

# 10 Home Hemodialysis Myths



Even among physicians, several myths surround home hemodialysis (HHD). To give your patients the best information and advice, use these HHD facts:<sup>1</sup>



**Myth 1:** HHD is only appropriate for a very small segment of the ESKD patient population.

**Fact:** Absolute contraindications for HHD are few. They include—but are not limited to—unstable medical conditions (e.g., uncontrolled arrhythmia, seizure disorder), unstable behavioral issues (e.g., psychosis, uncontrolled anxiety, ongoing IV drug use) and conditions that predispose patients to abrupt loss of consciousness (e.g., severe and unstable intra-dialytic hypotension).



**Myth 2:** The benefits of HHD are not worth the efforts required from both the patient and physician.

**Fact:** Improved clinical outcomes is just one of HHD's benefits. Patients may also enjoy a better quality of life by having more control of their treatment schedule by treating at home. For physicians, payment models from the Advancing American Kidney Health executive order may also provide incentives intended to improve modality choice via increased HHD adoption.



**Myth 3:** Patients with central venous catheters (CVCs) cannot do HHD.

**Fact:** Many patients with CVCs may perform HHD, although it is advised to only use them temporarily due to the higher risk of infection with CVCs vs. atrioventricular fistulas (AVFs) or grafts (AVGs).



**Myth 4:** Patients on HHD are unable to preserve or maintain their vascular access long term. The stepladder method for self-cannulation must be used for all patients.

**Fact:** HHD patients may have more issues with their access than in-center patients; however, most patients do not automatically lose their access with HHD. The stepladder technique for self-cannulation is considered standard, but the buttonhole technique is indicated for some patients and precautions can be taken to prevent complications.

## How DaVita Can Support HHD

If you're concerned that:

**It's complicated or difficult for physicians to prescribe HHD.**

DaVita has tools and resources for physicians to review when they prescribe HHD and to educate them when adjusting the prescription, as needed.

**My patient's lack of education and financial resources are potential barriers to HHD.**

DaVita's highly skilled team of nurses and educators help teach patients all they need to know about HHD and ensure they are comfortable performing home treatment prior to going home. If a patient is unable to safely and competently complete training, then they will not be cleared to treat at home.



1. Service provider and modality selection are choices made exclusively between the patient and nephrologist.  
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**Myth 5:** HHD patients always need to do dialysis during the day.

**Fact:** Patients may be able to dialyze at night with nocturnal home hemodialysis (NHHH) when prescribed by their physician.



**Myth 6:** HHD is not a common option for older patients due to physical limitations and a changing support system, as their partners and friends age and begin having limitations of their own.

**Fact:** HHD does not have a defined age restriction; as long as the patient does not have absolute contraindications, also understands and follows instructions or has a care partner to help, HHD may be a viable treatment option for older patients.



**Myth 7:** HHD is never appropriate for non-adherent ICHD patients.

**Fact:** In some cases, compliance may be improved by HHD's potential for increased convenience and flexibility, treatment schedule control, greater ability to travel and other benefits. Of course, patient counseling may be needed to find the reason behind the patient's noncompliance.



**Myth 8:** Patients on HHD must own their homes, as the patient's home will need to be modified with specialized plumbing and electricity for the dialysis machine.

**Fact:** HHD does not always require the patient's home to have specialized plumbing. Water is tested by a biomed team during training and adjustments are made accordingly. If the water does not meet EPA standards, options (such as pre-mixed hanging bags) can be used for treatment.



**Myth 9:** HHD equipment and supplies require a large room for storage.

**Fact:** HHD machines are smaller than in-center machines, and supplies can be delivered more frequently if the patient lives in a small space with limited storage.



**Myth 10:** Patients cannot have pets if they do HHD.

**Fact:** Pets need to be kept out of the room where patients dialyze, especially while they connect and disconnect from their machine. Additionally, pets should be kept away from dialysis supplies.

To learn more about home dialysis options for your patients, please visit [DaVita.com/Physicians/Clinical/Home-dialysis](https://www.davita.com/Physicians/Clinical/Home-dialysis).

## How DaVita Can Support HHD (continued)

If you're concerned that:

**Patients will not have access to the necessary care team support after training.**

HHD patients must have a care partner unless the nephrologist orders solo HHD. Patients also have 24-hour support; they can connect with their HHD nurse directly, their care team via the DaVita Care Connect® app, or the DaVita patient call center.

