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worry for confidence. Exchange limits for freedom. clinic visits for jam sessions.

> Considering dialysis options? Baxter *Empowers* you to choose peritoneal dialysis at home.

Why choose Peritoneal Dialysis?

It's dialysis therapy on your own terms

A diagnosis of kidney disease can feel overwhelming. You may also feel anxious about the lifestyle changes it involves. However you do have treatment choices and your healthcare team to help guide you.

Consider the flexibility of peritoneal dialysis with Baxter.

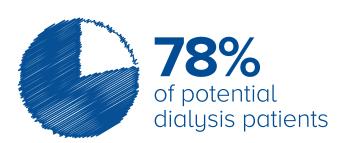
Peritoneal Dialysis (PD) uses one of your body's own membranes, the peritoneal membrane, as a filter to clean your blood when your kidneys no longer can. PD helps to rid your body of wastes and fluids, which may help control your blood pressure.^{1,2}

Consider the flexibility of PD:

- PD therapy can be done at home eliminating trips to and from a clinic multiple times a week
- You may also do therapy while sleeping allowing time for daily activities^{3,4}
- Many PD patients are able to continue working³
- PD therapy slowly removes fluid and toxins which is similar to your normal kidneys^{5,6}
- PD doesn't use needles or direct contact with the blood
- PD studies have shown that patients have an equal or better chance of living longer after transplant versus other treatments.⁷ More studies are needed to support this association



If given the choice for their treatment, 91% of US kidney doctors surveyed would select home therapy compared to in-center dialysis.⁸



At least 78% of potential dialysis patients are suitable candidates for PD.^{9,10}



"For someone like me who needs to work and carry on a normal life, this is a very pood option." - Frank, PD Patient

How does PD work?

PD uses the inside lining of your abdomen, called the peritoneal membrane, as a natural filter along with dialysis fluid to remove waste and fluid from your body.

PD therapy is done via an exchange

Prior to your first PD treatment, a soft tube called a catheter, is surgically placed in your abdomen. The catheter is used to access your peritoneal membrane to allow for dialysis.



A special solution is placed in your abdomen through the PD catheter through a process called an exchange. When the solution comes in contact with your peritoneal membrane, the membrane acts as a natural filter to remove wastes and excess fluid. The fluid is then removed through the catheter (DRAIN), and replaced with fresh PD solution (FILL).

An exchange may take 20-30 minutes. After you fill the peritoneal cavity with fresh PD solution, you leave this solution in the peritoneal cavity until your next exchange (DWELL).

Your doctor will determine your personal dialysis prescription that includes the right type of solution and number of exchanges to meet your needs.

- You or your caregiver may administer your PD treatment.
- Your healthcare team will train you and/or your caregiver on how to complete your treatments.

To learn more about peritoneal dialysis, visit www.pdempowers.com

Baxter **Empowers.**

What's next?

When you and your doctor decide PD is right for you, you have two therapy options.

Continuous Ambulatory Peritoneal Dialysis (CAPD) or Automated Peritoneal Dialysis (APD). The basics of the therapy are the same for each. However, the methods of treatment are different. "After a year of hemo, I went to peritoneal dialysis and that allowed me more freedom. It's done at home, at night, so my days are free and I enjoyed that a lot."

- Jorge, PD Patient

	Continuous Ambulatory Peritoneal Dialysis (CAPD)	Automated Peritoneal Dialysis (APD)
Treatment	CAPD is typically done during the day by a series of manual exchanges performed by you or your caregiver. During the exchange, you are ambulatory, meaning that you can walk around within a limited area.	APD is typically done overnight, with a dialysis system (cycler) that performs exchanges automatically while you sleep. Among PD patients in the US, the majority choose APD. ¹¹
Type of exchange	Gravity-based flow of dialysis solution in and out of the peritoneum.	Dialysis system (cycler) manages the flow of the dialysis solution in and out of the peritoneum.
Treatment(s) per day	4-6 individual exchanges on average, which are completed at intervals throughout the day.	Once-a-day automated treatment, consisting of 4-6 exchanges, usually all done overnight while asleep. (additional day treatment is
		sometimes required)



How will PD affect your lifestyle?

Most people enjoy the flexibility and independence that they have with PD.

- Since Automated Peritoneal Dialysis (APD) is typically done overnight, it may allow you to continue with your daily activities and work.^{3,4}
- The convenience of PD may also let you pursue your hobbies or travel.

Can I switch to PD from other dialysis treatments?

Yes. Switching from another form of dialysis to PD may be an option for you. Your doctor will be able to tell you if PD can work for your situation. Studies show more and more people are choosing PD every year. In 2014, PD use grew at a faster rate than in-center hemodialysis.¹²

People on PD can adjust their treatment schedule according to work, school, or travel plans. So, you are in charge of your own treatment. Your doctor can tell you whether PD is appropriate for you.



Why PD with Baxter?

You can be confident you have support from a leader in PD

With Baxter, you are empowered with access to high quality products and support. For more than 30 years, Baxter has supported PD patients, clinicians and caregivers to empower positive PD experiences.

Your Baxter team works closely with your healthcare team to ensure your needs are met.



Baxter's Global Technical Services are available 24 hours a day, seven days a week to answer any questions you may have about your PD device.



Baxter provides access to the widest range of PD solutions in the US, so you and your doctor can tailor your treatment to your needs.



Baxter's **HomeCare Services** can arrange for the shipment of your PD supplies to most travel destinations, even outside of the US.



Baxter's friendly drivers deliver all supplies to your home monthly (where and when available).

Your Baxter Team is here for you.





Why PD with Baxter? The real question is "Why Not?"

PD is empowering

- PD therapy can be done at home eliminating trips to the clinic multiple times a week
- You may also do therapy while sleeping allowing time for daily activities^{3,4}
- Many PD patients are able to continue working³
- PD therapy slowly removes fluid and toxins which is similar to your normal kidneys^{5,6}

Baxter empowers you to complete your PD therapy on your terms

- First and only APD system with step-by-step voice guidance and 24/7 support
- When traveling, Baxter's **HomeCare Services** can arrange for the shipment of your PD supplies to most travel destinations, even outside of the US
- Friendly and responsive order fulfillment and support, including monthly delivery of your PD supplies to your home

Are you interested in PD?

Talk to your healthcare team about a PD option that may be right for you. Visit **www.pdempowers.com** to learn more about a Baxter PD patient program in your area.

Baxter *Empowers*.

References

1. National Kidney Foundation. Available at https://www.kidney.org/atoz/content/nutripd. 2. National Institute of Diabetes and Digestive and Kidney Disease. Available at: https:// www.niddk.nih.gov/health-information/kidney-disease/kidney-failure/peritoneal-dialysis. 3. Kutner NG, Zhang R, Huang Y, Johansen KL. Depressed mood, usual activity level, and continued employment after starting dialysis. *Clin J Am Soc Nephrol.* 2010;5:2042. 4. North American Pediatric Renal Trials and Collaborative Studies. *NAPRTCS 2011 Annual Dialysis Report.* Available at: https://web.emmes.com/study/ped/anntrept/annualrept2011.pdf. 5. Bodin S. Hemodialysis Defined. In: *Contemporary Nephrology Nursing.* 3rd ed. Pitman, NJ. Anthony Janetti; 2017;154-221. 6. Covic A, Bammens B, Lobbedez T. Educating end-stage renal disease patients on dialysis modality selection: a clinical advice from the European Renal Best Practice (ERBP) Advisory Board. *NDT Plus.* 2010;3:227. 7. Molnar MZ, Mehrotra R, Duong U, et al. Dialysis modality and outcomes in kidney transplant recipients. *Clin J Am Soc Nephrol.* 2012;7:332-341. 8. Merighi J, Schatell D, Bragg-Gresham J, et al. *Hemodial Int.* 2012;16:242-251. 9. Mendelssohn DC, Mujais SK, Soroka SD, et al. A prospective evaluation of renal replacement therapy modality eligibility. *Nephrol Dial Transplant.* 2009;24:555-561. 10. Oliver MJ, Garg AX, Blake PG, et al. Impact of contraindications, barriers to self-care and support on incident peritoneal dialysis utilization. *Nephrol Dial Transplant.* 2010;25:2737-2744. 11. United States Renal Data System. *2017 ADR Reference Tables: Table D – Treatment Modalities.* Accessed on Jebruary 6, 2018 at https://www.usrds.org/reference.aspx.

Patient names have been changed to respect their privacy.



