

Understanding Peritoneal Dialysis

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If you already have a basic understanding of dialysis and want to learn more about home dialysis choices, this patient information sheet provides a basic overview of peritoneal dialysis.

What is peritoneal dialysis?

For people with late-stage kidney disease, all forms of dialysis help clean the blood through a filtration process and remove excess fluid from the body. With peritoneal dialysis, a membrane in your abdomen called the peritoneal membrane acts as a natural filter in the body. Wastes and excess fluid are removed from the blood through a series of fluid exchanges. A fluid called dialysate is put slowly into the patient’s body through a thin soft flexible tube called a catheter. The fluid is left to “dwell” in the arteries and veins of the abdomen for several hours, then drained and replaced with a fresh dialysate. This process, called an “exchange,” is repeated several times each day. Before beginning peritoneal dialysis, patients undergo surgery to have the catheter placed permanently in the abdomen. Today, peritoneal dialysis is the most common form of home-based dialysis.

Peritoneal dialysis types

There are two types of peritoneal dialysis:

- Continuous ambulatory peritoneal dialysis (CAPD) – typically done four or five times a day. This is the only form of dialysis that does not involve a machine. During each exchange, you hang a bag of the dialysate fluid from a rack that allows gravity to push and later drain the dialysate into and from your body. Can be done at home or work if there is a sterile environment.
- Continuous cycling peritoneal dialysis (CCPD) – uses a machine called a cycler to automate the filling and draining process. The use of the cycler allows dialysis to take place while the patient is sleeping. Some people can perform all of their dialysis while they are sleeping with the use of the cycler, and others will need to perform a manual exchange during the day.

Who is eligible?

To use peritoneal dialysis as your treatment choice, you must be willing to follow your treatment schedule each day, able to use your hands well and have a functional peritoneal membrane. Your kidney doctor (nephrologist) can help you determine if this is a good treatment choice for you.



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Treatment Considerations

- Completed by patients at home.
- Involves fewer restrictions on food choices and amount of fluid intake than hemodialysis.
- Uses fluid exchange to mimic the natural function of the kidneys.
- Uses catheter permanently placed in your belly (abdomen).
- Results in fewer problems with anemia than hemodialysis.
- Not recommended for people with scarring or leaks in the abdominal wall, or people with certain inflammatory conditions like Crohn’s disease or IBS (irritable bowel syndrome).
- Involves needle-free treatments.
- Is done several times a day or overnight.
- Allows some flexibility to schedule your exchanges throughout the day, around work, errands, family activities, and special events.
- Sometimes causes mild back pain or abdominal fullness during treatment.
- Allows you to continue working and traveling.
- Allows mild to moderate forms of exercise such as walking, yoga, bicycling, and golf. May also allow high-impact exercise, such as weight lifting, hiking, swimming and running, depending in your condition.
- Must keep catheter clean to avoid infection.

Benefits

- More flexible diet
- Independence and freedom with schedule
- Fewer side effects
- Direct shipment of supplies to home or travel destination