



**THERE'S  
A BIG  
DIFFERENCE  
BETWEEN  
SIMPLY  
SURVIVING  
AND  
REALLY  
LIVING.**

*Baxter*



# IT'S CALLED PD.

Peritoneal dialysis, or PD, is a different kind of dialysis. PD is a choice that could help you feel like you're living, not just surviving. PD is usually performed in the comfort of your own home—safely, and without needles. It offers you freedom and flexibility to do the things you love and spend time with the people you love.

### PD is medically sound.

Both PD and HD can help you live with kidney disease. Data suggests PD can offer an early survival advantage, and at five years the chance of survival on either therapy is the same.<sup>1</sup> PD patients are less likely to be hospitalized due to dialysis treatment-related infections.<sup>1</sup> Because PD does not require access to your bloodstream, you might not experience the same access and infection issues that occur with HD. For dialysis patients, your access is your lifeline. In fact, 79% of PD patients felt that their access site care was excellent, while only 54% of HD patients rated their access site care as excellent.<sup>2</sup>

# PD IS PROVEN.



*"I loved doing PD; I thought it was a great option. The fact that I could have a normal routine during the day—I could wake up, eat breakfast, go to school, hang out with my friends, come home and then do the peritoneal dialysis."*

**MORGAN**

Student & Volunteer • Olathe, Kansas

### You can learn to do PD.

Hundreds of thousands of people have used PD successfully over the last 30 years. You do not need to be a medical expert or technician to do your dialysis at home, even if you live alone. With the help of your doctor and PD nurse, you can learn the proper technique. You will go through as many days of training as you need to feel comfortable enough with the process to go home and do it yourself. More PD patients than In-Center HD patients thought it was easy to reach their dialysis staff, and that the dialysis staff was available in an emergency.<sup>2</sup> If you have any problems or questions, someone is always available to help by phone.



### **Nurse at PD Clinic**

Just like the nurse that you rely on in center, your PD nurse is there to help. You will have a nurse or team of nurses who are just a phone call away — 24 hours a day, 7 days a week.



### **Nephrologist**

With PD, you may only have to visit your doctor once a month. Your doctor helps you make sure that whatever form of dialysis you choose is right for you medically.



### **Dietitian**

Your dietitian will continue to help you with the dietary challenges of kidney disease, individualizing your PD diet as needed.



# **YOU'RE NOT ALONE.**

The idea of doing dialysis at home might seem scary, but advice and help are always there for you. Before starting PD, you receive complete training. After starting PD, you have a network of 24/7 support.



### **Social Worker**

Just as with HD, your social worker is an important source of support and information who can answer any questions you have. Among other things, your social worker will help you plan how to handle PD when you travel.



### **Baxter's HomeCare Services & Technical Services**

Baxter is always a phone call away. HomeCare Services helps you with supplies: figuring out what you need and when, ordering them, and arranging delivery to alternate locations when you travel. You can call Technical Services at any time of day or night to answer questions about your cyclor.



### **Baxter Driver**

Baxter's driver is the friendly face you see every month or so. Your driver will carry your PD supplies into your home and help you determine the best place to store them.



# SHOULD I SWITCH?

## Can I switch?

In 2008, more than 4,400 people switched to PD from another form of dialysis.<sup>7</sup> In fact, 28,000 people are on PD right now.<sup>8</sup> Your doctor can tell you whether PD is appropriate for you. You will have to have minor outpatient surgery to have a catheter placed in your abdomen. It will extend out 3–6 inches and can be taped flat against your abdomen. And if PD turns out to not be right for you, you have options and can switch back to HD.

## Why your doctor might not prescribe PD.

Several conditions may prevent your doctor from prescribing PD, including previous abdominal surgeries or the presence of intestinal diseases, such as inflammatory bowel disease or diverticulitis. Risks of PD include peritonitis or exit-site infections. Glucose found in the PD solution may lead to high blood sugar in patients with diabetes. Every patient is different, so it is important to talk to your doctor to determine if there are other reasons that PD may not be right for you.

*"I was on hemodialysis for five years. It just didn't agree with me. My arm had been clotted eight or 10 times. I went to my doctor and told him that I wanted to go on peritoneal. It's something I should have been on a long time ago."*

**FRANK**

Father & Volunteer • Kansas City, Kansas

# HOW CAN PD HELP ME LIVE MY LIFE?

## **It can help give you freedom, flexibility and satisfaction.**

PD can offer you the freedom and flexibility to be yourself. The convenience of PD allows people just like you to lead normal lives, including travel, work, school, hobbies, sports and family life. Maybe that's why PD patients report a high level of satisfaction with their therapy.<sup>2</sup> Insurance coverage is the same for PD as for HD. You might require fewer medications, like blood pressure medication, and your dietitian might be able to adjust some elements of your diet.

## **PD preserves kidney function and provides benefits to future kidney transplant recipients.**

PD preserves your remaining kidney function.<sup>3</sup> Patients with remaining kidney function have health benefits including better nutritional status and reduced blood pressure. Transplant rates are higher for PD patients than for HD patients.<sup>4</sup> Sometimes a kidney transplant doesn't work right away, but the incidence of this depressing situation is lower for transplant recipients who were doing PD than for those who were doing HD.<sup>5,6</sup>

## **PD may be more convenient than in-center hemodialysis.**

With Continuous Ambulatory Peritoneal Dialysis (CAPD), you are dialyzing 24 hours a day, but each exchange of solution takes only about 30 minutes (typically four or five times a day). If you dialyze overnight with Automated Peritoneal Dialysis (APD), using a cycler, your whole day is free. Either way, you can spend every day working or volunteering, gardening or golfing, traveling or taking care of grandchildren — just living your life.

**How does PD work, and how is it different from hemodialysis (HD)?**

HD and PD are both ways to remove waste and water. While HD uses a dialysis filter and your blood, PD uses your body's abdominal lining, the peritoneal membrane, as a natural filter. PD solution is placed inside your abdomen through a catheter access. Waste and excess fluids are filtered into the solution, which then leaves your body through the catheter. With PD, no blood leaves your body. HD uses blood and needles for your dialysis. PD doesn't.

**PD IS DIFFERENT.**



*"After a year of hemo I had trouble with the access so I went to peritoneal dialysis and that allowed me more freedom. It's done at home, at night, so my days are free and I enjoyed that a lot."*

**CAROL**

Wife & Grandmother • Libertyville, Illinois

# WHO DO I TALK TO AND WHAT DO I SAY?

**Are you interested in PD? Here's how to take charge and learn more.**

First, let your doctor, nurse or social worker know that you are interested. Ask for the name of your clinic's PD nurse, and talk to the PD nurse and your doctor about the reasons why you are interested in PD. Discuss the pros and cons, and ask whether there are any medical reasons why PD might not work for you.

You can also do research on your own. Go online. Go to the library. Talk to PD patients about their experiences. One easy way to learn about real-life PD experiences is to watch the "Life Choices, Treatment Options" DVD. Ask your clinic to have the Baxter representative provide you with a copy.

Thousands of people have switched to PD. You can, too.

<sup>1</sup> USRDS 2008 Annual Data Report - Morbidity & Mortality. Available at: [www.usrds.org](http://www.usrds.org).

<sup>2</sup> Rubin H, Fink N, Plantinga L, Sadler J, Klinger A, Powe N. *J Am Med Assoc.* 2004;291(6):697-703.

<sup>3</sup> Lysaght MJ, Vonesh EF, Gotch F, et al. *ASAIO Trans.* 1991;37:598-604.

<sup>4</sup> Snyder JJ, Kasiske BL, Gilbertson DT, Collin AJ. *Kidney Int.* 2002;62:1423-1430.

<sup>5</sup> Bleyer AJ, Burkart JM, Russell GB, Adams PL. *J Am Soc Nephrol.* 1999;10:154-159.

<sup>6</sup> Vanholder R, Herring P, Loo AV, et al. *Am J Kidney Dis.* 1999;33:934-940.

<sup>7</sup> Data on file. Baxter Healthcare Corp.

<sup>8</sup> Derived from Network Annual Reports from: [www.esrdnetworks.org](http://www.esrdnetworks.org).

#### **Baxter Healthcare Corporation**

One Baxter Parkway  
Deerfield, Illinois 60015  
[www.baxter.com](http://www.baxter.com)

Baxter is a registered trademark of Baxter International Inc.

USMP/MG2/14-0043 10/14 (OPD 08/09) 40,000

**Baxter**