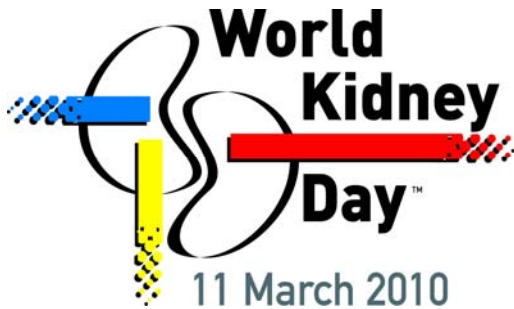




HAMMERSMITH KIDNEY NEWS

Newsletter of Hammersmith Hospital Kidney Patients' Association-Registered Charity 275771

Spring 2010



**WORLD KIDNEY DAY
THURSDAY 11TH MARCH 2010
WE NEED YOU TO HELP US
TO HELP OTHERS**

This is the fifth anniversary of World Kidney Day.

**We have gone from strength to strength.
Will you help us to do even better this year?**

Enclosed with this newsletter is a book of draw tickets,
which we hope you can sell
There is a wonderful array of prizes

We will have Kidney Awareness Stands in the front reception of
Hammersmith Hospital, the West London Renal and Transplant Centre and
in some of our Satellite Units.

*Can you spare a few hours and join us on one of these stands?
I look forward to receiving your offer*

Is there some way you can help by having your own Awareness Day?
and raise funds for your Kidney Patients' Association?
You could organise a Coffee Morning, sell some home- made cakes or
organise a sponsored event. We can help with sponsor forms.

Let us improve on the overwhelming response we had last year.
Everything we raise helps KPA members and you are one of them.

Please contact Sharman Maxwell the KPA Chairperson
on 0208 797 1983 or email sharman.max@hotmail.co.uk

THANK YOU



The presentation of the cheque for £7,000 for the sponsored parachute jump by ARMINE STEPHANIAN at the KPA Christmas Party. From left to right Don Taylor (former Chair of the KPA) Armine, Eileen Parker (Treasurer of the KPA) and Armine's husband Raffi.

www.hammersmithkpa.org.uk

CHRISTMAS PARTY 2009

THANKS FROM THE CHAIRPERSON

I hope it is not too late to send you season's greetings and I trust the New Year will bring you all you need in health and happiness. The Christmas party was a great success. It is obvious the word has spread about our parties with great food and delicious array of goodies available. I hope you were able to taste what was on offer and I give my grateful thanks to everyone who provided us with a wide variety of dishes.

It was great to see some new faces and as always good to catch up with old friends. I hope the music was to your taste as Louie the DJ gave his services to our party. Members who joined us with St. Mary's connections will have recognised him and I thank him for making our party go with a swing.

Well done to all our regular supporters, as without your help we wouldn't be able to arrange these parties. Personally I wasn't lucky with any of the draws but I trust the prize winners felt it was worth taking a chance with a ticket.

On behalf of all our members I give the biggest thank you to Jan, Katie and Nicola (she did well with the decorations) Special thanks also to Elaine, all the doctors and supporting staff because without them we would not be able to enjoy these special occasions.

Thank you for looking after us all.

Sharman Maxwell

RENAL WHO'S WHO

Monjur MD. Showkat
Phlebotomist
West London Renal and Transplant Centre



Background

I am an international, medical graduate from Bangladesh. I am combining study and work in the UK to further my education and ability to practise medicine. So far I have successfully completed the Post Graduate Diploma in Cardiology at Imperial College, and a Master's in Public Health. I am

currently studying for a Master's in Cardiology jointly run by Canterbury Christchurch University and the London Heart Hospital.

What is the role of your Department/Area in the Management of Patients?

The Phlebotomy Department is part of the team at the Renal and Transplant Outpatients' Clinic who follow up both transplant patients and those with chronic renal failure. Blood samples are taken by the phlebotomists for tests according to the requests of doctors and nurses and sent to the Pathology Lab for analysis. The results are used to assess and monitor the patient's condition. Examples of the blood requests often requested in the Clinic include those for:

- Kidney function (creatinine)
- Anaemia (haemoglobin)
- Electrolytes (sodium, potassium, calcium, phosphates)
- Glucose (blood sugar)
- Infections (white blood cell count)
- Specific Disease (lupus, vascular disease, diabetes)
- HLA Antibodies (human leucocytes antigens: tissue compatibility)

Tell us about your specific role in the Department

I work in the Department as a part-time phlebotomist combining this with my studies. My role is to reassure the patient about their blood test and carry the test out according to the requests received. The taking of bloods involves:

- Ensuring the safety of the test by maintaining hygiene and infection control procedures.
- Asking each patient's permission to take blood.
- Filling the specimen bottles with the blood samples according to the tests requested and labelling each bottle accordingly.
- Checking that bleeding has stopped after taking the needle out of the vein.
- Asking whether the patient has experienced any allergic reaction to cotton wool or latex patches and applying an appropriate dressing.
- Liaising with Pathology Reception as required. Urgent samples are taken to the Lab immediately. Non urgent samples are sent in the chute.

I also support the Phlebotomy team on the wards in the Renal Centre and in the Rapid Assessment Unit.

What gives you job satisfaction?

I enjoy working with the Renal and Transplant Team in a structure where all colleagues are valued and listened to. Working with the patients here is very satisfying. I find them very helpful and understanding. I appreciate the opportunity to learn and gain experience in one of the UK's top rated trusts within an advanced healthcare system. Practically, my job provides a satisfying way of supporting myself as I continue my studies.

If you could give a patient just one personal piece of advice from your experience what would it be?

Don't be afraid to ask any member of staff for help or information, and for those patients with a fistula avoid having blood taken from the same arm.

SHYAMA'S STORY

I am Shyama Sanghvi and I am 52 years old. In March 2009 when I was visiting India with my sister and was suddenly diagnosed with acute Kidney failure and admitted to ICU at Kokilabhen Ambani Hospital in Mumbai. I spent six days in ICU and a further fifteen days at the hospital until my condition stabilised and I was allowed home. My whole world collapsed but with great determination and support from my husband, daughter and countless relatives and friends, I was able to regain my composure. I was determined to take control of my life again and live a normal life.

I opted for Automated Peritoneal Dialysis (APD), which helped me greatly to regain my life. Even though it is still only eight months since my world was shattered I am glad to say I am almost leading a perfect life but I owe this to many factors as follows:

1. Support from my husband
2. Support from my relatives and friends
3. Acceptance and reconciliation by me and my immediate family that I had to go on dialysis
4. Switching from Haemodialysis to Peritoneal Dialysis
5. Strong faith in God and daily prayers
6. The fact that I work from home helped considerably with my time management

I now go to parties and occasionally indulge in normal food, though I am on a strict diet with no salt.

During my visits to UK hospitals I have been given the impression that doctors in India and the UK would rather put patients on Haemodialysis than Peritoneal dialysis. I do however understand the side effects of both forms of dialysis with each having merits and pitfalls. I still believe that patients should make their own choice based on the given facts, their own circumstances and suitability of the treatment they choose.

I chose APD instead of Haemodialysis for the following reasons:

1. The amount of time I had to spend in hospital, which could have been three days, a week spending up to seven hours each day for the treatment, which would have felt like spending most of my life in hospital. This amount of time would have included the actual treatment, cleaning before and after treatment, and transport to and from hospital.
2. My blood pressure used to shoot up when on Haemodialysis in the early days, which meant I had high blood pressure during treatment.
3. Treatment seemed lonely but with dialysis at home I felt I was among my own people and this helped me psychologically.
4. Since opting for Peritoneal Dialysis I have felt in control of my time management and as soon as I got into a routine, life style became busy with my husband's work. Life became full and I am sure this helped alleviate depression.
5. Under Peritoneal Dialysis you monitor your dialysis at home and that helps you to understand your body better. You also dialyse daily so can be a little more flexible with regard to occasionally indulging in food that you would normally avoid because of kidney failure. However this indulgence in food must be strictly controlled if you want to be stable and a family support in this area is a big help

As everybody who is on CAPD or APD knows, while on PD therapy the onus of maintaining a good regime of hygiene to avoid infection control is left to the individual.

This would typically involve:

1. Doing the PD exchange in a 'safe and clean' environment using the recommended ASEPTIC technique
2. To regularly clean the catheter exit site
3. To safeguard the security of the catheter to the skin. (There is a risk of the tube being pulled which can cause a lot of discomfort and problems).

Where the catheter exits from the tummy must be covered and secured by a sterile dressing. The end of the catheter is then also taped to the skin. I have found that pulling the end of the catheter into a fabric pouch is very comforting and has a number of benefits for me.

ARE YOU HAPPY WITH THE CAR PARKING ARRANGEMENTS AT HAMMERSMITH?

When you arrive at Hammersmith Hospital for an appointment you can park in one of two car parks. One is outside Ham House on the drive between Wormwood Scrubs Prison and the Hospital costs £1 80 an hour or part of an hour 24 hours a day seven days a week. The big one behind the hospital and below the Linford Christie Stadium is £1 80 an hour or 90 pence for thirty minutes but is free after 6-00pm and on Saturday and Sundays.

All the meters are coin operated, which can cause problems for first time patients who do not have sufficient coins. As patients do not know how long their appointment will last it is difficult to know how much to put in the meter. As appointments can last up to four hours you will put £7 20 in the meter. If you are out of the hospital quickly you have wasted your money but if you put less in and your appointment is a long time you have to dash back to the car park to again feed the meter. In doing this you may lose your slot in the appointment queue and have to wait even longer. This situation can cause unnecessary stress on the patient and adversely affects your blood pressure reading.

If afterwards you have spare time on your ticket you might hit on the idea of passing it onto another patient but this is not possible as your ticket requires the registration number of your car. Both car parks operators are in effect defrauding patients who overpay by not offering a refund system. If however you decide to throw caution to the wind and let your ticket expire you will find a fixed penalty fine on your windscreen placed there by a member of the frequent security patrols.

My local MP has forwarded my complaint the Head of Hammersmith and Fulham Council who are responsible for the Wormwood Scrubs car park and to Hammersmith Hospital PCT which controls the hospital car park.

I suggested that the Council could easily install a barrier system, as this would be fair, as patients would only pay for the time they have been parked. The security controls could then be redeployed on barrier security control and maintenance instead of issuing tickets. The Council reply was that the parking was cheaper than the Westfield Shopping Centre (a ludicrous comparison) and that they are undertaking a trial of an electronic visitor permit scheme in Hammersmith and Fulham with a view to implementation in July 2009 at Wormwood Scrubs. To date this has not been installed. The Hospital Administration unfortunately has not yet replied to my parking complaint.

As a continuous long-term patient I am making enquiries about obtaining a parking concession but I have been informed this is only available to those who are unemployed or on state benefits.

Patients in Scotland and Wales do not have to pay for hospital car parking. The Government answer is that they provide funding to the respective trusts and it is the trusts to decide how that funding is spent. You may ask, 'Who pays for this funding?' Well, we do as taxpayers. We fund the NHS and deserve a say how this money is spent and it is hugely unjust that we in England are overlooked. This is a tax on the sick and last year the hospital car parks grossed £100 million.

The Scottish Government says, "*It is simply not fair to expect patients or visitors to have to pay when they come to hospital, when they may be suffering personal anxiety, stress or grief. Put bluntly, a car parking charge is often the last thing people need. The abolition of charges will also help to reduce the financial burden on patients, staff and visitors to hospitals at a time when pressure on family budgets is increasing.*"

A positive example of what the Scottish Government is doing to help in these tough economic times.

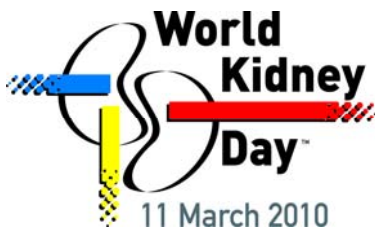
If you feel as strongly as I do about these unfair charges, please lobby your local MP and if enough people complain, perhaps the government will consider abolishing car parking charges for all patients, visitors and staff attending England's Hospitals.

Signed A disgruntled patient - no doubt one of many

Please let us have your views.

Send them to the editor Don Taylor by email dands.taylor@talk21.com

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SOME MORE DEFINITIONS YOU WILL NOT FIND IN THE DICTIONARY

I hope you have a laugh.

EGOTIST	Someone who is me-deep in conversation
INFLATION	Cutting money in half without damaging the paper
MOSQUITO	An insect that makes you like flies better
RAISIN	A Grape with sunburn
SECRET	Something you tell one person at a time
SKELETON	A bunch of bones with the person scraped off
TOOTHACHE	The pain that drives you to extraction
TOMORROW	One of the great labour saving devices of today
YAWN	An honest opinion openly expressed
WRINKLES	Something other people have - I have character lines