

Live Healthy, Live Long

Things you can do

Class Goals

Understand:

- 1. The history of treatment for kidney disease.**
- 2. The most important things you can do to preserve your kidneys and your overall health.**

Our health depends on our kidneys removing waste from our bodies. If our kidneys fail, we must either be on dialysis or receive a kidney transplant.

To help you understand more about your own healthcare journey, here is a brief history of how the treatment of kidney disease has changed over time at University of Washington Medical Center (UWMC):

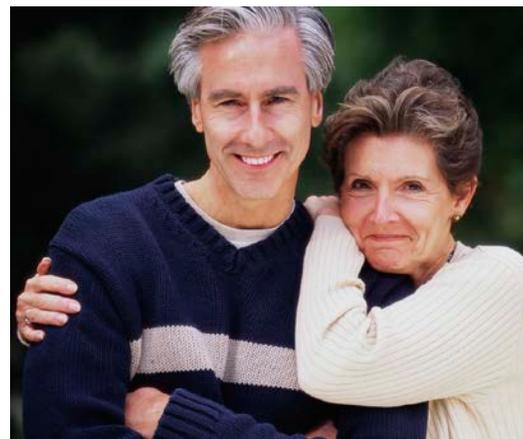
Kidney Care at UWMC

In 1960, only people with acute *reversible* (short-term) kidney disease could get dialysis. Their kidneys were expected to recover after a few dialysis treatments.

That year, a young man from Spokane, Washington, was in a coma and near death. His doctors believed he had reversible kidney failure. He was transferred to UWMC and started on dialysis.

While he was on dialysis, the young man came out of the coma, started eating, talking, and walking. His health recovered. But, his doctors found that he had *irreversible* (permanent) kidney disease.

This meant he could not continue on dialysis, since long-term dialysis was not available at that time. Dialysis had to be stopped, and the young man later died from kidney failure.



We now know that people with kidney disease can live healthy, long lives.

This tragic death inspired the kidney team at UWMC. Over time, they came up with long-term dialysis treatment for patients with permanent kidney disease.

Soon, more people wanted long-term dialysis. But there were not enough resources or funding to make it available to all who needed it.

For many years, people who needed long-term dialysis had to be evaluated by a committee. This committee decided who would receive the limited hemodialysis treatment available, and who would not.

During this time, 2 people applied for 1 available long-term dialysis slot at about the same time: an 18-year-old young man and a 35-year-old mother of 2 children. The woman was accepted.

The young man was kept alive on peritoneal dialysis, which at that time was considered experimental. Later, the young man received a kidney from his father. That man is still alive today, with 2 children of his own.

In 1973, Medicare started paying for treatment for end-stage renal disease. We began to think of dialysis as a treatment that saves the lives of people who have end-stage kidney disease. This meant that people with permanent kidney disease did not have to die from the disease.

Knowledge and Self-care Make a Difference

Your understanding of the issues related to kidney disease, dialysis, and transplantation affects both the quality and length of your life. Some of the things you learn during this KEEP course can directly affect the survival of your kidney. They include:

- Controlling your blood pressure (see chapter 7).
- Eating a healthy diet (see chapter 8).
- Exercising.
- Avoiding substances and activities that are harmful to you or your kidney (see chapter 7).
- Choosing the best therapy for you and following your treatment plan. It helps to be flexible and to keep your options open. You may need to try 2 or 3 of the treatment options (see chapters 3, 4, and 5).
- Taking care of your access and veins (see chapter 3).
- Having a positive attitude and coping well with stress (see chapter 11).
- Asking for help if you need it.
- Learning about your kidney disease and treatment.
- Talking openly with your family members and caregivers.
- Staying actively involved in your care.

Questions?

Your questions are important. Call your doctor or healthcare provider if you have questions or concerns.
