AZ Delta Dialysis Clinic

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Uw ziekenhuis.

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Dear patient,

Welcome to the dialysis clinic. You will either be starting treatment soon, or you have already begun treatment at the dialysis clinic of our hospital. Dialysis is necessary to remove waste products from the body and to balance the fluids in the body when your own kidneys cannot do this adequately. Dialysis is a complex and invasive treatment, both physically and mentally. No doubt you have a number of questions or concerns.

This leaflet has three goals:

1. We try to answer frequently asked questions about certain medical and organisational aspects of dialysis treatment. Of course, there are always opportunities to discuss this more thoroughly with your nurse or doctor.
2. Dialysis treatment involves complex organisation. It is important to make a number of arrangements to make your treatment as smooth and safe as possible.
3. Good communication with other care providers (GP, home nurse, nursing home, residential care centre and specialist) and family members is very important to ensure consistent treatment. A separate folder – your dialysis booklet – is intended to ensure that the follow-up of your treatment, including outside the hospital, runs as smoothly as possible. You can note changes and questions related to the state of your health or treatment in your dialysis booklet.

Dialysis treatment has a major impact on your daily life. This treatment takes up a large part of the week. The nephrology team will support and advise you on this as much as possible. Do not hesitate to discuss medical and non-medical problems with one of the nurses, doctors or other employees.

The Dialysis Clinic

Dialysis clinic managers

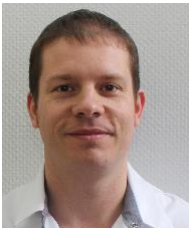
Coordinating Head Nurse
Stefaan Maddens



Midcare 1 Head Nurse
Lisa Decock



Highcare Head Nurse
Jody Thermote



Midcare 2 Head Nurse
Karine Butaye



CAD Head Nurse
Valerie Vandamme



All contact details can be found on the back of this leaflet.

Renal replacement therapies

When the residual function of your own kidneys has decreased to approximately 15%, a choice is made between two renal replacement therapies (RRT) in consultation with the attending physician: peritoneal dialysis and hemodialysis. Kidney transplantation is a third option, which is not covered in this leaflet.

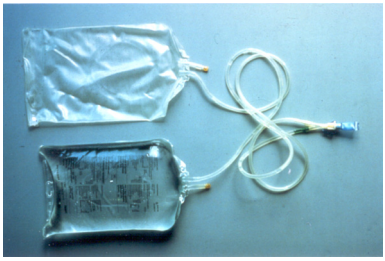
1. Peritoneal dialysis

The first form of dialysis is peritoneal dialysis, which is done at home.

In peritoneal dialysis, the blood is purified using a flushing fluid in the abdominal cavity. The principle is that the peritoneum is used as a filter to remove waste and excess fluid. That is why the names 'abdominal dialysis' or 'abdominal flushing' are also used.
Flushing fluid is brought into and drained out of the body (called an exchange) through a surgically placed catheter in the abdominal wall.
There are both manual and automated abdominal flushing techniques.
This treatment can be carried out by the patient, a family member, a home nurse or a team of nurses if you are staying in a nursing home. The persons involved are trained to do this in the hospital. Consultations with the kidney specialist and at the peritoneal dialysis clinic are scheduled at regular intervals.

1.1. CAPD (Continuous Ambulatory Peritoneal Dialysis)

This technique involves a manual exchange four times a day.



These exchanges take about 30 minutes and are spread throughout the day.

1.2. APD (Automatic Peritoneal Dialysis)

In this treatment, the dialysis is carried out at night using a machine (called a cycler) while you are asleep.



In the evening, a number of tubes and flushing bags are fitted to the machine (which takes 15 minutes to set up), after which you connect to it and turn it off the next morning, either with or without the help of a home nurse. You are free during the day.

1.3. Peritoneal dialysis in practice

You will be hospitalised for three days for the placement of the peritoneal dialysis (PD) catheter.
When you are back home, a dialysis nurse will visit you. The nurse will look at where your treatment can be carried out and whether any adjustments need to be made. These adjustments are free of charge.

After about three weeks, you will be admitted again to learn how to perform the treatment. This training takes about five days. During the training, you can learn both techniques. It is recommended that your partner also be present to learn the techniques.
A nurse will guide you through your first treatment when you are back home.

You will come for a consultation the week after the start of treatment at home. If everything goes smoothly, consultations will be scheduled every four to six weeks.
In case of urgent problems or questions about your peritoneal dialysis, you can contact a peritoneal dialysis nurse for expert assistance 24 hours a day (051 23 74 64).
The flushing fluids and accessories required for one month are delivered to your home at the agreed location by a company free of charge.

1.4. Hygiene measures

The peritoneal dialysis catheter is your lifeline, so we ask you to ensure that the catheter is not accidentally pulled and that the catheter is always safely stored after treatment. Bathing is prohibited. Showering is allowed after approval from the kidney specialist.

1.5. Travel

You will still be able to travel.
The company will deliver the required materials to your holiday destination in consultation with the nurse. Depending on the holiday destination, the order must be made at most three months in advance.



2. Hemodialysis

This is the best-known form of dialysis. An artificial kidney takes over the purifying function of your own kidneys and restores the fluid balance in your body.
This treatment takes place in a special department of the hospital, where you are usually connected to a dialysis machine three times a week for an average of four hours. This involves purifying the blood outside the body through the artificial kidney.



Dialysis machine



Artificial kidney

Access to the bloodstream to make dialysis possible can be through a fistula or a catheter. That is why it is important to take the greatest care.

- **Fistula**

A small surgical procedure (connecting a vein and an artery) results in a vein in the arm that is more raised than usual. It takes a fistula six to eight weeks to develop into a vein that is suitable for dialysis. This vein is then used to insert needles and serves as an access route.

- **Catheter**

This is a flexible plastic tube that is placed in a large blood vessel in the neck area by a surgeon and can be used immediately.

Contact the dialysis department or emergency department immediately:

- **if the fistula stops vibrating (it normally feels like a purring cat).**
- **if there is any redness, warmth or pain in the area of the fistula or catheter.**
- **if there is any bleeding from the fistula puncture sites.**
- **if you have a high fever, either with or without chills (which may indicate an infection at the fistula or catheter).**
- **if you have shortness of breath or a tickling cough while lying down. This may indicate an accumulation of fluid. Other signs include swollen feet and often also high blood pressure.**
- **if you suddenly have the feeling that your legs are going to give way (which may indicate that your potassium levels are too high).**

2.1. Hemodialysis schedule

There are two shifts of dialysis every day, one in the morning and one in the afternoon:

You may be assigned the following shifts:
Monday - Wednesday - Friday (morning or afternoon)
or Tuesday - Thursday - Saturday (morning or afternoon)

The shift assignment depends on:

- patient occupancy
- the arrangement with the patient transport service and the health insurance fund
- personal wishes

This will be discussed together with the social nurse and the head nurse.

In principle, this schedule is adhered to, even on public holidays, except for Christmas Day and New Year's Day.

Exceptions

- Medical examinations or procedures
- Special personal reasons: always in consultation with the doctor and nurse.
- There is no dialysis on Christmas Day and New Year's Day, but it will be shifted to a Sunday, so you may have dialysis on Sunday.

2.2. Hemodialysis arrangements

Dear patient,

Due to the complex organisation and medical factors, we request that you take the following arrangements into account. We ask for your understanding.

Doctors and staff of the dialysis centre.

When do you need to come to the hospital urgently?

1 High potassium

If your potassium gets too high, your muscles will be paralyzed. First the muscles of the limbs, then the heart muscle. This means sudden death.

If you feel that your limbs feel heavy, if the strength is disappearing from your limbs, if you can no longer stand on your feet properly, if you are less able to lift something, then **you need to come to the hospital urgently**. Sunday, weekday, day or night; doesn't matter. After all, your life is in danger. You have to be brought and don't drive yourself!

The reason why your potassium is getting too high is an excessive intake of edibles that are high in potassium. The main ones are: vegetables, fruit - and certainly exotic fruit -, fruit juices, chocolate, crisps and chips, crustaceans and shellfish, nuts, all preparations in which vegetables are processed such as soup and stew!! The seasons with fresh strawberries, new beans and new potatoes - popularly known as 'the new potatoes' - are especially dangerous. It's easy to eat too much of what tastes good. It becomes especially dangerous on weekends when the time between 2 dialysis sessions is the

longest.
Then the potassium can accumulate in your body for 3 days instead of 2 days. So be careful in all these circumstances.

2 Too much fluid intake

Drinking too much means too much weight gain and since you no longer water out the ingested fluids, or practically no longer water them, this fluid remains in your body. **If you become short of breath** due to excessive weight gain between 2 dialysis, it means that there is water in your lungs. **This has to be removed as soon as possible**. Otherwise, you will 'drown' in your own water. This complication also occurs most often towards the end of the weekend. When you're very thirsty, melting in the mouth of an ice cube is better than drinking large amounts of fluids!

3 Fever

In order to be on dialysis, an access road is required. This is your lifeline and, in addition to medication and diet, is vital to your treatment. Even good hygiene and sterile work cannot avoid all problems. A number of important symptoms can indicate that something is not right. Most of the symptoms can be noticed by yourself.
Redness, pain, swelling, and FEVER are alarming situations. In this case, you should immediately come to the hospital where an appropriate and effective treatment will be instituted to save yourself and your lifeline.
The catheter entrance always remains wrapped in a special dressing; an envelope bandage. This should NEVER be opened!!

Appointments

Due to the complex organisation and medical factors, we ask that you take the following arrangements into account.

2.2.1. Sequence

The sequence of procedures is determined not only by the time of arrival, but also by other factors, such as the duration of the dialysis, tests to be done before or after dialysis, the need for medication during dialysis, etc. Please follow the sequence indicated by the nurse so as not to compromise the proper functioning of the dialysis session.
Although we always strive to treat patients as much as possible at the same dialysis unit and in the same dialysis shift, this is not always possible for organisational reasons. We kindly ask for your understanding.

2.2.2. Weighing - clothing for dialysis

Every time you have dialysis, you are weighed when you arrive and again before you leave. We ask that you always come with approximately the same clothing and shoes so we can compare your weight more accurately.
If a dialysis catheter is present, we ask you to wear clothing that can be opened sufficiently at the front.



If you have a fistula, we ask you not to wear tight clothing on your arm. We can then easily roll up your sleeves to puncture the fistula for dialysis.

2.2.3. Visitors

We ask you not to bring visitors to the dialysis clinic. Exceptions can be discussed with the dialysis nurse.

2.2.4. Waiting



To ensure that the organisation and bed and wheelchair transport run as smoothly as possible, we kindly ask you to wait in the waiting room until a dialysis staff member comes to get you.

2.2.5. Mobile phones



The use of mobile phones during dialysis is permitted.

2.2.6. Laptops and tablets



The use of laptops and tablets is permitted during dialysis. To access the hospital network, a Wi-Fi connection can be requested. The dialysis nurse can arrange a Wi-Fi connection for you.

2.2.7. Blankets
It is not permitted to bring your own blankets, pillows, etc., to dialysis.

2.2.8. Tablets
During dialysis, you can use a tablet to watch TV or listen to the radio. Bring your earphones or headphone to dialysis.

2.2.9. Masking
Patients with a dialysis catheter are asked to always wear a mask during the connection of dialysis and during dressing care of the dialysis catheter.

2.2.10. CAD (Collective Auto Dialysis)
Dialysis is also possible at a CAD (Collective Auto Dialysis clinic, associated with the main centre in Roeselare). The CADs associated with AZ Delta are: Menen, Tielt, Veurne and Torhout. Patients may choose this option because of the shorter distance from their place of residence to a CAD or because of familiarity with one of the hospitals listed.

A number of factors are important for dialysis at a CAD location.

- Treatment at a CAD (not the main centre) requires the patient to be medically stable and to have the approval of the nephrologist.
- Each application for treatment at a CAD must take into account the open places available and often requires some waiting time.
- Medical support at a CAD centre is different from that given at the main centre: there will not always be a doctor present during your treatment. On the other hand, the infrastructure is also less extensive, making it difficult or sometimes impossible to treat patients requiring dialysis in a bed at a CAD centre. Furthermore, your medical condition may require continuous monitoring and the presence of a doctor. Doctors may therefore decide that it is best for you to be treated at the main centre even though you live close to a CAD centre.
- If you have been treated at a CAD centre for some time but the condition of your health changes, this may result in a temporary or permanent transfer to the main centre. This is always done in consultation with the attending physician and the nurse.
- If it is not very urgent, major surgery or hospitalisation must always be discussed with the dialysis doctors to thoroughly assess whether or not this is possible at a CAD centre.

2.2.11. Eating during dialysis

For medical and organisational reasons, the choice and consumption of food and beverages are limited.
A small snack or drink can be pleasant and provides some distraction during dialysis. However, there is a disadvantage. Eating can cause low blood pressure, sometimes resulting in vomiting. Therefore, an individual assessment is made as to whether food and/or beverages can be offered during dialysis. If someone consumes something during dialysis, the amount is limited to prevent complications.
Drinking and eating during dialysis is always done in consultation with the doctor, but is also limited (one biscuit - one cup of coffee).

Breakfast
At the Rumbeke campus, breakfast is only offered to patients who are diabetic or hospitalised. Breakfast is not available at the Menen, Tielt, Torhout or Veurne CADs.

Lunch
You can have sandwiches at lunchtime at the main centre. At the CADs, you should inquire when you are there. Lunch is always eaten in the dining room, never in the dialysis clinic (unless you cannot sit in a chair or wheelchair). For reasons of hygiene, no food or beverages may be taken home.

Beverages
No soft drinks are included in any of our patients' meals unless with a doctor's permission. You can always ask for water with your meals. If you would like to have a soft drink, you can buy it at the hospital restaurant or at the shop in the entrance hall.

In some cases, supplementary nutrition can be provided on medical prescription. The supplementary nutrition is tailored to your specific needs (potassium, phosphorus, fluid restriction, wound healing, etc.).

Up to 1000 ml per hour is withdrawn from the body during dialysis treatment, but this depends very much on the patient.

Sometimes it is much lower. It is therefore very important to gain as little weight (fluid) as possible between two dialysis sessions. If this weight is not reached, dialysis may need to be prolonged. We kindly ask for your understanding.

At your request or the doctor's request, dietary advice or even a repeat of dietary advice can be very useful, e.g. to prevent increases in potassium, phosphorus or excessive weight gain. You can make an appointment with one of our renal dieticians using the following telephone numbers: 051 23 75 49 or 051 23 81 86 or by email at dietisten.nierziekten@azdelta.be

2.2.12. Commonly prescribed medication

- **Administration of erythropoietin and iron**

The kidneys are responsible for producing erythropoietin, a hormone that stimulates the bone marrow to form red blood cells. In a person with kidney disease, insufficient erythropoietin is produced, and anaemia develops as a result. Therefore, erythropoietin is administered via one to four injections per month.
The production of blood during treatment with erythropoietin decreases the level of iron in the blood (haemoglobin contains iron). Therefore, it is usually necessary to administer iron at the same time.

- **Administration of vitamin D**

Vitamin D is a hormone that is activated in the kidneys, which work in conjunction with the parathyroid gland to balance calcium and phosphorus, which are important for the continuous formation and breakdown of our bones. Patients with kidney disease usually have an inadequate amount of active vitamin D, so its administration may be necessary. The most commonly used pharmaceutical forms are: 1-Alpha-Leo and Rocaltrol.

- **Administration of calcium carbonate, magnesium carbonate and sodium bicarbonate**

The first two are used to control the level of calcium and phosphorus in the blood. Sodium bicarbonate corrects the acidity of the blood and is usually only given in the predialysis phase.

- **Hepatitis B vaccine/pneumococcal/flu vaccine**

Hepatitis B is a viral condition that leads to jaundice, a disease to which someone with kidney disease is very susceptible. In addition, the outcome of a hepatitis B infection is less favourable in patients with kidney disease. Since the hepatitis B vaccine became available, it is often given to patients with severe kidney disease. A blood test will determine if the patient has produced enough antibodies against the virus to be protected. Early vaccination increases the likelihood of a successful outcome.
Pneumococci are the main cause of pneumonia. You can get vaccinated for this.
It is also recommended to have a flu vaccine every year in the autumn, as kidney patients are more susceptible to the complications of flu.

- **Blood pressure-lowering medication**

Kidney disease often leads to high blood pressure. This can have adverse effects on the heart and blood vessels and must therefore be treated. Increased blood pressure in someone with kidney disease is partly caused by the accumulation of salt and water in the body. This is corrected by treatment with the artificial kidney. Nevertheless, the elevated blood pressure may persist. Additional treatment with blood pressure-lowering agents is then required and you will also need to eat less salt.

2.3. Hygiene measures

Shower - bath

It is difficult to take a shower with a catheter. If you would like to take a shower, please inform the nurses. They can then protect the catheter with additional water-repellent plasters. It is possible to take a bath if you ensure that the catheter dressing does not get wet or become submerged in water.

3. Your choice of dialysis

Your dialysis treatment is a personal and informed choice. The entire dialysis team will do its utmost to support you in this treatment. If you have questions about any of its specific aspects, please do not hesitate to ask the nurses or doctors.

Adjustment of treatment

However, choices may change over the course of months or years, e.g. changing the type of dialysis (hemodialysis or peritoneal dialysis), stopping treatment, etc. This, too, is always open to discussion. Your questions on this subject, and those of your family members or relatives, will always be answered thoroughly and honestly.
These matters can be discussed at the weekly multidisciplinary psychosocial consultation (doctors, nurses and social services). Conversely, we will also contact you if we think that certain aspects of your treatment need to be adjusted or reviewed. The nephrology doctors and nurses will do everything possible to keep your quality of life as good as possible.

Care planning and last wishes

If you wish that certain medical procedures (such as resuscitation in the event of cardiac arrest, artificial respiration, operations, major procedures, etc.) are no longer carried out, you must mention this to a nurse or doctor. After consultation with the GP and the other nephrologists, this will be recorded

in your file so that all doctors and nurses involved can take this into account. You can prepare a care plan with the team in advance in case you become incapacitated.
Coordination between the treatment in the hospital and your home situation is very important in order to provide you with the best possible and most appropriate care.
If you have a valid will, please provide us with a copy.

4. Transport and fitness to drive

4.1. Transport

Social services will consult with you about the most appropriate means of transport. Travel to and from the dialysis clinic is usually by hospital transport or your own means of transport.
During the first few weeks of dialysis, you should not drive a car yourself.
The patient transport service is organised by the health insurance fund. The cost of transport may vary depending on your health insurance fund and the type of transport (lying down, in a wheelchair, seated). Social services will inform you about this.

Mutas

Most health insurance funds collaborate with Mutas, which coordinates transport. Mutas will assign a transport provider for you. Please note that you will not usually be transported alone. The transport provider is instructed to group patients from the same region.

Rate

If you require patient transport for an examination or admission/discharge on a non-dialysis day, a higher rate will be charged for this than for transport for dialysis. You can always request information from social services.
If you come by your own means of transport, you will receive a kilometre allowance from your health insurance fund (EUR

0.25/km). You will receive a monthly transport certificate from social services, which you must then send to your health insurance fund.

Parking

You can park free of charge during dialysis. You can have your parking ticket converted into a free ticket at the dialysis clinic.

Please inform the transport provider if you are unexpectedly admitted to the hospital.

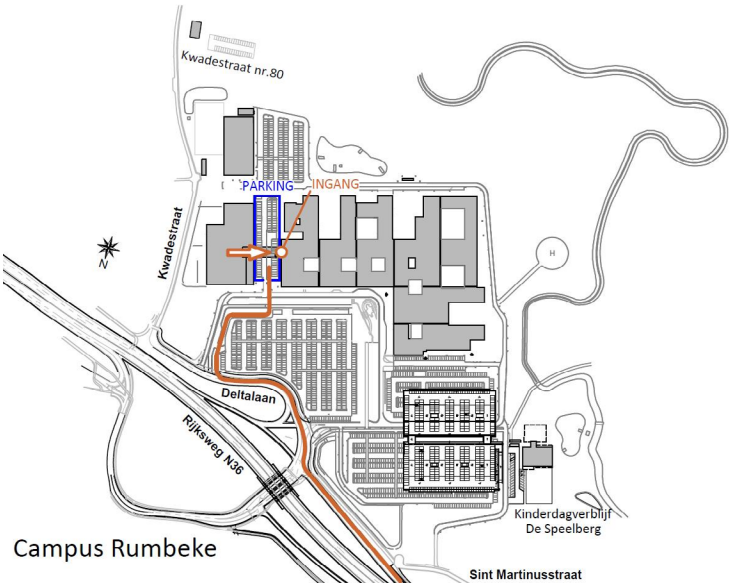


4.2. Fitness to drive

In view of the major impact of dialysis treatment on driving ability, it has been stipulated by law (Royal Decree of 23 March 1998, Annex 6, Art. V) that this results in exclusion from driving a motor vehicle.
Of course, there are many situations in which the nephrologist can still give a favourable opinion about fitness to drive (whether or not after additional consultation with e.g. a cardiac specialist, neurologist, endocrinologist or ophthalmologist). This will be discussed with you. If the assessment is difficult, you will be referred for a fair assessment to a CARA centre where your fitness to drive can be assessed by specialists. In any case, fitness to drive for dialysis is reviewed every two years, as provided for by law.

5. Directions to the Rumbeke Campus Dialysis Clinic

Follow the N36 motorway until you see the signs for the 'AZ Delta - Accent Business Park' exit. Take the exit before driving onto the bridge. Follow the road until you see the hospital on the right. Drive on past the first entrance and car park of the hospital, take the second entrance and follow the arrows marked **'INGANG OOST'**.
Continue to the car park marked in blue on the map. Continue under the pedestrian bridge that connects the two buildings. After parking, you can sign in at the entrance under the pedestrian bridge.




azdelta
WELKOM
PARKING
LEVERINGEN


INGANG
OOST





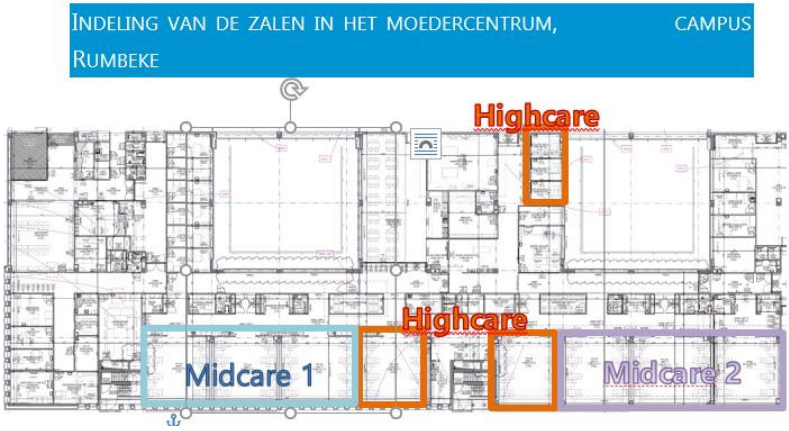
After parking, walk in through the entrance under the pedestrian bridge.



Upon entering, walk through up to the restaurant on the right. The dialysis nurse will meet you there.



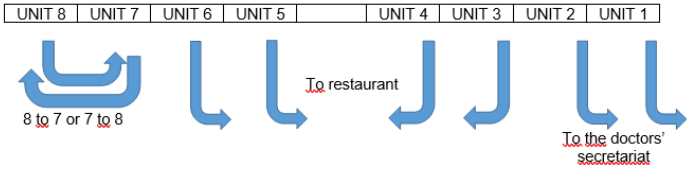
Before you go home, remember to have your parking ticket converted into a free ticket at the hemodialysis clinic so that you do not have to pay for parking.



5.1 What to do in case of fire at dialysis Rumbeke?

- Stay calm and notify a hospital employee as soon as possible or push a fire alarm.
- Beforehand, at a quiet moment, check where the normal exit and emergency exit are located. These are marked with pictograms.
- Follow the directives of the staff: they will come to exit and evacuate everyone.

EVACUATION Rumbeke:



6. Financial and administrative matters

6.1. What your dialysis will cost

All treatment is reimbursed in full by your health insurance fund. However, there is a fee for medication and additional examinations.
Your invoices are first sent to your health insurance fund, after which you will be charged the remaining fees and/or supplements.
You will receive a monthly invoice.
Social services can provide you with the necessary information and administrative support.

6.2. What your transport will cost

With regard to transport, the social nurse can also inform you about the cost and reimbursement of your travel expenses.

6.3. The chronic kidney disease care programme

Once a patient is on dialysis, the 'chronic kidney disease care programme' is not extended and is therefore discontinued by the health insurance fund.
A new request can be drawn up if you receive medical outpatient follow-up after stopping the dialysis (i.e. if kidney function is restored). Prolongation does not apply to patients with kidney transplantation.

6.4. Registration

All patients at Flemish kidney centres with chronic end-stage kidney failure (dialysis and transplant patients) are registered with the Dutch-speaking Belgian Society of Nephrology (Nederlandstalige Belgische Vereniging voor Nefrologie, NBVN). Validated data are delivered anonymously by 27 dialysis clinics via a uniform patient-level registration

programme. In addition to the personal details (name, sex, date of birth, place of residence), several medical items and data are registered. The three-part goal is annual reporting, scientific research and providing policy information, both for physicians and for the government. If you do not wish these data to be passed on (even if it is done anonymously), you may refuse at any time.

7. Travel

If you wish to go on a trip that will prevent you from being treated at your usual dialysis clinic for a while, you must discuss this with your doctor at least two months in advance. If there are no medical objections to the trip, an application can be made to an approved dialysis clinic. The dialysis sessions needed on holiday can be arranged through the dialysis secretary.

For peritoneal dialysis patients, an arrangement can be made to deliver the bags with flushing fluid and possibly a machine to the holiday address.
Peritoneal dialysis patients must communicate this to the dialysis nurse up to three months in advance.

Every two years, the Roeselare Kidney Patients Association (Vriendenkring Nierpatiënten Roeselare, VNR) organises a ten-day trip. A weekend trip and a day trip for kidney patients are organised annually. Your participation will always be discussed with one of the doctors to see if there is any medical objection to you participating in these activities.

8. Roeselare Kidney Patients Association (Vriendenkring Nierpatiënten Roeselare, VNR)

The Vriendenkring Nierpatiënten Roeselare (VNR) is a patient association for dialysis patients, transplant patients, family and care providers.

The board and many volunteers pursue the following objectives through a wide range of activities:

- supporting and informing patients
- giving advice
- promoting communication
- providing services

Information:
www.nierpatientenroeselare.be

9. Hygiene - isolation measures

9.1 Hand disinfection

Always disinfect your hands, both when entering and when leaving the dialysis room. There are hand sanitisers available in several locations for this purpose.



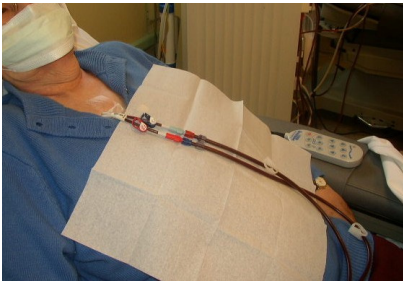
In the hospital, you can come into contact with germs that have become resistant to regular antibiotics. Since your dialysis treatment requires you to stay in the hospital very regularly, increased vigilance for infection (becoming ill from such germs) or colonisation (presence of the germs without being ill) is necessary. You will also be tested for the presence of such germs at regular intervals.

At the same time, the hospital hygiene service supervises the sterility of the nursing activities as well as the use of hand disinfection by yourself and the care providers. This is important to avoid transmitting these germs as much as possible.

If you are found to have such germs, you may temporarily (as long as the germs are present) receive dialysis treatment in an isolation ward or isolation bed. Your dialysis time may also change. This is important both for your safety and for that of your fellow patients. We kindly ask for your understanding in this.

9.2. Clothing

If a dialysis catheter is present, we ask you to wear clothing that can be opened sufficiently at the front.



10. Foot check

From a preventive point of view, a weekly foot check is carried out. You should also have your feet checked daily if you have diabetes. If you have a wound or fissure, ask someone at the dialysis clinic to look at your feet. Any abnormality, however small, must be seen by a doctor.
(Check blood flow, thick callus formation, dry skin, wounds, etc.)

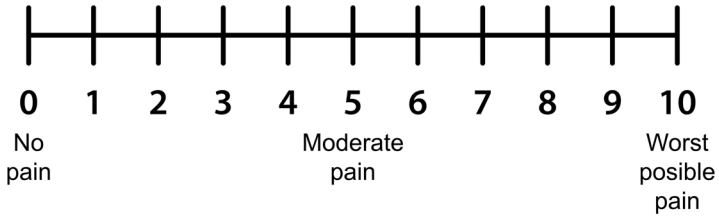
The utmost care is required. What to do



Don't cut your nails yourself. Have them cut by your partner or home carer. Cut the nails in a straight line only. Do not cut to the corners. Cuts heal very poorly.
Change footwear regularly. It is better to wear slippers (closed at the heel – no mules) at home than shoes. Shoes always cause pressure somewhere, and wearing them too long can cause red spots, calluses and sometimes even minor wounds. Never walk barefoot!!

11. Pain

During dialysis, we will try to prevent or alleviate your pain as much as possible. That is why we take a measurement of your pain. Because there are no 'thermometers' to measure pain, we use the Numeric Rating Scale (NRS).



- No pain: 0
- Annoying, mild pain, no pain treatment needed: 1-3
- Troublesome pain with a need for pain treatment: 4-6
- Severe, intense pain that interferes with your mobility: 7-9
- Worst pain ever experienced: 10

We will ask you about your pain once during each dialysis session. It is important to be honest, identify the pain and indicate whether you have already taken pain medication at home. It is also important to report whether the pain treatment is working well.

The recording of your pain allows us, the nurses and doctors, to better monitor your pain, evaluate whether the pain treatment given provides sufficient pain relief and adapt the pain treatment to your pain symptoms.
All of this should result in you experiencing more comfort and less pain, which we all strive for during dialysis.

12. Further information about dialysis

Beginning dialysis requires major changes to your daily life. Your social life will also need to be adjusted.
In addition to dialysis activities, a strict diet must be followed, for example. A full-time job is often no longer possible.
Activities such as holidays and going out to dinner also require a lot of planning.
If you have any concerns or questions, please do not hesitate to contact the doctors or the staff of the dialysis clinic.

Further information about dialysis:
www.dialysekeuze.be
www.nierpatientenroeselare.be

Notes

Contact

Rumbeke Campus Main Centre and Dialysis Dispatch
Deltalaan 1 - 8800 Roeselare
t 051 23 38 98
f 051 23 79 13
e dialyse.administratie@azdelta.be

CAD Menen
Kloosterpand - Oude Leielaan 6 - 8930 Menen
t 056 52 23 75
f 056 52 23 77
e dialyse.administratie@azdelta.be

CAD Tielt (adjacent to Sint-Andries Hospital)
Kromme Walstraat 9-11 - 8700 Tielt
t 051 42 55 77
f 051 42 55 81
e dialyse.administratie@azdelta.be

CAD Torhout
Rembertlaan 21 - 8820 Torhout
t 050 23 25 91
f 050 22 33 27
e dialyse.administratie@azdelta.be

CAD Veurne (adjacent to AZ West)
Klinieklaan 1 - 8630 Veurne
t 058 33 38 20
f 058 33 38 24
e verpleging.CAD@azwest.be

Peritoneal Dialysis
t 051 23 74 64
e pdverpleegkundigen@azdelta.be

Emergency Admissions Department
t 051 23 77 08

Social Services
Rumbeke Main Centre
t 051 23 39 19 or 051 23 38 53
CAD Menen
t 056 52 22 36
CAD Torhout
t 050 23 26 51

Renal dieticians/diabetes educator
t 051 23 75 49 or 051 23 81 86

Physicians

Nephrology Administration (physicians)
t 051 23 74 20

Dr Gert De Schoenmakere
Dr Bart Maes
Dr Thomas Malfait
Dr Hans Schepkens
Dr An Vanacker
Dr Ignace Vandewiele

AZ Delta Deltalaan 1, 8800 Roeselare **t** 051 23 71 11 **e** info@azdelta.be **w** www.azdelta.be
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