

Slow and Steady Wins the Race.

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Case 1: EB was an 80 year old married woman at the time she was referred for dialysis education. She was nearing end stage renal disease and decisions regarding her modality of choice needed to be made. She was seen by the chronic kidney disease (CKD) Clinical Nurse Consultant (CNC) who determined that both supported haemodialysis and conservative management of her renal failure were appropriate pathways for EB. She and her husband agonized over the decision and really struggled with it despite frequent visits to both her nephrologist and the CKD CNC. EB decided to pursue haemodialysis but her freedom was very important to her. Before commencing dialysis she had already made enquiries into holiday destinations with dialysis options. Neither she nor her husband liked the idea of being 'tied down' and ultimately made a decision to do home haemodialysis as a team. At this stage both had turned 80 and concerns were raised about their ability to learn and manage the therapy. They however were adamant they would manage this. Vascular access was problematic as she had small caliber vessels and ultimately a left braciocephalic atrerio-venous fistula was created. It was however deep and in her dominant arm being left-handed. Training was slow, very slow at times but with the persistence of her nephrologist and home training CNS (Clinical Nurse Specialist) EB and her husband went home 8 months after commencing training. They have been home over 3 years now and have not had a hospital admission since.

Case 2: TT was a 74 year old married man on peritoneal dialysis which was failing. He had only been on PD for 12 months but never did well. He was miserable. Fortunately a radio-cephalic fistula was created about 6 months into his time on PD due to poor adequacy and symptoms. He was re-educated by the CKD CNC with the aim of encouraging him to pursue home haemodialysis, having embraced a home therapy at the time of commencing Peritoneal Dialysis. TT and his wife lived on their own and spoke no English. Their closest daughter lived a few streets away and was motivated to help.

A decision was made to transition him to home haemodialysis once his fistula was mature. TT had a good access created and cannulation was never a problem for him. However they could not follow the verbal or written instructions in English and so training seemed impossible. With the help of a formal interpreter, his daughter translated the manual into Macedonian and this facilitated TT and his wife's training. Again, training was slow due to age and the language barrier. There was significant pressure to stop his training to allow some younger more able patients to train but both his nephrologist and the home dialysis CNS persisted and advocated for TT. After 8 months TT and his wife were discharged home and has avoided hospitalisation since.



Home Hemodialysis (HHD) has been an option for Renal Replacement Therapy (RRT) since the 1960's and its benefits are many. Not only does it increase patients' freedom and control over their treatment, it facilitates employment and schooling but also increases life expectancy and is cost saving. However uptake can be poor and perceived barriers can be many.

We tend to avoid offering this therapy to those who are older especially if their support person is also older. Difficult vascular access can make cannulation difficult, especially for the older patient and when there is a language barrier it is often easier to offer supported therapy. Why? We are impatient. It takes time and patience to train such patients. Other patients may need to wait before accessing a training spot. Everyone from the nephrologist, dialysis nurse to the patient need to be motivated to overcome these barriers.



Caregivers must try to see beyond their biases with regard to these barriers and consider offering a home haemodialysis option to begin with. A strong multidisciplinary team approach including nephrologists, vascular surgeons, nurse educators and home training nurses are vital in breaking the barriers. Patience and thinking outside the box at times are keys to success.

