



KIDNEY CONCERNS

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MIRACLES DO HAPPEN

Like most young women I grew up hoping to go to college, get married, raise a family and live happily ever after. My life seemed to be progressing along these lines.

At the age of 25, I married a wonderful man, Roy Williams, Jr., and I was attending college. I was working as a bank teller, but my life changed at age 29. As a result of a reaction to a wasp sting, I went to see my family doctor who recommended I have a complete physical. My family doctor gave me the results of my lab work and I got my first (of many) shocks: my kidneys were no longer working.

I started hemodialysis in June 1993 and received a cadaver transplant in February 1994 which failed in September 1996.

I understood that I should

not try to get pregnant until two years after my transplant so my hope of ever having a child seemed impossible. We moved back to Louisiana and I started back on hemodialysis.



Eventually, I was trained to do peritoneal dialysis.

My husband and I decided to spend Christmas with his family in San Francisco. I felt nauseous for about five days so I decided to see a doctor in the emergency room. They gave me a thorough checkup and asked if I thought I could be

pregnant. Well, imagine my surprise and joy when I found out I was pregnant on New Year's Eve! Of course, I realized that my pregnancy would be different since I was on dialysis for kidney failure.

In March, my local obstetrician referred me to a high risk obstetrician. Then, in April, I was referred to a local cardiologist, because I was experiencing shortness of breath. I had not had any cardiac problems prior to my pregnancy. The unit nurses had trouble determining what my dry weight should be

since I was gaining fluid related to my pregnancy. It was difficult to know which fluid was my baby's and which fluid was mine.

I was dialyzing three times a week for four hours, but at 22 weeks I began to dialyze six days a week for three

Continued on Page 4

"Glad You Asked That . . ."

QUESTION: *I'm told that my vascular access is very important to my hemodialysis treatment. What can I do to help care for it and what should I look for to know if something is wrong?*

ANSWER: Of all the renal patients in the United States, greater than 80% are on hemodialysis, and each one of these patients must have a blood access in order for dialysis to be performed. Vascular accesses can be either temporary (can be used for only a short period of time) or permanent (plans to use for longer than 6 months). We will focus on the permanent accesses.

neck or chest). You and your family should know where your right or left side: upper or lower portion of body part.

PROTECT YOURSELF AGAINST INFECTION

1. Keep your access clean with soap and water. Use an antibacterial soap.
2. Check your access daily for signs of infection. Call your physician's office or dialysis unit if you notice any of these signs.
3. Be sure nurses or technicians wear new gloves each time they handle your access.
4. On dialysis days, wait until after dialysis to apply lotion so that bandages will stick.
5. Remove bandages within 5-6 hours after treatment to decrease chance of skin irritation from tape.
6. Never allow a needle to be inserted into a graft through an infected area.

CAUSES OF FAILURE

There are two main causes for your access to fail. These are infection and decreased blood flow. Warning signs for infection include swelling, redness, pain, a fever not caused by cold or flu and pus or drainage at the access site.

Decreased blood flow can lead to a clotted graft. You should check your access daily for a pulse or rushing sensation called a "thrill". A thrill feels like a consistent vibration under the skin and indicates sufficient blood flow. You will not be able to check blood flow in a permanent catheter.

TYPES OF ACCESSSES

There are three common types of permanent accesses. These are the AV Graft (a synthetic material connecting your artery to your vein under the skin), the AV Fistula (connection between your own artery and vein) and a permanent catheter (a rubberlike tube placed through your skin into a large vein in your body usually in the

access is located and describe the location in case an emergency should arise. Locations include arm, neck, leg or chest:

DECREASED BLOOD FLOW

Two types of problems can lead to decreased blood flow to an access. Pseudoaneurysm

"GLAD YOU ASKED THAT..."

(balloon-like) results from repeated punctures to a graft at the same site. A hematoma is the result of unchecked bleeding from a puncture site.

In order to maintain access blood flow, be sure to monitor the following:

1. Sites of needle placement should be rotated. Allow 4-6 weeks to recover from the needle stick.
2. A chart to map the position and date of puncture helps keep track of graft sites. Puncture sites should be approximately one centimeter apart along the straight portion of the graft. Avoid punctures within 3 centimeters from where the graft is attached to the artery or vein and the tight curved portion of the loop.
3. Take blood pressure medications as ordered. Avoiding high or low blood pressure can help protect your graft.
4. Control fluid intake to prevent excess weight gain. This can cause periods of low blood pressure during dialysis.
5. Remove bandages when your needle sites have quit bleeding.
6. Do not sleep on your access or that side of your body.
7. Wear clothing that is loose fitting at the site of your access.
8. Do not cross your legs if your access is in your leg.
9. If you have hobbies that restrict movement or keep extremities where your access is located in one position for lengths of time, move limb frequently to prevent limb from fall-

ing asleep.

10. Take iron, epogen (epo) or transfusions as ordered.

11. Do not insist on heparin being stopped early.

12. When your dialysis treatment is completed, it is better for you to hold your site to provide general pressure rather than using clamps. Pressure should be held 5 minutes before looking to allow time for clotting.

WARNING SIGNALS: There are some warning signals to let you know that you might be having problems with blood flow to your access. These are numbness in your access, numbness in your fingers or toes, increased coldness in feet and/or hands, pain in and around access, pain in access during or after dialysis, loss or weakening of "thrill" and loss or weakening of pulse at the access. Any of these signs should be brought to the immediate attention of the health care team for evaluation.

With proper care, your access can function for a very long time. Studies show that accesses often function for one to five years after placement. Complications can have an effect on how long grafts last. By taking a role in the care of your access, you can help extend the life of your graft.

If you have any questions for "Glad You Asked That," forward them to ESRD Network 13, 6600 N. Meridian, Suite 155, Oklahoma City, OK 73116-1421, or phone 1-800-472-8664. Selected questions will appear in future issues of *Kidney Concerns*.

RECIPES

Secret Egg Oatmeal

- 1 cup water
- Dash cinnamon
- 1/2 cup uncooked oatmeal
- 1 egg, beaten

Beat egg very well and set aside. Add cinnamon to water and bring to a boil. Add oatmeal to boiling water. When oatmeal is boiling, add beaten egg to oatmeal and stir rapidly. Egg should "disappear" into oatmeal. Serve immediately.

Calories: 186 kcal
 Protein: 10 g
 Potassium: 158 mg
 Sodium: 65 mg
 Phosphorus: 229 mg

Ortega's Huevos Con Chiles

- 1 whole egg & 2 egg whites
- 1 tablespoon milk
- dash pepper
- 2 oz diced green chiles, drained
- 1 tablespoon margarine
- 1/4 cup onion, chopped

In a bowl, beat egg and egg whites together with milk. Stir in pepper and green chile. Set aside. Melt margarine in skillet over medium heat and cook onion until soft. Add egg-chile mixture and cook over low heat. Stir occasionally. Eggs should be scrambled slowly and gently.

Calories: 250 kcal
 Protein: 15.3 g
 Potassium: 432 mg
 Sodium: 358 mg
 Phosphorus: 118 mg

Continued from Page 1

hours. Around my sixth month, I began to experience a lot of discomfort, probably due to excess fluid.

At six months and one week, I was beginning to dilate. I began to time my pains and they were occurring about every ten minutes. My husband brought me to the hospital around five o'clock that evening. Around ten o'clock that evening my water broke. I hadn't had the baby by early the next morning so a decision was made to airlift me by helicopter to Baton Rouge.

I arrived a little after three o'clock in the morning and my beautiful baby boy was born on April 19th at 3:59a.m. Jabari (the brave one) Immanuel (God be with you) Williams was one pound, nine ounces and thir-

teen inches long.

I left the hospital that Sunday, but Jabari was to stay in incubators for about three months, mainly because of respiratory problems.

I first held my son in June. We brought Jabari home on July 23, my sister's birthday. He weighed five pounds, three ounces.

My husband and I feel truly blessed to have such a beautiful son who was able to overcome such difficult circumstances.

My advice to women who become pregnant while on dialysis is to:

1. Watch your fluid intake.
2. Follow your doctor's instructions.
3. Keep a positive attitude and have faith.

AMERICAN ASSOCIATION OF KIDNEY PATIENTS

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Want to learn more about ESRD? Check out these sites:

United Network for Organ Sharing (UNOS)

www.unos.org

IgA Nephropathy Home Page

www.igan.org

The Nephron Information Center

nephron.com

Dialysis Patients On-line

cybermart.com/aakpaz/support.html

Hypertension Dialysis and Clinical Nephrology

www.hdcn.com

National Institute of Diabetes and Digestive and Kidney Disease

www.niddk.nih.gov

National Institutes of Health

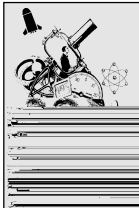
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New York Online Access to Health (NOAH)

noah.cuny.edu

Medscape

www.medscape.com



KIDNEY CONCERNS NEEDS YOU!

Kidney Concerns is published quarterly by the Patient Advisory Committee of ESRD Network 13. The next edition is scheduled for FALL/OCTOBER. 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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% ESRD Network 13

6600 N. Meridian Suite 155

Oklahoma City, OK 73116-1421

1-800-472-8664

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