

kidney Health

NEW ZEALAND

Prevention • Support • Research

Autumn 2012



The Governor General Lt Gen The Rt Hon Sir Jerry Mateparae, recently hosted an afternoon tea at Government House in Wellington to recognise living donors and acknowledge the gift they have given. The Governor General is pictured here with the living donors who attended the function. The donors were presented with a certificate by the Governor General.

In this edition I have included two personal stories from a kidney donor and a kidney transplant recipient, both of which I think offer an insight into the impact kidney failure can have. Kelvin reviews the recent Home Therapies conference and I report on recent activities.



Kidney Health Week and World Kidney Day 2012

Top left photo then clockwise :1.Raising awareness in the Beehive with help from Kay McLaughlin taking MP Cam Calders blood pressure
 2.Mayor Len Brown recognises Lee Martell (with daughter Jo and granddaughter) who is the longest surviving kidney transplant recipient, having received her kidney 40 years ago
 3.Joan Harding (left), with her friend Dawn Harris, Joan was the first altruistic kidney donor in Australasia
 4. Mayor Len Brown with donor Marc van der Putten
 5. Helen Hanify (right) a non directed donor with her sister Bernadette with the Governor General
 6. KHNZ Board member Linda Grenall (middle) with donor Jane Farris(left) and her recipient and sister Rachael Umaga

Dave Henderson, Chairperson of Kidney Health New Zealand, excerpts from his speech, given at Government House to recognise living donors.

In the drama that hits the headlines when a well-known person donates or receives an organ, it is often overlooked that an increasing number of New Zealanders are in need of a kidney, and alongside this is the increasing number of New Zealanders who are choosing to donate one.

It may be to a family member that people donate, or may be to a complete stranger, but this is a wonderful thing to do, and it helps not just one individual recipient but all their family and whanau. It is well recognised that kidney disease affects not just one person, but all their family.

There are huge effects- it can undermine one's ability to work and earn income, to play sport, to pursue hobbies, to take the kids on holiday or to go as parent support on a school camp. Ultimately, it can shorten ones life. But receipt of a donated kidney can change all that – it is a huge gift that people here have been able, and have chosen, to give, and it certainly should be celebrated.

All this has great personal significance for me – as the recipient of a kidney almost three years ago my life has completely changed, from working just 15 hours a week to now more than full-time, I'm able to be fully involved in my family, and I can really enjoy it because I have so much energy and so much appreciation for life. It's funny in a way, after being increasingly ill throughout my 50's, to now find myself in my 60's fitter and healthier than I have been in a long, long time. This is what the gift of a kidney has meant for me.

As Chair of Kidney Health New Zealand, I'd particularly acknowledge your service, Your excellency, as patron of our organisation. We are humbled but also inspired that you have chosen to support the work we do.

Increasing the frequency of kidney donation is of course a significant goal in our strategic plan, and to that end we are active in the National Renal Advisory Board, which advises the Minister, the Ministry and the District Health Boards. We are ably represented by our Medical Director Kelvin Lynn and we also nominated consumer representative Michael Papesch to that Board.

We also work directly with the Ministry of Health, developing information resources that are made available nationally for renal patients, family and whanau. This includes information on donation generally along with answering such questions as Who can donate, what tests are involved, the opportunity for donation to a relative or family member, and the financial support that is available.

So the future is looking bright for continuing donation and transplantation of kidneys in New Zealand. Today however, we are here to celebrate donations that have already taken place.

Thank You Day (incorporating World Kidney Day)

On March 8 2012 transplant recipients around New Zealand said thank you.

Thank you to their donor, donor family, health professionals, support people, employer – anyone who has helped them on their transplantation journey.

Organ Donation New Zealand (ODNZ), in conjunction with Kidney Health New Zealand organised the Thank You Day which took place on World Kidney Day 2012. The Thank You Day was part of Kidney Awareness Week and this year the theme was transplantation and organ donation (of all organs—not just kidneys). This is the first time a Thank You Day has been organised in New Zealand.

Recipients planted freesia bulbs generously donated by Oderings in public places throughout the country on 8 March. The freesias symbolise the new beginning they have been given thanks to the generosity of others. Recipients also wore special t-shirts designed for the day.

The aim of the Thank You Day was to raise awareness about organ donation and transplantation and encourage people to have a conversation with their families about their wishes should they ever be in a situation where organ donation is possible.



Father Charlie Clark and daughter Jane Thomas relax after planting Freesias at the Boatshed in Christchurch.

Special thanks to Mike from the Antigua Boatsheds cafe for his work organising the site and outstanding generosity. Also to Oderings for their donation of the Freesia bulbs and the National Maori Womens Welfare League – Raupaki Branch, for their kind donation towards the event.

Kerri's story

My husband was diagnosed with IgA nephropathy in 2006, which is a disease that results in gradual kidney deterioration. Roger has gradually lost energy and been heavily medicated, until the end stage of kidney failure when he was started dialysis in October 2011. As a family this was a huge change, as not only was he unable to work while he was on dialysis for 5.5 hours every second day, but being able to travel either overseas or away for a weekend was not an option. His energy levels were very low so that keeping up with a very active 7 year old was extremely difficult. I guess this is where I step in and about a year ago we started discussing with the specialists options for a living donor. There is a very strict protocol that is adhered to in regards to the assessment of a living donor but for me the decision was an easy one. The hoops I had to jump through not so easy.

Roger and I had the same blood type, which enabled the transplant to be considered. The transplant coordinators and transplant teams have seen an increase in living kidney donations, including non-directed donation from strangers, paired exchange transplants and ABO incompatible transplants. I had to lose a substantial amount of weight to even start the process and then go through months of blood tests. But through all this I knew in the back of my mind that the end results far outweighed the small sacrifice of watching my diet. Once Roger started dialysis in October I was almost complete in my assessment and after many specialists appointments we were given the date for which the surgery was to occur. Knowing that compared to people on dialysis, kidney transplant patients live longer, have better survival, quality of life and are cheaper to treat in the long run it was a no brainer that we were going ahead with this.

The only concern Roger and I had was that we would both be out of action for a month or so and had Lucinda to worry about, but family and friends stepped in and Lucinda was fully informed and understood (as much as

a 7 year old can) what was going to happen with the kidneys. Lucinda was very excited that she would be the only person in our family with 2 kidneys.

My surgery took 4 hours and they removed my left kidney using laparoscopy, then transplanted into Roger. The surgery has been a fantastic success. The demand for donor organs well exceeds supply in most (probably all) countries. While New Zealand has a relatively high rate of live kidney transplantation, as a proportion of all transplants done, the deceased donation rate is low. In 2010 there were 60 transplants from living donors and 50 transplants from deceased donors, at anytime the waiting list for a transplant is 300-500 people.

New Zealand has a well-organised national system for transplantation incorporating Organ Donation NZ (based in Auckland) and the three transplant units in Auckland, Wellington and Christchurch. A number of agencies work to educate the community on the benefits of kidney transplantation.

During this week I hope that you will think about organ donation and discuss it with your families and friends.

Thank you to Kerri for sharing her story, this also appeared in her workplace newsletter for over 200 employees to see, so a great way to spread the message.

Sam's story (benefactor of the John Velvin Trust)

Hello, my name is Sam High. At the age of fifteen, I was diagnosed with chronic kidney disease. This particular kidney disease is unique to my family tree. It did seem however that the disease wasn't prominent in my immediate family, but alas it had merely lain dormant seven generations and reawakened in me.

A visit to the doctor to treat a case of strep throat, which had begun to infect other parts of my body, identified the issue with my kidneys. I was fortunate enough to have caught the disease early on; this meant that measures could be taken to slow down progression of the disease. At this point in time I still had one hundred percent of my kidney function, but unfortunately, my disease was causing a steady decline in their performance. This was a hard thing to come to grips with, for both my family and myself. I was emotionally devastated, left with the feeling of being robbed of my golden years. Fortunately enough though, my kidneys were not deteriorating all that fast, giving the impression that there would be roughly twenty or maybe thirty years of life left in them. Although the deterioration of my kidneys was slow, it did have effects on my health.

I was definitely not the fit, young, healthy, sporting kid that I used to be, even gathering the energy to wake up in the morning was a task. This lack of energy took its toll on my schoolwork. Before the sickness, I had been one of the top students in my classes, but now I was struggling to keep up. I credit this mainly to missing about fifty percent of my classes due to sick days. In my last year dropping out was a definite consideration, but thanks to the support of my family and my school's counsellor I was able to renegotiate a schedule that would work for me. Instead of six classes I would take three, much to the disapproval of higher ups and the three teachers of my dropped classes. This worked out well, the workload was a lot more manageable, and the empty slots gave me time to rest and study. I ended up achieving my goal of getting University Entrance, and surprisingly, only just missed out on achieving NCEA level three.

Despite the majority of my friends heading off to begin a new stage in their lives in the form of University, I had decided to stay in my hometown of Timaru yet another year. This decision was mainly due to my lack of health and my uncertainty in what career I wanted to pursue. Thankfully, I was able to achieve something out of this year, enrolling at the Aoraki Polytechnic for a Diploma in Information Systems Management course. This was a perfect fit for me on so many levels. Computer work wasn't physically draining on my body, I had a good background in mathematics and art (two useful tools for programming), and I had always wanted deeper understanding of the inner workings of computers. I was enjoying studying again, even despite my deteriorating health. This could really be seen in my results, back performing at the top of my class again for the first time since I became sick.

Near the end of the year (for reasons unknown), my worst fear was beginning to come true. My latest tests were showing that my kidney function had started to decline rapidly, with a newly estimated life span of only a couple of months. This was one of the scariest moments to ever happen to me, I was in no way ready to handle something as life changing as this so early in my life. I was thrown into a state of depression, I hadn't yet come to grips with my kidneys failing twenty years away, let alone a month or so away. My family and I had no plan of attack at this stage; we hadn't had a reason to have a plan until now. My family went into overdrive letting all and any family know I needed a live kidney donor. I was surprised to find how many people put their hands up for me-not just family but also unexpected generosity of friends. This was an enlightening moment in my life and without these people's love and support I would not have had the will to get through this dark era in my life. Despite the overwhelming generosity of my family and friends none of them appeared to have compatible blood types with me-a necessity for successful transplants. This meant that I would have dialysis. Dialysis works as an artificial kidney, cleansing your systems of the toxins that kidneys usually work to filter. It is possible for people to live on dialysis for long amounts of time, but it can be really degrading on your system. The plan for me was to go on dialysis temporarily while we tried to sort out a donor.

While all of this was happening I was still studying, with my exams only a few weeks away. Even though I felt and looked like death I managed to complete the entire year of study, even putting off my dialysis surgery by a day so that I could complete my final exam. I felt like I was running out of donor options and was beginning to worry if I would ever find one, around this time one of the greatest moments in my life occurred. During a conversation between my Grandma and my Uncle Ross (who was living in England at the time) the topic came up about my situation. Without hesitation Ross decided to donate me one of his kidneys, a true testament to his character! Words can't bring justice to the generosity of his decision, not only because he was giving me a kidney, but also the fact that he was willing to come all the way back from England to New Zealand to do it. He also needed to perform initial tests, which from what I heard were in no way as easy as getting the tests done here in New Zealand.

Unlike most people think, it is not possible to have a kidney transplant straight away after you have the donor's consent. There is a large range of time consuming tests needed to be done to test the compatibility of the donor's kidney with the recipient's body. Ross and I were thankfully compatible! At this point, I would like to thank Sarah Armstrong, transplant coordinator at Christchurch Hospital; she coordinated all these tests at lightning speed. It ended up taking a couple of months instead of several months. Unfortunately, before all these tests had begun I had actually undergone the surgery to have a catheter inserted into my stomach area. This would allow me to drain a special fluid in and out of my body four times a day, acting as my artificial kidney. I felt as though I was walking dead, I wasn't eating, when I did it wouldn't stay down for long. I must have lost about 15kg while being sick-which for an already small guy made me look like a pasty, white twig. In all seriousness, I don't remember a whole lot of my short time on dialysis; my brain was just mush I guess. I was lucky in that I was only on dialysis for about three months; some people are on it for what must seem like an eternity. For any of those people reading this in that situation my heart goes out to you and I wish you the best of luck.

Once all of the tests had been successful, a date was finally set for my kidney transplant. I can still remember every moment from the day of my transplant. It was an emotional rollercoaster; just writing about it brings back vivid emotions and feelings. I had been up all the night before, far too anxious, scared and upset to sleep, I was relieved my catheter would be taken out, and I was probably the most terrified that I have ever been in my life about the surgery. My surgery had been planned for 10am but was pushed back to 11am, and then was pushed back to 1pm, and then 3pm. The anxiety was so overwhelming I felt as though I was going to explode.

Ross first underwent his surgery to have one kidney removed, after which I would be called upon and brought to the surgery room. You know those moments when every second seems to take an hour; this was definitely

one of those times, just wanting 3pm to hurry up so I could get it over with. The time finally came, I was told Ross's surgery had gone perfectly and that I would be needed now. I remember getting on to the mobile bed and then being whisked away from my mum, waving right until I was dragged through the large hospital doors. Before the surgery I was literally shaking with fear, I couldn't even talk. Luckily there were lovely nurses there to cover me in blankets and talk to me, helping to take my mind off what was about to happen. After a little while longer I was taken into the surgery room and after being injected with some anaesthetic I was out cold. It's always a weird feeling for me waking up after a surgery, I'm always disorientated, confused, and still really groggy. Once I was able to maintain consciousness for longer than 10 seconds I was taken back to my room. Despite not being able to move, having tubes hanging out of everywhere, and the unbearable heat (it was honestly about 35°C in my room- it was torture!), I could already tell that I felt better, better than I had felt in years. It was obvious to others too, all of my family and friends who visited noticed that I had a new glow about me, I was no longer the white, pasty self that I had been for the last few years.



Sam enjoying life!

After six months of rest, rehabilitation, monitoring and some obstacles including: daily blood tests, the Christchurch earthquake, weekly trips to Christchurch to see specialists and having a stent removed through my urethra (makes my face cringe just saying it) I was all better and I moved down to Dunedin to continue studying. My diploma I had worked so hard to achieve counted towards the first year of a three-year degree in Information Technology. It was around this time that I was introduced to the Velvin Trust via an email from the Canterbury Kidney Society. There aren't many groups like this about so I was extremely excited to try becoming involved in any way that I could. I applied to become a beneficiary of the Velvin Trust. It sounded as though it would be a perfect fit for me and my situation. I exchanged emails with the Trust and had a meeting with Carmel from the Kidney Health New Zealand, who assessed me to produce a report, which would be sent to the Trust. The Velvin Trust decided that I would be a great candidate for them, this was amazing news for me. I was lucky enough to meet the founders of the Trust, Sally Velvin and Doug Crombie who flew all the way from Wellington to come meet me personally at my house in Timaru. They are two of the nicest, most inspiring people I have met. They talked to me about how they had created the trust in honour of John Velvin (Husband to Sally and close friend) so that they could help out others who John would have empathised with, that are suffering from kidney disease. They also mentioned the advantages of being part of the Trust, which included: mentoring, business contacts, contacts of other kidney disease sufferers, and also potential monetary assistance. To date the Velvin Trust has helped me out with the contacts of people in similar situations to me, so that I can discuss things unique to people in our situation, and they have also offered to help support me further my education by helping to pay for courses/papers. I am truly grateful to be a beneficiary of the Velvin Trust, not just for the assistance that I can acquire from them, but also the fact that there is an organization out there that really cares and supports me- and people like me. It's an uplifting feeling. I hope to one day be able to help and support people the way the Velvin Trust does-they are truly inspiring.

It is 2012 now; I am twenty turning twenty one this year. I was 19 when I went through both my dialysis and kidney surgeries. Ross is now living in New Zealand; he made a speedy recovery, leaving the hospital after three days. The human body is capable of living with only one kidney, more or less the same way as it does

with two kidneys. This is certainly true for Ross, he was back out doing extreme sports and was back working again, only a short time after the surgery. I am also living life to the fullest with my one working kidney. I'm healthier and fitter than I have ever been. I have learnt a lot from my experience and have matured well beyond my years. I have finally got my life back and I am loving every second of it.

I would like to take this time to thank some important people:

My specialists: Dr Martin Searle, Dr Nick Cross, Dr John Irvine, Dr John Schollum, Prof Rob Walker

Sarah Armstrong, Kelly, Grandma, Grandad, Nana, Penny Coffey, Lesley Horsburgh, Christchurch Kidney Society, Graeme Cox Trust, John Velvin Trust.

Special thanks to:

Ross: You saved my life!

Mum: You worked overtime and then some to keep me alive.

Dad: I don't know how but you've got a story to turn every negative situation positive.

Olivia (My sister): Your love meant the world to me.

Hannah (My girlfriend): You stayed with me through something tougher than any young couple should ever have to face.

For further information on the John Velvin trust go to <http://www.kidneys.co.nz/John-Velvin-Trust/>

Research supported by Kidney Health New Zealand sheds light on the motivation and experiences of non-directed living kidney donors.

A paper published recently in the international journal, Clinical Transplantation, reports on interviews with 18 South Island non-directed living kidney donors carried out by Dr Allison Tong from the Centre for Kidney Research at Westmead Hospital in Sydney.

Non-directed living kidney donors (sometimes called altruistic or Good Samaritan donors) have been accepted for assessment in the South Island for the past 14 years. The first such transplant in Australia and New Zealand was carried out at Christchurch Hospital in 1998 and a further 17 have been done since then.

The authors state that "Non-directed living kidney donors were motivated by the desire to offer a chance of normal life without conditions or expectation of reciprocity." The study found that non-directed donors wanted to remain anonymous and valued well organized co-ordination of their care, comprehensive information and good psychological support.

Other issues of importance were reassurance of adequate post-surgical care and access to reasonable financial reimbursement. The kidney donors reported improved fitness and health and a sense of empowerment, satisfaction and connectedness. Importantly, all donors had no regrets about donation.

The authors conclude that "Reluctance to consider non-directed donation programs solely on concerns of unrealistic or ill-motivations and potential feelings of donor regret appear unwarranted." The latest report from the ANZDATA Registry records that there were eight non-directed living kidney transplants done in 2009 in New Zealand.

The study was jointly funded by Kidney Health New Zealand and Kidney Health Australia. Dr Tong worked closely with the South Island Transplant Group.

From the KHNZ Medical Director – Prof Kelvin Lynn



Australia and New Zealand conference focussing on removing barriers to home dialysis

In March this year over 300 doctors, nurses, dietitians, social workers, clinical psychologists, patients and their family members gathered in Sydney to attend a conference on home dialysis. There were concurrent sessions on haemodialysis, peritoneal dialysis and consumer issues and three international speakers and others from Australia and New Zealand.

This was the fourth such conference with the first being held in Christchurch in 2004 in the now being demolished Hotel Grand Chancellor. This conference is unique in that patients and their families attend with health professionals. The conference is now fully established under the auspices of the Renal Society of Australasia (a society for kidney health professionals) and the Australian and New Zealand Society of Nephrology (kidney doctors and scientists) and will be held each two years in Australia or New Zealand. The Home Dialysis Advisory Committee is responsible for the planning of these meetings, amongst other things. The Medical Director of Kidney Health New Zealand is currently the New Zealand representative on the committee.

Professor Tao Wang, from Peking University in Beijing, told the conference that most of the 250,000 people on dialysis in China have centre haemodialysis or peritoneal dialysis. There is virtually no home haemodialysis. The Chinese government wishes to centralize dialysis around large hospitals and requires these hospitals to have 30-50% of their dialysis patient on peritoneal dialysis. China will be producing its own peritoneal dialysis fluid soon. There seems to be little understanding of the benefits of home haemodialysis.

Professor Robert Lockridge from North Carolina, USA, reported that the NxStage haemodialysis machine (read more at www.nxstage.com) has opened up opportunities for US dialysis patients. In 1971, 40% of all dialysis patients in the US were on home haemodialysis but this fell to <1% with changes to dialysis funding in 1973. Now there are 5,000 US dialysis patients on home haemodialysis. Prof Lockridge has extensive experience with daily nocturnal (overnight) dialysis and reported that in the US, where centre dialysis patient survival is unacceptable, the survival of patients on home dialysis aged 45-65 years is similar to that for deceased donor kidney transplant. In his view, people need to dialysis for more than three times per week to get the best out of home haemodialysis.

Dr Bruce Cooper reported on the IDEAL study of Australian and New Zealand patients that looked at whether starting dialysis treatment early or late affects patient outcomes. Starting treatment based on patient symptoms and functioning rather than test numbers is better and this does not reduce the chances of getting on the home dialysis.

A number of presenters pointed out that although New Zealand and Australia have amongst the highest proportion of patients on peritoneal dialysis worldwide, our rates of peritonitis are unacceptably high. Peritonitis is at best an uncomfortable inconvenience and at worst, if frequent, a reason for peritoneal dialysis

failing and a move to haemodialysis. A lot more needs to be done to ensure that the training of patients is optimal and that there is rigid adherence to simple infection prevention protocols. A number of the doctors and nurses at the conference told me they planned to review their protocols and procedure for the training and support of people in peritoneal dialysis.

Our Australian colleagues, at least those at the conference, are concerned that there are ongoing non-medical barriers to Australians getting home dialysis. Associate Professor Josephine Chow, a renal nurse working in NSW, is a driving force for the recently convened group of kidney health workers called The Home Network which aims to improve nurse education and expertise and patient education in home dialysis.

Although most people on home dialysis report improved quality of life and have a better survival when compared to centre dialysis patients, it is still not clear whether this is because they have more dialysis or because being at home has a special effect. Dr Mark Marshall from Middlemore Hospital presented his analysis of data from ANZDATA (www.anzdata.org.au) which showed that patients on home haemodialysis live longer than those on centre dialysis. Of interest, this survival advantage appeared to hold regardless of whether patients were dialysing for the usual five hours three times a week or more frequently or for longer.

New Zealand kidney units have been world leaders in innovative solutions for home dialysis patients. I was able to present the experience of the Christchurch unit with mobile dialysis units (campervans) since 1978 and the experience of the Auckland unit in establishing patients on home dialysis in their motor homes or yachts. Dr Jo Dunlop, a kidney doctor trainee at Middlemore Hospital, presented the work done by the Kidney Society Auckland and the local DHB in developing their community dialysis houses. Our Australian colleagues showed a lot of interest in these schemes.

Some readers may be interested in a travelling further afield. If so, The Dialysis Escape Line Australia (www.dialysisescapeline.com) may be of interest. The Dialysis Escape Line Australia was established in 1998 by Nancy Douglas-Irving and Enzo Scipioni when they were both on dialysis. It is a volunteer run charity that provides temporary dialysis on a cruise ship as well as the Sheraton Mirage at Port Douglas. They also run Dialysis Abroad (www.dialysisabroad.com.au) that provides escorted tours for dialysis patients to destinations such as Italy, Japan, Malaysia, Hawaii and Bali.

The next meeting focusing on home dialysis will be held in 2014. The location will be announced later.

What's been happening at Kidney Health New Zealand

We have had a busy couple months, with Kidney Health Week and World Kidney day planning and then the actual events. If you check out our Facebook page (go to our website and click on the Facebook icon), you'll see some of the events that took place around the country.

We were pleased with the media coverage, although would have loved to have had something on the television, but we obviously aren't sensational enough! However I have received a large number of calls, and inquiries via our website, regarding kidney donation following the campaign, so know the message is getting out there. It was great to work with Organ Donation New Zealand for the Thank You day and the feedback from this has been very positive, with many recipients happy to share their story, enabling people to really see the benefits of transplantation.

The Mayoral reception in Auckland with Mayor Len Brown was a lovely occasion with a number of living donors recognised for their selflessness and generosity and given a certificate in recognition of this. Lee Martell was also recognised for being the longest surviving kidney transplant recipient in New Zealand, having her kidney for 40 years.

Our annual visit to the Beehive on March 6th, saw us continuing our tradition of kidney health checks for MPs and the staff working in Parliament, with many of them returning year after year. Once again our thanks go to the wonderful staff from the Wellington Renal services that are always willing to help out.

Home Therapies Conference

I was fortunate enough to recently attend the Home Therapies Conference, titled “Breaking Down The Barriers” in Sydney; this was a very interesting conference with a variety of international and local speakers.

It was good to have patients, carers, nurses, technicians and doctors all sharing their thoughts and experiences during the conference, bringing lots of interesting perspectives to listen to and learn from. Kelvin has talked about some of the keynote speakers in his article, a couple of others I found interesting are included below;

Robert Colvin a foreign correspondent for ABC, talked about his experience with kidney failure and dialysis, his personal account was fascinating and certainly interesting to hear about his perspective, particularly from having travelled the world then having to be restricted to a different world when he commenced dialysis.

Bill Handke, a carer to his dialysis dependent wife, spoke of the challenges he faced in his role, to quote Bill “carers are the unseen and unrecognised workhorses of the health sector”. Bill is working with local government to address many of the issues facing carers.

Kelvin refers to the Dialysis Abroad initiative in his news, and I recommend you take a look even it’s just to see the pictures. There is also a link on our website under holiday dialysis.

The main theme of the conference “Breaking down the barriers” was evident in many of the presentations and discussions I attended, the most important take home messages for me were; enabling equity of access, ensuring informed choice can be made to maximise lifestyle and “Home First” should be a national approach. Needless to say we have a lot of work to be done before these can all be achieved, but I think New Zealand is certainly one of the leaders in promoting home therapies as a preferred treatment option.

Other news

Every year we run Kidney information forums, which we hold in regions around the country, these have replaced our annual kidney support group conference, this is so more people are able attend without having to travel long distances. We invite local speakers and utilise the staff from the local renal service where possible. Planning is well underway for these forums so keep an eye out in your local paper, renal clinic or GPs practice for further information.

The Living with Kidney Failure book, which is one of our most requested resources, is currently being reviewed and updated, we hope to have that completed within the next couple of months.

We have more resources to be developed for the Ministry of Health and of course the usual requests to speak to a variety of groups.

Check out our website www.kidneys.co.nz and our Facebook page when you get a chance, I always welcome any feedback you may have.

Carmel Gregan-Ford

Education Manager

Kidney Health NEW ZEALAND

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Yes, I want to help in the fight against kidney disease and support Kidney Health New Zealand

\$100 \$50 \$20 \$10 Other \$..... Enclosed is a cheque payable to the Kidney Health NZ, or please charge:-

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Account number:

Expiry Date: Signature:

Please indicate if you would like:

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- More information on general kidney health.
- Information about kidney donation/transplants.
- To become a member of Kidney Health NZ
- Information about making a gift to Kidney Health NZ in my Will

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Thank you for your support.

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