

# KIDNEYMATTERS

Information from the National Kidney Federation - supporting kidney patients, their friends & family

## FREQUENTLY ASKED QUESTIONS

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[www.kidney.org.uk](http://www.kidney.org.uk)

**HELPLINE 0800 169 0936**

## **FREQUENTLY ASKED QUESTIONS**

### **What is kidney failure?**

Kidney failure is where the kidneys are less able to remove toxic wastes and remove excess water. The condition tends to get worse over a period of years. Chronic kidney failure usually leads to Established Renal Failure (ESRF). ESRF can be treated by dialysis or by a kidney transplant. Whilst effective, these treatments are not a cure.

### **Why does blood pressure matter?**

High blood pressure is very common in people with kidney failure. Kidney failure causes high blood pressure and high blood pressure causes kidney failure. High blood pressure increases the likelihood of a stroke or a heart attack. It can be controlled by removing fluid from your body and by taking blood pressure tablets.

### **Is anaemia linked to kidney failure?**

Many dialysis patients have anaemia, it makes them weak and tired. Anaemia is easy to treat with injections of erythropoietin (EPO). Patients on EPO treatment may need additional iron, either in the form of tablets or injections.

### **Do most patients with kidney failure suffer renal bone disease?**

Renal bone disease is caused by low levels of calcium and vitamin D in the blood, and by high blood levels of phosphate. It is an important complication of kidney failure, without treatment it can cause bone pain and fractures. Although renal bone disease starts early in kidney failure, it does not usually cause problems until after dialysis has begun. A combination of dialysis and tablets usually reverses these problems but in some case an operation (called parathyroidectomy) may be necessary.

### **What is dialysis?**

Dialysis is the removal of body wastes and water from the blood. There are two types: haemodialysis (HD) and peritoneal dialysis (PD). In the UK, less than half of the patients on dialysis have PD and the rest have HD - most patients can have either type. Both work in a similar way. Each method has two main processes:- Diffusion removes the body wastes and ultrafiltration removes the excess water.

### **What is the difference between the two dialysis systems?**

#### **Peritoneal dialysis**

In peritoneal dialysis the process takes place inside the patients abdomen, it is suitable for most people with End-Stage Renal Failure (ESRF). The abdominal lining acts as the dialysis membrane. Dialysis fluid from a bag is drained into the peritoneal cavity in the abdomen, left there until dialysis has taken place, and then drained out. Patients are trained to do this themselves which gives them independence although, storage space is needed to accommodate bulky supplies of dialysis fluid. Peritonitis is the main problem with PD,

## **Haemodialysis**

In haemodialysis the process takes place inside a machine, it is suitable for most people with kidney failure. Blood is taken from the body, pumped into the dialysis machine, cleaned and pumped back into the body. It is usually done three times a week, each session lasting 3 to 5 hours. Access to the patient's blood stream is usually by a dialysis catheter (plastic tube inserted into a large vein) or a fistula (made by joining a vein to an artery). Most patients have haemodialysis in a hospital, but some have it in a satellite dialysis unit or at home. Some patients may feel sick or dizzy during a session. Haemodialysis patients have a stricter fluid restriction than PD patients.

## **Is a transplant operation possible?**

For the right patient at the right time, a transplant is the best treatment for End-Stage Renal Failure. If it works well the patient will be totally free from dialysis. Many patients with kidney failure are suitable for a transplant. Suitability is more important than age. Transplants are matched to the patient in terms of blood group and tissue type.

There are three sources of transplant kidneys:-

- Cadaveric transplants
- Living related transplants
- Living unrelated transplants

The transplant waiting list works on the basis of finding the right kidney for the right person ie patients do not form a queue. The average waiting time in the UK is two years. Transplants do not last forever, transplants from living relatives last longest. If a transplant fails the patient can go back to dialysis or have another transplant. Patients have to take immuno-suppressant drugs daily to prevent their body rejecting a transplant. These drugs have side effects, including an increased risk of developing some types of cancer.

## **Is diet important to a kidney patient?**

Dietary advice differs according to the stage of kidney failure and the type of treatment given. Kidney patients should only alter their diet when advised to do so by a doctor or dietician. Malnutrition is a major problem for many patients on dialysis - both peritoneal dialysis (PD) and haemodialysis. So, high protein intakes are recommended. Potassium restriction is generally not needed on PD but may be needed on haemodialysis. Salt intake may need to be restricted. Most transplant patients will not have any dietary restrictions.

## **What impact does kidney failure have?**

Kidney failure has a major impact on the whole of a patient's life, and affects the lives of people who live with the patient. People with kidney failure have to cope with extra stresses. Those diagnosed with kidney failure usually go through shock, grief, and denial before acceptance. Long term problems may involve non-compliance, anxiety, problems with body image, loss of self confidence, depression, adapting to changes, and a loss of interest in sex. Some patients find that their ability to concentrate and think clearly is affected although efficient dialysis helps most people. Various coping strategies can help people deal with the psychological problems that often occur with kidney failure.

## **Are there sexual problems to face?**

The majority of male and female patients on dialysis have sexual difficulties. Impotence is the most common problem but treatment is usually successful. Kidney failure affects the periods. Pregnancy is less likely but contraception is still needed. If a woman with kidney failure gets pregnant, there are serious risks to both mother and baby. A successful pregnancy is sometimes possible. If a woman with kidney failure wants to get pregnant, it is best to do so either in the early stages of kidney failure or after a transplant.

## **How good or bad is the situation in the United Kingdom?**

There is a serious shortfall in the provision of treatment for kidney failure in the UK. Some European countries treat a far higher proportion of their people who develop kidney failure than do others. In 2013 there were 60,000 Established Renal Failure Patients in the UK of whom half were transplanted and half remain on dialysis. Those receiving dialysis struggle because of a lack of capacity within the NHS and a denial choice.

The UK compares badly in terms of its yearly transplantation rate, with less than 3,000 kidney transplants carried out each year despite the Governments declared intention to dramatically increase the numbers of transplant operations. This is less than one in three of the patients waiting for a donor kidney. The UK transplants very few patients before dialysis. Without dialysis or a transplant, people die within a few weeks of developing Established Renal Failure. Successful treatment (by dialysis or transplant) can prolong life for many years. Average survival chances for people on dialysis (or after a transplant) are affected by age, sex, the underlying cause of kidney failure and various medical factors. People with kidney failure are individuals, not statistics.

## **Is there anything I can do to help?**

Yes, there is. Get involved with the NKF which is campaigning to improve the situation in the UK It also provides support for patients and carers as well. It is a charity run by kidney patients for kidney patients. Get involved. Take a lead. Make a difference. If you are not yet a member contact the NKF Helpline for further details on 0800 169 0936

*The National Kidney Federation cannot accept any responsibility for information provided. The above is for guidance only. Patients are advised to seek further information from their own doctor.*

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Last reviewed July 2017

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***The NKF - the largest Kidney Patient charity in the UK***

*A federation of more than fifty patient charities, supporting kidney patients & carers*

NKF(National Kidney Federation)

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