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**[www.lhsc.on.ca/renal](http://www.lhsc.on.ca/renal)**



**Message from the Chair of  
the Renal Patient & Family  
Advisory Council  
Fred McInnis**

Readers of the Kidney Kronicle may already be aware of efforts by the Renal Patient and Family Advisory Council (PFAC) to help improve problems with London's paratransit service for dialysis patients. Recently, in an attempt to bring attention to the need for improvements, PFAC members have spoken to over 200 London area dialysis patients, and while most users of paratransit appreciate the service, some serious concerns were voiced. PFAC met with a management representative of the London Transit Commission (LTC) to put forth issues patients have raised. Council will actively pursue these concerns and would also appreciate your comments on the current experience(s) with the paratransit service.

Please contact Angela at:  
[renaladvisor@lhsc.on.ca](mailto:renaladvisor@lhsc.on.ca) with any comments about your paratransit experience.

WISDOM IS  
THE ABILITY  
TO LEARN  
FROM CHANGE.

## Depression and Kidney Disease

Have you or someone around you noticed that you are feeling down lately? Low mood is a very common response to encountering difficult things in our lives. Having kidney failure, being on dialysis, losing our ability to do things that mean a lot to us, or friction with family members are all examples of things that can make us feel sad or irritable. This is normal and expected. Sometimes low mood can develop into mild or major depression. If it goes on a long time, you lose interest in life, and experience other problems like changes in your weight, appetite, sleep, energy, concentration and decision-making ability.

It is important that you find help if you think you have depression. Don't go through it alone. Speak to your renal team. Your social worker, nurse or nephrologist want to help. You can also go to your family doctor, or a counsellor in the community. Depression is treatable and you can get better. There are many skills that you can learn and apply to your life to manage your thoughts and feelings.

One thing that you might notice is that you have a lot of negative thoughts. This is normal when you are feeling depressed. These negative thoughts might be about the situation you are in, about yourself, or about the future. Many people repeat negative statements to themselves – consciously and subconsciously.

For example, “I can’t do anything right” or “I’m all alone” or “Things will never get better.” This becomes normal and after a while the brain starts to automatically think negatively.

So what can we do about this? Try telling yourself the opposite of what you are used to hearing: positive encouraging statements! Such as “I am lovable” or “I can get through this if I just focus on today.”

This takes practice! We have to re-train our brain so that means doing it a lot. If you are struggling with some ideas of positive statements you can tell yourself, try thinking about what you would tell your friend or your family member if they were going through what you are. Try talking to yourself like you would talk to your best friend or child – in a loving and encouraging way with kind words.

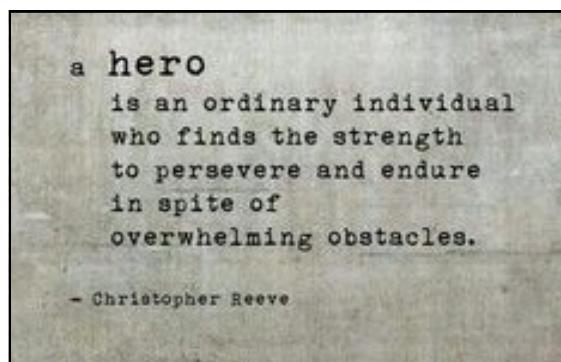
For example, “I am strong and can do this,” or “I have great people surrounding me who love me no matter what.”

Now comes the hard part – practicing these statements so they become believable. Write these statements down on index cards or post-it notes and put them in places you will see them a lot (like on your fridge, on a mirror, on your dashboard, or in your purse). Repeat them before trying to rest or sleep to settle your worries. Ask your friends or family members to read them to you so your hear them said aloud. These statements can comfort you when you are feeling down.

With time, you will re-train your brain to think more positively. This is one way to help you manage difficult thoughts and feelings during tough times. Practicing this has helped other people who are going through difficult times feel better, and it might help.

Talk to your renal team members for more information on depression. Don’t go through it alone, we are here to help!

Submitted by Selena Buma, MSW, RSW



## Who's Who???????????????? Interview with UH Dialysis Unit Charge Nurse Valerie Cameron

Tell us about yourself. What is your background and experience as a nurse and charge nurse?

I have worked in nephrology for the majority of my nursing career. I began in a six bed dialysis unit at Victoria Hospital when it resided on South Street. My experiences there read something like a historical medical account of the “olden days.”

The dialysis setup included very crude coils of cellophane membranes and mesh (dialyzers), glue, scissors, magic markers, air pumps and screw clamps were used to prepare the blood lines. Garden hoses, very large wooden spoons and kitchen apparatus was used to measure and mix an assortment of chemicals that were added to large tubs of water (dialysate).

Wow! Yes, I have been around for a while! I have seen many improvements in efficiency and technology over the years. Patient’s treatments used to take up to 9 hours. Thank goodness things have progressed so much and who knows what the future holds for all of our renal patients.

I wandered out to Calgary a couple of years later and worked on a very progressive transplant unit, but missed my home town and returned back to the new nephrology unit at UH. The rest is history.

I have been in the charge nurse position for about 8 years.

Can you tell us about the role of the charge nurse and how that role fits in the care of renal patients? How many staff are you in charge of?

My role as it pertains to the care of renal patients is multifocal. Some of my daily tasks include:

- Scheduling outpatient dialysis times that are convenient for patients and their families as space in our unit permits.
- Resource person for patient and family concerns.
- Part of a multidisciplinary team that coordinates care for each patient including inpatients and outpatients.
- Liaison with other units including satellites to assist scheduling patients in the best possible location for each person.
- Nursing assignments for patient care.
- Organization of day to day functioning of the dialysis unit.

I don't like to think of myself as being "in charge of" any staff. I work with approximately 40 nursing staff, 3 clerical staff, 2 nurse practitioners, 9 nephrologists, biomed support, dietary support, social work and a number of PSW staff. We all work together to make the magic happen!

Given your long history with the LHSC Renal Program, what do you particularly enjoy about working with renal patients?

I have always enjoyed the chronic patient population. We have a unique relationship where you are familiar with them and their family.

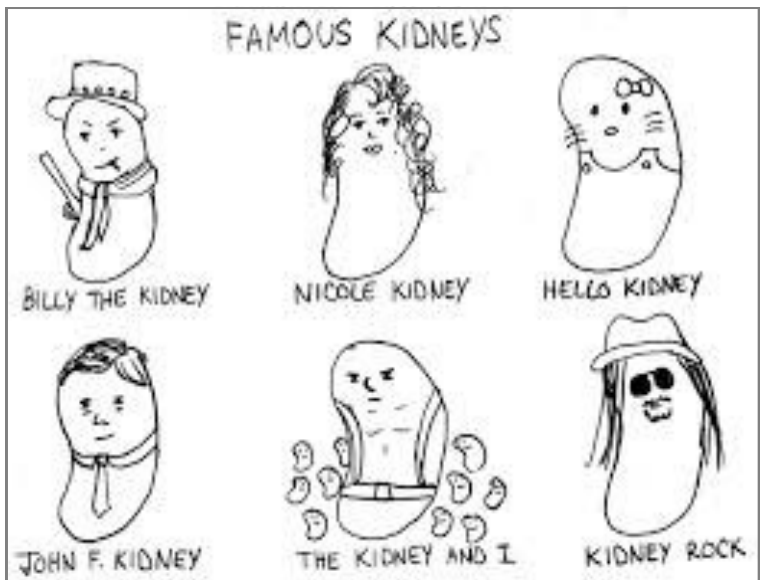
There is an opportunity to share life events with them such as births, graduations, weddings, or even something special that happened on the weekend! They want to know about us as well and often ask about our families and what our hobbies are. I enjoy the trust that develops and the confidence in the work that our team does.

Can you discuss the importance of person centred care (including the patient and their family as a partner) in a dialysis unit, and the role the charge nurse takes?

As I said before, my role is to accommodate dialysis treatment around other commitments and appointments.

It is very difficult for our patients to juggle their lives around the three or four times a week dialysis treatments. Any time I can help to co-ordinate or reschedule, I gladly will do that. I guess I often think to myself, "what would I find most helpful in this situation?"

Thanks to Val for her contribution to the Kidney Kronicle.



**????????? Did you know ??????????**

**Each individual kidney consists of at least 1 million and up to 2 million nephrons. Nephrons very tiny filters that are capable of filtering blood and eliminating the waste materials.**

**If the nephrons in both kidneys are taken out and placed end to end horizontally, they will cover a distance of 16 kilometers.**

**Kidneys are responsible for maintaining a constant amount of fluid in the body. The entire blood in the body gets filtered around 400 times in a day through the kidneys.**

## Calcium and Phosphorous

The kidneys play an important role in maintaining healthy bone mass and structure by balancing phosphorus and calcium levels in the blood. For bones to grow and stay strong they need:

**Calcium and Phosphorus:** Minerals that we get from food, that are responsible for bone growth and strength. The kidneys help balance phosphorus and calcium levels in the body by removing extra phosphorous from the blood. Keeping the proper level of phosphorus in the blood helps maintain strong bones.

**Calcitriol:** Healthy kidneys activate a form of vitamin D that is consumed in food, turning it into calcitriol, the active form of the vitamin. Calcitriol helps the kidneys maintain blood calcium levels and promotes the formation of bone.

**Parathyroid glands:** four pea-sized glands in the neck that create parathyroid hormone, or PTH. PTH plays an important role in controlling calcium levels in the blood.

In people with chronic kidney disease (CKD) the kidneys do not properly balance the phosphorus and calcium levels in the body. When this imbalance occurs, the bones can become weak and brittle. Damaged kidneys must work harder to clear phosphorus from the body. High levels of phosphorus cause lower levels of calcium in the blood, resulting in the following series of events:

- When a person's blood calcium level becomes too low, the parathyroid glands release parathyroid hormone (PTH).
- PTH removes calcium from bones and places it into the blood, raising a person's blood calcium level at the risk of harming bones.
- A low calcitriol level also leads to an increased level of PTH in the blood which pulls calcium from the bones to raise blood calcium levels. This response restores the balance of

phosphorus and calcium; however, it also starves the bones of much-needed calcium.

Excess phosphorous in the blood can also clump together with calcium and cause calcium deposits throughout your body. These deposits cause red eyes, itchy skin, sore bones and joints, and blockages in your blood vessels.

If the problem remains untreated in adults, bones gradually become thin and weak, and a person with the condition may begin to feel bone and joint pain, and have an increases risk of bone fractures.

High phosphorus and calcium levels can also cause problems in the heart and blood vessels by causing hardening of the arteries and deposits in the blood vessels and soft tissue/ skin where bone-like material in the skin can cause serious wounds.

To help prevent high phosphorous levels in the blood CKD patients should:

- attend regular dialysis treatments
- limit the amount of phosphorus in your diet by following the recommendations of your Renal Dietitian on your Nutrition and Dialysis poster.
- Some foods like cola, nuts and chocolate are so high in phosphorus that you should avoid them completely. Other foods like dairy products and meat and meat alternates also contain phosphate but are important sources of protein. Your individual meal plan will tell you how much of these foods are best for you. Check with your Renal Dietitian about items that are not on your individual plan.
- Check the ingredient list on food products and avoid foods that have additives that include the word 'phosphate' or 'phosphoric acid'. You won't find phosphate on the nutrition label but additives are included in the ingredient list.
- take your oral calcitriol medication as prescribed (also called One-Alpha, Rocaltrol). You may receive this medication in IV form while at hemodialysis.



- **take your prescribed phosphate binders. It's very important to remember to take the binders while actually eating your food (unless prescribed otherwise). The medication works by binding with the phosphorus in the food you eat, so taking them between or after meals will not work. Some types of phosphate binders include: Calcium Carbonate (Oscal or Apo-Cal), Tums, Basaljel, Renagel, Alugel and Fosrenol (Lanthanum)**

**Talk to your renal dietitian, nurse practitioner or nephrologist if you have concerns about your calcium and phosphorus levels.**

Adapted from <https://www.niddk.nih.gov/health-information/kidney-disease/chronic-kidney-disease-ckd/mineral-bone-disorder>

**Submitted by Angela Andrews, RN**

A man enters the Doctor's office and walks up to the receptionist, who inquires, "May I help you?" "Yes", he answered, "I have shingles." The receptionist replied, "Just take a seat, someone will be with you in a minute." After sitting for nearly a half hour, a nurse emerged and told the man, "Come with me." She escorted him to a room, and one again asked why he was there. "I have shingles" he replied.

Her reply was, "The doctor only has 3 more patients before he will be in to talk with you" The nurse left and the physician came in after about another half hour.

He too asked, "What brings you here today?" Frustrated, the man answered, "I have shingles." Of course, the doctor probed further and inquired, "Where are the shingles?"

The man almost yelled, "They are in the back of my truck. Do you want me to start on the roofing now or are you going to make me wait some more?"

## Homemade Fresh Salsa or Bruschetta Topping

The following is Renal Dietitian Approved

Makes 5 servings



### Ingredients:

2 medium tomatoes, finely chopped with as much of the liquid removed as possible

1-2 tbsp. red onion, finely chopped

¼ cup green pepper, finely chopped

6-7 fresh basil leaves, finely chopped

1 tsp balsamic vinegar

1 tsp olive oil

1 small clove garlic, minced

### Directions:

Add above ingredients together in a small bowl in the order they are listed, toss lightly and serve. Any leftovers can be added to a lettuce salad with a little extra olive oil and balsamic vinegar as a sodium free dressing.

To toast bread: slice the baguette into ½ inch thick pieces, place on a baking sheet and bake at 350° for 5 minutes. Turn slices half way through to cook both sides. A toaster oven or barbecue can be used as well.

**Include 1 serving (1/2 cup) in your meal plan as:**

1 Fruits and Vegetables

1 Grains and Starches (if 2 inch baguette included)

# The Renal Patient & Family Advisory Council



The Renal Patient and Family Advisory Council (PFAC) was established by the LHSC Renal Program in February 2014. The council is made up of renal patients, family members, renal program staff, members from the renal program leadership team, and a nephrologist. The PFAC provides a way for staff, physicians and administration to connect with patients and family members, and to get their advice on how we deliver care. The main goal of the Renal PFAC is to help support a person centred approach across the program. Person centred care is a partnership between patients, families and healthcare providers based on the principles of dignity, respect, communication, collaboration and empowerment. PFAC members provide advice to the Renal Program so improvements can be made to help other kidney patients and their families. Advisors participate in the discussion about care delivery and services patients and families receive. This is done by taking part in regular Renal PFAC meetings, as well as by helping out on committees and working groups within the Renal Program. Sometimes, members are asked to share their personal health stories with patients and families or groups of health care providers, which is a meaningful way to communicate the power of person centred care. The PFAC has been involved in many projects since it's creation, including the publishing of the Kidney Kronicle newsletter, satellite dialysis unit visits and consultation on the LHSC Strategic Plan. If you are interesting in finding out more about the Renal PFAC, please contact:

Angela Andrews

Renal PFAC Facilitator

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