Kidney failure or end-stage kidney disease occurs when the kidneys stop doing their job of removing waste and extra fluid from a person’s body. Another term that means the same thing and is used by Medicare and some health care professionals is *end-stage renal disease*, or ESRD (*renal* means “related to kidneys”).

Until the mid-20th century, end-stage kidney disease was fatal. Today, kidney failure is a chronic condition that can be treated in two ways: dialysis and kidney transplant. Because there is a shortage of transplantable organs, many people are on dialysis while they are waiting for an appropriate organ. And some people are not good candidates for transplants.

There are two forms of dialysis: hemodialysis and peritoneal dialysis (often called PD). A health care team will help your family member or friend decide which form is best for him or her. While many people get their treatments at a dialysis center, these therapies can be done at home, with proper preparation and instruction. Make sure you have contact information for everyone on the health care team who serves your family member or friend's dialysis needs. They may be in different locations and work for different agencies.

This video has information about how to prevent, recognize, and respond to peritonitis, a bacterial or fungal infection of the peritoneum (a silk-like membrane covering the inner lining of the abdomen) in home peritoneal dialysis. If you are primarily interested in hemodialysis, go to [www.aarp.org/nolongeralone](http://www.aarp.org/nolongeralone) for the video and resource guide on that form of treatment.

**Peritoneal Dialysis Basics**

The peritoneum, a lining in the abdomen, acts as a filter. A tube or catheter is placed in the abdomen; fluid runs into the abdomen and is allowed to stay for a specific amount of time. When the time is up, the fluid is drained, taking waste and extra fluid with it, and the process starts all over again. Each cycle of filling, dwelling, and draining is called an exchange. The number of exchanges for each treatment varies, but it is usually four or five. If the exchanges are performed manually, they are spaced throughout the day, with the last one remaining in the abdomen overnight. This is known as CAPD (continuous ambulatory peritoneal dialysis). If the exchanges are performed with a machine, they are usually done at night, with the last one remaining in the abdomen all day. This is called CCPD (continuous cycling peritoneal dialysis).

**Preventing Peritonitis**

Here are some guidelines for preventing peritonitis:

> The first and always crucial step in preventing infection is washing your hands thoroughly with warm water and soap, rinsing well, and drying with a clean towel before each PD treatment.
> Check the PD access site and look for any redness, tenderness, or drainage. If you see any signs of potential infection, report them to the PD nurse or another health care provider.
> Report any contamination from touching the equipment, leaks, or accidental disconnection of the system to the PD nurse.
> Tell the PD nurse or health care provider if the person is scheduled for a colonoscopy, gynecological exam, or dental procedure. Antibiotics may be prescribed to decrease the chance of infection.

**Signs of Peritonitis**
The most common signs of peritonitis are abdominal pain and cloudy effluent (the drained dialysis fluid). You should be able to read what is written on the bag from the back. If the fluid is so cloudy that you can’t read the writing, you should report it to the PD nurse or health care provider right away. The nurse or health care provider will tell you to save the bag of cloudy effluent and bring it to the dialysis clinic or mail it to the lab that the dialysis clinic will instruct your family member or friend to use. If you have antibiotics at home, you may be told to administer them. If not, you may have to go to the dialysis clinic or local pharmacy to get the drugs.

Home peritoneal dialysis is challenging for you as the family caregiver, but with proper instruction and support it can improve your family member or friend’s quality of life. Learning about peritonitis can help you recognize the signs and prevent this infection.

**Insurance Coverage for Home Peritoneal Dialysis**
End-stage kidney (or renal) disease is the only disease that Medicare covers regardless of age. Medicaid and other insurance plans also cover ESRD. Under Part B, Medicare covers both inpatient and outpatient dialysis, including equipment, most medications, and trained professionals to instruct the patients and family caregivers at home, if that is their choice. Part B requires a 20 percent copay after the yearly deductible has been reached. The eligibility rules are somewhat complex, as are the arrangements if the patient also has employer-based insurance. The equipment supplier must be a “participating provider” with Medicare, which means that the equipment supplier accepts Medicare rates. See the Additional Resources section for more information.

**Additional Resources**
The National Kidney Foundation has information for patients and caregivers about peritonitis. Go to [https://www.kidney.org/atoz/content/peritonitis](https://www.kidney.org/atoz/content/peritonitis).
The Home Dialysis Central website has extensive information for patients and caregivers, including a side-by-side comparison of hemodialysis and peritoneal dialysis. There is also a message board for patients, family, and friends. Go to [https://homedialysis.org/home-dialysis-basics/what-is-dialysis](https://homedialysis.org/home-dialysis-basics/what-is-dialysis).
For information on Medicare eligibility and coverage for ESRD, go to [https://www.medicare.gov/coverage/dialysis-services-supplies](https://www.medicare.gov/coverage/dialysis-services-supplies).
There are many other videos and resource guides in this Operating Specialized Medical Equipment series. Go to [www.aarp.org/nolongeralone](http://www.aarp.org/nolongeralone) for a complete listing.

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