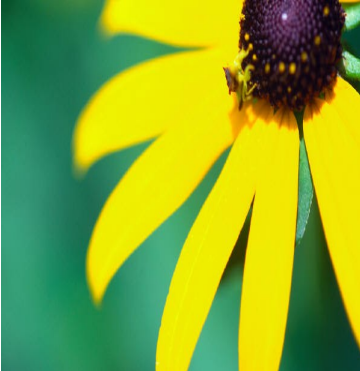


The Renal Network.
is working for you!

*A Newsletter for People with Chronic Kidney Disease
and their Families in Pennsylvania and Delaware*



Why Choosing a Fistula Was “Right” For Me

For most people, fistulas are the best access. Fistulas are less likely to clot or get infected, so they usually last longer. This means fewer hospital visits and surgeries for access problems.

A fistula may not be the best choice for every person on dialysis. For some people, a graft or catheter may be the best choice. To decide which access is best for you, your doctor and surgeon will look at your other medical problems and how healthy your veins and arteries are.

Sometimes people run out of good veins to use for grafts and fistulas. When this happens, a catheter may be the best access. However, only a small number of people on chronic hemodialysis should need catheters for permanent access.

If you have a catheter:

- Ask your doctor to explain the good and bad things about catheters.
- Ask your doctor if a fistula or graft will work for you.
- Take your doctor’s advice if he or she thinks you should have a fistula or graft.

My Story: “Out of the Blue”
By: Tyrone Barnett

I am currently dialyzing at the Dialysis Clinic Incorporated (DCI) of Philadelphia unit and have been on dialysis since August 1996. My fistula was also placed in August 1996, and it was my first and only access. My kidney disease diagnosis happened “out of the blue” since I did not have any previous kidney problems and kidney disease did not run in my family history. I was admitted to the hospital because of stomach pain and leg swelling. When I was discharged from the hospital, I went to the neighborhood care clinic. It was there a doctor talked to me about having a fistula placed. I believe that choosing to have a fistula has allowed me to dialyze without having any infections or physical access complications. I am also on the Patient Advisory Committee (PAC) for the ESRD Network 4 organization. One of my responsibilities is to visit other units

(story continued on Page 2)



(Pictured above: Tyrone Barnett)

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Fistula Was Right For Me

(continued from Page 1)

and educate patients about dialysis issues. I have taken the opportunity to speak to other patients about having a fistula placed. I even discussed this with a good friend of mine and he still has his same fistula for the past 7 or 8 years. The reasons I would recommend fistula placement to other dialysis patients is because it is a natural vessel, there are fewer infections, decreased hospitalizations, and it lasts longer than a graft or catheter.

My Story: "No Clots For Me"

By: Quinnroy Maurice Edwards

I am currently dialyzing at the Fresenius (FMC) of Central Philadelphia unit and have been on dialysis since November 24, 1991. My fistula was placed somewhere between 1996 and 1998. I have had some issues with this fistula, and had to have a "stent" (wire mesh tube) placed in my fistula because of multiple clotting episodes. I did have a previous fistula placed in my left wrist that never worked, and a "Gortex" (man-made material) graft placed in my left forearm that worked for a little while. In 1991, a kidney doctor mentioned to me for the first time about having a fistula access placed. However, it was another doctor who convinced me to have a fistula placed after having many clotting episodes with my graft access. I chose to have my fistula placed to reduce the clotting factor. Also, I find that it is easier to place the needles into my fistula instead of a graft. I can also work out and lift weights. I would recommend a fistula access to others on dialysis because it lasts longer, is less painful when needles are placed, and I have a more active lifestyle. Also, the skin over the fistula access becomes numb after a while and the pain is less when placing the dialysis needles. I consider my fistula like an organ inside my body, and keep it clean and healthy. I exercise it a little too.



(Pictured above: Quinnroy Maurice Edwards and his wife of 16 years, Rhonda)

For People Receiving Social Security Disability Benefits, why not CHOOSE WORK?

www.choosework.net

If you are ready to explore work, please visit the website above to find the Employment Network (EN) near you. You can contact any Employment Network in your area to see if the services and support they offer are right for you. Don't get discouraged if the first Employment Network you talk to doesn't seem to be a good fit. If you are interested in finding out about your options, you have nothing to lose by talking to some Employment Networks to see what they have to offer.

Choose Fulfillment. Choose Earnings. Choose Work.

Choose Work through the *Ticket to Work* program, offering people with disabilities a shot at achieving financial independence by enabling more choice in employment-related support services and access to meaningful work.

Anemia Management: What You Should Know

Nearly anyone who is diagnosed with End Stage Renal Disease has anemia. Anemia happens when your body is not making enough red blood cells. Red blood cells carry oxygen to all the cells in the body. The body's cells use oxygen to change the glucose we get from food into energy. Fewer red blood cells means less oxygen is sent to the cells. Without enough oxygen, your tissues and organs have less energy to perform their jobs.

Symptoms of anemia can include the following:

- Feeling weak
- Feeling tired or fatigued
- Shortness of breath
- Dizziness
- Rapid heartbeat
- Pale skin and gums
- Inability to think clearly

Treatment for Anemia

Depending on the cause of your anemia (low erythropoietin “epo” levels, low iron levels or a combination of both), your doctor will prescribe medication or supplements. Your doctor may prescribe an ESA (Erythropoietin Stimulating Agent) such as EPOGEN® or Procrit®, which will add to the amount of erythropoietin your body makes naturally. Like insulin, ESAs are a protein hormone and cannot be taken by mouth. They are given by injection under the skin or can be injected into your bloodline during dialysis. You will likely need to take an ESA as long as you are on dialysis.

Your doctor may also have you take iron supplements, especially if you are taking EPOGEN® or Procrit®. Adequate amounts of iron are needed in order for EPOGEN® or Procrit® to work effectively. If you are not getting enough iron, your doctor will refer you to a renal dietitian. Together, you will work on a meal plan that will include kidney-friendly foods rich in iron, vitamin B12 and folic acid.

Your kidney doctor will monitor your condition and make any changes to your treatment plan as necessary. Discuss any concerns or questions you have with your doctor and your renal dietitian before taking over-the-counter iron tablets, multi-mineral or B vitamins or making any changes to your eating plan. Untreated anemia can affect major organs like your heart and brain. The target hemoglobin level for kidney patients is 10-12 mg/dL.

If you have any questions about receiving ESAs, please ask your physician or nursing supervisor to explain the use of ESAs.



The Count says ...

"No wonder you're feeling tired, your blood's been running through my mind all day."

Happy Halloween!

Medicare Part D

Medicare prescription drug coverage is an important addition to Medicare that can help people save money and live better, healthier lives. Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status or current prescription expenses. Follow this very simple 5-step process:

Step 1: Understand the basics

Step 2: Consider current coverage

Step 3: Gather information and compare plans

Step 4: Get help with your plan choices

Step 5: Enroll

For more information on Prescription Drug Coverage, visit <http://www.medicare.gov/pdphome.asp>

Preventing the Spread of Flu and Pneumonia Viruses

As the summer season ends and fall season begins, we think of trees turning their beautiful colors of yellow, orange and red. Watching football, for most people, becomes a very important past-time, and the thought of special fall weather foods makes us lick our lips. Another thing that we think about is “Cold and Flu Season”. Yes, it is time to think about getting the yearly influenza shot.

This year, the Federal Drug Administration (FDA) approved the new vaccine for the 2010-2011 flu season. The new flu vaccine will include H1N1 (swine) flu protection as well as protection from other more common flu viruses. That’s right...this will be an all-in-one vaccine. According to the World Health Organization, the H1N1 (swine) flu pandemic is officially over. This does not mean that the H1N1 virus does not exist, but it did not turn into as harmful of a virus as previously thought. The Centers for Disease Control (CDC) does recommend that anyone over the age of 6 months, pregnant women, and anyone with a weakened immune system receive the flu vaccine. If you have an allergy to eggs, or a previous reaction to the flu vaccine, please make the doctor, dialysis staff, or whoever is going to give you the shot know of your allergy or reaction to past flu vaccinations.

Also, if you have not had a pneumonia vaccine in the past 5 years, please talk to your doctor about getting the pneumonia vaccine to prevent you from getting pneumonia.

The following routines will help to prevent spreading germs that can cause the spread of the flu or pneumonia:

Avoid close contact.

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

DO NOT MISS YOUR DIALYSIS TREATMENTS.

It is important that you alert the dialysis unit and your doctor if you have flu-like symptoms.

Stay Home.

Avoid other contact by staying home from work, school, church and errands when you are sick. You will help prevent others from catching your illness.

Cover your mouth and nose.

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

Clean your hands.

Washing your hands often will help protect you from germs.

Avoid touching your eyes, nose or mouth.

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose or mouth.

Practice other good health habits.

Get plenty of sleep, be physically active, manage your stress, eat nutritious foods and drink plenty of fluids ... **UNLESS YOU ARE A DIALYSIS PATIENT** -- Always follow your doctor's instructions for fluid restrictions.

Your dialysis unit should be able to provide you with information regarding the flu and pneumonia vaccines. If you have a computer and would like to read more about this, please visit the Center for Disease Control (CDC) website at www.cdc.gov/flu or you can call the CDC office at 1-800-232-4636.

Parts of this article were taken from the 2010-2011 CDC influenza recommendations.



Get the Hepatitis Vaccine

The word **“Hepatitis”** means inflammation of the liver. Dialysis patients are at risk for infection because of having to use a vascular access (catheter, graft or fistula) for prolonged periods of time. In an environment where many patients receive dialysis at the same time, repeated chances exist for person-to-person transmission of infectious agents, as well as direct or indirect contact of contaminated devices, equipment, and supplies. Dialysis patients have weak immune systems and this increases opportunities for infection. Also, some dialysis patients require more hospitalizations and surgeries that expose them to hospital infections. Bacterial infections involving vascular accesses are the most frequent complication of hemodialysis and a major cause of sickness and death among dialysis patients. The Advisory Committee of Immunization Practices recommends universal Hepatitis B testing and vaccination of persons with end-stage renal disease, including pre-dialysis, hemodialysis, peritoneal dialysis and home hemodialysis patients.

The Hepatitis B virus can cause short-term illness that leads to:

- loss of appetite
- tiredness
- pain in muscles, joints and stomach
- diarrhea and vomiting
- jaundice (yellow skin or eyes)

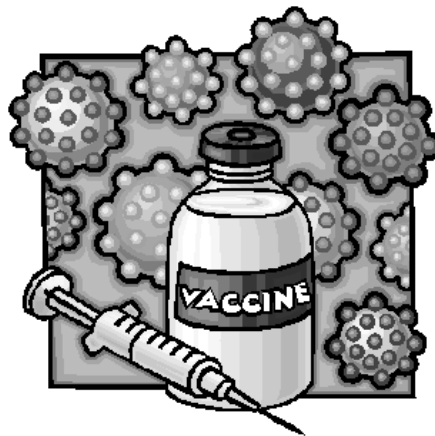
It can also cause long-term illness leading to liver damage, liver cancer and death.

The Hepatitis B vaccine is usually given in 3 doses:

1. First Dose – given at any time
2. Second Dose – 1 or 2 months after the first dose
3. Third Dose – 4 or 6 months after the first dose (a booster dose may be needed if tests show your protection against the Hepatitis B virus is low)

Testing for Hepatitis B antibody levels should begin 1-2 months after the last dose is given.

If you have not yet received the Hepatitis B vaccine, please talk with the dialysis nurse and/or your doctor about starting the vaccination process. ***It is the very best way to prevent you from getting the Hepatitis B virus!***



Dialysis Facility Compare

www.medicare.gov/dialysis

Where do you go when you need information about other dialysis facilities in your area or when you are traveling? Have you ever wondered what units in your area offer peritoneal, home dialysis, or nocturnal dialysis?

You can find answers to all these questions and more by using Medicare's website, www.medicare.gov. When you visit this website, go to the bottom of the main page, there you will see an option called "Compare Dialysis Facilities in Your Area". This comparison provides both demographic information and 'quality measures' data about dialysis facilities that have been approved by Medicare.

What are the 3 Quality Measures?

1. The percent of patients at a facility with Urea Reduction Ratio (URR) of 65 or greater (known as 'adequacy of hemodialysis').
2. The percent of patients treated with Epogen® with a Hematocrit of 33 or greater.
3. Patient survival information.

The website also offers the characteristics of the facility, like:

- Address and telephone number.
- The initial date of Medicare certification.
- Dialysis shift times.
- Number of hemodialysis stations.
- Types of services offered.
- Dialysis corporation name (if applicable).

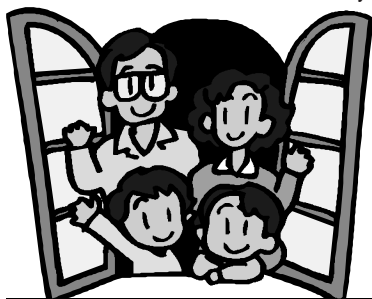
Kidney Treatment Options -- Pros and Cons

Everything in life has “a good side” and a “not so good side”. Treatments for kidney failure are the same way. Every treatment has pros (good things) and cons (things you may not like). Every person sees things differently. Something that you don’t like may be a good thing for another person. Throughout this article, we will provide the pros and cons of In-Center Hemodialysis, Home Hemodialysis, Peritoneal Dialysis (both CAPD and CCPD), and Transplantation.



In-Center Hemodialysis

Some of the Pros (the good things) of In-Center Hemodialysis	Some of the Cons (things you may not like) of In-Center Hemodialysis
<ul style="list-style-type: none"> • You have trained professionals with you at all times. • Medical help is available quickly if there is an emergency. • You can meet and talk with other people on dialysis. Dialysis is a social time for many people. • There is no machine to take care of and store. • Your treatments are only 3 times a week. 	<ul style="list-style-type: none"> • Staff who are not familiar with your fistula or graft may put in your dialysis needles. • You must follow clinic rules - for example, eating/ no eating and limits on the number of visitors you can have during your treatment and when they can visit. • Your treatments are scheduled by the center. • You must travel to and from the center for treatments. • You must follow a strict diet.



Home Hemodialysis

Some of the Pros (the good things) of Home Hemodialysis	Some of the Cons (things you may not like) of Home Hemodialysis
<ul style="list-style-type: none"> • You can choose the time of day you want to dialyze. Although, you will still have to dialyze for the ordered number of hours and days. • You don’t have to travel to and from a dialysis center 3 times/week. • A home dialysis nurse is on call to answer questions or help you with any problems you may have with the dialysis treatment. • You have more control over your treatment and your life. • You have more independence. • You decide if and when you want to eat or have visitors. • The same person helps you with your dialysis every time. 	<ul style="list-style-type: none"> • You need a partner. • You and your partner need to be trained for home dialysis. • You have fewer chances to meet and talk with other people on dialysis. • You need room to store the machine and supplies at home. • You have to order the necessary supplies for your treatments. • You will need to call paramedics for medical help if you have an emergency that you can’t solve. Learning how to handle dialysis emergencies is a big part of the home hemodialysis training.

Kidney Treatment Options -- Pros and Cons

Continuous Ambulatory Peritoneal Dialysis (CAPD)

Some of the Pros (the good things) of CAPD

- You don't have to travel to and from a dialysis center 3 times a week.
- There are no needles.
- The diet is not as strict as the hemodialysis diet.
- You can do the dialysis yourself.
- You can do dialysis at the times that you choose. Although, to make sure that you get enough dialysis, you will **still** have to do the ordered number of exchanges every 4-6 hours during the day.
- You don't need a machine to do CAPD.
- CAPD supplies are delivered to your home.
- It's easy to do CAPD when you travel. Supplies can be sent to a vacation address.
- You have more control over your treatment and your life.
- You have more independence.
- A home dialysis nurse is on call to answer questions or help you with any problems you may have with your dialysis treatment.

Some of the Cons (things you may not like) of CAPD

- Not everyone can do CAPD.
- Exchanges need to be done every 4-6 hours during the day.
- Your belly is always full of fluid.
- You have a catheter in your belly.
- The dialysis steps need to be done carefully to prevent infection.
- There is a chance you could get an infection of the peritoneal cavity.
- You need a place to store dialysis supplies.
- You don't have as many chances to meet and talk with other people who are on dialysis.



Continuous Cycling Peritoneal Dialysis (CCPD)

Some of the Pros (the good things) of CCPD

- You don't have to travel to and from a dialysis center 3 times a week.
- There are no needles.
- The diet is not as strict as the hemodialysis diet.
- You can do the dialysis yourself.
- CCPD supplies are delivered to your home.
- You can decide when to start your nightly dialysis treatment. Although, to make sure you get enough dialysis, you will **still** have to get the prescribed number of hours and exchanges during the night.
- The dialysis treatment is done at night while you sleep.
- You don't have to do exchanges every 4-6 hours during the day.
- You can switch to CAPD when you travel so you don't have to take your machine with you. Supplies can be sent to a vacation address.
- You have more control over your treatment and your life.
- You have more independence.
- A home dialysis nurse is on call to answer questions or help you with any problems you may have with your dialysis treatment.

Some of the Cons (things you may not like) of CCPD

- Not everyone can do CCPD.
- You need to spend the nightly dialysis time in bed.
- You may feel tied down to the machine at night.
- Your belly is always full of fluid.
- You have a catheter in your belly.
- The dialysis steps need to be done carefully to prevent infection.
- There is a chance you could get an infection of the peritoneal cavity.
- If you have a dialysis problem during the night, the machine alarms will wake you up to fix the problem.
- You need a place to store the dialysis machine and supplies.
- You have fewer chances to meet and talk with other people on dialysis.

Workshop for People Living with Chronic Kidney Disease

The Renal Network in partnership with the National Kidney Foundation Serving the Delaware Valley invites you to a half-day education workshop on **Thursday, November 4, 2010 at the Renaissance Philadelphia Airport Hotel**. This workshop is intended for anyone on dialysis or who has received a kidney transplant.

Our past education workshops have been great successes as patients, family members and professionals exchange ideas on renal treatments and quality of life.

During the November 4th Workshop, you will have the opportunity to learn about the possibility of receiving your renal replacement therapy in your own home from Doctor Ntoso, Medical Director of the DaVita at Home. Both the National Kidney foundation and American Kidney Fund will discuss

their local and national programs that support the chronic renal disease patients. We will also discuss whether a transplant is an option for you, and answer some of the questions you may have about the process for being referred to and evaluated for a kidney transplant.



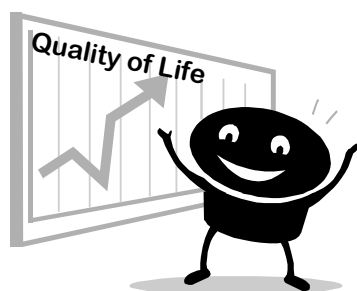
You and a family member can enjoy a morning of learning and camaraderie and stay for a complimentary lunch.

Look for the registration brochure at your dialysis center or call the Network 4 office to register. (Our patient-only toll free telephone number is 1-800-548-9205.)

Kidney Treatment Options -- Pros and Cons

Kidney Transplant

Some of the Pros (the good things) of Kidney Transplant	Some of the Cons (things you may not like) of Kidney Transplant
<ul style="list-style-type: none"> • The new kidney works like your normal kidneys used to. • You may feel healthier. • You may have more energy. • You may be able to live an almost normal life. • You will probably be able to return to work or school. • Your diet is different than it was on dialysis. • You don't need dialysis. • You don't have to schedule your employment around dialysis schedules. 	<ul style="list-style-type: none"> • A transplant requires major surgery. • You may need to wait for a new kidney. • You have to take anti-rejection medicines every day for as long as you have the new kidney. • There are possible side effects of the anti-rejection medicines. • You may gain weight and have body changes from the medicines. • The anti-rejection medicines cost a lot of money. • One transplant may not last a lifetime. • There is always a risk that you could reject the new kidney, even after you've had the new kidney for a long time. • You still have to keep all your doctor's appointments. • You may need to eat less protein. Some medicines cause a higher level of protein waste products to build up in your body. This can cause stress on the new kidney.



P O L I V L

L V U H C E N A

I E M E A M O W E L

T E M P O R A R Y C

C H O G R F G T A A E

D L D A R T E R Y D L

A V I M D O T C Y E B

L C A T H E T E R Q L

H L F W E A C F U O

T Y P E S D E I A O C

N S O O V G N S T D L

F I S U T G T V E F F

I S U R G E R Y D L U

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C L V C L R T W

B K E S Y A I E F

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N A I E N W S R Q

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L

What is a Hemodialysis Access?

Can you see an arm on this page? Find the words that are bold and underlined in the grid of letters on this page.

1. Before your first **HEMODIALYSIS** treatment, you will need a way for blood to **FLOW** to and from your body.
2. An **ACCESS** is something that allows blood to leave and return to your body.
3. An access is usually created in your **ARM**.
4. A short **SURGERY** is required to create an access.
5. There are different **TYPES** of accesses.
6. A **FISTULA** is made by connecting a **VEIN** to a nearby artery.
7. It may take a few **MONTHS** before a new fistula is ready to use.
8. A **GRAFT** is a manmade tube sewn between a vein and an **ARTERY**.
9. A graft is used when a person's veins are not **STRONG** enough.
10. A graft may be ready to use in just a few **WEEKS**.

11. Another type of hemodialysis access is called a **CATHETER**.
12. A catheter is an access that is surgically placed into a **CENTRAL VEIN**.
13. In most cases a catheter is only **TEMPORARY**.
14. Catheters may not **FUNCTION** as well as a fistula or graft.
15. Catheters usually do not allow a high enough **BLOOD FLOW RATE** for adequate dialysis
16. If your catheter is unable to achieve the prescribed blood flow rate for **ADEQUATE DIALYSIS**, the treatment time will need to be longer.
17. Ask your **DOCTOR** which type of access is best for **YOU**.

(answer key available on the Network 4 website)

A special message brought to you by the Patient Safety Authority of the Commonwealth of Pennsylvania



Events related to hemodialysis administration may lead to serious patient harm. Know what you can do to help prevent an error from occurring while you are receiving dialysis treatment.

Quick Tips:

- Make sure you are involved in every aspect of your hemodialysis care so that you will know if something is not right and you can tell someone right away.
- Make sure your hemodialysis access has adequate flow. Avoid tight clothing or jewelry on the arm you receive treatment.

For more information, visit www.patientsafetyauthority.org

Role of Network 4

Network 4 is to serve as a liaison between the Centers for Medicare & Medicaid Services (CMS) and the dialysis/transplant providers, as well as between the providers and the patients under their care. Network 4 provides quality improvement, data management, grievance investigation, technical assistance, and patient/professional education services for more than 260 providers & greater than 15,000 individuals within Pennsylvania and Delaware. Our goal is to effectively increase the care and quality of life for ESRD Patients. Patient-Only Toll Free Number: 1-800-548-9205

Renal Friendly Recipe

Lemon Yogurt Parfait

Recipe submitted by DaVita dietitian Iris from Florida.

Portions: 4

Serving size: approximately 1/2 cup



Ingredients

- 16 ounce container of Greek vanilla yogurt
- 1/3 cup Cool Whip® dessert topping
- 1 teaspoon pure vanilla extract (not imitation!)
- 2 to 4 teaspoons lemon or lime juice
- 1/2 teaspoon lemon or lime zest (optional for additional flavoring)

Preparation

1. Mix all ingredients until smooth.
2. Divide into 4 portions and chill until ready to eat.



Nutrients per serving

Calories: 70	Sodium: 45 mg
Protein: 11 g	Potassium: 172 mg
Carbohydrate: 11 g	Phosphorus: 150 mg
Fat: 1 g	Calcium: 126 mg
Cholesterol: 0 mg	Fiber: 0 g

Renal and Renal Diabetic Food Choices

2 milk or 1-1/2 meat 1/2 high calorie

Carbohydrate Choices

1



Helpful Hints

- Layer yogurt with raspberries or blueberries to transform this delicious parfait into an elegant dessert.
- RealLemon® lemon juice or RealLime® lime juice can be used instead of fresh lemon or lime juice.
- While the recipe allows for different lemon and lime juice options, my personal favorite was RealLime® lime juice.
- Check with your dietitian to be sure this recipe is acceptable for your individual diet. Yogurt is a significant source of protein, potassium, phosphorus and calcium. This recipe provides an easy way to increase protein intake but portions must be limited to keep other nutrients of concern within an acceptable amount.

Fistula Was Right For Me

My story: "Catheter Out"

By: Bradley Yarzebinski

During the first 5 years on dialysis, I had several access operations related to having catheter problems. The staff had talked to me all the time about having a fistula placed in my arm. I feel that choosing a fistula was better for me because I get better treatments, have less infection episodes, and am able to shower without any access related problems. I am currently dialyzing at Fresenius (FMC) of Ellwood City, PA, and have been on dialysis since November 11, 1990. I have had my current fistula for the past 10-11 years. I did not really have any access problems directly with my fistula, but I did have narrowing of a vessel where my old catheters were placed. This caused me to have one of my fistulas removed. I would recommend a fistula to other people on dialysis because it is the best hemodialysis access by far. The positive side of having a fistula is being adequately dialyzed, feeling good, and being able to avoid all of the surgical problems that come with having catheters. It is also wise to never miss treatments and follow the doctor's orders to avoid problems.

Did you know?

The Kidney Community Emergency Response Coalition has a number of resources for dialysis patient emergency preparedness, like the "vital information card" shown here.

You can visit their website at:

www.KCERCoalition.com

Click the "Patients" link in the left margin. They have handouts, checklists and manuals available for download.

I AM A DIALYSIS PATIENT.

VITAL INFORMATION

NAME _____



KIDNEY COMMUNITY EMERGENCY RESPONSE (KCER) COALITION

Network _____ Toll-Free #: _____

E-mail: kcer@nw7.esrd.net



In-Center Hemodialysis

- Allows you to interact with others on dialysis

Home Hemodialysis

- No travel to a dialysis facility is required

Nocturnal Hemodialysis

- Dialysis while you sleep, gives you free-time during the day

Peritoneal Dialysis

- Flexible schedule, less dietary restrictions, and no needles required

Transplantation

- Can help you return to a more normal lifestyle

Fistula Was Right For Me

My story: "Old Faithful"
By: Larry Weaver

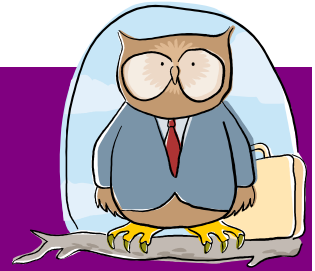
I am currently dialyzing at the Dialysis Clinic Incorporated (DCI) of Clarion unit and have been on dialysis since October 23, 1996. My fistula was placed on December 1, 1996 and is almost 14 years old. My first dialysis access was a catheter, and I can't remember who first talked to me about getting a fistula placed. I am happy to have chosen a fistula as my access because it has not been infected and it doesn't get in the way of me doing my daily activities. In September 2010, I have to have a small surgery called a "vein ligation" where they have to tie off one of my arm veins. I have had this surgery done before, but it did not hurt the fistula. I would recommend a fistula to other dialysis patients because of how well it works and how long it can last. I believe if a person has to start dialysis, he or she should consider having a fistula access placed.

(Pictured below: Larry Weaver)



Be wise ... Immunize!

Get your flu shots to protect you from the seasonal and the H1N1 influenza viruses!

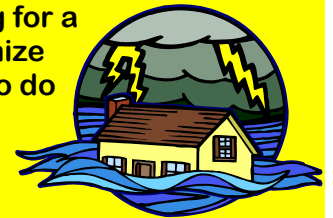


Want to learn more about Network 4 activities and how our ESRD population is doing? Check our 2009 Annual Report, available online now at:

www.esrdnetwork4.org

September is National Preparedness Month

It was reported that only 1/2 of people living in the Network 4 area started preparing for a disaster, although they all recognize that it would be helpful for them to do so. Now is time to prepare! Visit www.ready.gov for tips on starting your emergency plan.



This Newsletter was brought to you by:



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WE'RE ON THE WEB!

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