
Learning to Live with Kidney Failure:

A Patient's Perspective

By Yusuf Amin



Introduction...

So you have been told by your doctor that your kidneys have failed, or that kidney failure is imminent for you. Not good news. Even the medical term for kidney failure - end stage renal disease, or ESRD - is frightening.

This article recounts my initial experiences as a renal disease patient and how I faced them as they came up. I have written this article for the benefit of those persons who have either just been informed that they have renal failure (ESRD), that ESRD is imminent for them, or who have only recently begun receiving dialysis treatments.

By profession, I am a technical writer, so I earn a living explaining things. And part of earning my living is asking questions - **lots** of questions - to get information from the engineers and designers who design the equipment that I write about. So, in order to learn about ESRD and thereby be better able to deal with it, I asked a lot of questions.

The personnel...

...at the facility where I go for hemo- dialysis (blood cleansing) were very accommodating, freely

and willingly answering all of my questions. My feeling was that, the more a patient knows about ESRD, the better he or she will be able to adjust to it, in order to maintain a normal quality of life.

Since ESRD can be quite frightening, some mental conditioning is necessary to get ready for it. I have written from experience on this: what I did to prepare myself mentally for this change in my life and condition of health. I drew upon my experience in motivational speaking, and some things I learned listening to motivational tapes.

I drew also upon my religious training. But mainly, I tested my mental conditioning methods by using them.

In this article...

...I am talking directly to the patient with ESRD or patient-to-be. What I hope to accomplish in this article is to "walk the patient through" the ESRD experience as one initially goes through it. As I went through it. So the following are some of the things I have found out which you, the new renal disease patient, will find useful to know.

Being a patient with ESRD will require you to **organize yourself** to take better care of your life. And being a patient with ESRD will require you to have **a positive attitude**. You will find that these two things - organizing yourself and having a positive attitude - are closely related.

Good personal organization is a basis for having a positive attitude. And it is very important that a renal disease patient have a positive attitude.

A positive attitude will often determine the quality of life a renal disease patient will have. Its importance cannot be overestimated.

If you feel somewhat uneasy about your condition - and who wouldn't - it might not be easy to have a positive attitude. But you can **build** a positive attitude if you just think about how you shall do it. Typically, the following is what happens and what you learn starting out.

Following a blood test, in a hospital as part of an examination, your family doctor calls you and schedules an appointment for you in his office. Why did he call? It isn't time for your regular check-up. So you go to his office, and he

breaks the bad news to you: Your kidneys have failed or are failing.

Your doctor knows that he has just dropped a ton of bricks on you, and tries to put your mind at ease. He explains the need for and importance of kidney dialysis. He assures you that you will be able to live a fairly normal life with ESRD as long as you have regular dialysis, take your prescribed medicine, and follow your renal diet. You don't want to believe what you have just heard.

Perhaps your condition has been misdiagnosed. Perhaps your blood analysis report got mixed up with someone else's. Maybe you are just having a nightmare and you'll soon wake up - with two good kidneys.

Finally the reality of ESRD sinks into your mind. So how will you deal with it? At this point, you may feel anger or dismay, and ask, "Why me?"

Toward preparing you for kidney treatments, your doctor has arranged for you to visit the area dialysis center to see how dialysis treatments are performed.

At the center, you learn that the majority of patients with ESRD are treated with hemodialysis - the use of an artificial kidney attached to a

machine - to filter the patient's blood.

As you enter the dialysis center, you see people in recliner chairs, tethered to hemodialysis machines by small clear plastic hoses through which their blood - their vital fluid - is running. This is intimidating when you realize that the same thing will soon be happening to you.

Questions arise...

...in your mind as to what changes kidney failure will make in your life. What activities will you have to give up? Will you be able to continue your present employment? What foods will you no longer be allowed to have? What medicine and how much medicine will you have to take? How will you be able to afford the dialysis treatments?

This is a time of confusion. So how do you deal with it? When you get kidney failure, you find yourself, health-wise, in a place you've never been before. That brings up that natural fear of the unknown. And there is only one way to cope with fear of the unknown and that is to get to know what you have to know. The more you know, starting out, the better you will be prepared for what awaits you.

To help you understand...

...the dialysis center staff may have you watch one or more video tapes showing hemodialysis treatments while explaining them.

From these tapes, and from questioning the nurse-manager and center personnel, you learn the following:

1. You will begin your kidney failure treatments with hemodialysis three times a week, each treatment taking three to four hours.
2. As a hemodialysis patient, you will probably be able to continue most of your normal activities if you take your medicine as prescribed, and IF you adhere to your dietary requirements and restrictions. And of course you must not miss any of your hemodialysis treatments.
3. You will probably be able to continue your employment. If the work you do is strenuous, it will take a little while to work yourself up to being able to do it again. Or you may have to consider changing careers.

Occasionally, retiring to disability is necessary.

4. Initially, when one begins hemodialysis, he or she feels weak when a treatment ends. It takes a little while, perhaps several weeks, for the body to become conditioned to hemo. After that, you won't likely feel weak after a treatment, but you will have to pace yourself in your activities. And you will have to plan for an adequate amount of rest.
5. Your diet becomes quite restricted. It seems that everything you like to eat is something that you cannot have. Your renal diet limits your sodium, potassium, phosphorus, protein and fluid intake. Problems will be caused by too much of any of these things in your diet. The dietician at the dialysis center will advise you about what you should and should not eat and drink, and will give you literature and meal plans listing allowed food and drink.
6. The doctor at the dialysis center will prescribe the medicines you will need. You will be told that it is very important for these medicines to be taken (a) as prescribed, (b) in the proper dosages, and

(c) at the proper times of day. You will be admonished not to take any other medicine - prescribed or over-the-counter - without first consulting the doctor.

7. You are not alone in the effort to cope with your kidney problem.

Many dialysis centers have a well-organized and highly competent staff to perform the required treatments and help you to adjust to dialysis.

Typically, a dialysis center staff includes a doctor, nurse-manager, nurses and dialysis technicians. And the technician who maintains the all-important hemodialysis machines. Also on the typical staff is a social worker, whose function is to inform you of services, benefits and assistance available to renal patients, and to help you to get them if necessary.

Additionally, the social worker helps you with personal problems and concerns, and helps you to adjust to life as a renal patient.

8. In most cases, as a patient with ESRD, you are eligible for Medicare, regardless of your

age, to cover most of your dialysis expenses if you don't have other health insurance.

The social worker will help you with Medicare enrollment, which you should do as soon as possible.

At this point...

...you have some idea about what you will have to go through as a renal disease patient. Still, you are dreading that first dialysis treatment. You have seen the big needles used in dialysis, two of which will be stuck in one of your arms.

Before starting dialysis, most patients undergo a minor operation to implant a plastic graft in your arm through which hemodialysis will be done. A graft will be implanted if your veins are unsatisfactory for hemodialysis. This will necessitate that, at the same time the graft is implanted, a subclavian catheter be implanted for immediate use in dialysis treatments.

The name, subclavian catheter, indicates where it is implanted: under the collarbone. This subclavian catheter will be used for two or three weeks, until the arm heals where the graft was implanted and is ready for use.

Finally the day comes when you must take your first hemodialysis treatment, using either the graft or your veins.

You are still apprehensive about it, but you are determined to go through with it as best you can.

Your first hemodialysis...

...treatment will be a learning experience. After this day, you will know how it feels to be dialyzed. The nurse hooks you up to the hemo machine. You endure the stick of the two #16 or #17 needles in your arm. The pain is gone in a couple of minutes, and you are surprised to find that you are somewhat relaxed. You see other patients who are so relaxed that they are taking a nap.

You endure the three to four hours of the dialysis treatment. At last you have experienced it, and you are none the worse for it. Still, you may be uneasy about the prospect of having it done three times a week for three to four hours each time.

Not a good...

...way to live. You realize that depression could set in if you don't find ways to offset it.

And at this point you sense that you need to make some plans for better management of your time, your health, and your newly altered life.

What are you going to do with the nine to twelve hours per week during which you are having hemodialysis treatments? What worthwhile use can you find for that time? You begin to think: What about that book you have always wanted to read? A good time to read it would be during dialysis treatments.

What about personal correspondence? While you are having dialysis treatments, you can write to those aunts, uncles, cousins and friends who haven't heard from you for months, even years.

Perhaps...

...you have been thinking about taking a correspondence course, but never made time for doing so. When you sign up for the course, you could do the lessons while having dialysis treatments. What might you study? Something related to your present career perhaps.

A course that will help you to change careers. A course about how to operate a particular type of home business. A college course in a subject that has always fascinated you: a course in religion, philosophy, or economics perhaps. The possibilities in this area - correspondence study - are almost endless. And a learning activity is always time well spent, if only for the mental stimulation.

If, other than...

...for ESRD, you are healthy, the doctor at the dialysis facility may suggest that you consider a kidney transplant. He then explains to you the pros and cons of kidney transplantation.

He tells you that a successfully transplanted kidney works like a normal kidney, helps you to feel healthier, and eliminates the need for dialysis. In addition, with a kidney transplant, there are fewer diet restrictions.

And what are the cons of kidney transplantation? Four come to mind:

1. You may need to wait for one or more years for a kidney, unless you have a relative who is willing to donate a kidney to you.

2. Kidney transplantation is major surgery, with the risks inherent in major surgery.
3. One transplant may not last a lifetime. And your body may reject the new kidney.
4. You will have to take anti-rejection drugs the rest of your life.

You have to weigh the pros and cons to determine whether or not you want a kidney transplant. The key is to learn as much as you can about transplantation, and discuss it with your doctor and health care team at the dialysis facility.

If you decide that you wish a kidney transplant, your doctor can arrange to have it done if you have a relative who will be a kidney donor. If you don't have a donor, he will arrange for your name to be placed on a waiting list for a kidney.

Until you can...

...get a kidney transplant, what next do you want to think about? How will you adjust to and manage your renal diet? Adjusting to a renal diet is a real challenge.

Many renal disease patients have developed renal disease as a

result of having high blood pressure over a long period of time, this high blood pressure having been caused largely by bad diet. So, often when people become renal disease patients, they have to radically change their diets.

Those...

... who never ate green vegetables previously have to accustom their taste buds to green vegetables.

Those who love salt in their food have to become accustomed to two to four grams (one or two teaspoons) per day.

It may seem an ordeal in the making when the literature you get from the dietician tells you to eliminate chocolate, potatoes, oranges and bananas from your diet. It will be a severe test of your will power to pass up those candied sweet potatoes that you love so much. And if you are accustomed to guzzling glasses of cold milk, you will flinch when you find out that you can only have four ounces a day. Why? Because of the phosphorus content in milk.

How do you handle...

...the radical changes in your diet? It takes some planning. Like sitting down with paper and pencil to work out some meal plans from your dietary literature. As restrictive as your diet may seem, there are lots of choices given in the dietary literature for renal disease patients.

And, within the framework of limits on sodium, potassium, phosphorus, and protein intake, you will be able to select numerous foods that you can at least tolerate and many foods that you can really enjoy.

As you study your dietary literature, one thing occurs to you: you will no longer be able to eat for the sheer pleasure of eating. For the most part, eating will be solely for nutrition as required for a renal disease patient.

Your dietician will tell you that variety is important in your diet. And that each day you should have items from each of the food groups: meats, fruits, vegetables, starches, dairy products, and selected drinks.

Within the allowances...

...of your diet, you find that you can do some experimenting to find ways to make your food more palatable. For example, if you don't really like raw carrots, they taste better when shredded. I hate cooked cabbage, but I love cole slaw, which is allowed, liberally in my diet.

After a while, you will have worked out four or five menus with foods that:

(1) are tasty to you, or at least tolerable.

(2) are permitted in your diet, and in allowable quantities

(3) are not too difficult or time consuming to prepare.

Working out four or five menus will prevent your diet from becoming monotonous. As you go along, you will figure out and add more menus to your diet.

It isn't a bad idea to keep a diet notebook, wherein you list the diets you have worked out. Such a notebook will be very helpful when you make out your grocery list. You will be able to make certain that you get what you need at the super market to accommodate your diet.

You will want to know...

...how well you are doing with your diet. This is no problem. At the typical dialysis facility, your blood is analyzed monthly. And your blood analysis will tell the dietician how well you are doing with your diet.

He or she can tell you, from your "blood work", if you are taking in too much phosphorus, too much potassium, too much sodium, too much glucose, or too much protein in your food. And you can then determine what you should either eliminate from or reduce in your diet. A monthly blood analysis shows more than thirty items indicating the condition of your blood.

You will find that, when you have questions or concerns about your diet, you can ask the dietician what you want to know. He or she expects and wants you to do so. You can write down your questions or concerns, if necessary, in order to remember to ask the dietician about them.

As previously stated, the doctor at the dialysis facility will prescribe the medicines you will need. Typically, your renal condition will require several different medicines. You will find that you shouldn't minimize the importance of any of these medicines,

because they ALL serve important functions in the body. You will find that you need to take your medicine as prescribed: in the proper dosages, and at the proper times each day.

For a patient with ESRD, it doesn't take long for the body to react if you fail to take your medicine as prescribed.

You find that, if you fail to take your iron pills, if prescribed, within less than a day you will feel weak and run-down. If you fail to take your stomach pill, as prescribed, you can expect your stomach to be upset with possible vomiting after a day or so. If you fail to take your blood pressure medicine, if prescribed, your blood pressure could rise rather quickly.

You will find that if you fail to take your calcium carbonate tablets (typically TUMS), if prescribed for phosphate binding, your monthly blood analysis will probably show a high phosphorus level. If you fail to take your prescribed vitamins, you will notice a decline in stamina. If you fail to take your stool softener, if prescribed, constipation is a probability for you.

How do I ...

...know these things? From experience. At one time or another I have gotten busy and forgotten to take one of my medicines.

In order to remember to take your medicine properly, it is a good idea to purchase ***pill reminders***. A pill reminder is a small container with compartments in which to put particular pills according to when they should be taken. Pill reminders are available at any pharmacy. Some pill reminders are for daily use, having four compartments, one each for breakfast time, lunchtime, suppertime, and bedtime. Pill reminders can be purchased in sets of seven, for keeping a week's supply of pills.

When pressed for time, you simply put one of the filled pill reminders in my pocket. You'll be surprised how convenient it is when you don't have to sort pills each time you take them. And you'll find that you don't forget to take your pills. How you sort out and take your daily medicine is a part of organizing your routine for taking care of yourself. And this is a very important part of learning to live with renal failure.

You have to remember the doctor's admonition that you not take any unprescribed medicine,

vitamins, or food supplements without first consulting him.

Unprescribed substances may counteract your necessary prescribed medicine. Some could be harmful.

Medicine for ESRD, you will find, can be quite expensive if not covered by health insurance. If you anticipate problems paying for your medicine, you can ask the social worker what you might do. The social worker can tell you about agencies and organizations that can help you with the cost of your medicine.

The nurses and other...

...staff personnel whom you meet at your dialysis facility are people whom you can expect to see three times a week. So you will find that it helps significantly if you build a good rapport with the staff. If you have this rapport, you will cease to regard your treatments only as torture, which you must endure. You will appreciate the work that the dialysis facility staff does to help you to maintain your health. You will realize that the average hemodialysis patient is getting more help in maintaining his or her health than outpatients with any other ailment.

Three times a week your blood pressure and your weight are checked. Your diet is monitored by a monthly blood analysis.

I have only been to one dialysis facility for my regular treatments, the Upper Valley Dialysis Center in Troy, Ohio. However, I sense that it is a state-of-the-art facility, and a model facility in the manner that it is operated. Aside from being highly competent health care professionals, the personnel at Upper Valley Dialysis Center take a genuine interest in the patients, above and beyond the requirements of their job.

After you have been on hemodialysis...

...for a while, your doctor at the dialysis facility might suggest peritoneal dialysis as an alternative to hemo. The process is called Continuous Ambulatory Peritoneal Dialysis, or CAPD. CAPD can be performed at home or in any clean area.

Peritoneal dialysis uses...

...the lining (peritoneal membrane) of the patient's abdomen to filter the blood. A cleansing solution called dialysate, travels through a special tube into the abdomen. Fluid, wastes and chemicals pass

from tiny blood vessels in the peritoneal membrane into the dialysate. After several hours, the dialysate gets drained from the abdomen, taking the wastes from the blood with it. Then the patient fills the peritoneal cavity with fresh dialysate and the cleaning process begins again. The process is called Continuous Ambulatory Peritoneal Dialysis, or CAPD.

Before your first peritoneal dialysis treatment, a surgeon places a small soft tube called a catheter into your abdomen. The catheter always stays there. It is used to transport the dialysis to and from the peritoneal membrane.

Your doctor or one of the staff nurses will explain the pros and cons of peritoneal dialysis, and give you literature explaining it in detail.

You can then discuss it with the doctor to get his advice, and then make your decision as to whether or not you want to perform dialysis in this manner.

Some people like...

...the less restrictive diet that a CAPD patient has. With CAPD, one can eat many items that are not allowed to patients who are on hemodialysis. Some people like the freedom from having to go to a

dialysis facility three times a week. With CAPD, the patient goes to the dialysis facility once a month to have blood drawn for analysis.

And what are the cons of CAPD? Some people dislike how frequently one must have dialysis when on CAPD - four or five times a day. Others dislike having the CAPD catheter protruding from the stomach. Others dislike the large amount of dialysate solution and other CAPD supplies one must keep on hand.

Earlier in this article...

...I spoke of the importance of developing a positive attitude. Doing so was something, which I absolutely HAD to do even BEFORE becoming a renal disease patient. In 1991, my doctor told me that I had only about 20% of my kidney function left, and would soon require kidney dialysis treatments. In July of 1992, I experienced cardiac arrest. Heart stopped.

Five shocks of electricity were required to re-start my heart. I am told that I was in a coma for three days, as doctors at the hospital where I was taken wondered if I had sustained serious brain damage. And perhaps I would not wake up at all. If one has been unconscious for the length of time

it takes to: (1) have someone attempt CPR, (2) call the paramedics, (3) have them arrive, and (4) have them deliver five shocks of electricity, one's brain has probably been denied oxygen long enough for serious brain damage to occur.

When I regained consciousness, the doctor in attendance said that my recovery was a miracle: no brain damage at all! A few days after I regained consciousness, I underwent surgery to have a defibrillator implanted in the middle of my body, with electrodes running up to my heart, to shock it back to rhythm if the rhythm is lost.

I remained in the hospital for three weeks, during which it was determined that I needed to immediately begin dialysis treatments. So these treatments were started while I was still in the hospital recovering from cardiac arrest. So I had to deal with a **double whammy**, so to speak, as far as my ailments were concerned.

I had always been told that I have a positive attitude about life. And now that attitude would be tested. I had literally been at death's door. Many people, I am told, would have given up on life, figuring that, having been at death's door in the

WAY that I had, it would only be a short time before going through death's door.

My dogged determination...

...took over. Life is a challenge. I decided to face the challenge of literally coming back from the dead to a useful life. After all, what did I have to lose by facing the challenge? Nothing at all. And what did I have to gain from facing the challenge? Much! Much that is of importance.

If I would stay alive, I would be around to be of help to my family. I would still be able to pursue personal goals - particularly those related to the work of my faith.

I am a Muslim. And I remembered one of the sayings of the Prophet Muhammad (peace be on him):

" Remember your *Creator* as if you think you will die shortly, but live your life as positively as if you knew that you could live a thousand years".

Never before had that saying meant as much to me as it now did. It reminded me that I should focus on life, not death. On blessings, not troubles. On

helping others, not feeling sorry for myself.

It occurred to me...

...that building a positive attitude is like building a house. One has to start with a **foundation**. A positive attitude must have a basis. Not many people with a positive attitude got this attitude without having a basis for it.

Patrick Ewing, the New York Knickerbockers' basketball player can have a more positive attitude about dunking a basketball than I can. Why? Because he has more basis for it than I do. Pat Ewing is seven feet tall, in great physical condition, young, with lots of spring in his legs. I am almost twice his age, about a foot shorter, with one bad leg.

Thus I can't have as positive an attitude about dunking a basketball as Pat Ewing can. Is this an extreme example? Somewhat facetious? I guess it is. But it illustrates the point: a positive attitude must have a basis.

What, then, is the basis for a positive attitude when one has a disease as serious as renal failure? It is obvious that, if you feel sorry for yourself, you could easily drift into depression. In the

process of having to cope with a situation new and different for me, I had to figure out how to keep my chin up, how to have and maintain a positive outlook. I decided to seek the solution in the teachings of my faith, Islam.

As I searched...

...the Quran and my mind for applicable Islamic principles, the answer occurred to me: Islam calls man to a higher purpose.

If I wanted to have a really useful life, I had to **live for a higher purpose** than just for myself. By doing that, I would minimize my personal troubles and maximize my worthwhile activities of life.

It occurred to me that, to alleviate depression, one must find good reasons not to be depressed. It figures that, if your state of mind isn't good, you must introduce something into your life that is more important than your state of mind and your view of your current circumstances. And when you have done this, you will have developed the basis for a positive attitude.

So it figures that one should **check with oneself** as to what his/her life purposes are - or could be. Then he must focus on these

purposes and begin to fulfill them. On the basis of what I figured out and learned in this regard, I can offer the following thoughts.

Maybe you haven't as yet selected a particular and specific life purpose. Whether or not you have, it figures that you need something that can interest you to the extent that it could become your life's work.

Something that can consume so much of your attention and energy that you will not have time or reason for depression about your physical ailment.

What is it that is most important for you to accomplish? What would be important for you to accomplish if your health were perfect? Do you have family members whom you can help career-wise and otherwise? What about your religion? Are there congregational activities you could participate in to the benefit of others? Is there some social or humanitarian activity that is of interest to you?

The local Salvation Army can always use volunteers. So can your local hospital and even your area dialysis facility. Children in single-parent homes need Big Brothers and Big Sisters. Mentors. Finding the life purpose activity for which you are best

suiting will take some thinking, but you can find something very satisfying and fulfilling - and useful. Perhaps it could be a hobby, which you have or can learn wherein you make some useful items to give away.

It is important, when you select a purpose with which to bring fulfillment to your life, that you ***appreciate the significance*** of what you are doing. You must not see it as just something to do to pass time.

A story illustrates this:

Three bricklayers were building a place of worship. A gentleman came by and asked each one what he was doing. The first bricklayer said, "I am laying this line of bricks". The second bricklayer said, "I am building a wall". The third bricklayer said, gleefully, "I am building a magnificent temple where people will be able to come and worship God for generations, even centuries, to strengthen their spiritual lives".

Obviously, the third man had a better grasp of the significance of his work than did the other two men.

What does this mean to you?

Suppose you find yourself making sandwiches for the homeless at the Salvation Army.

The significance of what you are doing is that you are helping someone to survive, and you are helping someone to be encouraged about life. You are helping to maintain earth's most precious resource - human life. You are not just slapping slices of lunchmeat between slices of bread.

Faith and family are two purposes that invite one's focus. My focus on faith and family gives my life purpose. This focus occupies so much of my attention and energy that I rarely think of my physical ailment, except to remember to take my medicine, follow my diet, and to go to the center for dialysis.

Regarding work associated with my faith, I am presently gathering notes for a book that I intend to write for use in prison ministry. I also write articles occasionally for a religious magazine. And in the future, I expect to be composing employment resumes for congregation members.

As for focus on family...

...I am blessed with a very good home life, which helps me greatly for maintaining a positive attitude. My lovely wife Hyacinth helps me immensely in this regard. She is a very positive, purpose-oriented lady. She gives me incentive to always keep my chin up. Thus it means a lot to me to be able to help her with her goals in life just as she helps me with mine.

Our son Christopher is a source of purpose for me also. Chris recently graduated from high school. Some months ago, I was hospitalized with a severe, potentially life-threatening infection and Chris came to visit me in the hospital. He stayed about half an hour, and we talked about his career plans. We didn't talk at all about my infection. Helping him to prepare himself vocationally was more important to me than my physical ailment. So I focused on purpose.

Very recently, Chris said to me, "Dad, I really appreciate all that you are doing to help me". I told him that, in a very real sense, I need him every bit as much as he needs me.

Helping him - being an anchor and a mainstay in his life - gives MY life more purpose.

My employment gives me a great deal of satisfaction also, especially when I consider the significance of my work. I write technical manuals for aircraft ground power units used to start commercial aircraft and to perform maintenance on these aircraft. As I compose the manuals, I think about the necessity that the information therein be accurate and explicit. This, I feel, helps maintenance technicians to do good service on aircraft, and this contributes to passenger safety. Thus my employment helps to give my life purpose.

So, to summarize...

...what has been said, depending on the mentality with which one faces kidney failure, it can be a huge mountain in your way or just a bump in the road. So how do you make this huge mountain into a mere bump in the road? First, after learning that you have kidney failure, you assess your situation. You find out that you have a **manageable** ailment, but that you can die from this ailment if you don't manage it.

Health-wise, you are going someplace you haven't been before. This brings up a natural fear of the unknown. And there is only one way to cope with fear of

the unknown, and that is to get to know what you have to know.

Three areas of knowledge are imperative for managing your life when you have kidney failure:

You must get a rudimentary knowledge of what your kidney dialysis (blood cleansing) treatments do for you, and the importance of such treatments. You have to remember that you cannot skip treatments.

You must learn and make the adjustment to a renal diet, a diet for kidney patients, which is quite restrictive. You must get to know what foods are allowed, what foods are not allowed, and what foods can be eaten in limited quantities.

Renal failure will require you to take a number of prescribed medicines. It is important that you know what these medicines do for you, and take them in the prescribed dosages, at the proper times of day.

When you know what to do, and you develop your routine for doing it, a major calamity can become little more than a minor inconvenience.

From there, you go on with life, focusing on your purposes in life.

ESRD isn't so scary if you are (1) **knowledgeable** about the disease, (2) **organized** to do the necessary things to cope with ESRD, and (3) **focused on purpose**.

One might still wonder what qualifications I have for writing this article. I am not a health care professional, just a guy with bad kidneys. And a bad heart. And bad eyesight. And a bad leg. I have a bad _____. Fill in the blank with just about any body part, and, on me, that body part is probably defective. But together most of the parts are still working. I am thankful for that.

I qualify to write this article because none of what I have written is theoretical. Everything I have written about is something that I have experienced. And I know kidney failure from a perspective that not even the most astute nephrologist (kidney specialist) would know it - unless he too had kidney failure.

By the Grace of the Almighty God, I am still here on earth where I can perhaps help others to benefit from my experiences.

This article is an effort to help patients who are new to renal failure to adjust to it.

My feeling is this: When a person has been as abundantly blessed as I have been, he has to **give something back**. He has to justify having received God's special blessings and mercy by helping others.

If you are a renal disease patient, my prayers are with you. I hope that what I have said in this article will help you. And if you live for the glory of God, you will find peace and strength.