

Medicine Matters.....page 5
Montgomery Office Update.....page 4
Volunteer Spotlight.....page 6
Memorials/Honorariums.....page 7
2010 Annual ReportCenter Section

Kidney Keynotes

All Kidney Patients in Alabama will Experience Life to the Fullest

2011 PATIENT EDUCATION CONFERENCES

The Alabama Kidney Foundation will offer two Patient Education Conferences this fall. We have two locations to choose from:

Mobile Patient Education Conference
Sunday, September 11, 2011
8:30 a.m. – 3:30 p.m.
University of South Alabama, Mitchell Center

The Mobile Patient Education Conference will feature general sessions throughout the day. Motivational and dialysis related topics will be presented in the morning hours and Medicare and transplant related topics will be presented in the afternoon sessions. The Mitchell Center is located at 5950 Old Shell Road, Mobile, AL, 36688.

Mobile conference registrations are due by September, 6, 2011.

Birmingham Patient Education Conference
Sunday, November 6, 2011
8:30 a.m. – 3:30 p.m.
St. Vincent's Hospital, Bruno Conference Center

The Birmingham Patient Education Conference will feature a number of general sessions and an array of breakout sessions on dialysis and transplant related topics. The Bruno Conference Center is located at 806 St. Vincent's Drive, Birmingham, AL, 35205.

Birmingham conference registrations are due by November 3, 2011.

THE CONFERENCE!

Educated patients are more prone to actively participate in their treatment therapies. The Alabama Kidney Foundation's conference formats provide excellent opportunities for kidney patients to learn and ask questions about areas of interest that are important to them. Nephrologists, transplant surgeons, and medical professionals will be featured as guest speakers throughout the day-long conference.

WHO SHOULD ATTEND?

The conference is for dialysis patients, kidney transplant patients, kidney patient family members and/or caregivers.

WHAT TO EXPECT?

The conference will be a day-long event that begins with a continental breakfast, includes frequent breaks and a superb lunch. The conference agenda will include several featured speakers, each session lasting approximately 45 minutes to an hour. Be sure to bring a sweater if you are cold natured.

WHY SHOULD I COME?

- To be empowered by the knowledge you will acquire
- To broaden your network of peer support by meeting others
- To receive answers to important questions about your care
- To learn about the newest technologies and innovative breakthroughs

Registration Form on page 2



A valuable opportunity for kidney patients, family members, and/or caregivers to learn more.

MOBILE PATIENT CONFERENCE September 11

8:30 a.m. – Registration & Continental Breakfast

UNIVERSITY OF SOUTH ALABAMA
MITCHELL CENTER
5950 Old Shell Road
Mobile, AL 36688

BIRMINGHAM PATIENT CONFERENCE November 6

8:30 a.m. – Registration & Continental Breakfast

ST. VINCENT'S BRUNO
CONFERENCE CENTER
806 St. Vincent's Drive
Birmingham, AL 35205

2011 Patient Education Conferences

WHAT'S HAPPENING...

September

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

November

Sun	Mon	Tue	Wed	Thu	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December

Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

2011 MOBILE PATIENT EDUCATION CONFERENCE
September 11, 2011
University of South Alabama Mitchell Center
5950 Old Shell Road, Suite 2195
Mobile, AL 36688

2011 BIRMINGHAM PATIENT EDUCATION CONFERENCE
November 6, 2011
Bruno Conference Center-St. Vincent's Hospital
810 St. Vincent's Drive, University Avenue
Birmingham, AL 35205

Please contact the AKF for registration brochure and additional information about our Patient Education Conferences.

2011 STOCKING STUFFERS
December 5, 2011
North Shelby County Library
If you are interested in volunteering please call the AKF
Birmingham State Office

In Your Neighborhood



Please contact the offices listed below to learn about Foundation activities in your area.

BIRMINGHAM STATE OFFICE

2012 University Boulevard, Suite 164
Birmingham, AL 35233
Phone: 205-934-2111
Toll Free: 800-750-3331
Fax: 205-975-6682

MONTGOMERY REGIONAL OFFICE

Amy Godsoe, Regional Director
441 High Street, Suite B
Montgomery, AL 36104
Phone: 334-241-0003

SHOALS/FLORENCE CHAPTER

Contact State office for contact info

2011 Patient Education Conferences Registration Form

Please use this Registration Form to register.

Detailed agendas will be sent after you register. For more information please call Leslie Callahan at the **Alabama Kidney Foundation** 205-934-2111 or e-mail: Leslie@alkidney.org.

Name: _____

Age _____ Ethnicity _____ Gender _____

County _____

Address: _____

City/State/Zip: _____

Phone: _____

Email: _____

One family member or friend may attend with you free of charge.
All others will be charged \$25.00 per person to cover meal costs.

Total Number of People Attending: _____

Please check all of the following that apply:

_____ Hemodialysis Patient _____ Kidney Transplant Recipient
_____ Peritoneal Dialysis Patient _____ Family/Friend of Patient

Please check which conference you will attend:

- Mobile** – registration due September 6, 2011
 Birmingham – registration due November 3, 2011

Mail or fax your registration form to:

Alabama Kidney Foundation
P. O. Box 12505 • Birmingham, AL 35202
Fax: 205-975-6682

Mission:

The Alabama Kidney Foundation serves kidney patients by providing financial assistance, education and support services. The Foundation provides public education to promote awareness of organ donation and prevention of kidney disease.

STAFF

E.W. "Jack" Jackson III, Executive Director
Lisa Costanzo, Development Director
Amy Godsoe, Montgomery Regional Director
Diane Alessio, Development Coordinator
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HUNTSVILLE WALK-A-THON

Top Walk Teams

- NephCon, Jim Bevis - \$4,588.22
- Huntsville Renal Associates, Brenda Miller - \$3,800.00

Top Fund Raisers

- Brooke Johnson, Athens Kidney Beans - \$2,024.00
- Brenda Miller, Nephrology Renal Associates - \$1,300.00
- Rachel Ostrzycki, Bethlehem Baptist Church - \$1,139.00

Corporate Sponsors

- Fresenius Medical Clinic - \$5,000.00
- Lifeline - \$2,500.00
- Huntsville Renal Clinic - \$2,500.00
- Dialysis Clinic, Inc. - \$1,000.00
- NephCon - \$1,000.00
- Huntsville Hospital - \$750.00
- Nephrology Consultants, LLC - \$500.00

Special Thanks to 2011 Prize Sponsors:

Across the Pond; Beauregards; Bennett Nurseries; Dunagan; Yates and Alison Skin Health & Laser Center; Happy Tummy Restaurant; Huntsville Museum of Art; Marriott Courtyard; Mellow Mushroom; U. S. Space & Rocket Center; Walmart

BIRMINGHAM WALK-A-THON

Top Walk Teams

- Alabama Power, Wells Cooner, - \$21,643
- Team UAB, Norma Stewart - \$17,468
- Fresenius, Chris Carney and Rita Stanaland - \$10,890
- PJ Memorial/Alagasco, Tammy Flowers - \$12,794
- AT&T Pioneers, Rosalind Hood - \$5,176
- Wells Fargo, Jacquese Hill - \$3,111
- Nephrology Associates, Laura Glaze - \$4,045
- Vandelay Industries, Shaun Flynn - \$2,500
- DaVita Birmingham EAST, Adrienne Kelly - \$3,314
- Henry-Wright Team, Mark Henry & Brenda Wright - \$2,500

Top Fund Raisers

- Flora O'Neal - \$10,678
- Mary Thigpen - \$10,318
- Rita Stanaland & Chris Carney, FMC - \$5,550
- Norma Stewart, Team UAB Team Captain - \$2,691

- Rosalind Hood, AT&T Pioneers Team Captain - \$2,684

Corporate Sponsors

- Cooper/T. Smith - \$10,000.00
- ACIPCO Board of Operatives - \$5,000.00
- Fresenius Medical Care - \$5,000.00
- Congressman and Mrs. Spencer Bachus - \$3,500.00
- UAB Heath System - \$3,000.00
- DaVita - \$2,500.00
- Jemison Investment Co., Inc. - \$2,500.00
- Wells Fargo - \$2,500.00
- Balch & Bingham, LLP - \$2,000.00
- Vandelay Industries - \$2,000.00
- Dialysis Clinic Inc.-Birmingham - \$1,500.00
- Medical Properties Trust- \$1,500.00
- Baptist Health Systems, Inc. - \$1,000.00
- Drummond Company, Inc. - \$1,000.00
- Home Dialysis of North Alabama, Inc. - \$10,000.00
- Morgan Keegan & Company, Inc. - \$1,000.00
- Southeast Medical Development, LLC - \$1,000.00

- Alacare Home Health & Hospice - \$500.00
- Birmingham Hide & Tallow Co., Inc. - \$500.00
- Bradley Arant Boulton Cummings - \$500.00
- Centocor Ortho Biotech Services - \$500.00
- Dunn-French Foundation - \$500.00
- Jefferson Iron & Metal Brokerage, Inc. - \$500.00
- O'Neal Steel - \$500.00
- Protective Life Foundation - \$500.00
- Torchmark Corporation - \$500.00
- Tuscaloosa Nephrology Associates, P.C. - \$500.00

Special Thanks to 2011 Prize Sponsors:

Hayes Drug & Gift in Jemison; Wynfrey Hotel; Birmingham Barons; Bottega; Virginia Samford Theatre; Domino's Pizza in Homewood; Red Mountain Theatre Company; Courtyard Marriott; Taziki's; Embassy Suites; McWane Science Center & Adventure Halls; Sam's; Walmart; Moe's at Lee Branch; Newk's; Bruster's Ice Cream

Special Thanks to our Food Sponsors:

Publix; Coca Cola; Bud's Best Cookies; & Golden Flake

Walk-a-Thons 2011



2011 Huntsville and Birmingham Walk-a-Thon Results

The Make a Difference...One Step at a Time 2011 Huntsville Walk-a-Thon, held on April 9, 2011, at the Milton Frank Stadium, was a huge success! The grand total raised for Alabama's kidney patients in need was \$30,119.

The Make a Difference...One Step at a Time 2011 Birmingham Walk-a-Thon, held on May 7, 2011, at Homewood High School's Waldrop Stadium, was a tremendous success! The grand total raised for Alabama's kidney patients in need was \$179,452.

Congratulations to all individual and team walkers, team captains, committee members, volunteers and everyone else who worked so hard to make these events so successful! Every journey starts with a single step and you have helped "Make a Difference...One Step at a Time"!



AKF

KidneyKeynotes Montgomery Updates

Grants

The Montgomery Regional Office is proud to announce the receipt of the Elmore County Community Foundation Grant for \$2,500! The grant will be used to fund the Foundation's Financial Assistance Program in Elmore County. The Alabama Kidney Foundation is honored to be a recipient of this grant. Thanks to the Central Alabama Community Foundation and the Elmore County Community Foundation Advisory Committee for helping us make a difference in the lives of the many kidney patients throughout the Elmore County Community.

Education Efforts

The Montgomery Regional Office, supported by its volunteers, have dedicated countless hours setting up at community health fairs and other community events. These events include: Step Out Give Life Benefit, Zeta Phi Beta Health Fair, Gamma Sigma Sigma National Service Sorority, State Employee Fitness Day, ADEM Health Fair and the Virginia College Student/Staff Health Fair. Thank you to all of these groups for allowing the Foundation to participate in your event while increasing community awareness of kidney disease.

2011 Patient FunDay Picnic

The Alabama Kidney Foundation hosted its inaugural Patient FunDay Picnic on Sunday, May 15, 2011, at Gateway Park in Montgomery. Over 400 patients, family members and volunteers attended the event, sponsored by Dialysis Clinic, Inc. (DCI).

The FunDay was offered free to kidney patients and their family and featured a picnic style lunch, fishing contest, games and patient/physician discussion panel. Health displays and kidney screenings were also available for anyone interested in learning about kidney disease. All of this was made possible by a grant sponsored by DCI in honor of their 40 years of care.

2011 Montgomery Walk-a-thon

On Thursday, May 12th, the Montgomery Walk-a-Thon kicked-off with its Team Captains Luncheon. The luncheon was sponsored by Bonefish Grill and allowed Team Captains the opportunity to collect their materials and begin fundraising for the 2011 Make a Difference One Step at a Time Walk-a-Thon, which will be held in August.

The Montgomery Honorary Walk Chair was also introduced at this event. Ed Sauls, Principal at Jackson Thornton Consulting, is a 34-year kidney transplant patient and a champion for those suffering from kidney disease in the River Region. He works tirelessly in the community increasing awareness of kidney disease and transplantation.



"Making a Difference"

There is an increased focus on vascular access in our health care delivery system. Several major government initiatives underway are focused on improving vascular access outcomes. The Center for Medicare and Medicaid Services (CMS) has set goals for vascular access improvement that include increasing fistula rates and decreasing the number of patients dialyzing through a central venous catheter (CVC). All of these programs stress the importance of team involvement, with you as the patient being the central member of that team. By presenting you with information about your vascular access, how it works and how to care for it, you can become an empowered patient ready to make informed decisions about your own vascular access care.

Types of Vascular Access for Hemodialysis

Fistula: A fistula is a natural type of vascular access where your own vein is surgically connected to an artery. The increased blood flow that results from this connection causes the vein to enlarge; the vein walls strengthen. Because the fistula resides completely under the skin, it is called an "internal vascular access." Needles must be used to access the bloodstream for dialysis. Overall, the fistula is the preferred vascular access for hemodialysis, because of its low complication rate and longer life-span as compared to other vascular access options available.

Graft: A graft is a synthetic tubing surgically connected to your blood vessels. Just like the fistula, it too resides completely under the skin and therefore is called an "internal vascular access." Needles must be used to access the bloodstream for dialysis. Because a graft is constructed of artificial materials, it is more likely to develop complications and does not have as long a life-span as a fistula does.

Catheter: A catheter (also known as a central venous catheter) is a tube-like device that is inserted into a vein, usually in the neck or groin. Because two small tubes with caps permanently lie outside of the body while the catheter is implanted, it is called an "external vascular access." The remainder of the catheter (the part you do not see) travels under the skin and into a vein. Ultimately, the internal end of the catheter rests in the top chamber of the heart. In order to access the bloodstream for dialysis, the two outside tubes are connected to the dialysis machine. Because so much of the catheter resides outside of the body, it is exposed to many more risks, including infection. The relatively higher level of risk associated with a catheter makes it the least desirable type of vascular access. It can potentially lead to many complications and is therefore intended to serve only as a short-term vascular access until an internal one can be established.

Physical Assessment of Your Vascular Access

Your access allows you to receive your life-saving dialysis treatments. Because of this, it is commonly referred to as your "lifeline." A well-functioning access is necessary to achieve maximum dialysis efficiency. When dialysis treatments become inefficient or "inadequate," toxins accumulate in the body and cause your quality of life to significantly decrease.

Medicine Matters

Your Hemodialysis Vascular Access

Early detection of access malfunction with prompt treatment will serve to extend the life of your access. Changes within your access are oftentimes subtle and take weeks, even months, to develop. Because of this, it is critical to consistently engage in frequent monitoring of your access. Since your access is always at your disposal, you are in the position to notice changes in it, especially the subtle ones, long before they evolve into serious complications. Patients that have adopted the "Look, Listen and Feel" process of physical assessment often quickly realize how vital frequent monitoring truly is. By following the three steps as outlined below, you can familiarize yourself with your access, its functionality and how to properly care for it.

Step 1: Look

Inspect the skin over your access. Changes in skin color, swelling, redness and enlarging bumps are not normal. Allow scabs over previous cannulation sites to completely heal – do not disrupt them. *Cannulation is the practice of inserting a dialysis needle for the purpose of hemodialysis.*

Step 2: Feel

Run your hand gently across your access. You will feel a distinct buzzing feeling known as a "thrill." Starting at the incision line where the artery and vein were connected to form your access, run your hand across the entire length of the access. The thrill should be strongest at the incision line and should gradually fade as you move your hand up. If you have a fistula, it should feel soft and can be compressed easily. If you have a graft, it will feel firm and tube-like.

NOTE: A strong pulse in the fistula or graft without a gentle thrill is not normal.

Step 3: Listen

Listening to your access and knowing the meaning of the sounds you hear can help you detect many of the common complications accesses experience. To listen to your access, listen with the ear opposite of the access. Alternatively, a stethoscope is an ideal instrument to use for this exercise. Affordable stethoscopes are widely available and can be purchased at a local medical uniform store or through a variety of online retailers. When listening to a fistula or graft, you will hear a whooshing sound called a "bruit." The bruit should always be a low-pitched, continuous sound. Position your ear or stethoscope over the incision line and move up the entire length of the access. The bruit should be strongest at the incision line and should gradually fade as you move up the access.

GENERAL RULES OF ACCESS CARE:

- Keep the skin over your access clean
- Avoid sleeping on your access arm
- Protect your arm from injury
- Do not allow IVs, blood pressures or blood draws done on access arm
- Wear loose clothing and avoid jewelry over the access



THE ROLE OF THE DIALYSIS CAREGIVER:

- Engage in meticulous hand washing and glove changing
- Look, listen and feel the access before every treatment
- Always perform proper site preparation prior to cannulation
- Rotate cannulation sites to prevent break down of vessel or graft material
- Check catheter exit site for signs and symptoms of infection prior to start of treatment
- Ensure that both patient and caregiver wear masks when opening catheter caps

Your vascular access is precious and we want to help you keep it healthy. Remember – take good care of it and it will take good care of you!



Patient Highlight

Meet **James "Jim" Wren**, our patient highlight for this issue of Kidney Keynotes. Jim was 81 years old and lived in Orange Beach, Alabama when he lost his fight with kidney disease. Born and raised in Nanticoke, a small Pennsylvania town with about 25,000 residents, Jim recalled that his father would do all sorts of work during the depression years to put food on the table and a roof over his family's heads. "Growing up during the depression years was tough. Things were so bad my family couldn't afford a middle name when I was born, so I have gone through life without one," Jim said with a grin. Jim's fondest childhood memories were about the kids gathering on the street to play some game or sport.

Jim chose a career in the military and served in three different branches, retiring from the Air Force as a Chief Master Sergeant (1973). After retiring, he continued to work at the Navy Base in Pensacola until 1978.

Jim was happily married to Sarah Shoemaker, and the two enjoyed 46 years together before her death. Jim and Sarah had 3 children: Greg, Sally, and Brenda. After Sarah's death, Jim remarried and enjoyed traveling with his second wife, Polly, until her death six years later. Jim's favorite way to travel was aboard a cruise vessel sailing from port to port. Jim said he had looked forward to planning his vacations and missed being able to travel.

Even with a healthy life style and good preventative health care Jim's kidneys began to fail in the 1980s. Other than his brother losing a kidney to cancer, there was no family history of kidney disease. Jim believes his kidney failure was caused by a history of erratic hypertension and wonders if contrast dyes used for an array of medical tests throughout his life also played a role.

Jim received dialysis at Gulf Shores Dialysis, a DaVita clinic. His nephrologist, Dr Katharina Meyer, knew Jim well and said he was very quick-witted and well organized. "Jim didn't let his kidney disease get him down," Dr. Meyer stated. I asked Jim what was the hardest thing about being on dialysis. After a

moment of thought, Jim told me it was probably the fact that there is no light at the end of the tunnel. Kidney failure requires replacement renal therapies for life. Jim's advice to other patients was to simply hang in there because "you can't change your circumstances, and you have already gone through so much."

Because of failing health, Jim no longer drove himself to and from dialysis three times a week. He depended on family and/or caregivers for transportation. His dependence on others resulted in unwarranted feelings of guilt. Although Jim knew his family gladly helped, he hated that his son and daughter (Greg and Sally) had to take time from work to help care for him. Greg continues his father's fight against kidney disease through his efforts as a member of the Alabama House of Representatives.

Jim was a devoted patriot, a loving father and grandfather and huge University of Alabama football fan. I interviewed Jim on June 23rd, and on July 4th Jim passed away. The last thing Jim and I spoke about was his hope that the general public could understand kidney disease and how devastating the disease is to a person's life. Many people will miss Jim, as will I.

—Highlight by Jack Jackson



Meet Rosalind Hood, Walk Team Captain

Volunteer Spotlight



Roz Hood has served as Team Captain of the AT&T Pioneer walk team for 7 years. Her team had its largest group ever this year and raised \$5,176.44 for kidney patients in Alabama. Roz was asked by a neighbor to come out and volunteer at our walk in 2004. Roz accepted her neighbor's invitation and joined the UAB walk team. Being involved in the walk that year touched her heart. Roz is grateful to her neighbor for enlisting her in the cause of the Alabama Kidney Foundation. Roz knew that, after working 42 years at AT&T, formerly BellSouth, she would find support from the AT&T Pioneers group within her company to form her own team.

In August of 2003, Roz's twenty year old son, Patrick Hood, died in a vehicular incident. When Roz took him to get his driver's license years before, he asked her what it meant to be an organ donor. After Roz explained to him what it meant, he declared his desire to be an organ donor. Roz said Patrick was a genuinely sweet person with such a big heart. When someone was in need, Patrick was the first to offer help. Knowing all of this at the time of his death, his family supported his decision to be an organ donor. Through the Alabama Organ Center, the first recipient that Roz was able to meet was Lydia, who received Patrick's kidney. "Seeing the life his kidney provided Lydia got me involved in volunteering for the Alabama Kidney Foundation. Seeing the benefits the AKF offered to kidney patients gave me the passion to volunteer for the AKF," said Roz.

Roz is grateful to the Alabama Organ Center (AOC) for their support. Through the AOC she was able to connect with other people with experiences like hers. Immediately after Patrick's death, she began to make a quilt square to honor her son. Once completed, this quilt square was added to a panel with other organ donors and travels on display through the AOC.

When Roz is not working at AT&T or volunteering for the AKF, she enjoys going to the beach with the "Beach Babes." This is a group of 8 soul sisters who share a wonderful friendship and have been enjoying trips to Destin Florida together for 15 years.

HONORARIUMS & MEMORIALS

Below is a listing of the generous individuals and foundations that made memorial and honorarium gifts to the Alabama Kidney Foundation from February 16, 2011 - July 31, 2011. Their donations make it possible for the Foundation to continue to make a difference for thousands of Alabamian's living with kidney disease.

IN HONOR OF

Amy Adams
Sara & Joseph Geddie

Flora & James Batte
Maryann Manning
Shirley & Herbert Moore
Horace O'Neal

Dorothy Davis
Katherine & Stephen Rosland

Tammy Flowers
Ina & James Flowers

Amy Giddens
Jeri & Pete Giddens

Tara Giddens
Jeri & Pete Giddens

Yvonne Green
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Mrs. Raymond Rickard
Melba & Raymond Rickard

Ed Sauls
Jill & William Baker

Deborah & Kevin Johnson

Mary Thigpen
Mitzi House

Jacki L. Ward
Della Ward

Lisa Guay-Woodford, M.D.
Rod Woodford

IN MEMORY OF

Louise Ammons
Dialysis Affiliates of South Alabama

James Bubien
Rosemary Bubien

Samuel Francis Brewer
Louise & Richard Weaver

Chris Cahoon
Daisy Cahoon

Ida Chambers
Dialysis Affiliates of South Alabama

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Russell Ginn
Beverly Griffiths
Gayle Hobbs
Sonya & Claude McClain
Mary Ramsey
Lauren Shine
Peter Velardi
Cheryl & Tom Wyatt

Jim Emack
Nancy & Steve Bynon
Henrietta Emack
Penney & Roger Hartline
Ann & W. T. Rutland

Carole Finney-Estes
Blanche Pappas

Ezell Fantroy
Dialysis Affiliates of South Alabama

Harmon Grover Fraim
Virginia & Robert Glaze

Bobby Gibson
Nancy & Wendel Catchings
James Gill
Dialysis Affiliates of South Alabama

Carolyn Glover
Boyd Christenberry

William Ben Gross
Peggy & Lloyd Atchley
Joann & Robert DeGroff

Dwight Hargraves
Linda & William Clark
Kathryn Goins

Jean Harvella
Mary Smith

Lula Mae Hatten
Sidhartha Biswal
Diane & William Caldwell
Tammy Peacock
Diana Soloway

Edgar Hughes, Jr.
Jacqueline Hughes

George Hunter
Dialysis Affiliates of South Alabama

Joseph Lark
Dialysis Affiliates of South Alabama

Jackson Ward Lemon
Philip Butera
Hannon Hairston
Lynda Lewis
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Sherry McGill
Shannon Tajima
Frances Wilson
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Sally & Joe Mash
Flora & James Batte

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Gloria Wadsworth

Inez Pappas
Joann Bragan

Michael Patton
Dolores & George Lindholm

Joachim Peters
Flora & James Batte

Carol & John Pitman
Linda & Gary Scott

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Elizabeth Blackmon

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Peggy & Michael Balliet

Emmie Penick Simmons
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Flora & James Batte

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Michael Waldrum

Junior Thigpen
Polly Campbell
Betty & Buford Thigpen

Mark L. Weaver
Dialysis Affiliates of South Alabama

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Gloria & John Johnson

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Steve Clouse
Connie Edwards
Melanie & W.D. Farrior
Paul Hubbert
David Miller
Regina Mount
Charles Saliba
Kristen Stillwell
Don Williamson
Judi & Bill Wren

S.H. "Boo" Wright, Jr.
Dolores & George Lindholm

ALABAMA
KIDNEY
FOUNDATION

PLEASE REMEMBER...
The Alabama Kidney Foundation in your will or planned gifts. For more information, please call Lisa—205-934-2111 or 800-750-3331 or lisa@alkidney.org.

Your Hemodialysis Vascular Access *Continued from page 5*

Common Vascular Access Complications

Stenosis: Process by which gradual narrowing inside a fistula or graft causes blood flow through the access to be significantly limited.

There are two key ways to identify whether you have a stenosis forming. During your dialysis treatment, a stenosis oftentimes causes arterial and venous pressure alarms on the dialysis machine to sound frequently. Be aware of these alarms, what they indicate and how often they ring.

Secondly, a stenosis can also affect the amount of bleeding you experience after your dialysis treatment is complete. Prolonged bleeding for more than 15 minutes after the needles have been removed from your access is generally not normal and can be a sign of a stenosis developing.

Having a stenosis can also cause difficult cannulation. If you experience more pain than usual when your dialysis needles are inserted or removed, let your dialysis caregiver know. If left untreated, a stenosis can evolve into a thrombosis which will completely stop your dialysis until it is resolved.

Thrombosis: Process by which an access becomes clotted and all blood flow through the access is blocked.

A thrombosis can be best detected by regularly listening and feeling the access and becoming familiar with your bruit and thrill. A loss in bruit and thrill are key signs that a thrombosis is present. Oftentimes, a thrombosis also creates a great deal of pain in the access and surrounding areas.

It is crucial that a thrombectomy (de clot) be performed as soon as possible when a thrombosis is present. Timing is critical in resolving a thrombosis. When more time passes before a thrombosis is resolved, the likelihood of being able to perform a successful de clot decreases significantly. Additionally, the thrombus will keep the access from being used for dialysis and will lead to catheter placement.

Aneurysm: A localized bulging out of the fistula wall or breakdown of graft material.

An aneurysm is visible on the skin surface as a localized bump or bulge in the access. The presence of an aneurysm is cause for concern especially if the size of it increases or if the skin over it becomes thin or shiny.

Infection: Presence of bacteria in the vascular access and/or bloodstream.

Remember to always give careful attention to your general health. Experiencing fever or chills are tell-tale signs of an infection. An infection can also cause changes in the appearance or feel of your access. Redness, draining pus, swelling or localized pain around the site of your access, or even inside your access, can be signs of infection.

Notify your nephrologist and/or dialysis caregivers immediately if you detect signs of thrombosis or infection.

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