friday or

Tuesday + Thursday + Saturday

AM or PM

The dialysis units in South East Wales are found in the following locations:

- David Thomas Dialysis Unit University Hospital of Wales (Cardiff)
- Cardiff South Penarth Road
- Cardiff North Pentwyn
- Llantrisant
- Newport
- Pontypool
- Merthyr

We will aim for you to start treatment in a unit closest to your home but this may not always be possible due to demand. If this is the case, you will be put on a waiting list to move to a unit closer to home when a slot becomes available.

05 Shared Care

02 Vascular Access Clinic

03Treatment time and location

04Driving & Visitors

05 Shared Care

Driving & Visitors

We do not recommend you drive to dialysis when you first start treatment, but family/ friends are welcome to drop you at the unit. After your initial few weeks of dialysis, if you feel well enough to drive, we may suggest you can start driving yourself to and from treatment. If you are unable to drive, we provide transport to drop you to and from the unit.

Most units do not allow visitors to stay for the entirety of treatment, but this can be discussed further with the unit you are attending.



Return to main menu

Return to Unit Haemodialysis Pathway Roadmap

02 Vascular Access Clinic

03Treatment time and location

04Driving & Visitors

Shared Care

Every dialysis session, you will need to weigh yourself before starting treatment, and again after treatment. Your blood pressure will be closely monitored throughout the session to ensure it is within acceptable range. You will need monthly blood tests to ensure that the treatment is working adequately & to monitor your general health and wellbeing whilst on dialysis.

We encourage patients to do shared care as it gives you the opportunity to participate in all aspects of your treatment. Patients find it to be very positive including building confidence and many patients go on to consider haemodialysis at home. You can learn small tasks such as monitoring your vital signs, washing your hands & preparing your dialysis pack, to lining and priming your dialysis machine and needling your fistula.

Please see below link for further information on shared care: Shared haemodialysis care | Kidney Care UK

Once you have started dialysis, you may be asked to make changes to your diet or monitor how much fluid you are consuming. The renal dietician can offer some great information about how to manage this at home.

05 Shared Care

Renal Pathway

Kidney Transplant Pathway

Peritoneal Dialysis (PD) Pathway

Haemodialysis (HHD) Pathway

Unit Haemodialysis

Conservative Care Pathway

Conservative Care Pathway

Having dialysis treatment is not considered an option for everyone. One of the options for treating advanced kidney disease is to manage your symptoms using medications where possible and not have dialysis. Dialysis is a demanding treatment and it can make your life challenging. If you have many other medical conditions and you are in poor health, dialysis itself may not improve symptoms of other medical conditions. Some people on dialysis can spend large amounts of time in hospital having dialysis or being treated for its complications.

Choosing not to have dialysis will mean that generally your symptoms will get worse slowly over time. As these symptoms occur it is important that you discuss them with your doctors or nurses so that they can support you.

Your doctors and nurses will continue to work with you to keep you as well as possible for as long as possible. The following are ways your kidney team can help;

- Treat the symptoms of chronic kidney disease
- Treating anaemia which can cause symptoms of fatigue, feeling cold and feeling short of breath
- Give you advice regarding fluid and diet
- Refer you to local services to help support you and your family at home in the final weeks and months of your life"

You may decide that you may not want to continue going to clinics to see the consultants.

Return to main menu