Why Daily Home Hemodialysis?

Home Dialysis Central
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Thirty-one years have been passed since I started dialysis. Since my two transplants never functioned, I haven’t been able to stop dialyzing. I had peritoneal dialysis, in-center hemodialysis (HD), and every-other-day home HD. For the last 10 years, I’ve been doing daily home HD. My last year has been at WellBound of Mercer, in Hamilton, New Jersey. This story is to share my experience with others deciding on a dialysis modality most suitable for them.

Kidney transplant is often the ideal treatment option for the majority of patients with kidney failure. Because of the waiting period, due to current organ shortage, most patients would need to start dialysis while waiting for the transplant. For some, it’s just not the best choice. You need reliable resources to help you decide which is best for you. I was lucky. As a renal nurse, I used my professional background.

When daily home HD wasn’t available, I used the types above. However, when daily home HD became available, I tried it, and have been on it for 10 years.

Shortly after I started daily HD, I had more energy and a better appetite because of the increased frequency of treatments. It’s more like your own kidneys, which clean the blood continuously. When I was dialyzing every other day, I had to go to bed after the treatment, but with daily dialysis, I am able to get up right after the treatment. Although doing daily HD allows more fluid intake, I’m not as thirsty as before, because it keeps sodium levels at a pretty constant level. On daily HD, I have fewer diet restrictions, so I can eat more nutritious foods, which give me more energy and less risk of infection.

I then changed to nocturnal HD for 5 ½ hours per night, six nights per week, with a very slow blood flow while I am sleeping. Nocturnal HD removes more toxins (wastes), especially those bigger in size and harder to remove in short dialysis sessions. Since the treatment time has doubled, the cleaning of potassium and phosphorus has increased too. Now I eat a banana every day, which I couldn’t do for 20 years.

The psychosocial benefits of daily HD are important to me, too. The beauty is it’s done at home when it’s convenient for me. It wouldn’t be feasible for me to keep a full-time job if I had to go to a dialysis unit for treatment. Before my retirement, I was a transplant coordinator in a large teaching hospital. I often worked ten hours a day and took calls at night. I also have a family and I volunteer and travel a few times a year. Without the daily dialysis, I would not be able to lead the life I have now. Needless to say, sitting in an unfamiliar chair for three to four hours isn’t comparable to your favorite chair, or bed, at home. And imagine getting stuck in a unit on a snowy, bitter winter day.

Daily hemodialysis may not be the best treatment choice for everyone. However, it definitely is best for many patients. I hope you will soon find the answer with help from your healthcare team, and I hope my story provided something useful in the decision making, because it’s a true story from a patient just like you.