



# KIDNEY CONCERNS

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## NETWORK 13 GETS ITS OWN “MAYTAG MAN”

Network 13 is proud to announce the newest member of our Patient Advisory Committee (PAC); Mr. Walter Morant of Opelousas, Louisiana. Walter has been a hemodialysis patient for **thirty years** and his very first dialysis machine was a



Mr. Walter Morant

clothes washer adapted to early, rudimentary hemodialysis specifications. We are glad to have Mr. Morant as a member of the PAC, which is the “patient voice” of Network 13. Here, in Mr. Morant’s own words, is an abridged version of his dialysis story:

**Then there was the Maytag washing machine. Yes, an ordinary washing machine was my first at-home dialysis machine. It was an old Maytag wringer washer. The type with only an agitator; there was no spin cycle so**

**clothes were put through a manual wringer attached to the top of the machine. The machine was emptied by way of a rubber hose with a gravity drain.**

**Very few changes were required to adapt the Maytag for use as a dialysis machine. The wringer was removed and a basket was constructed to fit over the agitator. Within the basket four coil dialyzers were placed.**

**The coils were made up of three parts. The base was a fiberglass spool. Wrapped around the spool were 3 1/2 yards of membrane, similar to sausage casing but transparent rather than opaque. Lastly, there was a plastic mesh outer shell to hold the coil together. Within each coil there was a set of arterial and venous lines.**

**We used four coils for each dialysis, however we made six coils as a precaution in case of a leak in one of the coils. The coils had to be sterilized, but we couldn’t use an autoclave because the heat would**

**damage the coils. So, we had to use gas ampules. This process took a total of 36 hours to complete.**

**Once the coils were sterile we would then build the machine for the run. Each dialysis took eight hours because the early techniques were not as refined as they are today. There was no roller pump to regulate blood flow so the blood was pumped out with each heartbeat and was returned through a gravity drip. When the dialysis was completed the blood had to be literally milked from each coil by hand so it could be returned back into my body. This meant stretching out yards and yards of bloody membrane somewhat like a sausage stuffer. Having no roller pump to regulate blood flow also meant only a minimum amount of weight, about one kilo or two pounds, could be removed per dialysis.**

**Also unlike the machines of today there was no heater to keep the bath and**  
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*Maytag Man Continued*

**concentrate warm. So every two hours we had to drain the tank and put in a fresh warm bath. We, my mother and I, had been taught to make and to sterilize the coils, to build the machine, and to run the entire dialysis procedure.**

Other changes came along for Walter, which took him through all

the technological advances seen in the dialysis community over the past three decades. He has gone through a series of "access" surgeries and procedures, done in-home and in-center dialysis and is still going strong at a dialysis facility in southern Louisiana. He has "seen it all" and learned much along the way. Having Mr. Morant on our team

will help give us an historical perspective and a life time of experience from our very own Maytag Man! Welcome Walter, and we promise you won't be the loneliest man in town, we'll be seeing you and calling often for your wisdom and insight.

by: Walter Morant, PAC Member with staff writers

## "Glad You Asked That . . ."

By: Penney Pilkington

**Question:** *What are the differences between receiving EPO by IV or SQ?*

**ANSWER:** Since June 1, 1989, EPO has been found to be a safe and effective treatment for anemia in patients with End-Stage Renal Disease (ESRD).

EPO therapy has provided patients with dramatic improvements in renal anemia which has in turn led to a decrease of blood transfusions and an increase in the production of red blood

cells. An overall improvement in the sense of well-being can also be recognized through increased physical activity, work capacity, and exercise tolerance making it possible for patients to experience an improved quality of life.

Most hemodialysis patients receive EPO through an IV route with dialysis treatments. Many predialysis and peritoneal dialysis patients receive EPO shots. Though various studies have attempted to rank one route of administration over another, these

studies were limited by small population sizes, arbitrary dose reductions, alterations in patient dosages, and a wide range of hematocrits among patients in response to treatment.

In making a decision of whether

crease in serum levels, this level decreases below the recommended level for significant periods each week. Shot dosing 2-3 times per week maintains higher serum levels. This means that a higher concentration of EPO's

can be maintained in the blood for a more consistent period of time with shot injections in a high number of patients. While a significant number of patients receive the same benefits of EPO through a lower dosage

via the shot route, others might require a higher dosage. Therefore it should be remembered that dose delivery for each patient should be individualized rather than selecting one route for all patients.

***"Positives [of SQ dosing] include a decrease in side effects such as flu-like syndromes and exacerbation of high blood pressure."***

to give EPO in-line or shots, several questions must be considered. These include patient and staff acceptance and cost.

Some patients and staff may be against changing from in-line to shots because it is convenient and an established routine. Shots can also be more uncomfortable for the patient. Positives include a decrease in side effects such as flu-like syndromes and exacerbation of high blood pressure.

While giving EPO in-line 3 times per week initially leads to an in-

If you have any questions for "Glad You Asked That," forward them to ESRD Network 13, 625 NW 13th Street, Oklahoma City, OK 73103-2239, or phone 1-800-472-8664. Selected questions will appear in future issues of *Kidney Concerns*.

## ONE PATIENT'S EXPERIENCE WITH "SUB-Q" EPOGEN

When Paul Thomas heard his "whole facility" was going from "IV" Epogen delivery to Subcutaneous "Sub-Q" delivery of Epogen, he was worried! Paul remembers he'd heard somewhere that it "really hurt" that way and it meant yet another needle stick three times a week. Great, one more source of potential pain to endure! And Paul wasn't the only one experiencing anxiety. He recalls other patients in his unit were "pretty worked up" about the impending change. Facility nurses and technicians had told all the patients in Paul's unit the change was 'acomin' and Paul recollects no one was looking forward to the prospect of their nurse or technician coming at them every other day with another needle.

All that was about eighteen months ago, and, at first, **the fears** seemed well founded. Many patients, including Paul, found out that EPO can really burn when its delivered directly through the skin, instead of the old trusty, painless route via IV

lines. Some patients hoped to avoid the burn by taking the shot in the stomach and most patients learned to alternate arms when they were told it could be delivered in either arm, regardless of access site. But, no matter where Paul took those first few months of shots - they burned!

Then Paul's nurses discovered if they changed from single dose vials to multi-dose vials of Epogen, **which contain a local anesthetic**, the shots were far less burning and painful. Paul's facility also uses a finer gauge needle, similar to that used for allergy shots. When these adjustments were made, the shots became far more tolerable for most patients in Paul's facility.

The change was "worth it" for Paul, his hematocrit has improved! He states, "Last lab report my hematocrit was 41.9 - the highest it's ever been since I started dialysis! I feel better than I have for the last few years." This was good news for Paul and as the title of this article implies, Mr. Thomas represents **one**

### **patient's experience.**

However, all outcomes after the switch from IV to Sub-Q will not be the same. It should be taken into account that each patient's needs and experience with Sub-Q verses IV EPO delivery may be different. One size **does not** fit all! Because of the length of time required for the formation of new red blood cells, it can take two-six weeks before a clinically significant increase in the hematocrit is seen. And an inadequate or "no change" response may be due to numerous factors such as iron deficiency, infection, blood loss, folic acid deficiency, lack of adequate stores of Vitamin B12 or other factors.

Keeping in mind the variables mentioned, Paul's message is simple: Don't be too worried about the change from IV EPO to Sub-Q EPO, if it comes to your facility, the burn can be minimized and the outcome may be worth the adjustments you are asked to make.

by: Paul Thomas, PAC Member  
Peggy Pace, RN

### **A RECIPE FOR HEALTH! Green Chile with Pork**

#### **INGREDIENTS:**

- 1 pound fresh pork, cut into chunks
- 1 medium potato, diced
- 1 onion, chopped
- 1 to 2 cups water
- 1/2 cup green chile, chopped (mild, medium or hot)
- 1/2 teaspoon garlic powder
- 1/2 teaspoon salt

- 1/2 teaspoon black pepper
- flour tortillas
- red chile (optional)

#### **DIRECTIONS:**

Brown pork and potato. Add onion and saute until tender. Stir in water and remaining ingredients. Simmer until tender and almost all of the water is evaporated. Serve wrapped in flour tortillas. If desired, season with crushed or powdered red chile.

### **NUTRIENTS**

Calories	417
Fat	15gm
Protein	21gm
Phosphorus	153mg
Potassium	382mg
Sodium	401mg

Note: If using commercial tortillas, sodium analysis includes 2 flour tortillas.

# STAY HEALTHY AND ACTIVE. . . GET YOUR FLU SHOT THIS YEAR!

**THERE ARE TWO THINGS YOU WON'T GET FROM A FLU SHOT . . .**

## I. THE FLU.

Flu shots use an inactive virus. You can't get the flu from a flu shot.

## II. THE BILL

Medicare pays for your flu shot.

Note: people who are allergic to eggs should consult their health-care provider before getting a flu shot.



- **Do I need a flu shot every year?**  
Yes, because the flu virus changes every year.
- **How serious is the flu?**  
The flu is ALWAYS serious for people over 65 and the chronically ill. It can lead to dangerous - and costly - health problems.
- **When should I get my flu shot?**  
The best time is in the fall, before flu season starts. By getting your shot, you'll also avoid spreading the flu to loved ones.  
Remember, Medicare, Part B, pays for the shot, no matter where you get it. As long as the person giving the shot charges no more than Medicare pays, your shot will cost you nothing. HMO members must get their flu shots from their HMO.  
Be sure to ask whether it's time for a pneumonia shot, too.

National Immunization Awareness Week is October 12-18, and patients should ask their physicians about getting these vaccinations. The life you save may be your own!

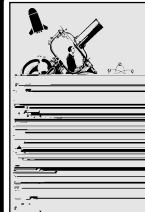


## VOCATIONAL REHABILITATION

### BALANCING HOME, WORK AND DIALYSIS

Being on dialysis, living with your family and working can be a real balancing act. Here are some tips for woking dialysis patients and their families to organize their time. It can help you get more out of every day with less stress.

1. Establish A Routine to help family members use their time.
2. Exercise As A Family to promote good health.
3. Develop A Family Calendar to avoid time conflicts.
4. Take Time For Yourself to feel rested and relaxed.
5. Consider And Discuss Your Dialysis Schedule with your faciltity and family.
6. Ease The Morning Rush by preparing the night before.



## KIDNEY CONCERNS NEEDS YOU!

*Kidney Concerns* is published quarterly by the Patient Advisory Committee of ESRD Network 13. The next edition is scheduled for Winter/January. To make this newsletter a success, we need your assistance. If you are interested in contributing to this newsletter, please send any articles, materials and/or ideas to:

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