There are many myths surrounding home dialysis. Home dialysis incorporates both home peritoneal dialysis and home haemodialysis. This fact sheet aims to shed some light on some of the concerns patients may have, and provides suggestions for healthcare professionals who may need to advise their patients.

**MYTH:** There is no support for me at home if things go wrong.

During training, home dialysis nurses teach a person everything they need to know about doing dialysis. The emphasis is on the correct way for a person to do their dialysis, staying safe and well. People are taught how to problem solve and what to do in certain circumstances. Contact details for nurses and technicians are provided for when help and advice is needed. Help is as close as the telephone.

**MYTH BUSTED**

**MYTH:** I am too old to learn new tricks.

Currently in Australia the ages of people on home dialysis range from babies to over 85 years old. The majority of people are between 45 and 84 years of age. Home dialysis training is individualised for each person. Most people have the ability to learn something new. Training is not a race. Training times vary widely among individuals — importantly, a person is never sent home unless the training nurse feels they are safe with the technique. Peritoneal dialysis is quicker to learn than home haemodialysis.

**MYTH BUSTED**

**MYTH:** I cannot do home haemodialysis because I could not put a needle in my arm.

Cannulation can be the most feared component of home haemodialysis training. However, once a person learns to cannulate themselves they will tell you they never let a nurse put the needles in their fistula again! Cannulation is taught during training, and it is not difficult to learn. It is only taught when the training nurse feels a person is ready to undertake this skill. If a person genuinely has a needle phobia, this can be worked through with the nursing staff or psychology service (if available). Alternatively, home peritoneal dialysis does not require any needles.

**MYTH BUSTED**
MYTH: I will be forgotten at home.
People on home dialysis are never forgotten. All home dialysis units will have a routine schedule for contacting a person on home dialysis; ask your home dialysis unit how this works. Home dialysis patients send in their dialysis records and have regular blood tests. Patients are also seen regularly by their renal doctor and/or GP.

MYTH BUSTED

MYTH: It will cost me a lot of money to do home dialysis.
Home dialysis does cost a lot but fortunately the renal unit pays the majority of the costs for both home haemodialysis and home peritoneal dialysis. All of the machinery (including plumbing and installation), the fluids, peritoneal dialysis bags, dialysis tubing and dialysers, chemicals, and cleaners will be provided. Ongoing dialysis supplies will be delivered and packed away in the patient’s home. Home visits by nurses and any other tests are paid for by the health system (the frequency of home visits varies between hospitals).

The good news is that the reduced travel costs, when compared to attending a dialysis unit three times a week, usually counterbalances any small costs associated with dialysing at home.

Generally, patients on home dialysis may have to pay for:

- Additional electricity (a variable rebate is available in each state)
- Weighing scales (provided in some states)
- Water charges for haemodialysis (in some states only)
- A table or trolley may have to be found/adapted
- A reclining chair for daytime haemodialysis (provided in some states)
- Antibacterial soap and paper towels
- A blood pressure machine.

Visit The HOME Network website at http://thehomenetwork.weebly.com/resources-for-hcps-and-patients.html for more information about financial support available to patients.

MYTH BUSTED

MYTH: I live in a rented house; therefore, I can’t do dialysis at home.
Living in a rented house doesn’t exclude a person from peritoneal dialysis, and it should not be a problem for home haemodialysis either. The home dialysis staff will contact the landlord through the real estate (if applicable) to ask permission to install the plumbing for home haemodialysis. The majority of landlords approve the plumbing to be installed although some request that the plumbing be reversed if the person moves out. Temporary plumbing may be available – please discuss this with your home dialysis unit staff.

MYTH BUSTED
**MYTH: I need a lot of room in my house to do dialysis.**
It is true that room will be needed to store dialysis supplies. These will need to be stored out of the weather but do not require a temperature controlled environment. The home dialysis nurses will be able to advise people on suggested areas for storage within their home. If stock is stored in an orderly way this will reduce the storage area needed. Stock can sometimes be delivered more frequently, reducing the amount of stock that needs to be stored at any one time; speak to the home dialysis nurses about this option. Smaller items can be stored in a cupboard or filing cabinet.

**MYTH BUSTED**

**MYTH: I use tank water and may not have enough water for home haemodialysis.**
Peritoneal dialysis is an option that does not need a lot of water. This is the easy solution. However, many people also do home haemodialysis with tank water.
It is true that home haemodialysis does use a lot of water so if a person is on tank water they will need to talk to a technician about their recycling options. A 5-hour treatment plus a 30-minute clean can use around 300 L of water; however, a lot of the water used in dialysis can be recycled back to another water tank for general household or garden use. The ROs (used for water treatment) can be set by the technician at the time of installation so that they use less water.

Everybody’s situation is different: a thorough assessment of a person’s home and situation needs to be completed to find out the facts. The rainfall in the area, the water catchment area of the roof, the cleanliness of the roof and tanks, and the cost of buying water are all considerations. If needed, the hospital may be able to help with costs.

**MYTH BUSTED**

**MYTH: I have a septic tank and cannot get rid of all the water from home haemodialysis.**
Peritoneal dialysis is an option that does not generate large volumes of water; it only generates a small volume of fluid to be disposed of each day.
Home haemodialysis can usually be managed with a septic tank.
- The existing septic tank has to meet current council standards, have absorption trenches that can cope with increased water disposal, or there needs to be a larger piece of land where the excess water can be pumped to.
- There are ROs (used for water treatment) available that do not use chemicals that are detrimental to the health of septic tanks.

As everybody’s home situation is unique a thorough assessment is needed before a decision can be made.

**MYTH BUSTED**
MYTH: I have limited or no English; therefore, I can’t do home dialysis.

Australia is a multicultural society. There are people from all different cultures in Australia who successfully dialyse at home. During training, family members may be able to assist with training or learn alongside the person who requires dialysis. Most hospitals have access to an interpreter service that can assist with home dialysis training. It is recommended that a non-English person has someone who can assist when making contact with the home dialysis unit if telephone-based support is required.

MYTH BUSTED

It is hoped this information will help to dispel some of the myths about home dialysis. There should be ways to overcome barriers for those who want to dialyse home. The best source of information locally is your own home dialysis training unit.

It is important to remember that home dialysis offers many advantages to people living with chronic kidney disease.

- Control over health and treatment regimes
- Improved quality of life
- Increased access to travel and holidays (particularly peritoneal dialysis)
- Improved health outcomes (particularly for enhanced hours of haemodialysis)
- Reduced diet and fluid restrictions
- Reduced medication load

MORE INFORMATION

Visit the HOME Network at http://thehomenetwork.weebly.com/ to find out more about the group’s activities and access resources for healthcare professionals and Australians with chronic kidney disease who may be considering the home dialysis option.

For more information about home haemodialysis and home peritoneal dialysis please visit www.homedialysis.org.au.

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REFERENCES