

Project: Dialysis Center Educational Video

Assignment: *In conjunction with CAPA Production, develop a script to educate newly diagnosed kidney disease patients about their treatment options. The technical scripting was bulleted to allow the presenters to speak naturally, while ensuring that pertinent information was covered.*

LINDA: Hello. My name is LINDA [LAST NAME], and I am a medical technician at the [COMPANY NAME] Dialysis Center. [COMPANY NAME] is a dialysis services provider, which means we offer a complete range of treatment options and support services for people all across the country who are living with chronic kidney disease.

If you are like most people, I'm sure you never dreamed that the words "kidney disease" would apply to you. And I imagine that, like most newly-diagnosed patients, you are unsure of what to do or how to feel.

You also probably have a lot of questions on your mind... questions like, how *long* can I live with chronic kidney disease? How is my life going to change? Will my life still be worth living?

I want you to know that what you are feeling is perfectly normal; nearly everyone feels the way you do and asks those very same questions when they first learn they have kidney disease.

I'm here to tell you that it *is* possible for you to have a good life. People with kidney disease work in many fields, are active with their families and churches, play sports, pursue hobbies... in short, people with chronic kidney disease can lead full and happy lives.

Your life *will need* to change, however, and you have some big decisions to make concerning your treatment options.

This goal of this video is to provide you with the information you need to make the choices that are best for you and for your family. We'll be talking to several [COMPANY NAME] associates — as well as a few patients — about the treatment options available. We'll also talk about what you need to consider when choosing a treatment plan.

In a moment, we're going to go through those doors to meet some of the [COMPANY NAME] teammates who work with people like you that come here for treatment — the nurses, the patient care technicians, the social workers — all these people, along with your doctor, make up a treatment team. But before we do, I'd like to share with you a recent conversation I had with Dr. [NAME], a nephrologist, or specialist in kidney disease.

[GO TO INTERVIEW ROOM]

LINDA: Dr. [NAME], what can you tell us about the kidneys and the functions they perform?

Dr. [NAME]: The kidneys are essentially a 24-hour a day cleaning crew for your blood. They remove waste products from your blood, remove extra fluid and water from your body, and they adjust the levels of minerals and other chemicals such as sodium, potassium, calcium, and phosphorus. The kidneys are attached to your bladder by tubes called ureters. Ureters carry urine from the kidneys to the bladder, and the bladder holds the urine until you urinate. Your kidneys also produce hormones that help control blood pressure, make red blood cells, keep your bones strong, and help children grow normally.

LINDA: What are some of the causes of kidney failure?

Dr. [NAME]: Most often it's caused by another medical problem. Although there can be many, many causes of kidney failure, Diabetes and Hypertension, or High Blood Pressure, are the most common. Kidney failure can happen to anyone of any age. It currently affects almost 350,000 people in the U.S., and the number is growing.

LINDA [smilingly]: Doctor, some patients have asked me why they are still able to urinate if their kidneys are not working.

Dr. [NAME]: When the kidneys have failed to a certain degree, you may still urinate but your kidneys are not filtering out the poisons or excess water from your body. When these poisons and water are not being removed, you won't feel as well as you could and it can cause harm to the rest of your body. Eventually the kidneys will no longer work well enough to keep you alive. Patients whose kidneys no longer function well must choose some form of treatment in order to stay alive and healthy.

LINDA: Thank you for your time doctor...

BACK TO LINDA ON SITE: As you just heard, people whose kidneys no longer work must choose a treatment in order to continue living, usually some type of dialysis treatment.

You will need to consider several things before making a decision about what type of treatment for kidney disease is best for you. Some things to consider as you view the rest of this video are:

1. What is important to you about how you live? For example, do you have a job? Do you participate in sports?
2. What other medical conditions do you have?
3. What is your daily schedule?
4. Can you drive?
5. How much support do you have at home?

There are two different types of dialysis treatment, Hemodialysis and Peritoneal dialysis.

Hemodialysis is the most common form of treatment. Hemo means blood and dialysis means cleaning – so Hemodialysis literally means cleaning your blood. This treatment is usually done in a dialysis center.

Behind me is the treatment center. It is currently filled with patients receiving Hemodialysis treatment.

[ENTER TREATMENT CENTER]

Over here, you can see Shirley [LAST NAME] helping a patient who has come in for a Hemodialysis treatment. As you can see, Shirley is helping to make the patient feel comfortable, taking her vital signs, adjusting her blankets and monitoring her treatment. When she is available, we'll talk with her about hemodialysis.

[GO TO INTERVIEW ROOM]

LINDA: Shirley, you've been working with patients receiving hemodialysis for 12 years. For people who know nothing about hemodialysis, can you describe the process?

SHIRLEY:

- In hemodialysis, your blood is allowed to flow, a few ounces at a time, through a machine with a special filter that removes wastes and extra fluids. The clean blood is then returned to your body.
- You usually sit in a recliner chair next to a dialysis machine.
- You are connected to the dialysis machine by two needles in your arm that are connected to tubes that carry blood to and from the machine.
- One needle removes the waste-filled blood from your body. The other needle returns the cleaned blood back to you.
- The tubes connect to a special filter on the machine called a "dialyzer," or "artificial kidney." The dialyzer is responsible for filtering the wastes and cleaning your blood.
- At any given time, only about 1 cup of blood is outside your body in the tubes and dialyzer. You probably will not feel any different while this blood is out of you.
- It usually takes about 4 hours to clean your blood at a treatment. During that time, your blood passes through the dialyzer several times to get it cleaner.
- Most people will have three hemodialysis treatments per week.
- At the end of the treatment, all your blood is returned to your body and the needles are removed.

LINDA: The patients in the treatment room looked fairly relaxed. Does that mean that hemodialysis is not really painful?

SHIRLEY: No, the hemodialysis process itself is not painful. Numbing the skin and inserting the needles can cause some brief pain, but the flowing and cleaning of your blood is not painful.

LINDA: SHIRLEY, I noticed that the chairs the patients are sitting in look really comfy!

SHIRLEY: Yes, they are. Each Hemodialysis treatment is approximately four hours and we want people to be comfortable.

LINDA: Is there anything special someone choosing hemodialysis needs to do to prepare for treatments?

SHIRLEY: A special surgery is needed to create a special vascular access. An access is commonly referred to as your “lifeline,” for without a way for the blood to get to and from your body, you could not have dialysis.

- A *fistula*, or arteriovenous fistula, is created by directly connecting your artery to your vein, usually in your arm.
- Fistulas are the “gold standard” type of access, because they are likely to last the longest—sometimes decades.
- Fistulas are least likely to become clotted or infected because there is no foreign material involved, just your own blood vessels.
- It takes time—several weeks to months—for a fistula to become mature and strong. Patients can do exercises to help the fistula mature and develop so it can be used during hemodialysis.
- Fistulas may need occasional “tune-ups,” like a car, to help keep them working properly.
- A *graft*, or arteriovenous graft, is made by connecting an artery and the vein with a piece of artificial vein. The graft is already the size and strength it needs to be when it is placed. It does not need to mature like a fistula, but it does take 2–3 weeks to heal after surgery, before it can be used for dialysis.
- A graft can be placed in the arm or thigh. Most times it is placed in the forearm. A graft serves as a strong extension to your own blood vessels and your own blood will run through it.
- Grafts are more likely to become infected or clotted, because they are foreign to your body. They often need “tune-ups” or repairs, but with good care, a graft can last for several years.
- Grafts are often placed when a person’s own blood vessels are not suitable for a fistula. Most people can have a graft.
- If you are unable to choose your type of treatment or if you become too ill before your fistula or graft has healed, your Dr. may have to put in an emergency central venous catheter – usually in the upper chest or the neck. This would be used temporarily until your vascular access can be placed or is healed.

LINDA: Are there any problems someone choosing HD might experience?

SHIRLEY: Although problems associated with the hemodialysis process are rare, it is important to understand what can happen—and what anyone choosing this option can do to prevent it.

- *Low Blood Pressure (Hypotension):* Hemodialysis removes fluid and salt. This makes your blood pressure drop. If it drops *too* low, you can develop symptoms: feeling lightheaded, sweaty, or nauseated. If low blood pressure occurs at your treatment, tell your nurse and he or she will give you a little salty fluid (saline) through your access. Your blood pressure will come back up and you will feel better soon.
- *Nausea:* This can happen from blood pressure changes during and right after dialysis. To correct the nausea, additional salty fluid is given to you through your access. The fluid raises your blood pressure and your nausea goes away. Nausea can also develop between treatments if too much waste products are building up in your blood.
- *Cramping:* If too much fluid is removed too quickly during dialysis, painful muscle cramping or a “charlie horse,” can occur. You may have cramps in your legs, feet, stomach, or elsewhere. Again, the solution is to give you some salty fluid through your access. Sometimes medications or a heating pad can be used to relieve the cramping.
- *Headache:* Some patients may get headaches during their treatment, particularly toward the end. This is due to the rapid fluid removal and changes in body chemicals that occur during hemodialysis. If this happens to you, your doctor may try to change your treatment prescription by adding more time for dialysis, or changing the solutions or dialyzer.
- These problems happen less often now that we have improved equipment. Problems also occur less often when you get stabilized on dialysis.
- Whether you run into problems during dialysis also depends a great deal on how well you follow your treatment plan, especially your diet and fluid limits. Your other medical conditions can also influence whether you develop problems.

LINDA: I mentioned earlier that people with kidney disease will need to make some changes in their lives. What sort of lifestyle changes does HD require?

SHIRLEY:

- Treatment centers operate at different times and days, but the usual is Mon, Wed, Fri for one group and Tues, Thurs, and Sat for the other group of people. The choices are decided by your transportation to the center, personal preference, and what is available in the center. Once a group of days and time to arrive at the center is assigned, the person coming for dialysis needs to stay with that time and group of days. Unfortunately, you can't just come MTW and be done. The treatments need to be spaced out to allow your body the best cleaning possible and to keep you from feeling ill between treatments.
- *Diet:* It is important to balance your diet with your new lifestyle so you feel as well as possible. Poor meal and fluid choices can leave you feeling badly and contribute to other medical problems such as malnutrition, fatigue, and inability to do things that you did before.

- *Travel:* Travel is possible with hemodialysis with advance planning. The team at your dialysis center can help you arrange treatments in the cities you plan to visit. There is no reason to avoid travel when on dialysis.
- *Sports:* You can do most sports and activities you would normally do. You can garden, walk, swim, golf, bicycle, dance, etc., just like you normally would. In fact, exercise is *encouraged* on a daily basis to keep you healthy!
- *Activities:* Most people on hemodialysis can lead a close to normal lifestyle. You will have to adjust your lifestyle to accommodate treatments three times per week and the other aspects of your treatment plan, but people adjust to it very successfully all the time. You should stay active and busy and do as many meaningful activities as you can, including working, attending school, and volunteering. This will help you both physically and emotionally.
- People on hemodialysis tell us that the biggest challenge is usually the fluid and diet restrictions needed to get your body through until the next treatment without becoming ill. The center has a dietician who will help you know these limits and work out a meal plan that works for you.

LINDA: I imagine someone considering Hemodialysis will want to know what some of the advantages and disadvantages of this treatment are.

SHIRLEY:

Advantages

- Your treatment schedule is three per week, so you have four days “off” when you don’t need treatments.
- You have trained professionals performing your treatment.
- You have regular contact with the professional dialysis team and with a peer group of other people who need dialysis.
- You can learn to be a partner in your care.
- You don’t need to store equipment or supplies at home.

Disadvantages

- Hemodialysis requires the most limited diet and fluids of any treatment for kidney disease.
- You must have two needles placed at each treatment.
- Hemodialysis takes several hours to travel to a center, wait for treatment, and have treatment; or to set-up the machine at home, do the treatment, clean up afterward, and order supplies. It’s like a part-time job. Center dialysis schedules can make full-time work challenging.
- Some people feel “washed out” or exhausted after treatment.

LINDA: Hemodialysis is generally done in a treatment center like this one, but I understand it can also be done at home.

SHIRLEY: Yes, that's true. But it is not available in every area. Some of the advantages of home hemodialysis are:

- You can choose when you do your treatments, so you can be flexible and fit your dialysis schedule around your job hours or other important life events.
- You are in charge of your own treatment, so you become your own expert—the one who knows best what you need.
- Only one person—you or your helper—will be placing needles in your access. This can help your access last much longer.
- You can dialyze in the comfort of your home so you don't have to travel to a center 3 times a week for treatments. This can be important if you live far from a center, you don't drive, or you work full-time.

LINDA: Shirley, can you talk about some of the things you and others on the treatment team do to make Hemodialysis easier for those who choose this option.

SHIRLEY: *[Discuss in detail]*

[PATIENT TESTIMONIAL]

LINDA [back in treatment center]: As I mentioned earlier, there are two types of dialysis treatment: Hemodialysis, or HD, and Peritoneal Dialysis, or PD. Peritoneal Dialysis does the same cleaning of the blood that hemodialysis does, but in a different way. PD is done every day, all day long. This is similar to the way normal kidneys function. Unlike hemodialysis, no blood is removed from your body during this treatment, and the best part is that there are no needles involved.

Although PD is a home treatment, patients must still come to the treatment center monthly to meet with their treatment team — the doctor, nurse, dietician and social worker — who work closely with them to make sure they are getting the best possible treatment.

Over here is Nancy, one of our PD nurses, working with a patient who has come into the center for a monthly check up. When she is available, we'll talk with her about Peritoneal Dialysis.

[GO TO INTERVIEW ROOM]

LINDA: Nancy, we've just learned about Hemodialysis. Can you explain how Peritoneal Dialysis works?

NANCY:

- PD uses the lining of the abdomen to filter the blood, instead of an artificial kidney. Dialysate solution is placed in the abdomen, in contact with the peritoneal membrane, for several hours. During that time, waste products and excess fluids pass through this

membrane filter. The solution and waste products are then drained out of the abdomen and replaced with fresh solution.

- The peritoneum is a thin membrane that forms a sac around the digestive organs (liver, stomach, and intestines). The inside of this membrane is called the peritoneal cavity. The peritoneal membrane is a lining with tiny openings, like the hollow tubes in the hemodialysis dialyzer. When dialysate is placed inside the peritoneal cavity, the membrane acts as a filter. Waste products and extra fluid from the blood pass through these tiny holes into the dialysis fluid.
- Your doctor will write your PD prescription, tailored specifically for you. Usually, it will involve 4 exchanges, unless you are using APD and doing exchanges throughout the night. Your nephrologist orders either treatment.
- Clinic visits are usually once a month. You'll come in and meet with your nephrologist, PD nurse, dietitian, and social worker to discuss your treatment plan. Lab work is drawn and evaluated and any changes to your treatment plan are made at that time.
- Your nurse may visit you at home occasionally, particularly when you are just preparing to start PD. A home visit will help you evaluate your home setting and get ready to accommodate the treatment needs of PD (like home supply storage, for example).
- Phone calls to the PD nurse or other staff are encouraged whenever you have any questions.
- In addition to your PD prescription, you will need to keep records, watch your diet and fluids, take prescribed medications, and do other aspects of your care, just as you would on hemodialysis.

LINDA: With HD, a special vascular access is required. What does someone choosing PD need to do to prepare for treatments?

NANCY:

- Before you can begin PD, you need to have a way to safely put clean dialysis fluid into the peritoneal cavity and remove the dirty fluid. To make this happen, a soft, flexible tube, called a "catheter," is surgically placed into your abdomen.
- The bottom part of the catheter is put inside the peritoneal cavity. The middle part of the tube tunnels under the skin of the abdomen. The top part of the catheter, about 3–4 inches, stays outside of the body. The part that stays outside the body can be taped flat against the skin.
- It takes anywhere from 2–8 weeks for your surgery to heal. During that time, you cannot let the site get wet, or you could get an infection. Even after your surgery site is healed, it is better to take showers than baths. If you take a bath, you expose your catheter to germs that have washed off your body. For the same reason, talk to your doctor or PD nurse before you swim in lakes, rivers, ponds, or use spas. It may be possible to use a special waterproof dressing to prevent infection.
- You need to clean your catheter exit site each day. The catheter provides an opening to the warm fluid filled peritoneal cavity where germs could grow. Therefore, it needs to

be kept clean, dry and taped to your abdomen all the time to keep it safe and reduce the risk of infection.

- At first, the catheter can feel uncomfortable near the rectum or it can move and not drain well. Sometimes the catheter gets clogged making it difficult to fill or drain.

LINDA: There are actually two different types of PD treatment — Continuous Ambulatory PD or CAPD, and Automated PD, which is also called Continuous Cycling PD or CCPD. Can you explain the differences between the two?

NANCY:

- CAPD stands for Continuous Ambulatory Peritoneal Dialysis
 - *Continuous* because it is happening 24 hours per day, and never stops. Dialysate is constantly cleaning your blood, similar to your functioning kidneys.
 - *Ambulatory* because it can be done anywhere and anytime. You do not need a machine. You do need to bring supplies with you if you'll be away when you need to do an exchange, but the actual exchange can be done anywhere that is clean, well-lit and free of drafts.
 - *Peritoneal* refers to the peritoneum, which works as a filter, or “dialyzer”, for the wastes and excess fluid that is removed from your blood. These wastes are pulled into the fluid in the peritoneal cavity and ultimately drained out with the old dialysate fluid.
- A PD exchange consists of draining the old and used fluid (dialysate) from the peritoneal cavity and refilling it with new fluid. There are four steps to an exchange:
 - *Connect:* Connect a warmed fluid-filled bag and an empty bag to your catheter.
 - *Drain:* Lower the empty bag below your abdomen. Open the clamp so used dialysate flows into the empty bag by gravity. Many people put the empty bag on a towel on the floor to drain the old fluid, while they read or do something else. It usually takes 15–20 minutes to drain. When empty, clamp the line.
 - *Fill:* Warm fresh dialysate to body temperature to make it more comfortable for you before connecting to your catheter. After your peritoneal cavity is empty, raise the warmed dialysate bag to above shoulder height. Open the clamp so new fluid flows into your abdomen by gravity. When the bag is empty, disconnect the bags and tubing from your catheter, flush the old fluid down the toilet, and discard the empty bags. The average adult can comfortably hold 2–3 quarts of fluid without really feeling it. When you first start PD, you may feel pressure as the fluid flows in, but this goes away quickly
 - *Dwell:* Leave the dialysate in your peritoneal cavity for 4–5 hours (or overnight). During the dwell, wastes are filtered from the blood through tiny holes in the peritoneal membrane into the dialysate.
- You would usually do your exchanges 4 times per day:
 - When you wake up in the morning
 - Around lunch time
 - Around dinner time

- Before you go to sleep for the night
- You can perform an exchange at home or away. You will need to carry your supplies with you, but you can do an exchange anywhere that is well lighted, clean, and free from drafts. Many people perform exchanges at work, using their desk and tables in their work areas. PD is a work-friendly treatment for kidney failure, because you don't need to take several hours off to go to a center to do it.
- The entire exchange process takes about 30 minutes.

Automated PD or Continuous Cycling PD

- Uses a machine to fill and drain the fluid from the peritoneal cavity and is usually done at home at night, while you sleep.
- Each night before going to sleep, you connect your catheter to a long tubing set and then to the cycler. The cycler automatically does several exchanges while you sleep. The machine is quiet and probably will not disrupt your sleep once you get used to it. Because the transfer set is fairly long, you can move around the room while connected.
- In the morning you detach the tubing from the cycler. Most people leave fluid in their peritoneum all day to clean and remove waste products from their blood.
- The cycler has several functions
 - Heating the PD fluid to body temperature
 - Controlling the time of and the amount of fluid in each exchange
 - Monitoring all aspects of the treatment
- The cycler has alarms that will go off and wake you up if something needs to be evaluated.
- People who use APD may take their machine with them when they travel, or they may choose to do manual exchanges when they go on vacation—depending on which machine they have and how easily it breaks down for carrying.
- Whether APD will work for you will depend on a PET test, which shows how well your peritoneum will work to remove wastes and water.

LINDA: If I were a newly-diagnosed patient, I think I would be a little overwhelmed by the idea of performing dialysis myself. Can you talk about the training involved?

NANCY:

- A PD nurse at the dialysis center will teach you how to do PD. Training takes about 1–2 weeks, and you will be able to learn at your own pace.
- During and after your training, you stay in close contact with your doctor and your PD nurse. They are always available to answer your questions.
- During PD training, you will be taught how to:
 - Perform the PD exchanges safely
 - Take your blood pressure accurately
 - Check your weight and evaluate your body fluid level so you can choose the right dialysate solution
 - Care for your exit site and catheter to prevent infection

- Understand your diet and medications
- Evaluate signs and symptoms of infection
- Your PD nurse will teach you how to order and get your supplies delivered to your home. Supplies are usually ordered every month, depending on the size of your storage area. Your PD nurse can help you consider various spaces in your home to store PD supplies.
 - Your supplies will be ordered through a company that specializes in PD supplies.
 - Usually the supply company van driver who delivers your supplies will also carry them into your house and help you get them set up and organized, with the newest supplies in the back and oldest ones in front, so you use them first.
 - In case of an emergency, back-up supplies are always available at the dialysis center.

LINDA: We talked about the lifestyle changes HD patients would need to make. What lifestyle changes should someone choosing PD expect?

NANCY:

- *Diet:* The PD diet is much less limited in salt, fluid, potassium, and phosphorus than the hemodialysis diet. Your diet will be individualized to your needs. You will need to eat lots of protein, since protein is lost during the dialysis exchanges. Your dietitian will help you understand your meal plan ordered by your physician.
- *Travel:* PD supplies are easy to take with you, giving you flexibility to travel. For longer trips, your dialysis supplies can be shipped anywhere. Even if you use a cyclor, you may be able to take it with you and set it up where you are staying. On shorter trips, many people who use cyclors just do CAPD.
- *Sports:* You can do most sports and activities you would normally do except sports involving a lot of water contact or heavy lifting that could put pressure on your abdomen. Ask your PD nurse or doctor about activities you like to do. In most cases, they will encourage you to exercise on a daily basis stay healthy. It is better to do high impact exercise (like jumping rope) when your abdomen is empty, to avoid the risk of hernia.
- *Activities:* Most people on PD can lead a fairly normal lifestyle. You will have to adjust to daily exchanges and the rest of your treatment plan, but people adjust to it very successfully all the time. PD exchanges can be somewhat flexible as long as dwell times are long enough to pull off wastes and extra fluid.
- *Body image:* Having a catheter in your abdomen all the time and having a belly full of fluid is something that people on PD have to get used to. Some people adjust very well to it, and others worry that it makes them feel less attractive. Talking to other patients about how they handle the PD catheter and the fluid may help you decide if PD is for you.

LINDA: What are some of the advantages and disadvantages of PD as a treatment option?

NANCY:

Advantages:

- More flexible diet and fluid intake
- More involved in your own care
- More lifestyle flexibility and freedom—more work-friendly
- No needles or direct blood contact required for treatment
- No sense of feeling washed out
- Supplies delivered directly to your home
- Maintains residual kidney function longer
- Only one monthly clinic visit

Disadvantages:

- Permanent catheter extending from your abdomen
- Possible body image concerns
- Your belly may not be as flat because of the fluid in it
- You may gain weight from the sugar in the dialysate if you don't watch your calorie intake
- Infection, called *peritonitis*, is the biggest risk with PD. It is always important to use proper technique when performing an exchange.
 - During the last several years, many advances have been made in PD fluid and tubing sets, making them much safer and reducing the infection risk. Some patients go several years without getting an infection.
 - One of the most important steps in combating infection is prompt and early recognition of symptoms, so treatment can be started as quickly as possible. You will be taught all the signs and symptoms of infection. If you suspect you might be getting peritonitis, report your symptoms right away to your doctor or PD nurse.
- Must do treatment daily—no days off
- PD takes time
- Need space in your home to store your supplies

LINDA: What are some of the things you and others on the treatment team do to make PD easier for those who choose this option?

NANCY: *[Discuss in detail]*

[PATIENT TESTIMONIAL]

LINDA [To the camera]: So far you've heard from a nephrologist, Dr. Robertson, and two of our nurses, Shirley and Nancy. I'd like to introduce you to a few of the other people who make up a treatment team here at [COMPANY]. [NAME] is a Patient Care Technician, or PCT, who works closely with patients coming in for treatment.

[PCT TESTIMONIAL]

LINDA [To the camera]: Another member of your treatment team is a social worker. As we've already discussed, your life will be changing. The social worker can help you adjust to the changes to your lifestyle. Here is [NAME], a social worker here at [COMPANY], talking about her work with patients.

[SOCIAL WORKER TESTIMONIAL]

LINDA [To the camera]: [NAME] is a dietician, another member of the [COMPANY NAME] treatment team. Depending on the dialysis option you choose, [NAME] can help you get the most out of your treatment through the right nutritional plan...

[DIETICIAN TESTIMONIAL]

LINDA [To the camera]: There is one more treatment option I want to discuss with you, and that is kidney transplantation. With transplantation, a healthy kidney from another person is placed into your body to take over the functioning of your two failed ones.

You need to know that just because you have started some form of dialysis treatment, doesn't mean you are automatically on the transplant list. Whether transplantation is among *your* options depends on your specific situation. Ask your doctor. If transplant is an option for you, we can help you with that process.

But remember, it can take years before a transplantable kidney is available. You will need to choose some form of dialysis treatment in the meantime to keep you healthy and alive.

[BACK IN TREATMENT CENTER]

LINDA: Our treatment room is now empty; all the patients you saw in here before are out working, being with their loved ones, living their lives to the fullest.

Patients tell me there are three keys to living well with kidney disease. The first is to keep a positive attitude. Your life will certainly be different, but it can still be good.

The second key is to follow your treatment plan – the meal plan, medications and treatments your doctor recommends. You can keep doing many or all of the things you do now, but you must take an active role in your own care.

The third key to living with kidney disease is to learn all you can about kidney disease and its treatment options. We've certainly given you a lot of information in this video, but we encourage you to do more research on your own — at your local library, on the internet, through the materials provided to you... and by asking question of everyone involved in your

care — your doctors, nurses, patient care technicians, even the person who may be watching this video with you.

It is very normal to worry about what might happen to you if your kidneys fail. But you *can* have a good life. Here at [COMPANY], our main goal is to provide dialysis services and support to help people with chronic kidney disease lead productive, fulfilling lives with dignity.

Thank you for taking the time to learn about kidney disease and the treatments that are available to you. Remember, your kidney doctor and your treatment team are available to help you along this new path in life. If there is anything we can do, just ASK!