

Welcome to New Cross Hospital's Haemodialysis Unit

Renal

Introduction

The Haemodialysis Unit at New Cross Hospital is a twenty-two stationed unit that provides haemodialysis treatment to people with chronic (long term) and acute (sudden onset) kidney failure. It is a part of New Cross Hospital's Renal Unit team, which consists of:

- Home Therapies Team
- The Chronic Kidney Disease Team
- The Renal Wards, C24, C25 and C22.

We are open from 7:15 am until 23:00pm on Monday Wednesday and Friday and 7:15am until 19:15pm on Tuesday Thursday and Saturday. We are closed on Sundays.

We provide an on call dialysis service out of these hours. This service is for emergency treatment and is requested by the renal consultant on call.

Visiting Times are at the discretion of the Unit Manager or Nurse-in-Charge

Our telephone number is **01902 694010 / 695010**.

The unit is open as usual on all bank holidays except Christmas day and New Years day. Your dialysis days may be swapped over the Christmas and New Year period. Full details will be given to you nearer the time.

Car Parking

There are dedicated parking spaces for renal patients; speak to your nurse for details on location and permits. These spaces are free of charge and are allocated on a first come, first served basis.

Transport

You may apply for hospital transport by filling in the appropriate form and submitting it to the transport office. The forms are available from the Renal Unit team.

There are specific criteria you need to meet in order to qualify for transport and you can discuss these with the transport office.

Hospital transport is provided by either the ambulance service or the hospital taxi service. The ambulance service does not start early enough to serve our morning shift so, if you require an ambulance to bring you to dialysis, you will need to dialyse in the afternoon.

The prevention of infection is a major priority in all healthcare and everyone has a part to play.

- Please decontaminate your hands frequently for 20 seconds using soap and water or alcohol gel if available
- If you have symptoms of diarrhoea and/or vomiting, cough or other respiratory symptoms, a temperature or any loss of taste or smell please do not visit the hospital or any other care facility and seek advice from 111
- Keep the environment clean and tidy
- Let's work together to keep infections out of our hospitals and care homes.

Both ambulance and taxi will pick up and take home several people together and you may have to wait until there are a sufficient number of patients ready to go before your transport collects you.

Generally patients may have to wait for up to 90 minutes after the end of treatment.

If you are awarded hospital transport, please use it; getting family or friends to regularly collect you may result in your transport being stopped unless we are informed beforehand.

If you are able to drive yourself or make your own travel arrangements, you may be eligible for reimbursement of travel expenses if you are in receipt of a qualifying benefit. You can discuss this with any member of the Renal Unit team or by contacting the General Office at New Cross Hospital.

Haemodialysis Unit Staff

The Haemodialysis Unit has a manager who has overall responsibility for the unit.

When you start your dialysis with us, you will be placed into a team and allocated a named nurse. There are 4 nursing teams on the unit: -

- **Red**
- **Blue**
- **Green**
- **Purple**

Each team consists of a team leader (sisters), staff nurses and health care assistants.

Who's who?

- Navy blue uniform is the unit manager
- Mid blue uniforms are sisters
- Pale blue uniforms are staff nurses
- Grey uniforms are healthcare assistants
- Purple uniforms are practice education facilitators

Our other specialist staff include:

- Consultant Nurse; a senior nurse who specialises in advanced renal care
- Lead Nurse for Dialysis and Renal Services; a senior nurse who specialises in renal care
- Vascular Access Nurse; a senior nurse who specialises in the care of dialysis access
- Renal Clinical Coordinator; a senior nurse who specialises in coordinating patients dialysis

Chronic Kidney Disease Team (CKD)

The CKD department consists of a team of specialist nurses managed by a Lead Nurse. The patients managed by the CKD team include patients with kidney failure of varying degrees and patients who are planned for, but not yet on dialysis. Patients who are actively managed without dialysis are also under the care of the CKD team.

Transplant Team

The Transplant team consists of specialist nurses managed by a Lead Nurse. The team manage patients who are transplanted and those on the transplant and live donor programme.

Renal Home Therapies Team (RHT)

The RHT team manage patients who dialyse on a home therapy. These include both Peritoneal Dialysis and Home Haemodialysis. The team teach, guide and support patients at home and they are managed by a unit manager.

Dietician

We benefit from having our own dedicated dieticians, who will support and advise you on your diet and fluid intake.

You can request a meeting with any of our specialist staff. Please ask your nurse, who will be happy to arrange this for you.

Our aim is to provide you with a high quality service, however, if you have any concerns or issues, including complaints, then please speak to your nurse or the unit manager.

Counselling / Psychology Service

We have a specialist counselling service that can support you in adapting to your dialysis treatment. If you think you may benefit from this service then please speak to any staff member.

Diagnosis and treatment

Kidney impairment has many causes and some patients have lived with a degree of kidney impairment for months and even years. If you would like further information on your particular diagnosis or treatment options then please speak to the nurse or doctor overseeing your care.

Most of our patients have chronic renal impairment and are referred to us from the pre dialysis clinic or the wards when their kidney function is deteriorating and dialysis is required; this is often referred to as end stage renal disease (ESRD).

Some of our patients come to us with sudden onset kidney impairment (acute). Acute kidney impairment has many causes and fortunately most people will only need temporary dialysis until their kidneys recover.

It is important to remember that once end stage renal disease has been confirmed, it means your kidneys will not get better. At this point there are three treatment options: life long dialysis, conservative management or a kidney transplant.

Conservative management treats the symptoms of ESRD in order to promote comfort but it will not necessarily prolong life. The Chronic Kidney Disease team offer conservative management to those who choose not to have any type of dialysis or transplant and for those whose condition prevents such intervention.

There are two types of dialysis

Haemodialysis - the treatment on our unit.

Peritoneal Dialysis (PD) - If you would like more information on PD please speak to your nurse, who can arrange a meeting with the Home Therapies team.

Haemodialysis Treatment

A haemodialysis machine with an artificial kidney called a dialyser cleans your blood and removes excess water. Your kidneys have many important functions and the machine cannot replace them all. You may need medication and you may need to restrict fluids and certain foods in addition to your treatment.

Kidney function:	Replaced by:
Cleans blood	machine
Fluid balance	machine / restriction
Blood pressure control	machine / restriction / medication
Acid balance	machine
Bone health (vitamin D activation)	machine / restriction / medication
Red blood cell production (EPO)	medicine

Treatment times

In order to feel as well as possible, you will need to attend for dialysis three times a week for at least four hours per session. You will be given regular morning or afternoon slots and your dialysis days will be either Monday Wednesday Friday or Tuesday Thursday Saturday.

Generally, if you weigh more than 80kgs you will need to do four and half hours and if you weigh more than 90kgs you will need to be on the machine for five hours. These times are to ensure your blood gets cleaned adequately.

In order to let you adjust to your treatment we will gradually build up your time on the machine. On your first session you will do two hours, on your second you will do three hours and on your third you will do four hours. If you need longer hours your nurse will discuss this with you.

If there is a special event you would like to attend that coincides with your dialysis please speak to your nurse, as it may be possible to swap your days.

It is important not to miss any of your sessions, as missing sessions can result in you becoming very unwell or in extreme circumstances result in death.

Access

During dialysis your blood enters a dialysis circuit where it is cleaned and then returned to you. This happens constantly for the length of your session. In order to remove your blood for dialysis, we need to create an access point to your vein.

There are three types of access that we use:

- Fistula
- Graft
- Line

Fistula – when a surgeon joins an artery and vein together, usually in the wrist of your non-dominant arm, (if you are right handed, your non dominant is your left arm). The vein becomes strong and large because of the influence of the arterial blood flow. The arterial influence also causes a buzzing which can be felt when you touch the arm; this shows that the fistula is working.

The fistula takes at least 6 to 8 weeks to mature, after which needles can be inserted for the purpose of dialysis. The needles are taped to your arm for the duration of the session and removed at the end. Pressure is applied to the needle holes with sterile gauze for about five minutes until the bleeding stops, similar to when you have blood taken.

Fistula formation can usually be performed as a day case but sometimes requires an overnight stay in hospital.

A fistula is the access of choice because the patient's own tissue is used, making it less likely to clot or become infected. Fistulas often have good blood flow, enabling the patient to receive good quality dialysis. They also tend to last the longest and can work for many years.

As soon as your fistula is created there are specific instructions on how to care for it, these are ongoing for the life of the fistula, you will be given an information leaflet, telling you everything you need to know about your fistula.

Graft - A graft is also used if the patient's own vessels are deemed unsuitable or insufficient to create a fistula. It still requires an operation and a longer stay in hospital is usually needed. Care of the graft is the same as a fistula.

Grafts are more at risk of clotting and becoming infected than fistulas and are therefore a second choice but they can still last several years and facilitate good quality dialysis.

Grafts need less time to mature than fistulas and can be needled straight away. Ideally they are left at least two weeks before needles are inserted.

Lines - Dialysis lines are thin flexible tubes that are inserted into a major vein, usually in the neck or groin. A senior doctor inserts them under local anaesthetic and the procedure can usually be carried out in a procedure room on the dialysis unit. If you require a line then you will be given information leaflets about the line insertion itself and the ongoing care of the line.

Target weight

If your urine output has decreased or stopped altogether we will use the dialysis machine to take off the extra fluid you cannot excrete yourself. You are given a target weight and the machine removes any excess fluid above the target weight. Your target weight is the weight you should be without extra fluid on. We can estimate what your target weight should be by looking at your blood pressure, signs of fluid retention (breathlessness, swollen ankles) and by using the special type of dialysis machine called a BVM (Blood Volume Monitoring). In order for us to ensure the dialysis machine has taken off the right amount of fluid, you need to weigh yourself before and after your dialysis session. There are scales on the unit for this purpose.

We can easily calculate how much fluid we need to remove because a litre of fluid weighs one kilogram. Our scales weigh in kilograms.

Example of how we calculate fluid removal:

Target weight = 70kg

Weight before dialysis = 72kg

2kg = 2 litres, therefore 2 litres to be removed by dialysis machine.

Weight after dialysis = 70kg = target weight.

Your target weight will naturally fluctuate, like everyone's, in response to illness or improved appetite. Therefore it will probably change quite often.

Erythropoietin (EPO)

EPO is a hormone produced by the kidney, which stimulates your bone marrow to make red blood cells. It is the lack of red blood cells that causes anaemia.

In kidney disease there is a failure to produce EPO therefore it is necessary to have a substitute EPO to prevent you from becoming anaemic. This is given as a fine injection, usually once a week and will be provided by the dialysis unit.

Kidney transplant

Your consultant will be able to tell you if it is possible for you to have a kidney transplant. You will need to undergo some tests to see if you are fit enough and when those test results are available, a decision can be made.

You will have support from the Transplant team throughout this process. If you would like to discuss possible transplant from a relative we can arrange an appointment with the live transplant coordinator.

General housekeeping

It is advised that you bring a snack with you to dialysis, especially if you are diabetic, as you will be on the unit for at least four and a half hours. Tea and biscuits are provided whilst you are on dialysis. You may bring your own drink if you wish; this should not exceed 400ml to remain within the advised fluid restriction.

There are patient toilets on the unit and visitor toilets on the main corridor. If you need the toilet whilst on dialysis your nurse can stop the machine temporarily so you can go, provided you are well enough. Otherwise we can bring you a commode.

Hand washing

We are constantly reviewing and updating our practice in order to minimise the risk of infection on the unit. We need the cooperation of patients and their visitors in order to maintain good hygiene practices. Please do not be offended if you or your visitors are asked to wash your hands or use the hand gel provided on the unit. Hands should be cleaned on entering and leaving the unit.



Where you will Dialyse

Hospital dialysis is reserved for acute dialysis, people new to dialysis and patients who are unstable on dialysis. **Once you have become established on dialysis, and provided you are stable, you will be transferred to a satellite unit.**

Unfortunately you cannot dialyse at New Cross simply because it is the most convenient, we are an extremely busy unit and can have several new patients every week, some of whom are very poorly.

You may be asked to go to one of our satellite units on a temporary basis (even for just one treatment) if we are full at New Cross. If this is the case, we may have to call you at short notice and we will provide transport if needed.

Satellite units

Satellite units are dialysis units that are based in the community away from the main hospital. Some are NHS run and some are privately run for the NHS. Patients who dialyse in satellite units have to be well and stable as there are no doctors on site. If a patient needs medical attention for whatever reason they are sent across to the main hospital to be seen.

We have satellite units at Cannock Hospital, Walsall, Bilston and also the Maurice Jackson satellite unit on Pond Lane in Wolverhampton. You may be transferred to dialyse in one of these units on a permanent basis.

If you work in the day, you will be offered a place on the twilight shift, which starts at 5pm on a Monday, Wednesday and Friday. Transport cannot be provided to patients on the twilight shift.

Shared Care

We encourage you to be involved in your dialysis care as much as possible as this has been shown to help people gain a better understanding of their condition and treatment and feel better and more confident in themselves. You can do as much or as little as you want for yourself supported by the nurses. Patients participating in shared care usually come into the unit earlier than the other patients as they are preparing their own equipment and themselves ready for their dialysis treatment. If you would like to participate in shared care please do not wait to be asked; just mention it to your nurse and we can get you started.

Home Haemodialysis

This is when you have a dialysis machine in your home and you undertake your own treatment. Strict criteria apply, you will need:

- To be well and stable
- To have sufficient room to house a machine and equipment
- To have plenty of support and someone there when you are having treatment
- To have the ability to learn about the equipment and machine

Monthly bloods & quality assurance meetings

A full set of bloods are taken on the first Wednesday and Thursday of each month, these tell us how well you are dialysing and how well your medication is working.

We will also take blood at other times if your condition dictates it.

The renal consultant will have a quality assurance meeting (QA) with a nurse from your team every month, during this meeting they will discuss the blood results, treatment and your general condition, making changes if needed.

If you would like something specific discussed please speak to your nurse.

Any changes made at the QA regarding your care and ongoing treatment will be discussed with you and a letter sent to your GP if appropriate.

You can also have access to your blood tests online via Patient Knows Best; please ask your nurse for more information if you would like to sign up for this service.

Hepatitis B Vaccinations

It is standard practice across the country for people on dialysis to be offered vaccination for Hepatitis B, this is because constant accessing of your blood slightly increases the risk of you contracting the virus. You need to be well in order to have the vaccine and it consists of a course of three injections. A further blood test will tell us if the vaccine has been successful (if it is not, we will repeat the course). We routinely test all of our patients every 3 months for Hepatitis B and Hepatitis C.

Outpatient appointments

You should have an outpatient appointment (OPA) to see your renal consultant at least twice a year; these are general progress meetings, held in the outpatients department. They enable you to get their undivided attention to discuss any aspect of your treatment and general health. Please speak to your consultant's secretary if you do not receive an OPA.

GP service

It may not always be possible to see a doctor on the renal unit if your problem is not a renal related problem (except emergencies) therefore please try and use your GP service for general problems.

We will send letters to your GP when relevant so they should have all of your information, such as what medication you should be taking and what treatment you are having.

Holiday

It is possible for you to go on holiday when you are on dialysis. In order for you to take holiday dialysis you must:

- Have a functioning fistula, graft or line
- Be well and stable whilst on dialysis
- Obtain your consultant's permission to travel
- Give at least 3 months notice of your intended holiday

We need to provide the holiday dialysis centre with your blood test results and we will discuss these in detail with you at the time of arranging your holiday.

Further information is available from NHS England Dialysis Away From Base website.

If you require further assistance please contact our Renal Administrator / Holiday Co-ordinator on 01902 695467.

Contact Numbers

The Haemodialysis Unit	01902 694010
Home Therapies Unit	01902 695011
The Chronic Kidney Disease Team	01902 695466
The Transplant Team	01902 695466
Consultant Nurse	01902 307999 ext. 86136
Lead Nurse	01902 307999 ext. 82497
Renal Admin / Holiday Co-ordinator	01902 695467
General Office New Cross	01902 695093
Transport Department	01902 694999
National Kidney Federation - Helpline	0845 6010209 (freephone from UK landline)
Kidney Care UK	01420 541 424

Other Information Sources

- www.kidneypatientguide.org.uk
- www.renalpatients.co.uk
- www.britishkidney-pa.co.uk
- www.kidneyresearch.uk.org
- https://www.engage.england.nhs.uk/consultation/specialised-services-policies/user_uploads/dafb-faqs.pdf
- www.kidneybeam.com
- www.kidneycareuk.org

English

If you need information in another way like easy read or a different language please let us know.

If you need an interpreter or assistance please let us know.

Lithuanian

Jeigu norėtumėte, kad informacija jums būtų pateikta kitu būdu, pavyzdžiui, supaprastinta forma ar kita kalba, prašome mums apie tai pranešti.

Jeigu jums reikia vertėjo ar kitos pagalbos, prašome mums apie tai pranešti.

Polish

Jeżeli chcieliby Państwo otrzymać te informacje w innej postaci, na przykład w wersji łatwej do czytania lub w innym języku, prosimy powiedzieć nam o tym.

Prosimy poinformować nas również, jeżeli potrzebowaliby Państwo usługi tłumaczenia ustnego lub innej pomocy.

Punjabi

ਜੇ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ, ਜਿਵੇਂ ਪੜ੍ਹਨ ਵਿਚ ਆਸਾਨ ਰੂਪ ਜਾਂ ਕਿਸੇ ਦੂਜੀ ਭਾਸ਼ਾ ਵਿਚ, ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

ਜੇ ਤੁਹਾਨੂੰ ਦੁਭਾਸ਼ੀਏ ਦੀ ਜਾਂ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਾਨੂੰ ਦੱਸੋ।

Romanian

Dacă aveți nevoie de informații în alt format, ca de exemplu caractere ușor de citit sau altă limbă, vă rugăm să ne informați.

Dacă aveți nevoie de un interpret sau de asistență, vă rugăm să ne informați.

Traditional Chinese

如果您需要以其他方式了解信息，如易读或其他语种，请告诉我们。

如果您需要口译人员或帮助，请告诉我们。