

Centers for Dialysis Care

Patient Newsletter
Summer 2021





In this Issue

Letter from President & CEO	3
My Choice, Home Dialysis: Myth vs. Reality	4–5
Your Care, Your Voice: Centers for Dialysis Care Patient Advisory Committee	6–7
Managing Your Fluid Intake	8–9
Recipes	10–11
Checklist: Help Prevent the Spread of COVID-19	12–13
Got Questions About the COVID-19 Vaccine?	14
Fistula First and Catheter Last	15
Peritoneal Dialysis and Home Hemodialysis Word Search	16–17
Locations Map & Connect with CDC	18
Puzzle Answers	19

Letter from Gary Robinson

President & CEO



CDC Patients,

We want to take a moment to remind you that getting the COVID-19 vaccine will help keep you and your family healthy.

The highly transmissible Delta variant of the COVID-19 virus has spread across the United States. If you are unvaccinated and eligible for the vaccine, or not fully vaccinated yet, the best thing you can do to protect yourself and others is to get vaccinated.

We understand that some individuals may be skeptical or concerned about getting the COVID-19 vaccine. According to the nation's leading experts, the COVID-19 vaccine may also help keep you from getting seriously ill, even if you do get COVID-19. Additionally,

receiving the vaccine can help keep your family, friends and community safe. You can learn more about the COVID-19 vaccine by checking out: **[BetweenUsAboutUs.org](https://www.betweenusaboutus.org)**.

Included in this newsletter is a series of articles that explore both peritoneal dialysis and home hemodialysis. Home dialysis options offer the freedom to dialyze on your own schedule. The right fit for you may depend on a number of considerations. Centers for Dialysis Care provides you with education on all of your treatment options so that you, your care partner and your physician can choose the care plan that is best for you.

Stay safe and well,

Gary Robinson

My Choice, Home Dialysis

Myth vs. Reality



Peritoneal Dialysis (PD)

MYTH: You'll get an infection!

REALITY: Peritonitis (an infection of your abdomen) is preventable with proper training and handwashing techniques. If an infection does develop, it can often be treated at home with antibiotics.

MYTH: You have to get rid of your pets to do PD at home.

REALITY: Lots of people do PD at home and still have pets. Clean well and ensure your pets stay out of the room when you connect or disconnect.

MYTH: If you had previous abdominal surgery, you can't do PD.

REALITY: Routine abdominal surgeries, such as hernia repairs, C-sections, and some transplants, do not prevent PD as an option.

MYTH: If you have vision or hearing problems, you can't do PD.

REALITY: Assist devices are available to help with most tasks involved in doing PD.

MYTH: You need to have some kidney function to do PD.

REALITY: Kidney function will always be checked, but PD can be done without any kidney function.

MYTH: If you are overweight, you can't do PD.

REALITY: A catheter placed differently into your abdominal cavity may be a better option. PD can still be done.

MYTH: If you are non-adherent in your dialysis center, you can't do PD.

REALITY: People with a high need to control situations may actually do better at home.

MYTH: You need to have a lot of space at home to do PD.

REALITY: You do need some space for PD, but many people who live in efficiency apartments, trailers and other small spaces find a way to make PD work if they want it.

MYTH: Only one kind of PD is available.

REALITY: Yes and no. PD involves having a special fluid in your abdomen, but you can choose how to handle the process, for example, manually or automated (while you sleep).

MYTH: When you do PD, you can eat and drink whatever you want.

REALITY: Dietary and fluid intake limitations remain in place, but you have a bit more "wiggle-room" with your limits and choices.

MYTH: When you do PD, you are free to take either a bath or a shower!

REALITY: A bath is not permitted unless you have a pre-sternal catheter placement. A shower is permissible and you will be taught how to care for your catheter site after your shower.

Home Hemodialysis (HHD)

MYTH: You won't have any experts at home to help.

REALITY: You will learn to be an expert. Plus, your facility serves as 24-hour phone backup. You will always be near help.

MYTH: You could bleed to death very quickly.

REALITY: Machine alarms alert you to the detection of just one drop of blood out of place. You will have time to react and fix the problem.

MYTH: HHD is a huge burden of extra work for a care partner.

REALITY: It is best if YOU do as much of your treatment as you can. HHD gives you control over when and how you dialyze, which can dramatically improve overall quality of life.

MYTH: An HHD care partner needs to have a medical background.

REALITY: Nope. The clinic will train you and a partner (if they require one). No medical background is needed. For safety reasons, HHD requires that a care partner is available to help you.

MYTH: Your house has to be perfectly clean at all times.

REALITY: Your home does not have to be perfectly clean to perform HHD.

MYTH: You can't do HHD in an apartment.

REALITY: Talk to the home training nurse, then talk with your landlord. You might be pleasantly surprised.

MYTH: If you do HHD, you must follow the same scheduled days of the week.

REALITY: Many different schedules are available and can be arranged at home. For instance, short daily dialysis or extended dialysis. Remember, you don't have to wait for a chair at your dialysis center as you can dialyze in the comfort of your home.

MYTH: You can't do HHD if you are non-adherent in the dialysis center.

REALITY: Each individual will be evaluated, but those with a high need to control situations may actually do better at home.

MYTH: With HHD, you can eat and drink whatever you want.

REALITY: Dietary and fluid intake limitations remain in place, but you have a bit more "wiggle-room" with your limits and choices. A dietitian can help.

MYTH: You can't get training to do your dialysis at home right from the beginning.

REALITY: There must be time for evaluation and practice. Everyone is a little different, and staff and patient must be comfortable with your skills.

MYTH: There's a long waiting list to learn how to do HHD.

REALITY: This varies among facilities offering a home program. Ask your nurse to be certain.

Your Care, Your Voice:

Centers for Dialysis Care Patient Advisory Committee

The Centers for Dialysis Care Patient Advisory Committee (PAC) provides a forum for patient and staff representatives to address opportunities for improving care within our dialysis units. The goals of the PAC are to understand the patient experience, including: the care environment, service excellence as well as quality, and incorporate your unique perspective into new initiatives and ongoing operations. You can provide input that makes an impact, ensuring that the next patient or family member’s journey is easier.

Are you interested in being considered for the Patient Advisory Committee? The following CDC patients have already signed up to join the PAC.

Canfield	Tracey Tate
East	Deborah Wade
Eliza Bryant	Vonerek Warren
Euclid	Donald Supplee
Euclid	Robin Andaya
Euclid	Deborah Kirkpatrick
Garfield	Gwen Ford
Heather Hill	Linda Hershberger
Middleburg	Bernard Hicks
Oakwood	Jamie Mason
Shaker	Ozzie Walter
Warrensville	Paula Gist
Warrensville	Kimberly Pollard

Please notify your social worker or facility manager if you would like to be considered as a PAC representative.

The voice of our patients and family members can be a powerful tool in improving safety, patient satisfaction and quality. A PAC provides benefits to both the dialysis organization and patients/families.

Benefits of a patient and family advisory council:

For the dialysis organizations:

- Provide an effective mechanism for receiving and responding to patient input
- Result in more efficient planning to ensure that services really meet patient needs and priorities
- Lead to increased understanding and cooperation between patients, families and staff
- Promote respectful, effective partnerships between patients, families and clinicians
- Transform the culture toward patient-centered care
- Develop programs and policies that are relevant to patient and families’ needs
- Strengthen community relations

For patients and families:

- Gain a better understanding of the dialysis organization
- Appreciate being listened to and having their opinions valued
- Become advocates for the patient and family-centered healthcare in their community
- Understand how to become an active participant in his or her own healthcare
- Develop close relationships with other members on the PAC

Managing Your Fluid Intake

Helpful Information for People Receiving Hemodialysis Treatments

It is important to control your fluid intake to feel well and stay healthy. Fluid is in many foods and all beverages. If you consume too much fluid, it can build up and lead to shortness of breath, high blood pressure, and cramping. You will feel better when less fluid is removed from your body during hemodialysis treatment. Controlling thirst and fluid intake can decrease your risk of heart damage. Your Doctor and Registered Dietitian Nutritionist (RDN) can help determine how much fluid you need each day.

Fluid is found in the things we eat and drink.

- Water
- Milk
- Juice
- Coffee and tea
- Soft drinks
- Gelatin
- Alcoholic beverages
- Soups and broths
- Nutritional shakes and drinks
- Yogurt
- Pudding
- Custard
- Smoothies
- Ice chips and cubes
- Popsicles
- Ice and snow cones
- Frozen yogurt and sherbet

Tips to Control Thirst

Limit high-salt foods, like deli meats, pickled foods, fast foods, canned foods, cheese.

Cook with fresh foods, as they have less sodium than processed foods.

Use herbs and salt-free spices to flavor your foods.

Use a small 4 ounce glass with meals to help you drink less at meal times.

Try reusable ice cubes in your beverages to avoid drinking extra fluid.

Suck on frozen berries to stay cool.

Take medications with applesauce or at meals instead of between meals.

Chew sugar-free gum or suck on sugar-free hard candy to curb thirst.

Keep blood sugar stable if you have diabetes, as high blood sugar can make you thirsty.

Use lip balm or over-the-counter mouth rinses to keep your mouth moist.

Benefits of Controlling Your Fluid Intake

Less swelling, especially in your legs and ankles.

Better blood pressure control.

Easier to breathe, especially when lying down.

Less thirst and more energy after hemodialysis.

Reduced stress on your body lowers your risk of heart damage.

Symptoms of Fluid Buildup

- Shortness of breath
- Bloating
- Nausea
- Weight gain
- Swelling
- Cramping
- High blood pressure
- Headaches





Kidney-Friendly Cabbage Slaw

1 cup: 94 calories, 1.2 g protein, 8.2 g carbohydrates, 2.5 g fiber, 7.2 g fat, 58.7 mg sodium, 252.5 mg potassium, 51 mg phosphorus, 0.5 mg iron

Ingredients

- 5 cups green cabbage, shredded
- 2 cups red cabbage, shredded
- 2 cups carrots, shredded
- ½ cup cilantro, washed and chopped
- 4 tbsp lime juice, freshly squeezed from about 2 limes
- 5 tbsp olive oil

Preparation

Combine all ingredients in a bowl and toss together until well mixed.

Prepare up to 1–2 hours ahead of time for cabbage to soften and flavors to come together.

Kidney-Friendly Potato Salad

1 cup: 261 calories, 3 g protein, 15 g carbohydrates, 4 g fiber, 21 g fat, 550 mg sodium, 575 mg potassium, 66 mg phosphorus, 0.7 mg iron, 0.4 mg zinc

Ingredients

- 1 large russet potato, peeled, cubed into 1 ½" cubes (1 cup)
- 1 medium head of cauliflower, cut into small florets (4 ½ cups)
- ¾ cup vegan mayonnaise
- 1 dill pickle, chopped (½ cup)
- 2 tbsp apple cider vinegar
- 1 tbsp Dijon mustard
- 2 tbsp dried dill or 4 tbsp fresh dill, chopped
- A pinch of pepper, to taste
- ¼ red onion, thinly sliced or diced
- 2 celery stalks, chopped
- 2 stalks green onion, chopped

Preparation

Peel and cube the potato. Add potatoes to a pot, cover with cold water and bring to a boil over high heat and continue to cook for 5 minutes. Then add cauliflower florets into the pot of boiling water and continue cooking for another 5 minutes, or until both the cauliflower and potatoes are tender. Drain and rinse with cold water to cool slightly.

In a large bowl, whisk together your vegan mayonnaise, chopped dill pickle, apple cider vinegar, Dijon mustard, dill, and a pinch of pepper. Adjust seasoning to taste.

To the same bowl, add in your cooked potato and cauliflower, along with the sliced red onion, chopped celery, and green onions.

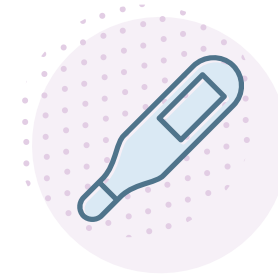
Toss to combine. Cover and place in the fridge to chill before serving for up to 4–5 days.

Checklist:

Help Prevent the Spread of COVID-19

Centers for Dialysis Care follows the Centers for Disease Control's recommendations for stopping the spread of COVID-19. You may notice modifications to our facilities and increased protective gear for staff. Enhanced cleaning and disinfection of equipment, chairs, and work surfaces have also been implemented.

We are committed to ensuring your safety and the safety of those around you, but we need your help to protect yourself, your fellow patients and your CDC care team. Follow this simple checklist every time you come back for your dialysis appointment.



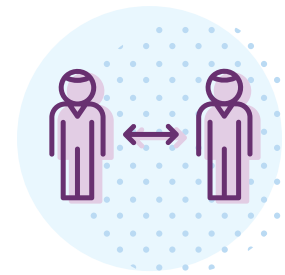
✓ Screening

All patients and staff members are screened for symptoms of COVID-19 (new cough, new shortness of breath, fever, sore throat) upon entry into the facility.



✓ Wear a Mask

All patients are required to wear a face mask. You will be provided a mask when arriving for your dialysis appointment.



✓ Maintain a Safe Distance

Please do your best to maintain a safe distance from other patients, and avoid crowded areas or gatherings.



✓ Feeling Sick?

Contact your facility if you have a fever, new cough or difficulty breathing before you come to dialysis.







✓ Wash Hands






Practice good hand hygiene — wash hands or use hand sanitizer frequently.

For any additional questions or concerns related to COVID-19, contact us at covid@CDCare.org.




Got Questions About the COVID-19 vaccine?



Do I have to pay to get vaccinated?



How did we get a COVID vaccine so fast?



Why do we need a COVID vaccine?

Doctors, nurses and researchers provide facts and dispel misinformation in this new video series.



THE CONVERSATION
BetweenUsAboutUs.org

 **WATCH NOW!**



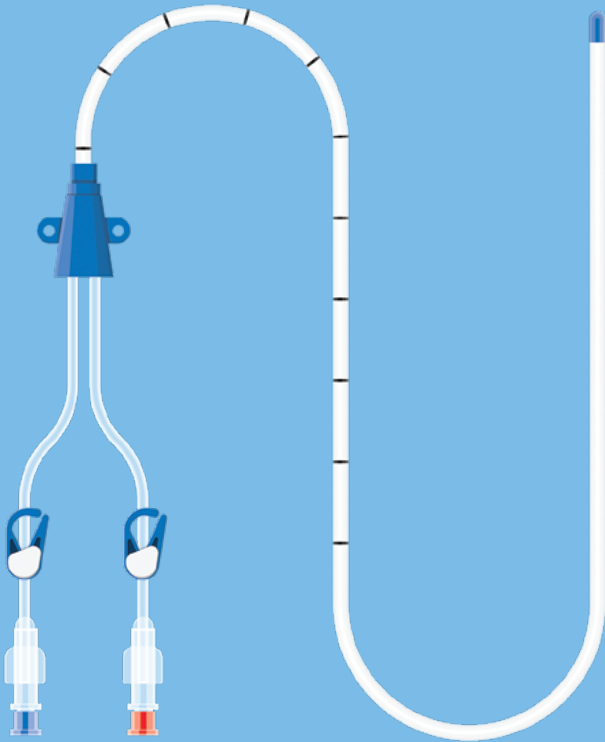
SCAN ME

BLACK
COALITION
AGAINST COVID.ORG

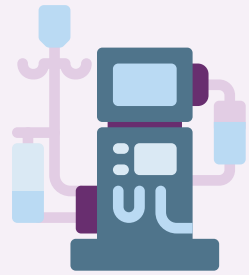
WE
COVID

Fistula First and Catheter Last

- A catheter is a Y-shaped temporary plastic tube.
- It is placed into a large vein in your neck, chest, or leg.
- The end of the catheter rests in your heart.
- The catheter has 2 pieces of tubing with a cap on each end.
- Some patients require chronic catheters as they are unable to get a permanent access.
- Catheters have the highest risk of infection and the poorest function compared to other access types; they should only be used if a primary fistula or a graft cannot be maintained.



Your dialysis access is your lifeline. It is best to replace your catheter for a permanent blood vessel access due to higher infection chances with a catheter. The surgeon will let you know what the best option will be for you based on your individual needs.



Peritoneal Dialysis

Word Search

BUSNONEEDLESCUMQUIHOMESQUMHWNNIUSYCO
CAPDPITUTEVERICONTINUOUSBPORTABLECTDD
SUTAUAUTDIALYSISISTDOLOREPERITONEUMRERI
LICILOSWORKFRIENDLYGJDFNTHMPLIBUSORYA
OGTOWERONOFFICNTHMEXITSITEQUIAUIDQUWL
MEEXCHANGENTHILLBISTIRLORPOSTBOLOREEY
NOPARTNERNTRUIAUTQUPERITONEALDIALYSIS
UAERFFICAETAMBULATORYANDESAUTOATUAUGA
CYCLERUIVNIVENDIMHTWKVEZNTODBMRSINPHT
AELINBIJIYGETEUMORELQUEACCESSEEMASATE
SQUIEUAMTNILTDWELLTIMEPSACUMENTIONEVL
RPOTRUGAYAOWUOICPERITONEALCAVITYLSEX
EICTGSACOTPEVERNTIBUSVOUTAUCUPRSACLTA
UPTAYESMASUTAUOCATHETEREPERIASOBYPEXG
DTPRAINDEPENDENCEDQUUNTUBBISTIRLODMS P

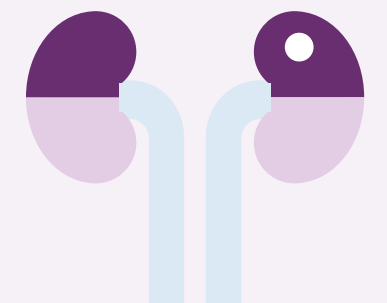
ABDOMEN	CYCLER	EXIT SITE	PERITONEAL DIALYSIS
ACCESS	DIALYSATE	GRAVITY	PERITONEUM
AMBULATORY	DIALYSIS	HOME	PORTABLE
CAPD	DRY WEIGHT	INDEPENDENCE	TRAVEL
CATHETER	DWELL TIME	NO NEEDLES	WORK FRIENDLY
CCPD	ENERGY	NO PARTNER	
CONTINUOUS	EXCHANGE	PERITONEAL CAVITY	

Home Hemodialysis

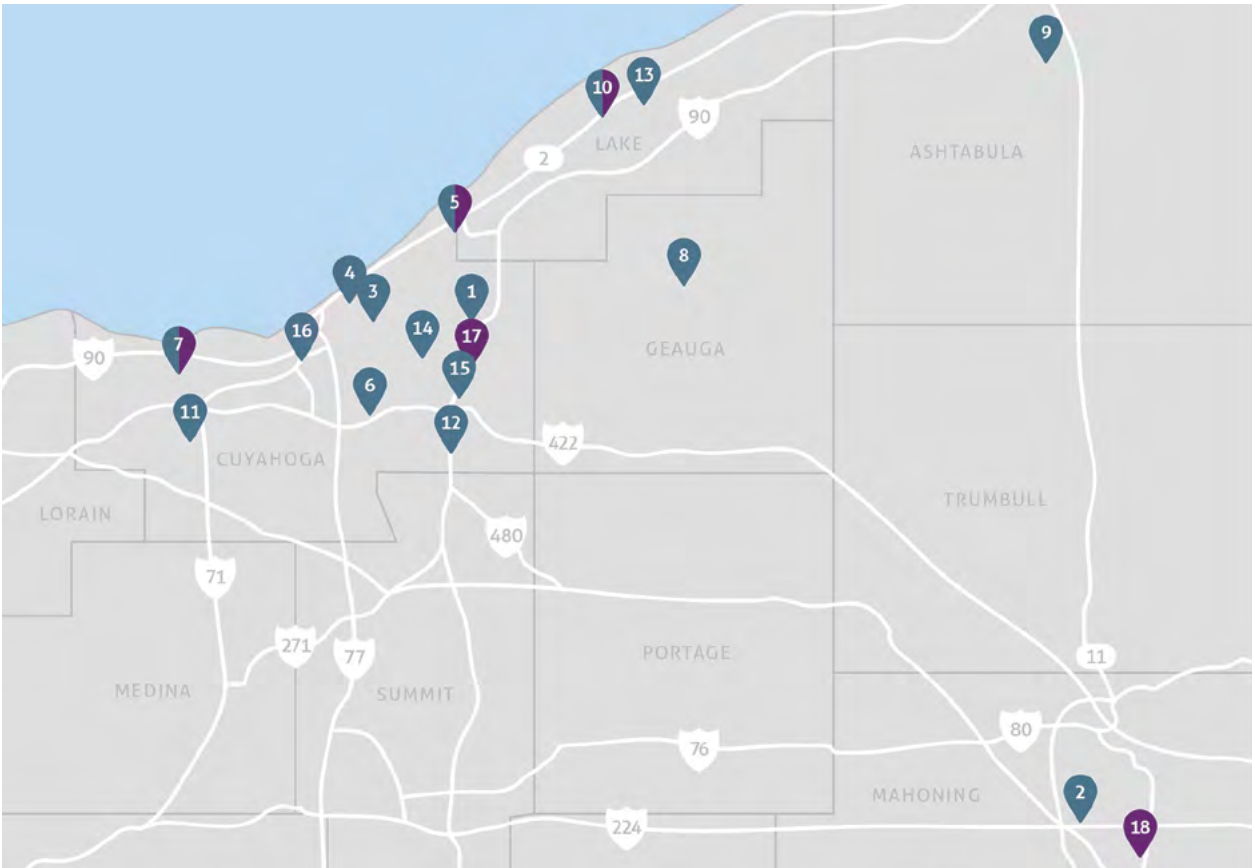
Word Search

DAILYHOMEHEMODIALYSISISSQWNC SXNCJYALZNM
ERUMODIALYZERIUERICUSDAEAFISTULA IUSR
ITIAMASMOBLOODPUMPABOGRAFTEAQUAMEOSSW
NENERGYPSAMQUAMQUOSQUISDOHUPDRYWEIGHT
DRBITESQBLOODFLOWRATEAQUIEOTATUOERERU
EYBDSTACUPCAREPARTNERDOLUTTROTTHRILLQU
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ECIASUTETASPIENDABTEMOCUREVREPFATIOA
NRCLLITAOIGNVASCULARACCESSSNEEMQROSSCU
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ARTIFICIALKIDNEYQERPLSENIMQUISIYCIILQ

ACCESS	BRUIT	DIALYZER	PORTABLE
ANTICOAGULANT	BUTTONHOLE	DRY WEIGHT	THRILL
ARTERIAL LINE	CARE PARTNER	ENERGY	TRAVEL
ARTERY	CATHETER	FISTULA	VASCULAR ACCESS
ARTIFICIAL KIDNEY	DAILY HOME HEMODIALYSIS	GRAFT	VENOUS LINE
BLOOD FLOW RATE	DIALYSATE	INDEPENDENCE	WORK FRIENDLY
BLOOD PUMP	DIALYSIS	NOCTURNAL	



Centers for Dialysis Care Locations



In-Center Care

1. Beachwood

2. Canfield

3. East

4. Eliza Bryant Village

5. Euclid
6. Garfield Hts.

7. Fairview Park

8. Heather Hill

9. Jefferson

10. Mentor

11. Middleburg Hts.
12. Oakwood

13. Painesville

14. Shaker Hts.

15. Warrensville Hts.

16. West

Home Care

17. Beachwood

5. Euclid

9. Mentor

7. Westside

18. Youngstown

Connect With Us

- CDCare.org
- @centersfordialysisohio
- Centers for Dialysis Care

Have an idea for the newsletter?
Contact Pam Kent at
pkent@cdcare.org
or (216) 295-7000 ext. 151.

Word Search Puzzle Answers

BUS(NONEEDLES)CUMQUI(HOME)SEQUHWNNIUSYCO
(CAPD)PITUTEVERI(CONTINUOUS)(PORTABLE)CTDD
SUTAUAUT(DIALYSIS)TDLORE(PERITONEUM)RERI
LICILOS(WORKFRIENDLY)GJDFNTHMPLIBUSORYA
OGTOWERONOFFICNTHM(EXITSITE)QUIAUIDQUWL
ME(EXCHANGE)NTHILLBISTIRLORPOSTBOLOREEY
(NOPARTNER)NTRUIAUTQU(PERITONEALDIALYSIS)
UAERFFICAET(AMBULATORY)ANDESAUTOATUAUGA
(CYCLER)UIVNI VENDIMHTWKVEZNTODBMRSINPHT
AELINBIJIYGETEUMORELQUE(ACCESSE)EMASATE
SQUIEUAMTNILT(OWELLTIME)PSACUMENTIONEVL
RPOTRUGAYAOWUOIC(PERITONEALCAVITY)LCSEX
EICTGSACOTPEVERNTIBUSVOUTAUCUPRSACLTA
UPTAYESMASUTAUO(CATHETER)EPERIASOBYPEXG
DTPRA(INDEPENDENCE)DQUUNTUBBISTIRLODMSP

Peritoneal Dialysis

(DAILY)HOMEHEMODIALYSIS)SQWNC)SXNCJYALZNM
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ITIAMASMO(BLOODPUMP)ABO(GRAFT)EAQUAMEOSSW
(ENERGY)PSAMQUAMQUOSQUISDOHUP(DRY)WEIGHT
DRBITESQ(BLOODFLOWRATE)AQUIEOTATUOERERU
EYBDSTACUP(CAREPARTNER)DOLUTTROTHRILLQU
PIAIITINTTEDIOMNIA(ACCESS)TAEAFUGKETQNE
ECIASUTETASPIENDABTEMOCUREVREPFIATIOA
NRCLLITAOIGN(VASCULARACCESS)NEEMQROSSCU
DSSYTPEPNCORIBUSAE)TLACESCIDLODIIIBUTA
EIP)SAPEDHDENIMAGNAMRER(VEINOUSLINE)ASIUUA
NAM(ANTICOAGULANT)LORE(BRUIT)QESCITLNBORRC
CIMTI(DIALYSIS)TEVOLENDANTINTPOREDRAENI
EUMEADIGEATURECORE(ARTERIALLINE)NLMOLAR
(ARTIFICIAL)KIDNEY)QERPLSENIMQUISIIYCIILQ

Home Hemodialysis

Centers for Dialysis Care’s Vision

To be the provider of choice as the most trusted community partner for high quality, patient-centered kidney healthcare.



CDC

Centers for Dialysis Care

Quality care...and so much more.