



Transitional Dialysis Care is a patient-centric approach to **gently easing** patients into dialysis.



TRANSITIONAL DIALYSIS CARE OFFERS YOU



Time to adjust and stabilize emotionally



Time to recover medically



Time to receive modality education of your dialysis options (including transplantation)



Time to choose the modality that best fits your unique clinical and lifestyle needs

Why Not Make an **Informed** Choice

Conventional In-Center Dialysis / Transitional Dialysis Care

WHAT YOU CAN EXPECT FROM A TRANSITIONAL DIALYSIS CARE UNIT

- » A gentler therapy than 3x/week in-center hemodialysis as more frequent therapy offers¹⁻⁵:
 - Less stress on the heart
 - Improved blood pressure control with fewer medications
- » Education on all dialysis modality options, including transplantation
- » Survival rates and quality of life data of all dialysis modality options
- » Determine the dialysis modality that best fits your lifestyle and long-term goals
- » Helpful resources that will offer supportive guidance
- » Learn how home dialysis options compare to conventional in-center dialysis

To learn more about Transitional Dialysis Care, please **visit www.nxstage.com/tdc** for more information.

Despite the health benefits that more frequent home hemodialysis may provide to those with chronic kidney disease, this form of therapy is not for everyone. Home hemodialysis with the NxStage System One requires a patient and partner who are committed to being trained on and following the guidelines for proper system operation.

The reported benefits of home hemodialysis may not be experienced by all patients.

The NxStage System One is a prescription device and, like all medical devices, involves some risks. The risks associated with hemodialysis treatments in any environment include, but are not limited to, high blood pressure, fluid overload, low blood pressure, heart-related issues, and vascular access complications. The medical devices used in hemodialysis therapies may add additional risks including air entering the bloodstream, and blood loss due to clotting or accidental disconnection of the blood tubing set. Patients should consult with their doctor to understand the risks and responsibilities of home and/or more frequent hemodialysis using the NxStage System One.

Certain risks are unique to the home. Treatments at home are done without the presence of medical personnel and on-site technical support. Patients and their partners must be trained on what to do and how to get medical or technical help if needed. When vascular access is exposed to more frequent use, infection of the site, and other access related complications may also be potential risks.

References:

1. Glickman, J. 9/6/07 HHU Atlanta **2.** Foley, R. N., Gilbertson, D. T., Murray, T., & Collins, A. J. (2011). Long interdialytic interval and mortality among patients receiving hemodialysis. *New England Journal of Medicine*, 365(12), 1099-1107. **3.** FHN Trial Group. In-center hemodialysis six times per week versus three times per week. *N Engl J Med*. 2010;363(24):2287-2300. **4.** Ayus JC, Mizani MR, Achinger SG, et al. Effects of short daily versus conventional hemodialysis on left ventricular hypertrophy and inflammatory markers: a prospective, controlled study. *J Am Soc Nephrol*. 2005;16(9):2778-2388. **5.** Kotanko P, Garg AX, Depner T, et al. FHN Trial Group. Effects of frequent hemodialysis on blood pressure: results from the randomized frequent hemodialysis network trials. *Hemodial Int*. 2015; 19:386-401.

