

# Benefits and challenges of PD

## Benefits:

- Less travel expenses than in-center treatments
- Potential for higher care satisfaction compared to in-center treatments<sup>1</sup>
- Choosing PD more closely mimics the natural action of your kidneys and is done more consistently than hemodialysis, which can lead to better health outcomes<sup>2</sup>
- Increased flexibility since treatments are either done as you sleep or can be completed at work and at your convenience
- Less dietary restrictions than hemodialysis
- You don't need a needle to engage in treatment
- Being at home means that you don't need to be around other patients that could be sick
- More flexibility to travel as compared to in-center dialysis
- Your blood stays in your body and does not go through a machine
- Works for patients that are not strong candidates for a fistula or an arterio-venous graft

## Drawbacks:

- You do need substantial space to perform exchanges and to store supplies
- Catheters run a higher risk of infection (peritonitis), especially if they are not well maintained<sup>3</sup>
- Unless precautions are made, you can't take a bath above your waste or swim
- More control over the therapy does mean you are more involved and there are no full off-days
- Depending on the type of treatment, you might have to dwell during the day and this can make you feel bloated or impact your appearance
- The dialysate solution contains sugar, which can lead to weight gain if not closely monitored
- Due to dextrose used in the dialysate, diabetic patients might have trouble managing their disease. However, new substances are being used that have little impact on blood sugar levels<sup>4</sup>
- Some patients also will need a dedicated caregiver or partner to help in exchanges or supply management
- Risk of changes to the peritoneum may cause patients to need to switch to hemodialysis

- Risk of back strain, hernias and muscle injuries caused by extra abdominal weight and pressure<sup>5</sup>
- Potential for a decrease in lean body mass and protein loss during treatments.<sup>6</sup>

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3. Lafrance Jean-Philippe, Rahme Elham, Iqbal Sameena, et al. Association of Dialysis Modality with Risk for Infection-Related Hospitalization: A propensity Score-Matched Cohort Analysis. *Clinical Journal of the American Society of Nephrology*. 2012. Published online at <http://cjasn.asnjournals.org/content/early/2012/08/15/CJN.00440112.full> [3].
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5. Mahale AS., Katyal A., Khanna R., Complication of peritoneal dialysis related to increased intra-abdominal pressure. *Advances in Peritoneal Dialysis*. 2003; 19:130-5. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/14763049> [5].
6. Stenvinkel Peter, Lindholm Bengt, Lonnqvist Fredrik., Increases in serum leptin levels during peritoneal dialysis are associated with inflammation and a decrease in lean body mass. *Journal of the American Society of Nephrology*. 2000 Vol 11:7 1303-1309. Retrieved from <http://jasn.asnjournals.org/content/11/7/1303.full> [6].

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- [3] <http://cjasn.asnjournals.org/content/early/2012/08/15/CJN.00440112.full>
- [4] <http://www.advancesinpd.com/adv05/Adv20053d-1.pdf>
- [5] <http://www.ncbi.nlm.nih.gov/pubmed/14763049>
- [6] <http://jasn.asnjournals.org/content/11/7/1303.full>