

1  
How do we classify kidney or renal failure?

The word renal refers to the kidneys. If one or both kidneys fail and the damage cannot be reversed, the condition is called renal failure or end-stage renal disease (ESRD). When diagnosed with ESRD, your kidneys can no longer filter wastes well enough to keep you healthy. Treatments for kidney failure include kidney dialysis and/or transplantation.

2  
Why do kidneys fail?

Kidneys fail as a result of physical injury, disease or disorders such as diseases that attack the nephrons (tiny filtering units within the kidneys) causing them to lose their filtering capacity. Damage to the nephrons can happen quickly, often as the result of injury or poisoning. However, most kidney diseases destroy the nephrons slowly and silently. Only after years or even decades will the damage become apparent. Most kidney diseases attack both kidneys simultaneously.

3  
What are the signs and symptoms of kidney failure?

- The following symptoms may be present:
- fatigue (tiredness)
  - frequent need to urinate, especially at night (which grows with time)
  - itchy skin
  - nausea
  - shortness of breath
  - erectile dysfunction (men have difficulty getting and/or sustaining an erection)
  - water retention (swollen feet, hands, ankles)
  - blood in the urine; and or
  - protein in the urine

4  
I have chronic kidney failure

5  
I have acute renal failure

Chronic kidney disease, also called chronic kidney failure, describes the gradual loss of kidney function. Your kidneys filter wastes and excess fluids from your blood, which are then excreted in your urine.

When chronic kidney disease reaches an advanced stage, dangerous levels of fluid, electrolytes and wastes can build up in your body.

In the early stages of chronic kidney disease, you will start to experience signs or symptoms of kidney disease. Chronic kidney disease may not become apparent until your kidney function is significantly impaired of kidney disease.

Treatment for chronic kidney disease focuses on slowing the progression of kidney damage, usually by controlling the underlying cause. Chronic kidney disease can progress to end-stage kidney failure, which is fatal without artificial filtering (dialysis) or a kidney transplant.

Acute kidney failure occurs when your kidneys suddenly become unable to filter waste products from your blood. When your kidneys lose their filtering ability, dangerous levels of wastes may accumulate, and your blood's chemical makeup may get out of balance.

Acute kidney failure can be fatal and requires intensive treatment, however, acute kidney failure may be reversible. Pending the extent of the damage to your kidneys, you may recover normal or partial kidney function.

6  
What are my treatment options?

When the kidneys are no longer working effectively, waste products and fluid build up in the blood. Dialysis is the process of removing some of a person's blood, cleaning it, and then returning it to the person's body. Dialysis treatments may be used for patients who have become ill and have acute renal failure (temporary loss of kidney function), or for fairly stable patients who have permanently lost kidney function (stage 5 chronic kidney disease).

7  
What arrangements do I need to make to receive chronic dialysis?

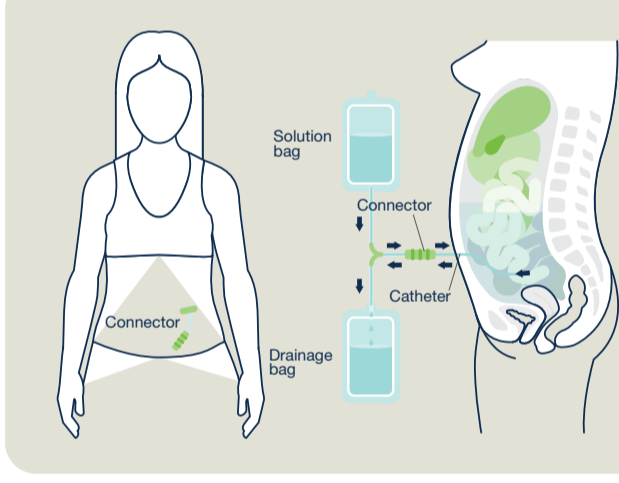
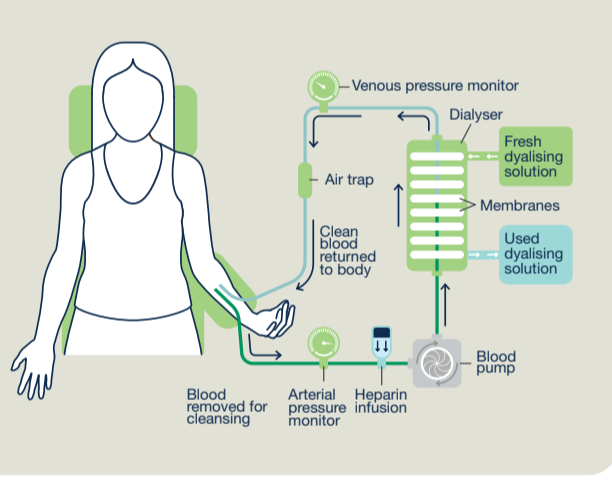
- 1 Physician or nephrologist consultation
- 2 Medication script from my treating doctor
- 3 Registration of my chronic kidney condition following Medical aid approval or private funding
- 4 Arranging an appropriate dialysis slot with a chronic dialysis facility
- 5 A care coordinator\* who will support and navigate the patient throughout their renal journey

\*Available at selected units

8  
There are two major types of dialysis:

**Chronic Haemodialysis (CHD):** A medical procedure to remove excess chronic fluid and waste products from the blood and to correct electrolyte imbalances. This is accomplished using a machine and a dialyser, also referred to as an artificial kidney.

**Peritoneal dialysis (PD):** uses the lining of your abdominal cavity (the space in your body that holds organs like the stomach, intestines, and liver) to filter your blood. PD is a treatment choice that is needed daily and can be done manually – continuous ambulatory peritoneal dialysis (CAPD) or automated peritoneal dialysis (APD). Peritoneal dialysis is not suited for all patients and criteria needs to be closely discussed together with your doctor.



With haemodialysis, a machine removes blood from your body, filters it through a dialyser (artificial kidney) and returns the cleaned blood to your body. Blood travels through dialysis blood lines to the dialyser, also known as the artificial kidney. The dialyser is made up of two compartments, blood and dialysate. Porous membranes inside the dialyser allow for the movement of waste products, electrolytes and water between compartments through a process of osmosis and diffusion. These exchanges continue over the prescribed dialysis session until a balance of electrolytes and effective removal of waste products is achieved.

9  
Where do we go from here?

Life Healthcare case managers will assist and guide you with the following process:

- Obtaining relevant forms from respective medical aid funds
- Facilitating completion of forms by your treating specialist
- Submitting forms and your latest blood test results to the medical aid
- Facilitating, completion of additional motivation from your nephrologist, requested by your medical aid and enabling access to specialised procedures such as continuous ambulatory peritoneal dialysis.
- Assistance with authorisation of dialysis treatments
- The renal care coordinator\* navigates patients through their end-to-end renal journey. They work with patients, families, and healthcare providers to ensure compliance to treatment plans, provide education and help patients improve the healthcare system. The goal of the care coordinator\* is to support patients in managing their kidney disease and navigating their quality of life.

**If you have a medical aid:** Renal dialysis patients covered by a medical scheme should note that whilst every effort is made to obtain payment from your medical scheme on your behalf, the responsibility for the payment of services rendered still remains with the guarantor. Any costs not covered by your medical scheme will have to be settled by the patient receiving treatment or medical aid guarantor. If you are unsure of any financial matter, please speak to one of our case managers at the hospital you are receiving treatment. Please note that services provided by other medical practitioners and healthcare professionals are not included in the account for dialysis treatments and will be charged separately.

Please note that you will need a separate authorisation number for dialysis treatment; a hospital authorisation number will not provide authorisation.

\*Available at selected units

**If you are paying privately:** Patients who are not covered by a medical scheme will be required to pay a deposit based on the estimated total costs of treatments delivered.

Please note that services provided by other medical practitioners and healthcare professionals are not included in the account for dialysis treatments and will be charged separately.

10  
Frequently asked questions:

**Is a renal diet important whilst undergoing dialysis treatments?**

As kidney function declines, protein waste and minerals become more difficult for the kidney to remove.

Not only will a good diet help you feel healthy, but it can also help you avoid complications such as fluid overload, high blood potassium, bone disease, and weight loss. Keeping close track of your diet can also help you control other diseases such as diabetes and high blood pressure. Uncontrolled blood pressure and diabetes can worsen kidney disease and diminish any residual kidney function.

**What about infection prevention?**

It is essential to speak to your dialysis care provider to explain the importance of hand washing and infection control programmes. Maintaining the appropriate care of your dialysis access site will preserve longevity of your access site and lower incidence of infection. Taking the necessary precautions and limiting cross infection will ensure the health of yourself, your families and other fellow dialysis patients.

**What about my medication?**

Chronic patients required to take any medication before, during or after dialysis will be required to bring their own medication from home. Please inform your dialysis nurse of such instances to ensure that treatment is administered appropriately, recorded and supervised. If for any reason you are unsure of the medication you are taking, you should inform your overseeing doctor, pharmacist or your renal care team for clarity.

For convenience, medication such as erythropoietin (EPO) and iron, can be stored and refrigerated at your dialysis facility. Please confirm the process used for receiving and storing of EPO with the unit managers. The cold chain should be maintained even during transportation between your home and the dialysis facility.

**What are the treatment times?**

These vary between the different facilities and will be discussed with you before your first dialysis session. Your frequency of treatments and duration of each session will be determined by your facility nephrologist or physician pending individual clinical status and kidney function.

For purposes of understanding how dialysis sessions work, the most common treatment programme to achieve adequate clearance are four-hour sessions, three times a week. You will be required to select one slot that comprises 2-3 sessions per week.

For example morning (am) sessions may run:

- Slot 1 - 06:00-10:00 on a Monday, Wednesday and Friday or
- Slot 2 - 06:00-10:00 on a Tuesday, Thursday and Saturday

For example afternoon (pm) sessions may run:

- Slot 3 - 11:00-14:00 on a Monday, Wednesday and Friday or
- Slot 4 - 11:00-14:00 on a Tuesday, Thursday and Saturday

For your convenience selected facilities do provide evening sessions and / or nocturnal sessions. This will have to be discussed with your facility unit manager and will depend on the availability of evening slots.

**May I have visitors?**

Visitors are discouraged from entering treatment areas for the maintenance of strict infection control measures. Visitors are encouraged to make use of waiting rooms

**What will happen to my valuables?**

We recommend that you do not bring valuables such as jewellery, or large sums of money with you. Dialysis facilities are not equipped with safes and whilst every effort is made to protect patient's belongings, we cannot take responsibility for your not having or the loss thereof.

**Tell me more about your facilities and services**

Equipment – latest technology dialysis machines and comfortable dialysis chairs  
Medical services – easy access to hospital specialist / physicians / X-ray department / Laboratory facilities  
Public phones – facility telephones are not available for personal use. If there is an emergency, the nursing staff will contact your family.

Smoking – all facilities are strictly non-smoking facilities and as such, smoking is only allowed in designated smoking areas.

**How do we monitor service delivery?**

Your feedback with regard to our facilities and services are important to us. Please share your suggestions, concerns, compliments or complaints with us. Our managers will also make regular rounds. As your comfort and care are important to us, we encourage you to speak freely with them.