

Treatment options for Chronic Kidney Disease (CKD)

Hopefully you have found out about your chronic kidney disease at an early stage. If so, there are treatments to help protect your kidneys and prevent, or slow down, further damage.

These treatments include:

Good control of high blood pressure, usually with medication, is very important in protecting the kidneys.

If you have diabetes your kidneys will be helped by excellent blood sugar and blood pressure control.

Avoiding dehydration (“getting dry”).

Avoiding medications that could damage your kidneys such as Brufen, Nurofen, and Voltaren.

Over time, if chronic kidney disease gets worse it makes you feel very unwell and if the damage becomes really bad and the kidneys can’t get better. This is called “kidney failure”.

Treatments for kidney failure

People with kidney failure have three treatment choices

- [Dialysis](#)
- [Kidney transplant](#)
- [Conservative treatment](#)

Dialysis – what’s that?

You cannot live without having your blood cleaned properly. So, when the kidneys have failed completely, a treatment called dialysis can take over the job of filtering and cleaning the blood.

While dialysis is not as easy or as good as having healthy kidneys – dialysis takes time and effort - it still does a pretty good job to help people live a normal life.

There are two types of dialysis: haemodialysis and peritoneal dialysis. Most people can choose the type of dialysis that best suits them, but others may have a particular type recommended to them by their doctor because of their other medical problems.

Haemodialysis

One type of dialysis is called Haemodialysis (haemo means blood). With this treatment the filtering happens outside the body using a dialysis machine (*also called a kidney machine*).

When you “go on the machine” needles connected to tubes are put into a special vein in your arm called a [fistula](#) (which is made by a small surgical operation). The blood flows through these tubes out of your body into a filter (called a [dialyser](#)) attached to the dialysis machine and back into your body.

Your blood goes round and round through the filter, just as it does with a normal kidney. The filter cleans the blood and removes the excess water and wastes the damaged kidneys can no longer manage.

The fluid made by the filter goes directly down the drain, just like urine.

Most people go on the machine three times a week. You sit in a chair and are connected to the machine for four or five hours each time. Some people have dialysis more often and for a longer time.

There are three places where you can have your dialysis treatment – at home (after being taught by hospital staff), at a satellite clinic or at the hospital. Going on the machine at home makes it easier to continue normal life, so it is best if you who can manage it. But if you cannot manage your own treatment, going three times a week to the satellite or hospital are the other choices. The kidney team will discuss with you which place is best for you.

Peritoneal Dialysis

The other type of dialysis is called Peritoneal Dialysis. This is where the cleaning of the blood is done inside the body instead of by a machine.

The lining of the tummy is called the [peritoneal membrane](#). This membrane covers some of the body's organs like the bowel, liver and stomach.

Special dialysis fluid is put into your abdomen (tummy) from a plastic bag through a soft rubber tube (called a catheter, put in by a small surgical operation). The fluid sits in your tummy for a few hours. While it is in there wastes and excess water pass from the blood vessels in the peritoneal membrane into the [dialysis fluid](#).

After a few hours the fluid is changed by draining it out into another plastic bag and replacing it with fresh fluid as before. This is called an "exchange". The used fluid is emptied down the toilet.

This dialysis is done every day of the week, usually four times a day. During the exchange you are connected to a set of tubes and bags for 20 to 40 minutes.

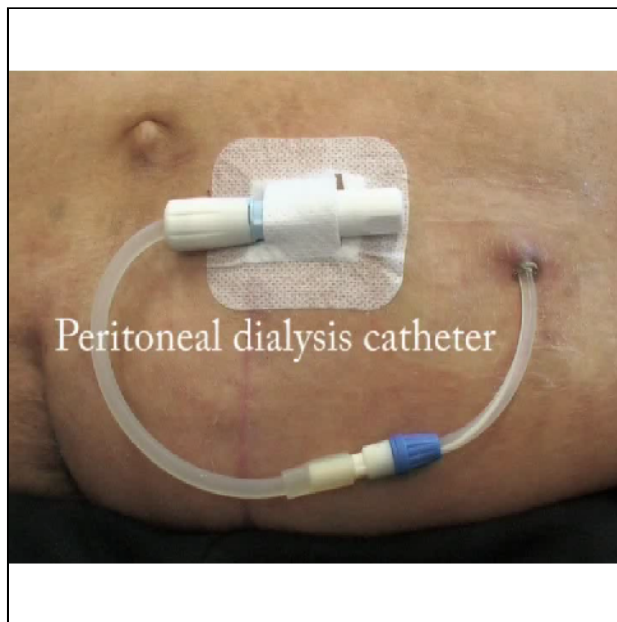
Because peritoneal dialysis does not need a machine, fluid exchanges can be done almost anywhere. People can take care of their own peritoneal dialysis at home.

The catheter is left on the outside of the body in between exchanges. This tube can be hidden under your clothing and between exchanges you can go about your daily life as usual.

There is a machine that can be used for peritoneal dialysis. The kidney team will discuss with each person if they need to use this instead.



Patient on peritoneal dialysis



[Click on picture](#) to see a Peritoneal Fluid Exchange

Is dialysis forever?

When kidneys have failed, dialysis must go on for the rest of the person's life, unless the person can get a new kidney.

Kidney Transplant

Unfortunately dialysis cannot make the kidneys work again. For some people with complete kidney failure a kidney transplant may be an option. A kidney transplant is an operation to have someone else's healthy kidney put inside your body. If the transplant works well the person will no longer need dialysis. For most people with kidney failure having a kidney transplant is the best treatment. If you are not sure whether a transplant would be right for you, ask your kidney team

Making a choice of the best treatment for you

You can expect to be looked after by a team of people who are all specially trained to look after people with kidney problems. They will help you come to a decision about the best treatment option for you. If you are not sure what would be best for you, ask your kidney team.

See also pamphlets "**Having a Kidney Transplant**" and "**Thinking about being a Kidney Donor**"

◀ **DIALYSIS**

The process of cleaning wastes from the blood artificially. This job is normally done by the kidneys. If the kidneys fail, the blood must be cleaned artificially with special equipment. The two major forms of dialysis are hemodialysis and peritoneal dialysis.

◀ **KIDNEY TRANSPLANT**

When a healthy kidney is taken from one person and surgically placed into someone with kidney failure. The kidney can come from a live or deceased donor. It is important to remember that a transplant is a treatment not a cure for kidney disease.

◀ **CONSERVATIVE TREATMENT**

Some people decide to have 'conservative' treatment (also called, palliative or supportive care) rather than have dialysis or a transplant. The aim of conservative treatment is to manage the symptoms of kidney failure without using dialysis or transplantation. Conservative treatment includes medical, emotional, social, spiritual and practical care for both the person with kidney failure and their family/whanau.

◀ **FISTULA**

A type of dialysis access created by joining an artery and vein usually in the forearm. It is considered the best type of access for hemodialysis.

◀ **DIALYSER**

The filtering unit of a dialysis machine. The dialyser removes waste products and excess water from the blood.

◀ **PERITONEAL MEMBRANE**

Membrane lining the peritoneal (abdominal) cavity.

◀ **DIALYSIS FLUID**

The liquid into which waste products and excess water are passed during dialysis.

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