Nephrology Unit

A Guide for Renal Patients

Hospital quirónsalud
Marbella

Fresenius Medical Care
4008 S
Limpieza
-A-DO>LO<
Desinfección
Resto tiempo
0:11
Temperatura
38
Modo tratamiento
Límites de alarma
Parámetros clínicos
Representación de datos
255
250

Welcome letter

Dear patient,

On behalf of the **Dialysis Unit** team, we would like to welcome you to **Hospital Quirónsalud Marbella.**

This **Guide for the Renal Patient** has been prepared by the hospital's medical professionals. The main purpose of the guide is to provide you with essential information on various aspects of chronic kidney disease, in layman's terms in order to help you and your family in your daily life.

We are aware of the difficulties that adapting to an unfamiliar environment can pose and this is why we would like to make your time with us as comfortable as possible. Providing you, our patient, with a quality service and assistance is what we aim for every day.

This guide contains everything that you need to familiarise yourself with: the equipment and facilities we have, the time slots and timings for dialysis, the basic medical aspects of chronic kidney disease, as well as an array of useful recommendations and information. However, should you wish to have more detailed information on any of the above or other matters, please ask any member of our team, who will be happy to assist you.

Dr Mr Tomás A. Urda Valcárcel
Managing Director
Hospital Quirónsalud Marbella

Centro de Diálisis
quirónsalud
Marbella

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Information about the Hospital

Hospital Quirónsalud Marbella is a highly reputable, private medical-surgical centre in Marbella and Andalusia. It provides health care in the areas of prevention, diagnosis, treatment and patient health education.

Our policy focuses on establishing alliances with the most prestigious and highly qualified professionals, having the latest technology, and paying special attention to the quality of our service to patients within an environment that offers the highest levels of comfort to patients and their families.

Hospital Quirónsalud Marbella is a general hospital which includes the Medical **Centre Quirónsalud Fuengirola.** Our medical centres have a comprehensive portfolio of medical and surgical specialties and over 800 employees who strive every day to provide you with the best medical care and patient service.

As a medical centre within the **Quirónsalud Hospital Group,** we operate on three key principals: the professionals with the highest reputation, the most advanced technology and the best facilities, with the purpose of providing our patients with the highest standards in patient care.

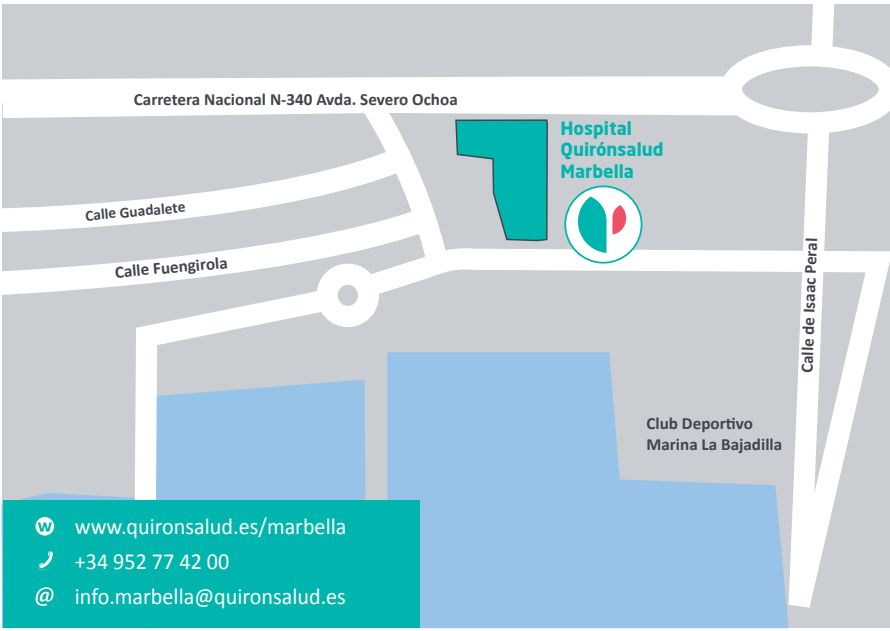
The hospital offers a comprehensive portfolio of services which range from a 24-hour emergency service for adult gynaecological and paediatric care, to an imaging diagnostic service, to physiotherapy and rehabilitation.

Patient Care

Patient care is our highest priority, and therefore we strive to provide an experience that is highly satisfactory in all respects to each and every one of our patients and their families and friends. Together with the best care provided by the best professionals, Quirónsalud Marbella also offers our patients modern and functional facilities, the best technology, a personalised service and a commitment by all the centre's health professionals to provide the best care at all levels.

In the same way, our international patient care is of the highest quality. This service continues to grow thanks to the availability of additional services that are specifically designed to accommodate every need and facilitate the personal treatment we offer to all of our international patients during their stay. Patient care is our primary concern and we strive to provide patients and their families with a highly satisfactory and comfortable stay.

How to get to the hospital?



Addresses:

Hospital Quirónsalud Marbella
Avenida Severo Ochoa nº 22,
29603 Marbella, Málaga

Unidad de Hemodiálisis
Hospital Quirónsalud Marbella
C/ Guadalete S/N
C.P. 29603 Marbella, Málaga

By road

Marbella can be accessed from the highway Autovía del Mediterráneo A-7 (former national road Nacional 340) or from the motorway Autopista de la Costa del Sol (AP-7).

There is a large parking area nearby as well as taxi ranks and local bus stops- routes L2, L3 and L7 less than 100 metres from the Dialysis Unit of Hospital Quirónsalud Marbella.

Patients enrolled in the program that is offered by the Public Health System will be entitled to a transfer service to and from their homes to the Dialysis Unit.

By air

We have two major international airports within an hour by road:

- To the East we have Malaga International Airport, only 45 kilometres away.
- To the West we have Gibraltar International Airport, 80 kilometres away.

Both airports offer direct connections to the main cities in Spain, Europe, North of Africa and the USA.

From Malaga Airport there are several ways to reach Marbella:

- A direct bus route connecting Malaga Airport and Marbella Bus Station in approximately 45 minutes.
- Several rent-a-car companies.
- A taxi service.

By train

Marbella is easily reached by a bus service which connects it to the local train station in Fuengirola, 27 km away, and a long-distance train service based in Malaga city, 57 km away. From the María Zambrano Station, you can access the High Speed Train connecting Malaga to the network of large capital cities such as Madrid, Seville, Barcelona, etc.

By sea

Marbella has four marinas which are equipped to receive medium-size to large yachts, as is the case with the marina at Puerto Banus.

And finally, it is a short distance to Algeciras and Tarifa, which are ferry harbours, allowing fast access to the autonomic cities Ceuta and Melilla and the cities in the North of Morocco.

Our Haemodialysis Unit

It is my first time, where do I need to go?

When you arrive for the first time, you will need to go to the Haemodialysis Unit, and once there, you will need to report to the Nursing Station (control de enfermería), where the Head of the Unit will require your ID and some additional details (Social Security/ Health Card Number or the relevant authorisation from your insurance company, the name of your general doctor, the hospital where you have been receiving care and a referral), as well as any other medical documentation you may have (medical reports, medication, allergies or other information that would be useful to include in your medical history). This Unit will organise your admission.

Dialysis time slots

The centre currently has 4 dialysis time slots:

Monday - Wednesday - Friday MORNING 8.30 am - 1.30 pm	**Monday - Wednesday - Friday AFTERNOON 2.30 - 7.30 pm**
Tuesday -Thursday - Saturday MORNING 8.30 am - 1.30 pm	**Tuesday -Thursday - Saturday AFTERNOON 2.30 - 7.30 pm**

There are 2 completely separate wards:

WARD 1: Equipped with 10 stations.

WARD 2: Equipped with 10 stations.

Allocation of patients will depend on:

- Patient requirements (type of vascular access, type of extracorporeal circuit, age, disabilities...).
- Available stations.
- Patient choice of people within the group (where possible).
- Balanced occupation of both units.

The kidneys

Kidney function

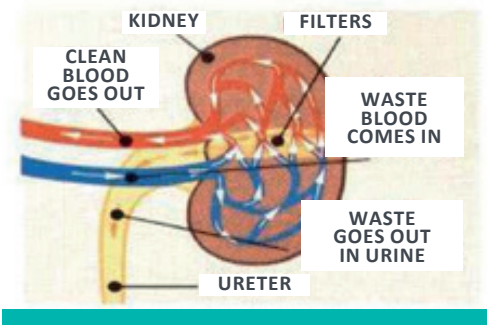
The main function of the kidneys is to remove the excess water and waste products that are dissolved in the urine. The kidneys are responsible for keeping the substances dissolved in the body water in the correct amount and proportion.

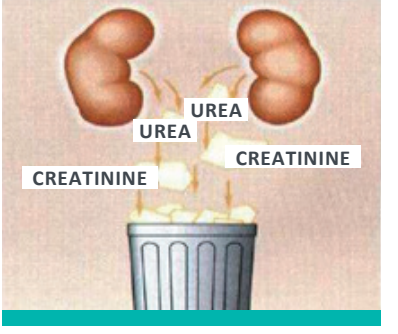
They adapt the production of urine according to the amount of food and drink taken and the number of outgoing fluids through other means such as faeces and sweat.

The kidneys receive a significant amount of blood –which contains water with many dissolved or suspended substances- via arteries.

The blood continuously runs through the two million small filters (known as glomeruli) that are within the kidneys. The glomeruli filter the fluids which result in the final urine the body eliminates. The kidneys will produce more or less concentrated urine according to need.

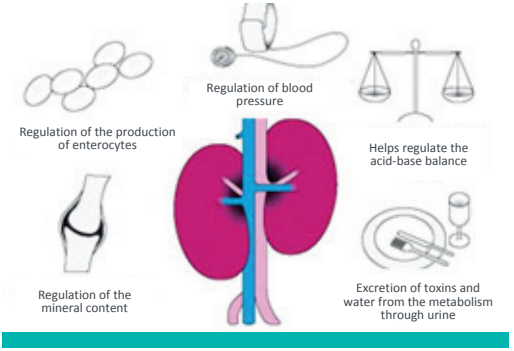
The products that the kidneys excrete are mainly the non-useful protein waste contained in the food that has been used to continuously repair the body's structure; this is, the muscles, blood, bones, etc. The most abundant waste products found in the urine, and most commonly required to be tested, are urea, creatinine, uric acid, calcium and phosphorus, amongst others.



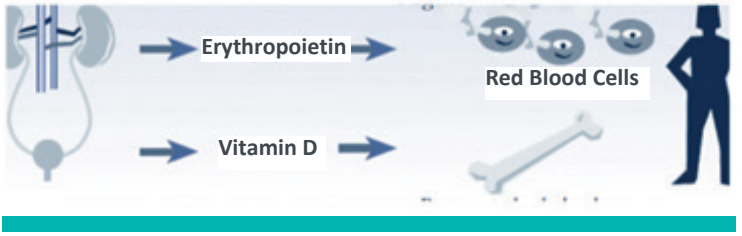


Additionally, other substances are dissolved in the water contained in the urine and then excreted. For example, many medicines are excreted through the kidneys. This is important as such medicines will not be eliminated from the system properly when the kidney function is reduced due to severe disease.

This is why you must tell your Nephrologist about all medication you are or will be taking.



As well as the cleansing and fluid balance functions, the kidneys directly control the production of blood as they generate a substance called erythropoietin. The kidneys detect the level of red blood cells in the blood and generate this substance in order to send it to the bone marrow to contribute to the generation of more red blood cells.



The kidneys are also responsible for the activation of the Vitamin D we ingest with food in order to keep our bones in healthy condition.

How do we know if our kidneys are working properly?

Our kidneys' cleansing efficiency is determined by measuring the extent to which the substances that need to be excreted through urine are present in the blood. How much urea and creatinine are present in the blood compared to the standard levels is the key to provide us with an idea of the level of renal failure.

Although the blood content provides an indication of the situation, the most precise way to measure the efficiency of the renal function is to compare what is excreted with what should be excreted.

For this purpose, urine is collected over a 24 hour period and the creatinine excreted in this amount of fluid is measured.

Creatinine is also measured in the blood and both measurements are used to calculate the level of filtration or renal clearance.

Potassium, bicarbonate, calcium, phosphorus and red blood cell values are habitual determinations in regular control checks at the Nephrology Unit.

The above values identified in the blood will indicate how effective the kidney function is and how the prescribed medication and diets are working.

Kidney disease

Kidney diseases are generally known as nephropathies. They are variable in evolution:

Sometimes the kidney function experiences sudden damage, whilst in other cases the damage is very progressive and slow.

In some cases, there is no chance of recovery and the damage follows its course, whilst in others, the disease progression can be stopped and partial or near complete function of the organs can be restored.

In any of the cases, where the disease cannot be stopped or the lesion is major, the functional effectiveness of the section that is still working will be progressively reduced and its cleansing task will become insufficient.

When this function is lacking, the body will accumulate substances that have not been excreted through urine.

This situation may be discovered when certain symptoms are noticed or when tests and examinations yield abnormal figures as, sometimes, it can be hard to know when the kidneys are diseased.

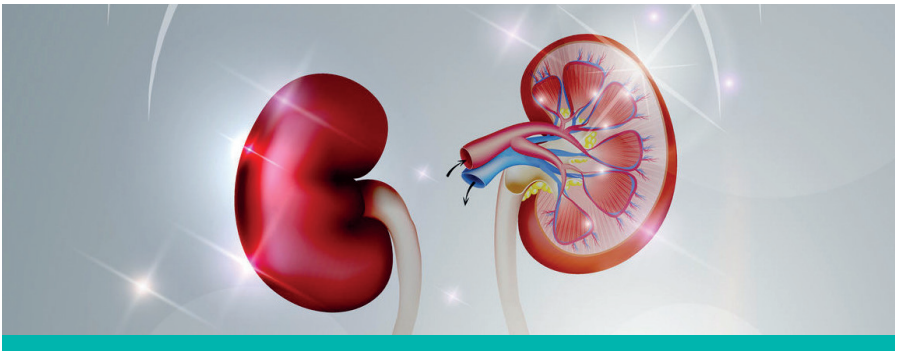
This disease may run without pain or discomfort and on many occasions the patient will not experience the feeling of being sick, even when a significant amount of renal function has been lost. However, an adequate follow-up of patients at the nephrology surgeries (Nephrology is in charge of the kidney function) can delay the progression of the disease to a great extent, and even stop it when action is taken in the early stages.

It is very important for the person suffering from this disease to be aware of the issues that can arise and to cooperate with the health professionals in charge of their care.

During your medical follow-up, the nephrology consultant will monitor all the risk factors that may be modified, the diseases that may arise, the medications that will damage renal function and the recommended diet, as well as the food that should not be taken, etc.

If kidney disease progresses to advanced stages, there are treatments that can replace the kidney function. Should you get to the situation where some type of dialysis is required in order to replace kidney function, both haemodialysis and peritoneal dialysis will contribute to you re-gaining a feeling of wellness and the improvement of your body's systems.

When a kidney is transplanted efficiently, it can fully restore the renal function.

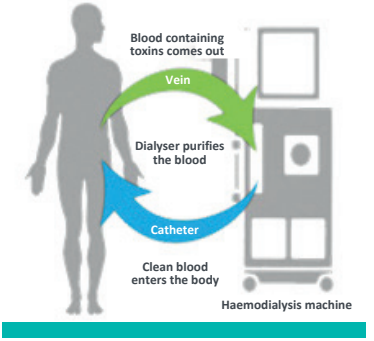


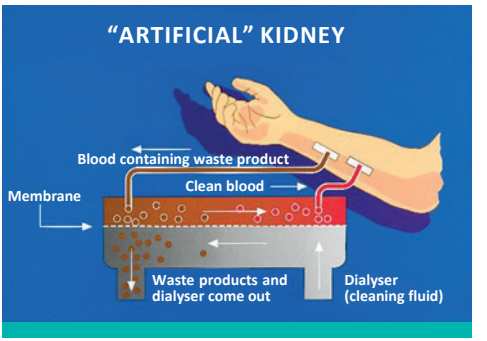
Haemodialysis

What is haemodialysis?

Haemodialysis is the **process of removing waste products and fluids from the blood.**

Blood is conducted outside of the body through a tube and a special filter system which cleans it and returns it into the body. In order to proceed with haemodialysis therapy, two needles are inserted into a vein in the forearm. Each needle is connected to the tubes that conduct blood to the filter to be cleansed and return it into the body





It is key for your family to be aware and take part in your haemodialysis therapy.

In order to carry out haemodialysis therapy, an outflow catheter is required to conduct your blood to the dialysis machine, where it will be cleansed of the substances the kidney cannot remove and the excess fluid that it may carry. You will also need another catheter inserted into the vein in order to return the purified blood to your body.

These insertion sites for outflow and inflow may be short-term and use either short-term catheters or permanent ones by means of an arteriovenous fistula, a graft or a permanent catheter.

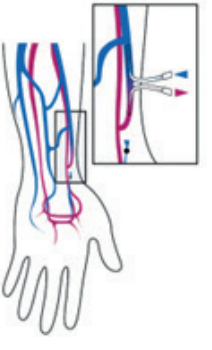
What is a catheter?

Vascular access remains the keystone of haemodialysis therapy. The more precautions the health professionals and the patients and/ or carers take, the more effective the therapy and the greater patient survival will be.

A catheter is a device that is inserted into a main vein (internal jugular, femoral, etc...) which acts as a vascular access for the purposes of haemodialysis.

What is an arteriovenous fistula (AV fistula)?

The insertion of a fistula is a simple outpatient surgical procedure that uses local anaesthetics. A fistula is the connection between a vein and an artery with the purpose of obtaining a high flow in the vein which will help obtain blood and return it after filtration.



General care of a vascular access

The care taken by patients and/ or carers at home is as vital as the care taken within the haemodialysis wards. All the guidelines for self-care of both the arteriovenous fistula (AV fistula) and the short-term, permanent or tunnelled central venous catheter (CVC) will be applied with the purpose of minimising the risk of complications and their early identification, where any.

a) **Short-term catheters:** The majority of catheters are inserted into the jugular or subclavian vein and therefore the majority of the recommendations focus on the protection of the neck and chest areas.

- The catheter must always be covered and dry and the bandage applied by the hospital nurses must never be removed. In the event of any incidents or bleeding, you must refer to the centre that provided the therapy or visit the Emergency Department at your nearest hospital.
- In order to prevent infection, patients are required to maintain adequate levels of hygiene, protect the catheter area while in the shower by avoiding the flow of water from coming into contact with the area. In any case, it is convenient that you shower immediately before the dialysis session so that the nurses can treat the area adequately in the event that it has become wet.
- Refrain from using scissors, razors or sharp objects near the catheter in order to avoid the risk of an accidental cut.
- Avoid thick pendants around the neck, straps or any other objects that might press onto the catheter as well as sudden or forced movements. In the case of the patient wearing an inguinal catheter, they must try not to bend the leg in excess so that the catheter does not become bent.

b) **Permanent accesses (fistula):** The fistula is generally inserted into the upper limbs and therefore all measures focus on the protection and care of the arms.

- Clothes must not be tight on the arm of the fistula and it is recommended that loose clothing is worn.
- Bracelets and watches must be avoided on the arm of the fistula so that no pressure is applied that may cause lesions.
- It is important that the skin is well hydrated in order to reduce the chance of wounds.
- Please refrain from using tight bandages on the arm of the fistula and never have one covering the limb entirely.
- The bandage applied after the haemodialysis session must be removed the following day. Should the bandage be stuck to the skin, you are required to dampen it so that the insertion site scab is released. Do not remove it under any circumstances.
- You must sleep leaning on the arm that does not have the fistula or protecting the one that does with pillows.
- Refrain from taking your blood pressure or any kind of blood tests from the arm of the fistula.
- Avoid carrying weight or exerting excessive effort with the arm of the fistula during active exercise or passive exercise such as rehabilitation sessions.
- Sudden or intense pain in the area of the fistula is a symptom that requires a hospital visit.
- Should you bleed from the fistula, please apply pressure with your fingers and refer to your medical centre immediately.

What do I do if I bleed or have a bruise?

In the event of bleeding of an insertion site , you must apply continuous pressure directly with your fingers and raise your arm for at least 10 minutes. Following that time, should bleeding not recede, please reapply pressure. Should bleeding persist, please refer to your nearest emergency unit.

Should you experience a bruise during dialysis, your nurse shall assess whether the application of ice, pressure or both is suitable, together with an antithrombotic cream.

Dietary requirements

A diseased kidney cannot remove the excess products and certain toxic substances resulting from the metabolism of some foods, and therefore it is very important for you to be aware of the foods that you can eat and those which you should avoid in some cases.

Another major issue dialysis patients may face is the alteration of fluid removal through the decrease or absence of urine, making it necessary to reduce the intake of any kind of fluids.

Fluid intake control

What is dry weight?

Dry weight is the lowest weight that is tolerated by the patient on completion of dialysis and it is generally identified with a normal blood pressure and the absence of oedema. It is very important for the patient not to be more than 1.5 to 2 kilos overweight between dialysis sessions, that is, the patient must not ingest more than one and a half to two litres. This will ensure that they have a greater feeling of wellbeing during dialysis and also will protect their heart from fluid overload.

Fluid intake

Once you have started your dialysis therapy, it is very important that you monitor the amount of fluid you drink. This concept of "fluid" includes not only water, but also anything that is in liquid or wet form, therefore the following are also considered to be fluids: Soups, creams, milks, juices, drinks, fruit, coffee, tea, yoghurt, flans, ice-cream.

You must be aware of the fact that the majority of the weight of solid food is water. You will be unknowingly ingesting much more fluid than you actually drink. Water is not only drunk, it can also be "eaten" through solid food.

What will happen if I have ingested or accumulated high amounts of fluids?

If, following the accumulation of fluids, the following symptoms are identified: swelling of the face, arms and legs, fatigue, tiredness, difficulty breathing, especially when lying flat, and if these symptoms seem to be increasing, you are required to call the dialysis centre during opening times of the unit or otherwise, visit the emergency unit of your nearest hospital.

How much fluid can I take per day?

The amount of fluid that you should take will depend on the amount of urine you excrete. As a practical rule, you must always take into account that "you can take in 24 hours as much fluid as you are able to excrete within that time period plus 500 cc, including any fluids that are contained in food."

Recommendations in order to control the fluid intake

- Reduce the intake of salty foods which increase the feel of thirst, such as bread, cold meats, cheese and canned products.
- Measure the total fluid that you should take per day (urine output in 24 hours plus 500 cc)
- The water in vegetables can be removed by stir frying them after boiling.
- Toasted bread contains less water than fresh bread - approximately 35 % less.
- If you like to chew gum, you are advised to use sugar free gum, even if you are not a diabetic.
- Drink cold tea instead of fizzy drinks, as these can make you thirstier.
- Never drink fruit juice or nectar.

What should I eat?

This is an important question in dialysis for three reasons:

- A balanced diet will improve your quality of life.
- It will yield better dialysis results.
- It will make you more prepared for a transplant.

Food contains substances the body needs to function. Some of them are potassium, proteins, sodium, phosphorus, calcium and water, which are the most useful to you.

Monitoring the intake of potassium

Why is it important to reduce the intake of potassium?

Potassium is a necessary substance for the adequate function of the nervous and muscular system. It enters the body through the intake of food and if the kidneys cannot remove it, it accumulates in the blood, causing alterations in your muscle activity, particularly the heart.

Monitoring the intake of foods that contain potassium is key.

You must avoid an increase in potassium levels between dialysis sessions, as its consequences are so severe that they could lead to **CARDIAC ARREST AND DEATH.**

Signs of alarm

YOU MUST REFER TO AN EMERGENCY SERVICE SHOULD YOU EXPERIENCE THE FOLLOWING AFTER AN EXCESSIVE INTAKE OF POTASSIUM IN FOODS:

- Tiredness.
- Tingling and heaviness in arms and legs.
- Speech difficulties.
- Muscle weakness.

Although potassium is present in virtually every food, it is vital to know that the foods with the highest potassium content are fruits and vegetables.

With regards to foods with high potassium content, you are recommended to refrain from eating them. It is important to notice that fresh fruit juice and nectars are strictly forbidden in the diet of anyone receiving dialysis due to their high potassium content.

It is essential for you to be aware of the fact that dried fruits have a very high concentration of potassium and their intake must be avoided.

Recommendations to reduce potassium from fruits and vegetables

Fruits and vegetables lose potassium in contact with water. They must be chopped into small pieces and soaked for at least three hours changing the water several times and not using the water where they are being soaked.

Pulses must be soaked in water and this water changed 3 to 4 times before cooking. Preparing the product that will be eaten with fresh water.

Frozen food loses potassium when left to thaw at room temperature.

Boiled fruit has approximately half the amount of potassium of fresh fruit, as the other half is dissolved into the boiling liquid. You **MUST NOT DRINK** this liquid.

Monitoring the intake of phosphorus

Phosphorus enters our body through food and it is a necessary component for anyone to remain healthy. It is excreted from the body through the kidneys, and therefore in people like you with kidney disease, its levels in the blood are increased.

Many research studies have proven that people with phosphorus levels that are closer to the normal levels live longer and better. High levels of phosphorus do not reveal any symptoms, although in the long run they may cause major health problems, the major calcification of the blood vessels and the heart, which would make any future transplant difficult.

How do I control the intake of phosphorus?

- Dietary control (decrease the phosphorus that you eat within your food).
- Dialysis (Phosphorus requires time to be dialysed. Patients who have problems controlling their phosphorus levels may need more dialysis time or more days a week)
- Taking medication known as “chelating agents” or “phosphate binders”.

Dietary recommendations

- ALWAYS avoid Coca-Cola and nuts
- Refrain from abusing the intake of dairy products, eggs, meats and fish.
  Eat only the amount recommended by your doctor.

Medication (phosphate binders)

- The majority of patients need this medication in order to control their phosphorus levels.
- They bind with the phosphorus in the food in the digestive tract.
- It is VERY IMPORTANT to always take them with or straight after meals.
- If this drug does not agree with you, please do not stop taking it before speaking to your doctor. There are other alternatives that may agree with you better or that you may like more.
- If you lie to your doctor, you will be lying to yourself and will be prescribed more and more ineffective pills.
- On dialysis days, please bring this medicine with you in order to take it with food you eat during your session.
- What happens if I forget to take it? It is pointless taking your phosphorus binder much later than your meal, as by then phosphorus will have entered your blood.
- What happens if I don’t fancy eating? Then you will not need to take your medication, as you will not be taking phosphorus.

The better you follow your diet and try to avoid food that contains high levels of phosphorus, the fewer tablets you will need.

Salt in your diet

You must be aware of the fact that the intake of salt will increase the feeling of thirst in your body. Therefore there are a few things to be taken into account in any kidney protection diet.

Food that is forbidden in a low-salt diet:

- Table and cooking salt
- Salt-cured and smoked meats
- Cold meats
- Smoked fish, deli products and cheeses.
- Olives
- Prepared soups, instant mashed potato, cube soups.
- Canned food in general, either sweet or sour
  (it is recommended that you read the nutritional information labels).
- Salty nuts
- The majority of bottled waters have high sodium content, please avoid them.

These are just some of the general indications you are required to be aware of. In any case, it will be your DOCTOR who will **RECOMMEND A DIET THAT SUITS YOU PERSONALLY.**

Quality of life

Dialysis can bring sudden changes to anyone's lifestyle.
These are usually personal, employment-related and social.

- You are recommended to adopt habits such as physical exercise. In principle, walking to the extent possible is a recommended activity and apart from this, you can take any form of physical exercise that is not rigorous. The limb where you carry the vascular access must be adequately protected.

- Refrain from smoking or reduce your smoking habits to the extent possible, as this increases the risk of cardiovascular complications.

- Do not stop socialising with friends, do not isolate yourself, and socialise as always. People around you will understand and will be willing to help.

- Sexual activity: being a renal patient does not mean that you cannot have satisfactory sexual intercourse. Depression and anxiety, together with kidney disease, anaemia, hormonal changes, diabetes or high blood pressure medication may affect your sexual activity. Women may potentially be unable to experience sexual arousal, developing a certain degree of frigidness. In men this may present itself as impotence.

  Talking about sex may be hard, but it is an issue that cannot be ignored. It is essential that you keep an open communication with your partner and explain openly anything that worries you. You can also speak to your doctor, he/she will then help you understand these changes and guide you as to how to overcome them.

  Most people think sexual intercourse is limited to the act of penetration. However, sexuality includes many more factors and approaches. It is necessary to establish a communicative relationship between partners through kissing, touching, experimenting to discover your own feelings and those of your partner... as well as turning yourself and your partner on, thus building on a kind of sexuality where penetration is not essential in order to enjoy sex.

There are associations for renal patients you can contact and benefit from their services which focus on the improvement of the quality of life of renal patients.

Recommendations for patients and families at the Haemodialysis Unit

We know that you are facing a delicate situation and will surely worry about more things related to your disease, its causes and treatment.

We would like to assure you that our unit is integrated by a group of people who are dedicated to providing you with excellent treatment and minimising your discomfort.

Below we have listed some necessary recommendations to ensure that your stay and treatment are more homely and easier:

1. The timeslots for dialysis are fixed; however, they can be changed according to medical requirements or the requirements of the unit.

2. Each patient shall be allocated a station in the ward, but it will not necessarily always be the same. It may change according to the requirements and/ or the judgement of the staff.

3. Patients are asked to wait in the waiting room until they are called by the nurses.

4. The clothing to be used for the dialysis session must be comfortable and accessible. Please take into account that there is a risk of your clothes becoming dirty when the insertion for the fistula is carried out.

5. Please remember that you must clean your arm at the relevant wash basin and remove any anaesthetic cream left over before starting dialysis.

6. The unit has two dressing rooms (male and female) where you can leave coats and shoes. For your own comfort, it is recommended that you bring slippers.

7. Although the Unit has lockers, we recommend that you do not bring valuables.

8. Visitors are not allowed during the haemodialysis session. Should a visit be absolutely necessary, you must ask the nurses.

9. In order to respect everyone's peace and quiet, everyone is required to speak in low voice. Mobile phones are not allowed and you are required to use headphones if you wish to listen to the TV with the objective of respecting other patients' resting time.

10. The specialist doctor will attend the Unit while the sessions are being administered.

11. It is recommended that you wash your hands with a disinfectant solution before entering and after leaving the Unit. The wards are provided with a disinfectant solution for this purpose.

12. You have a transport service included in the dialysis program. For the purposes of this service running smoothly and avoidance of patient discomfort, it is very important that pick up times are strictly adhered.

We are aware that external factors such as traffic, break downs or absence at pick up stations may alter the established timetables. For this purpose we will provide with you a telephone number to call in the event of an incident with your pick up service.

Should you require the use of this service, you must make the request to the Head of the Unit.

Kidney transplants

When you are diagnosed with chronic kidney disease, you can either receive haemodialysis or peritoneal dialysis. However, there is another alternative to replace the damaged kidney, i.e. a kidney transplant, which offers without a doubt the most advantages, such as: improvement of the quality of life and allowing a better work and social life.

What is a kidney transplant?

The kidney transplant is a surgical procedure where the kidney of a live or deceased donor is placed into a recipient with the purpose of replacing the function of damaged kidneys.

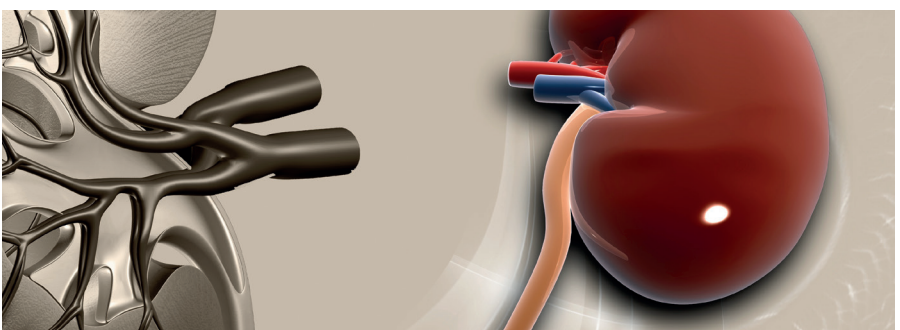
Can all dialysis patients be transplanted?

No. There are certain diseases which are incompatible with transplants. There are also habits which would prevent a transplant such as an active use of drugs and alcohol. Old age is not currently a contraindication, provided that the patient is in optimal cardiovascular condition and has no other disease making it inadvisable.

What are the steps to access a transplant?

First of all you need to tell your nephrologist or haemodialysis nurse that you would like a transplant. Your Nephrologist will assess your specific case ad proceed to carry out the relevant interviews and studies (blood tests, X-rays, ultrasounds, endoscopies, etc.). He will need to take these tests quite frequently in order to update the information. (Should you have a live donor, they will also be submitted for study).

Should you be accepted for the Transplant Program, your doctor will notify you.



Rights and duties of the patient

By virtue of the current laws and in the interest of this hospital to provide you with the highest quality service, we have prepared this Statement of Rights and Duties of the Patient.

Rights of the patient

- To receive dignified, kind, respectful and considerate treatment at all times.
- To be informed of the identity of their doctor, who will be their main intermediary with the medical team and also the person in charge of providing all the necessary information
- To request a second medical opinion at any time.
- To obtain the medication and health products that are deemed necessary to promote, maintain and restore your health.
- To have your requests honoured in a timely, reasonable and polite manner within the scope of the possibilities and the rules of the hospital.

1. Right to be informed

- To receive adequate, understandable and precise information on your health situation, information on the proposed medical approach, the risks and advantages of each option, as well as the alternatives and the effects of not receiving therapy and the diagnosis and prognosis of your pathology. Should you have any doubts on the information received, please ask for as many clarifications as you deem necessary.
- To have your wish not to be informed honoured, except where this is strictly necessary for your health or that of others.
- To have the entire process recorded in writing and once your hospital stay is over, to obtain a hospital discharge report.
- To access the information contained in your medical history. Should you wish to obtain a copy of any of your documents, the patient themselves or anyone duly and reliably authorised by them can make this request to the Admission and Medical Documents Service.
- To be informed on the use, where applicable, of the diagnosis and therapy procedures applied to you in any educational or research projects, and for these to involve under no circumstances an additional risk to your health.

2. Rights relating to your privacy.

- To have your health data treated as confidential and, in particular, to have all the information relating to your process and stay in hospital treated as confidential, even after death.
- To have the people related to you informed to the extent allowed by you. Should you not wish for a close relative to be informed of your situation, please tell a doctor.
- To have your physical privacy preserved with respect to other people.

3. Rights relating to the patient's autonomy.

- To decide amongst the options proposed by the health professional in each case, providing your written consent to surgical procedures, to the use of research techniques, as well as any examinations that may involve risk or inconvenience to your health, except when:
    - Not submitting you to the procedure involves a risk to public health.
    - There is an expressed obligation in this regard.
    - Patients are not capable of making decisions (in which case their relatives or close friends will hold this right).
    - The urgency of care does not allow for delay in the action.
- To revoke your consent to being treated in writing.
- To refuse to be treated as prescribed, except in the cases stated above. In this case, the patient will be able to sign a Voluntary Discharge Form. Should they fail to sign it, the Hospital Management, at the request of the health professional in charge, may resolve a Compulsory Discharge. Should the patient not accept to be discharged, the facts shall be notified to a Judge who will confirm or revoke the decision.
- To state in writing any preliminary instructions to be followed for the care and treatments to be given to the patient, when their situation and the circumstances may not allow them to express personally their wishes or once they die, to indicate the destination of their bodies or organs. On this document, the patient may designate a representative, who will be authorised to be the necessary intermediary with the medical team and the carers, who will follow their instructions in the event the patient is unable to express their will. This document will need to follow the established regulations in order to be valid.

Duties of the patient

- To provide the details of their physical condition or their health in good faith and truthfully as well as cooperating to obtain such details.
- To comply with the prescriptions of the health services when they are ill or under treatment.
- To comply with the hospital rules and use its facilities adequately, as well as to treat all the members of its personnel with due respect.
- To sign a document for the voluntary suspension of a session in the event of wishing to discontinue a dialysis session.
- In the event of refusing to receive the proposed treatment, to sign the document stating their refusal after being informed, and, where applicable, to sign a voluntary discharge document.

And please remember...

Do not bring money, jewellery or any other valuables to the hospital. This establishment shall not be held responsible for their custody, loss or damage.

Should you need anything, please feel free to ask the members of the dialysis ward. We will be happy to help.

Useful telephone numbers and websites

Hospital telephone numbers

Hospital Quirónsalud Marbella	+34 952 774 200 ext. 29814
Hospital Costa del Sol (switchboard):	+34 951 976 669/ +34 951 976 670

Other telephone numbers

Marbella taxi	+34 952 774 488
Salud Responde (health assistance)	+34 902 505 060
Malaga Regional Health Department	+34 951 932 189
Stop-smoking Service	+34 900 850 300
Women Information Service	+34 900 200 999
Medical Card Information	+34 902 505 060

Websites

www.quironsalud.es

www.alcer.org

www.sedyt.org

www.seden.org

www.senefro.org

www.webpacientes.org

www.juntadeandalucia.es/servicioandaluzdesalud/

quironsalud.es

Hospital quirónsalud Marbella

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Quirónsalud, person-to-person healthcare.
Over 100 hospitals, institutes and medical centres devoted for your healthcare in 13 regions:
Andalucía I Aragón I Baleares I Canarias I Castilla La Mancha I Cataluña I
Comunidad Valenciana I Extremadura I Galicia I Madrid I Murcia I Navarra I País Vasco