

# What type of dialysis better to choose first?

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# Background

- \* Pre-dialysis CKD-patients are offered options of treatment for end-stage renal failure including:
  - \* Hemodialysis (HD)
  - \* peritoneal dialysis (PD)
  - \* kidney transplantation
- \* Nursing assessment
- \* Information about all treatment options
- \* The patient is free to choose his preferred treatment method, if there are no clear contraindications.

# Objectives

- \* To optimize the treatment modality choice in CKD-patients**

# Presentation of the dilemma

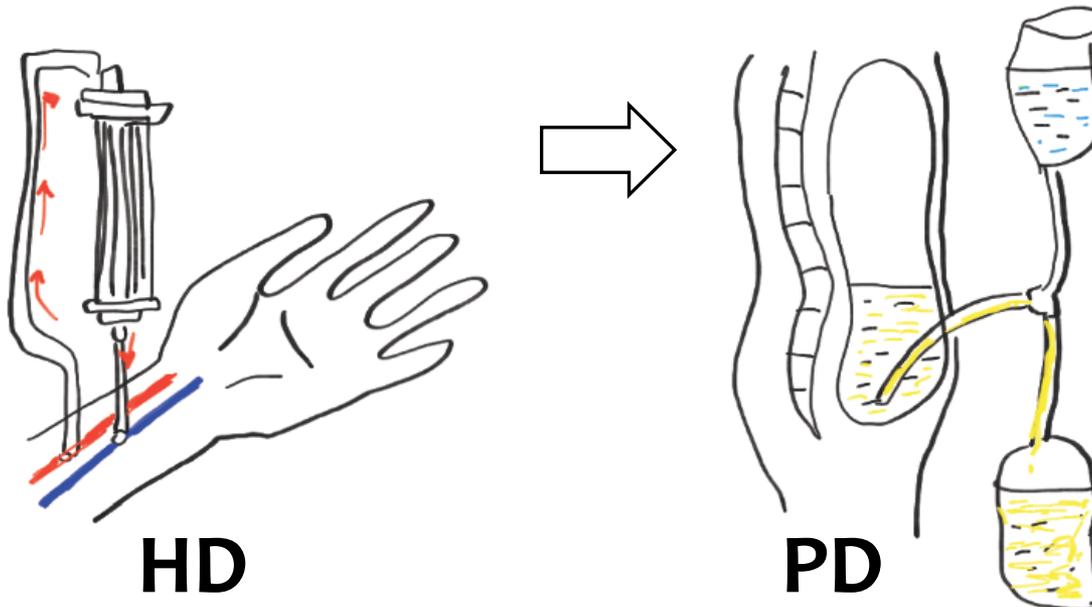
- \* There is a **possibility of transition** between two dialysis methods
- \* The consequences are not the same for each method
  - \* The transition from HD to PD is usually accompanied by **cessation of renal function**
  - \* As a result, **more intensive treatment** on PD is required and sometimes peritoneal dialysis may be insufficient
- \* However, if a patient who started PD have exhausted advantage of the treatment, he underwent hemodialysis with preserved blood vessels and options for vascular access for HD

# Discussion

- \* Is there a place to shift the weight of the decision to a caretaker team that will direct the patient to begin with an optimal method for him?
- \* Is there a place to start with peritoneal dialysis first?

# Patients and Methods

- \* During three years period **eight hemodialysis patients** had to transfer to **PD**



# “Why did you choose hemodialysis?”

In an attempt to understand the reasons for preferring HD over PD, the following factors arose:

- \* fear of taking responsibility for self-care treatment
- \* body image
- \* bringing illness home
- \* daily treatment versus 3 times a week
- \* absence of family support.

# Results

- \* Transferring patients from HD to PD occurred between 1 and 8 years
- \* Reasons for transfer:
  - \* 50% of patients with **vascular access failure** (3-8 years) without residual renal function
  - \* The remaining 50% of patients underwent **hemodynamic instability** and maladjustment (within two months)

# Results

- \* Self treatment on PD:
  - \* 50% of patients - self-treatment
  - \* 50% of patients – assisted by family /care-giver
- \* After starting PD treatment,  
**all the patients reported that if they would understand the meaning of PD home care, they would rather start it**

# Summary and recommendations

Beginning the PD treatment with residual renal function contributes to the patient's quality of life with better nutritional and fluid balance.

It allows more convenient PD treatment with less need for intensive dialysis prescription.

# Thank you