

## Chapter 5

### HOME AND CENTER HEMODIALYSIS \*

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The patient who is unable to have, or does not want, a transplant in the foreseeable future and who has a spouse or other family member willing and able to assist in the treatments, may be a candidate for home dialysis. (Even a patient without such an assistant may be eligible, for there are now vendors that will supply the equipment, supplies, and a dialysis nurse in your home.) There are advantages and disadvantages of which the patient should be aware before making a decision.

On the plus side, home dialysis affords the patient a degree of flexibility in scheduling not possible in a center. The time or day of dialysis can be chosen to suit the patient and family and may be changed to accommodate social engagements or other activities. Moreover, some patients feel more relaxed when dialyzing in the comfort and familiar surroundings of their own home. Although food is not permitted in many dialysis centers, home patients can have meals during dialysis.

However, home dialysis involves and restricts the family, in particular the family member-therapist. This person, who must train for 6 to 8 weeks along with the patient, will be tied down to the same schedule as the patient, and in addition, have the psychological burden of feeling responsible for the patient's safety.

Nevertheless, many families have found home dialysis eminently satisfactory and indeed preferable *for them*. There is little doubt that a well-motivated couple can master the technique of treatment. No prior experience nor medical "savvy" is required. No center would send them home before they had demonstrated full competence. When difficulties arise, the patient's physician and the staff at the training center or hospital are just a phone call away. A home patient who is having problems can be temporarily dialyzed in-center.

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\* See Chapter 4 for a discussion of CAPD (Chronic Ambulatory Peritoneal Dialysis), a third alternative.

The occupation of the patient in some cases may be a determining factor in the decision for home dialysis, as is the distance to the nearest center. For example, for a traveling salesman with a variable schedule, home dialysis might be preferable.

On the other hand, some patients may feel more secure being dialyzed on a fixed schedule by trained professionals in a center. Moreover, the center patient is freed from the tedium of setting up and cleaning the machine. Also, the center patient will ordinarily be seen by a physician more frequently.

For some, a cost comparison between home and center dialysis may be an important consideration. Another is the availability of space in the home for the machine and supplies. For a single person, for a married person whose spouse is unable or unwilling to perform home dialysis, or for a person who desires early transplantation, center dialysis may be the only choice.

As with many other choices regarding your care, only you can make the decision, but it would be wise to consult your physician as well as patients receiving both forms of care. If the idea of home dialysis is totally repugnant to you, you should probably reject it. Otherwise, arrange to visit several home patients, to talk with them and their spouses, and to get some idea of how the equipment fits into a home. Any of the officers of KT/DA (whose names and phone numbers appear in every issue of the *RenalGram*) will be happy to put you in touch with both home patients and center patients who would be glad to describe their experiences.

(Note: In some areas, other alternatives may be available: one is in-center "self-care." In this method, the patient usually sets up the dialysis machine, attaches himself or herself to it, and monitors the treatment with a minimum of staff supervision. Another option, for a patient without a family member as home dialysis partner is a vendor that supplies a nurse to perform dialysis at home as well as home dialysis equipment and supplies. You might want to inquire if either of these modes of treatment is a possibility for you.)