

“Through Their Eyes...”

Hope As Expressed By Our Nightly Home Hemodialysis Patients



Written by: The Nightly Home Hemodialysis Patients
Lynchburg Nephrology, Inc.

February 1999

Joyce Cagle

Birthdate	03/04/1943	1). Chronic glomerulonephritis as the cause of ESRD.
Sex/ Race	White Female	2). Hypertension
Peritoneal Dialysis	10/1989-11/1993	3). Repeated GI bleeding secondary to gastritis.
Transplant	11/1993-03/1994	4). S/P parathyroidectomy
Peritoneal Dialysis	04/1994-08/1996	
Hemodialysis	08/1996-09/1997	
NHHD training	09/05/1997-10/04/1997	
First home treatment	10/05/1997	

03-15-1998



“Last spring I learned that an experimental program, Nocturnal Home Hemodialysis was being tested in Toronto, Ontario, Canada. The reports indicated their patient’s quality of life was greatly improved, many were returning to work and experiencing a feeling of well being.

Dialysis is at best a mixed blessing, on one hand it keeps you alive, but other factors such as nausea, high blood pressure and fatigue limit ones ability to fully enjoy day to day life. Some days it seems as if you are just getting by. Is Nightly Home Hemodialysis a viable alternative? Does it improve your life?

When Dr. Lockridge told me about this new treatment option and the fact that he was very interested in implementing the program in Lynchburg. I was very interested in participating, but at the same time I was skeptical. Could the excellent results the Canadians were reporting be true? It seemed too good to be true, but with a lot of thought and a little doubt I decided to give the Nightly Home Hemo a chance.

In late August I had the catheter placed and began training with Angie Swafford a week later. The training was four days a week for five weeks. Practice, practice and more practice was the order of the day. By the time I was on my own I did feel confident that I could operate the machine.

It has been about three months since training and it did take a while to get used to sleeping with the machine in the room. But once I got used to it I have slept very well with few alarms. And the Canadians reports of well being...They weren't exaggerating. I used to think of myself as being sick with a not too promising future, now I feel well, have confidence, energy and a feeling of well being that is hard to convey to others.

I would recommend this program to anyone who is interested. If you would like to learn more about it ask anyone in home training. They are as excited about this as I am.”

02-23-1999

“I want to express my gratitude to you for allowing me to be a participant in the Nightly Home Hemodialysis program. It has given me my life back. Prior to NHH my life consisted of illness, lack of energy, poor outlook, and every major holiday spent in a hospital. There were many trips to the emergency room with life threatening problems, usually on Friday night, prompting my husband to jokingly comment ‘We need to go other places once in a while.’

When I began dialysis in 1989 both my sons were in college, my life goal at that point was to see them both graduate. After reaching that goal everything was pretty much one day at a time, since beginning NHH my outlook has improved so much that I now am thinking long term... grandchildren graduating from college, great-grandchildren, the list is endless.

As you know, everything medically changed for me almost immediately after beginning NHH. Blood pressure dropped to a very normal range and has remained so, prior to NHH I took a combination of as many as five different medications to control blood pressure, now I take none. My energy has returned, once again I have confidence in myself and my abilities, no hospitalization in the sixteen months I've been on NHH, and no more Friday night dates with my husband in Lynchburg General's emergency room.

I can only hope that Nightly Home Hemodialysis will be available to many other dialysis patients in the future. For that to happen, physicians, patients and legislators need to know this is an outstanding treatment option that can only lead to better health for the patient.”

Margaret Horsley

Birthdate	08/09/1957	1). Focal sclerotic glomerulonephritis
Sex/Race	black female	2). Hypertension
Peritoneal Dialysis	12/1988-10/1989	3). S/P parathyroidectomy
Hemodialysis	10/1989-09/1990	
Transplant	09/1990-09/1992	
Hemodialysis	09/1992-10/1997	
NHHD training	10/16/1997-11/22/1997	
First home treatment	11/23/1997	

03-15-1998



“I am a hemodialysis patient. I run 6 nights a week 7 hours a night. When I first started I thought I couldn't make it. But I am going to tell you the way I feel about things. I was scared of this treatment but I read and they talked to me. But I said I am going to think about it first. So I thought about it and then I told them I would give it a try. So ever since then I have been doing just fine on the hemodialysis. If you can't make up your mind the nurses and doctor are very great in these things or talk to Joyce or me. Before I went into hemodialysis I have been in it all.”

01-22-1999

“I am a ‘Night Time Dialysis’ patient. I have been on night time dialysis for about one year and three months. I enjoy dialysis at night. I feel so much better and I have my days free. I do a lot of walking. My husband sticks by me in every way. I tell him something is wrong and he is there by my side. He makes sure that I have something to drink or eat. Even my medicine, too.

The nurses and doctors are very nice. They are a wonderful group of people. I can't ask for any better group. I went out and tried to find a little job. I had a small job but she didn't want to give me any hours. I was more tired after I had to work. Now my doctor told me that I have ‘sugar’ so they are working with me to get it down. But I am going by his rules.”

Howard Scott

Birthdate	10/10/1956	1). Membranous glomerulonephritis
Sex/Race	black male	2). Hypertension
Hemodialysis	09/1991-10/1991	3). Polyclonal lymphoma associated with transplant
Peritoneal Dialysis	10/91-12/92	4). Supraventricular tachycardia recurrent requiring ablation of aberrant pathway
Transplant	12/1992-03/1993	
Peritoneal Dialysis	03/1993-01/1998	
NHHD training	01/05/1998-02/06/1998	
First home treatment	02/08/1998	



02-19-1999

“My nickname is Binky. I’m 42 years of age, married to a wonderful and understanding wife and friend, Chris. On January 5, 1998, I started on the Nightly Home Hemo. What a blessing. It took me about two months before I was feeling some good results. I started waking up early in the morning, started walking, then I began to run. Now I love to eat and my eating habits are very good which makes me so happy. By being on peritoneal dialysis my appetite would come and go. One or two weeks my appetite would be ok then the following week my appetite would be very poor. And that made me unhappy because I couldn’t eat the way I wanted to. Then the next thing I know is that I’m crying at the table because the food would be in front of me and I couldn’t eat my food because I lost my appetite.

I don’t have that problem anymore since I’m on the nightly home hemo. My blood pressure is excellent. I sleep good, stay happy, love shopping at the mall, which I didn’t enjoy at one time. But the biggest thing that have changed me since I’ve been on the N.H.H.D. is that I love life again. The small things of life means so much to me. Such as when it rains every day is a good day for me now. I say this because bad weather used to depress me. Now life is a new beginning for me. I feel that I can be a productive person in life once again. I thank God for Dr. Lockridge and the other doctors for finding out about the nightly Hemo. But I couldn’t do without my Lord and Savior, Jesus Christ.

This is what I feel about life also. God always answers prayers. Sometimes He says no. Sometimes He says yes. But God said wait awhile. God always does the right things. Life for me right now is the greatest manifestation of God’s Love. Anyone who is on dialysis or about to start dialysis should give the Nightly Hemo a try. You will be blessed with life again.

Thank you. God Bless.”

02-19-1999

“My name is Christine Scott. My husband is a Nightly Home Hemo patient. His name is Howard Scott. He has been on the program a little over a year now and he doing great. We have had no more hospital visits. His eating habits have improved alot. He eats all the time and he thinks I should eat every time he eats. His attitude on life in general has improved greatly. He feels that he has something to live for and look forward to. We take short trips, walking, shopping and just visiting our friends more. I believe we have been truly blessed with this program. And we feel that if others would give it a chance they will feel blessed just as we do.

Thank you for your time”

Carolyn Lattimer

Birthdate	09/18/1965	1). Focal Glomerulosclerosis
Sex/Race	White Female	2). Hypertension
Hemodialysis	09/1983-10/1985	3). Tophaceous gout
Transplant	10/1985-11/1997	
Hemodialysis	11/1997-02/1998	
NHHD training	02/09/1998-03/13/1998	
First home treatment	03/16/1998	



02-11-1999

“Dr. Lockridge has asked me to write a ‘letter’ stating my experiences with and feelings about nightly home hemodialysis. Let me begin by way of some brief medical background information on myself. I was diagnosed at the age of 15 with focal glomerulosclerosis at which time I had already lost 75% of my kidney function. At the age of 18, I began conventional hemodialysis. The option of peritoneal dialysis did not appeal to me at that time. I was a self-care patient meaning I set up my machine, monitored my run, returned my blood, and cleaned my station. In essence, I did everything except the insertion and removal of needles. I ran three times a week initially for 3 hours a run, which progressed to 4 hours over time. In addition, I attended college full time and had a part time job on the campus. I maintained this routine for

approximately two years. Muscle cramps and severe hypotension became commonplace and was something to be expected. I could also expect to miss at least one class per week because of post dialysis malaise/lethargy. The strict renal diet was just something that had to be done. The consolation was that, at that time, we were allowed to eat during our runs which allowed us to enjoy normally taboo foods and all we could drink up until the last two hours of run-time.

After two years, I went on the transplant list at MCV. Two months after being activated, in October 1985, I was called for a transplant. The transplant did not function as optimally as some but did keep me off dialysis. My baseline creatinine was between 2.2-2.5 generally. My transplant lasted for 12 years until chronic rejection so diminished its function that I was required to consider dialysis again. During that 12 years, I graduated from college with my class in 1987, changed jobs once, and got married. I also enjoyed that freedom that transplants bring with regard to diet, travel, employment, and involvement in church activities. During this time I also developed osteoporosis from the Prednisone, had bilateral cataract surgery, gained weight, and maintained a variety of treatments for various skin infections and 35 lesions.

I was not looking forward to restarting dialysis despite the side effects from immunosuppressive drugs. I had enjoyed a relatively ‘normal’ lifestyle for 12 years and did not want to return to the restrictive diets, and sacrifices of time and generally feeling healthy that I knew dialysis would bring. Besides, I had my own business to operate and could not afford, literally, turning over 4-5 hours of work time to dialysis as well as the ability to function well. Then I was told about another option: nightly home hemodialysis. With this modality, I was told I could dialyze at night while I slept for 7 hours, 6 nights a week. My diet would be more liberal because I was dialyzing every night. Because it was for 7 hours, it would be a slower dialysis and more ‘gentle’; therefore, I would not suffer the debilitating cramps, hypotension and lethargy associated with conventional dialysis. I was also told that patients did not want to miss a treatment. I asked to be signed up for the 5-week training period as soon as possible.

I went home with my machine in March 1998 and have been doing nightly home hemo for almost a year. I have never had cramps or hypotension coming off the machine. I have never had ‘down’ days to recover from dialysis. My diet consists of every otherwise ‘taboo’ food and I drink as much as I want. I walk and do weight and strength exercises.

I continue to enjoy a very happy and full marriage and I work at my home job seemingly all the time. I also work part time at the local hospital. I am involved in church activities. The only thing I do not do is travel for extended periods. That really is not a concern because I am somewhat of a homebody. We have taken a long weekend to 'get away.' And, I do not like to miss a treatment which for me average 8-9 hours (I like my sleep).

I have more energy and motivation than I ever had before or during my transplant. My creatinine is actually better than when I had the transplant, running between 1.6-2.1. My BUN is less than 10 and my uric acid is almost zero. I am off the Allopurinol and all of the gout crystals have dissolved. I am currently undergoing treatment for osteoporosis and my skin has entirely cleared. I am on almost no medications. All antihypertensives have been stopped. All immunosuppressants have been stopped. I take 3 nutritive supplements plus Coumadin to keep my catheter working well. My monthly drug bill has gone down from \$400 per month to around \$50. I have not even had a head cold during this past year. EPO injections have decreased from as high as 5000 units twice a week to 2000 units per week. I have been discontinued on monthly IV iron for an indefinite period.

I am completely impressed with the effectiveness of nightly home hemodialysis. Overall, my course of treatment has been uneventful. I am also impressed with the machine we use. I can go to sleep at night and be completely confident that the machine is monitoring my run effectively. I enjoy feeling well and healthy and at 33 years of age, I am glad I can look forward to a long and productive life because of it.

Thank you."

Samuel W. Smith, Jr.

Birthdate	02/26/1929	1). Nephrosclerosis as the cause of ESRD
Sex/Race	Black Male	2). Hypertension
Hemodialysis	06/1997-03/1998	3). Coronary artery disease S/P coronary artery bypass
NHHD training	03/16/1998-04/24/1998	4). Congestive heart failure secondary to fluid overload
First home treatment	04/26/1998	

02-05-1999



“I started dialysis in June, 1997, in Lynchburg General Hospital, after having open heart surgery. That's when my kidneys failed. I started dialyzing Incenter three times a week four hours each day. My wife transported me to and from the Center for ten months because I was unable to drive. I stayed very tired, weak, and had very little energy. I didn't even feel like going to the store.

In March 1998, I started training for the Nightly Home Hemodialysis. I dialyze seven hours six nights a week and I feel like a different person. To be honest I feel better now than I did before I had open heart surgery. I can eat most anything I want, I take a morning walk and I help my wife out some. My wife is very pleased with the nightly home hemo. She always tells me how glad she is that I feel better and also look better.

I would recommend nightly home hemodialysis to anyone that has to be on dialysis. I hope I can stay on Nightly Home Hemo.

Thanks to Dr. Lockridge, Angie, Maureen, and Viola.”

Maxine Diggs

Birthdate	10/17/1951	1). Chronic glomerulonephritis as the cause of ESRD
Sex/Race	Black Female	2). Hypertension
Peritoneal Dialysis	01/1997-06/1998	
NHHD training	06/29/1998-08/08/1998	
First home treatment	08/09/1998	

02-23-1999

“I have been a dialysis patient for three years. Initially, I was on peritoneal dialysis. In June of 1998 I trained for nightly hemodialysis.

In the last 10 to 15 years the treatment of renal failure has made leaping advancements for patients. You see, eleven years ago my mother was on dialysis. She started in June and on July 14th, she passed away. When I was told three years ago that I would have to start dialysis, I thought the same would happen to me. Well, it is three years later and I am still here. I work a full time job as an Assistant Principal at an elementary school in Pittsylvania County Public Schools in Virginia.



When I was on peritoneal dialysis, I was sluggish and tired all of the time. I did not have the energy to participate in family activities or my personal hobbies and civic duties. I just wanted to sleep at every opportunity I had. My time was spent sleeping and working. There were times when I was too tired or sleepy to eat.

At the present, I am on nightly hemodialysis. I dialyze 6 nights a week seven hours each night. I can not begin to tell you how much better I feel today. I have a very good appetite and energy to spare. My medications consist of vitamins iron, Coumadin and heparin. I have the energy to do the things I like. I travel to visit my daughter, walk when the weather permits, attend church, visit friends and attend civic meetings.

No amount of money can compensate the doctors, nurses, and staff at the Lynchburg Dialysis Center. A nurse or doctor can be reached twenty-four hours a day. They are caring, patient and considerate. They are involved in the total person--not just the physical illness. They constantly ask questions to find out about a patient mentally, socially, emotionally.

I thank God for the knowledge, gifts and talents that he has bestowed upon Dr. Lockridge and his staff. I thank Dr. Lockridge and his staff for using the gifts and talents that God has given them.”

Cecil Fulton

Birthdate	11/14/1948	1). Diabetes mellitus Type II
Sex/Race	White Male	2). ESRD secondary to diabetes mellitus
Hemodialysis	10/1996-10/1998	3). Coronary artery disease S/P coronary artery bypass
NHHD training	10/05/1998-11/16/1998	4). Peripheral vessel disease secondary to diabetes mellitus, s/p bilateral below the knee amputations
First home treatment	11/17/1998	5). Severe peripheral neuropathy secondary to diabetes mellitus
		6). Diabetic retinopathy



02-23-1999

“I have been a diabetic since 1976. This is a terrible disease that can rob you of much of your ‘Quality of Life’, and even Life itself if left untreated.

About four years ago I had gotten to the point of feeling tired and exhausted most of the time. I was very lethargic, very much overweight with fluid, had almost no energy, and my ‘Quality of Life’ was at an all time low. On a scale of 1 to 10 it was probably about a 2 or 3. I had just about given up on ever getting any better and felt I had no hope. I was treated with medicine until my kidneys began to fail in 1996, this is when we started talking about dialysis, and in September 1996 I started hemodialysis at Lynchburg Dialysis Center three days a week, four and a half

hours each of those three days. After about three to four weeks of these treatments I began to feel better and thought maybe there is hope after all. I continued these treatments until October 1998, and was feeling much better. My ‘Quality of Life ‘ was now about 5.

I was introduced to Night-Time Home Hemo-Dialysis in October 1998. I was given an option of trying this new dialysis at home or continuing In-Center Dialysis at the Dialysis Center at that time. I chose Night-Time Home Hemo-Dialysis for a number of reasons. First of all I do my dialysis at night while I am sleeping, so there is no loss of quality hours during the day. Second: There is very little restriction on diet or fluid intake because dialysis is done more often (six nights a week, seven hours per night). Third: This provides a better and more even blood cleaning and purification. This has raised my Quality of life to about 8 1/2 at this time. I feel great and I don't feel like a sick person anymore.

It only takes approximately six weeks of training at the Dialysis Center (five days per week) to become qualified to do Night-Time Home Hemo-Dialysis. My wife and I were trained by a great staff of Instructors. We were assured that the staff would not allow us to graduate our training class until we were able to pass all the tests, and most importantly, not until my wife and I were confident that we could do this on our own at home.

Diabetes is a killer and a robber. It has robbed me of two legs, and several years of my life quality before dialysis. At this point in my life, I am fifty years young and I feel great and I am enjoying life again. I thank God for the staff of Doctors, Nurses, Instructors at Lynchburg Dialysis Center for all of their knowledge, wisdom, and maybe most of all, their help, caring, and understanding.”

Sheila Walthalle

Birthdate	05/06/1972	1). Systemic lupus erythematosis
Sex/Race	Black Female	2). ESRD secondary to diffuse proliferative glomerulonephritis secondary to systemic lupus erythematosis
Hemodialysis	04/1996-11/1998	3). Hypertension
NHHD training	11/16/1998-12/18/1998	4). S/P above knee amputation of the right leg secondary to vasculitis
First home treatment	12/21/1998	5). Bilateral avascular necrosis of the hips

02-17-1999



"I'm a dialysis patient. I was on dialysis at the Unit for four years until something came along that was much better for me. Home Dialysis. I'm wanting to let people know how I feel and what it is like being at home on home hemodialysis.

First of all, I love being at home and not having to go to the unit three times out of a week. I feel like a million bucks--if only I had that million bucks now. I'm glad someone took the time and learned me to do something on my own at home. Because my friend won't let me do nothing except sometimes out of the blue, he will. It is amazing how you feel. I'm more outgoing. I want a good job and then I want to be a foster mother. All those things I can do now that I'm at home with a little help from my family and friends at dialysis.

There are a lot of people that are having a hard time thinking about what it would be like to do home dialysis and why a lot of people can't do it. Well, friends and family, I'm here to let you know that it is safe. And what you need to do is talk to Ms. Maureen and Ms. Angie and they will teach you how to get to know your machine and to become a real buddy with it. And if you and your family are having second thoughts about you doing this, well don't. I know it is easier to say than doing it but I had the same thoughts and words that you all had. It took me, myself, to see how it was and looked. I talked to some of the people who were already doing it and saw how they felt. It sounded great to me.

I hope to be on home hemodialysis for a long time. Now I am glad I did it. I have a great doctor who keeps a real good watch over me and I can talk to him like a father. It is nice having a doctor like Dr. Lockridge. I'm not on all those pills I used to take. I'm down to five pills a day. I'm eating good. I can eat what I want to and have no fluid restriction at all.

Home Dialysis is the best thing that ever happened to me. Ms. Maureen and Ms. Angie taught me a lot but I can't forget where I came from. Bay A. They taught me a lot, too. I want to thank all of Bay A and Ms. Maureen and Ms. Angie, too. I miss all my friends from Bay A but I don't think I want to go back.

One thing I want to say is that you don't have to train a long time. You can always have a partner to train along your side with you. I know I have a partner to help me out. He's someone special in my life that's been there for me for a long time and who will be with me for a long, long time to come."

