

# Vascular Action Chronicles

Interventional Nephrology by Nephrologists

## Getting to know our manager, Teesha Black, RT(R).

Teesha was born on the beautiful Island of Jamaica, a place where you can find amazing beaches, delicious food, and great music from one of her favorite artists: the Legendary Bob Marley. She is married and has two wonderful boys who play soccer. This keeps her very busy! Her favorite thing to do is gardening. It gives her so much joy and relaxation. Her husband calls Teesha "The Plant Whisperer" since she can take a dying plant and bring it back to life. She also enjoys watching the sunset on the beach. The colors of the sky take her breath away! This rejuvenates her mind and brings forth a sense of peace and tranquility.

*"I learned that courage was not the absence of fear, but the triumph over it. The brave man is not he who does not feel afraid but he who conquers that fear."*

*Nelson Mandela*

## Let's Talk Options!

### #1 - Hemodialysis



One option for patients with kidney failure is hemodialysis. With this option there are two forms: In-Center and Home Hemodialysis.

Both forms of hemodialysis require a high blood volume to dialyze with the prescribed blood flow of around 450cc per minute.

In-Center Dialysis is staffed by nurses and technicians who assist and monitor the patient during treatment. There are usually three treatments per week. A central catheter, graft, or fistula are functional accesses to use.

Home Hemodialysis allows for more flexibility with the treatment schedule. This option requires a partner to assist and monitor the patient. It allows the patient to dialyze more than three times per week. The benefit to this is that less fluid is accumulated between treatments, and, therefore, less fluid needs to be removed. Patients have a lower chance of becoming hypotensive due to reduced fluid removal.

Both In-Center and Home Hemodialysis have an option of a Nocturnal shift which allows patients to maintain a more normal daytime lifestyle.

Either hemodialysis choice is a safe and reasonably quick way to clean the blood outside the body with an artificial kidney. But, there is no argument amongst kidney doctors that fistulas and grafts are far superior to catheters.

## Joke of the day

**Why did the scarecrow receive an award?**



**Because he was  
“out standing”  
in his field!**

## The Manager’s Message: The Patient Portal

As the healthcare industry continues to grow, the patient portal is a great tool that can be used to help patients become actively involved in their treatment and care. We would like to encourage our patients to use the secure patient portal to access their medical records. Our patients can view their clinical summaries, request an appointment, or even ask questions. Please login to [www.vascularactioncenter.com](http://www.vascularactioncenter.com). Select the link [vascularaction.medstreaming.net/PatientPortal](http://vascularaction.medstreaming.net/PatientPortal) which will take you to our electronic health record system MedStreaming. Once there, click the prompt and enter your username and password. Feel free to contact our center if you have questions regarding how access our portal. We look forward to hearing from you.

## Nurses Notes: The Fluid Meaning behind Dry Weight.

Understanding dry weight can be difficult at times because the value can change over time. Dry weight can be defined as one’s weight with ideal fluid balance where a patient is comfortable, hydrated, and has no thirst. Patients with kidney failure lose the ability to filter excess fluids and toxins out of the blood. This can lead to complications with other organs in the body such as the heart and lungs. Your doctor will establish your dry weight and adjust the number every 3-6 weeks until the target dry weight is reached. Dry weight is expressed in kilograms (kg). (1 kg = 2.2 lbs).

Taking too much fluid out of the body can result in symptoms such as cramping, dizziness, nausea, thirst, dry mouth, and rapid heart rate. Not taking enough fluid out of the body can result in symptoms such as swelling (in the legs, feet, arms, or around the eyes), cramping, headaches, difficulty breathing, and shortness of breath. Dialysis patients are encouraged to follow a low-salt renal diet, monitor weight gain using a digital scale, and keep a fluid/food journal. This will help in determining fluid weight gain as compared with dry weight gain.

\*\*\*Please see insert.\*\*\*

## Did you know?

**Fun Fact:**  
The kidney receives more blood during the day than any other organ!  
(25%)

## Do you have a question??

**We can help.**  
If you would like a specific topic discussed in an upcoming issue, please contact us.  
**813-872-8480**

## PUMPKIN SOUFFLE

Yield: 1 pie (6 servings )  
Serving size: 1/6 portion

*Recipe Corner*

### Ingredients:

- ½ cup frozen apple juice concentrate (not diluted)
- egg substitute equal to 2 whole eggs
- 1 12-ounce can pumpkin
- 1 cup whole milk
- ½ cup water
- ½ teaspoon vanilla extract
- ½ teaspoon ground nutmeg
- ½ teaspoon ground allspice
- 1 teaspoon ground cinnamon
- ½ cup grape nuts
- ½ teaspoon pumpkin pie spice (optional)

### Directions:

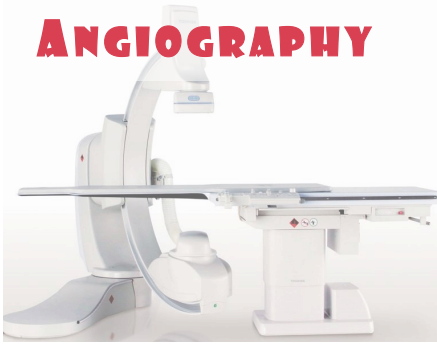
1. Preheat oven to 400°F.
2. Combine all ingredients except grape nuts in mixing bowl and stir well.
3. Spray 9" glass pie plate with cooking spray. Add mixture.
4. Sprinkle grape nuts on top.
5. Bake for 35 to 45 minutes or until knife inserted in center comes out clean.

### Nutritional content per serving:

- 129 calories
- 0 grams trans fat
- 120 milligrams sodium
- 5 grams protein
- 0 milligrams cholesterol
- 387 milligrams potassium
- 1 gram total fat
- 26 grams carbohydrate
- 112 milligrams phosphorus
- 0 grams saturated fat
- 3 grams fiber
- 98 milligrams calcium

Recipe taken from the 3rd Ed. Of Kidney Cooking, Georgia Council on Renal Nutrition, National Kidney Foundation, Georgia Division, Atlanta, GA

# ANGIOGRAPHY

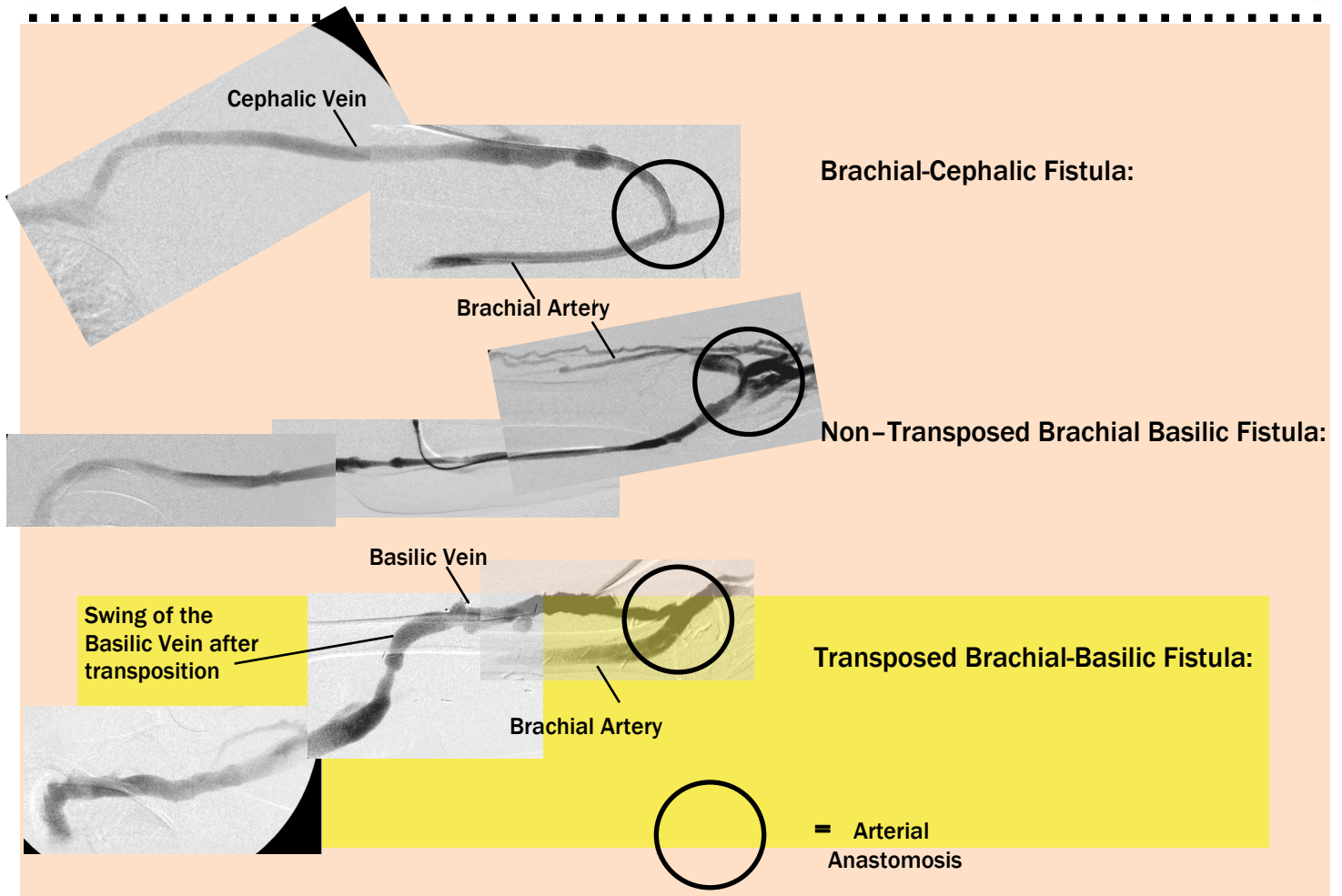


## Tech Talk...

Angiography is the medical imaging that makes your access evaluation possible. It is the gold standard of diagnostic and therapeutic vascular care. Using a minimal amount of x-ray and contrast, your access can be visualized from the artery that feeds the access all the way back to your heart. In the procedure room, under x-ray, a contrast agent is injected into your vein. Though the contrast is clear, it shows up on x-ray. A sequence of video images show the return of blood through your fistula or graft and through your central veins in your chest. An image can visualize a simple stenosis, or narrowing, but our live x-ray video reveals clues as to how the fistula fills and empties so we can repair more complicated issues. This prevents a small problem from becoming a bigger issue.

an·gi·og·ra·phy / anjē'ägrəfē

n. examination by X-ray of blood or lymph vessels, carried out after introduction of a radiopaque substance.



These are the most common fistulas created by the surgeon. All of them are good. The transposed fistula is obtained by two surgeries. The first surgery is to connect the vein to the artery and the second surgery is to move the vein to a place under the skin that is easy to cannulate.

( See Vascular Action Chronicles—Volume 1 for more information on cannulation.)

# WORD SEARCH

J	M	A	D	A	X	X	J	T	N	E	M	E	V	O	R	P	M	I	A	
J	K	X	R	P	B	W	R	G	B	T	H	R	S	C	I	F	E	V	D	ANGIOGRAPHY
X	P	N	Z	A	Y	Y	I	R	I	Q	A	W	H	C	W	W	Z	N	B	DRY
H	R	O	O	E	M	O	U	A	N	G	I	O	G	R	A	P	H	Y	U	WEIGHT
M	O	F	R	F	V	I	Q	U	E	S	T	I	O	N	S	J	V	D	J	URINATION
C	C	I	U	T	S	K	J	I	Q	L	H	E	X	O	U	F	O	I	B	PROCEDURE
I	E	L	G	E	A	J	G	Y	B	O	O	E	T	M	B	L	G	E	L	SWELLING
I	D	T	E	R	G	L	C	F	I	K	W	A	Z	I	E	K	R	T	S	PINCH
J	U	R	J	O	T	U	U	I	N	U	S	F	R	R	Z	Z	H	J	O	SHEATH
S	R	A	K	V	H	A	R	M	Q	N	F	O	G	G	K	C	R	G	D	PORTAL
H	E	T	L	N	G	O	I	X	K	R	E	W	M	N	N	Q	F	E	K	BRUISE
A	B	I	N	O	I	S	N	E	T	O	P	Y	H	I	S	S	V	H	N	HYPOTENSION
R	E	O	L	G	E	S	A	J	T	L	N	E	P	L	H	M	S	W	U	HEMODIALYSIS
K	S	N	Y	P	W	S	T	Z	P	J	M	R	H	L	H	I	B	J	O	DIET
W	H	N	U	R	M	H	I	T	K	V	P	S	E	E	X	Z	K	U	Q	QUESTIONS
E	E	K	S	K	D	E	O	L	K	I	K	A	R	W	V	E	D	P	G	FILTRATION
E	H	Y	J	U	R	A	N	R	G	O	X	W	E	S	I	A	J	N	E	IMPROVEMENT
K	G	W	J	K	J	T	E	Q	F	E	P	M	Y	J	O	H	B	N	U	
P	T	O	V	G	Q	H	N	Q	G	Y	M	D	R	A	H	C	I	R	A	
S	S	I	S	Y	L	A	I	D	O	M	E	H	D	G	F	A	R	M	U	

## Asunto en Español

### EL PESO SECO ¡ALGO PRIMORDIAL!

Cuando una persona entra en diálisis, generalmente deja de orinar o la cantidad de orina es cada vez menor. Por ello, todo el líquido que introduce en su cuerpo no puede expulsarse de forma natural y se acumula en donde no debe, esto provoca un aumento de peso e incluso en ocasiones puede provocar dificultades para respirar, fallo cardiaco y aumento de la presión sanguínea. Para evitar esto, la cantidad de líquido que se puede ingerir al día está en relación a la cantidad que se orina en ese mismo período de tiempo, de tal modo que se puede ingerir medio litro de líquido más de lo que se orina. Pero ¡ojo ! Hay que tener en cuenta el líquido que aportan los alimentos.

### ¿QUÉ ES EL PESO SECO?

El peso seco es nuestro peso al finalizar la diálisis, cuando ya se ha extraído el exceso de líquido, y con el cual nos sentimos bien. Por debajo de este peso puede aparecer hipotensión, calambres musculares, mareos, sudoraciones y hasta pérdida de conciencia. Por encima, puede aparecer fatiga. La diferencia con el peso ideal y el peso seco es de 1-2 kg, normalmente entre dos sesiones de diálisis no se deben coger más de dos kilos de peso. Siempre hay que pesarse antes y después de cada sesión, antes para ver el peso que se trae y cuanto va a ser la ultrafiltración necesaria, y después para comprobar cuanto peso se ha perdido y si se ha conseguido el peso seco necesario.

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Information presented here is intended for the purpose of education and enrichment and is not intended to diagnose or treat any condition or substitute for medical advice.

Consult a qualified physician of your choice for diagnosis and/or treatment.