



Kidney News

Newsletter of the Canberra Region Kidney Support Group Inc.
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The views expressed in this newsletter are not necessarily those of the CRKSG.

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Issue 1

ACT Young Australian of the Year 2006



CRKSG member & kidney patient Sharon Sobey is an inspiration on how to overcome adversity and help others through her extraordinary efforts in volunteering.

Sharon Sobey's dedication to serving others is best illustrated in her voluntary work with the Canberra Blind Society and with the Joey Scout Movement. Sharon also founded a social group for vision impaired young people and organises activities to provide social support for other young people. She coordinates outings for visually impaired people through the Female Tandem Bike Riding Group and in 2005 Sharon was named ACT Volunteer of the Year. Sharon suffered from childhood cancer and was wheelchair bound for extended periods.

And now, despite further severe illness, she has completed a diploma in social welfare and has trained as a telephone counsellor. She plans to continue serving the community as a volunteer, for example, by teaching people to read Braille. Sharon's mobility has been improved with the help of her friend, Lena, her seeing-eye dog. Although Sharon is blind she is indeed a spirited and courageous young Australian who continues to contribute to her community.

Sharon and her guide dog Lena played an important role in the Opening Ceremony of the Commonwealth Games as they shared the honour of carrying the Commonwealth Flag with fellow Young Australians of The Year.

Information about Young Australian of The Year can be found at www.australianoftheyear.gov.au



First World Kidney Day 9th March 2006

Kidney Health Australia proudly supported the first World Kidney Day on Thursday 9 March 2006 and in recognition of this day, a forum for people living with chronic kidney disease was held at The Canberra Hospital.

Approximately 30 people attended to learn more about

- sexuality and kidney disease
- depression and kidney disease
- nocturnal dialysis

The forum was interesting and informative and plans for future events during Kidney Awareness Month and beyond are underway.

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National Organ Donor Week. The Australian Organ Donor Awareness Week was held from 18th February until the 25th. Aimed at providing awareness of organ donation in the community, it also promotes the importance of family discussion on this critical issue.



Above: Photos of the friendly and helpful volunteers and members from CRKSG lending their support to National Organ Donor Awareness Week 2006, by providing a sausage sizzle at The Canberra Hospital.

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## **KIDNEY AWARENESS MONTH 2006 SUNDAY 28 MAY TO 30 JUNE 2006**

**Wee Week 2006** is themed *Are you 1 in 3? Ask your GP* and will focus on the importance of having a regular kidney and urinary health check, particularly for the 1 in 3 Australians who are 'at increased risk' of kidney disease.

Wee Week is conducted during the first week of Kidney Awareness Month commencing 28 May.

**Canberra Region Kidney Support Group (CRKSG) will be holding a Sausage Sizzle at The Canberra Hospital on Thursday 1 June 2006 in support of this awareness program.** Watch for other activities being planned for this week and get involved.

### Farewell to Alison Sargeant (for now)

Many renal patients in the Canberra region will have met Alison Sargeant from The Canberra Hospital Renal Unit. Whether checking your blood pressure, or giving you your blood test results, or even just a quiet chat about how you are going, Alison has always been a very friendly and caring renal nurse. Alison has decided to take the plunge, across the Tasman Sea to temporarily reside with our antipodean neighbours in New Zealand. CRKSG would like to take this opportunity to thank Alison for the courteous, professional and caring manner in which she has conducted herself when dealing with renal patients and also to wish Alison every success and happiness in the future. *We would also like to welcome the new Pre-Dialysis and Renal Transplant Co-ordinator, Vanessa Jones.*

Before Alison left, CRKSG were able to learn a little more about Alison in this interview.

1.Name: [Alison Sargeant](#)

2.Date of Birth: [06 November 1975 \(That's right a Scorpio\)](#)

3.Are you a Canberra girl born and bred? [No, I was born in Albury](#)

4.Tell us a little about your childhood, where you were brought up, what you wanted to be when you grew up, do you have brothers and sisters?

[I grew up on a farm 15km North of Albury at a place called Table Top. I have 1 sister and 2 brothers. When growing up, I wanted to be a Nurse, of course.](#)

5.Where did you earn your nursing qualification and when/why did you decide to specialise in renal?

[La Trobe University in Albury/Wodonga. I began my Renal Nursing career at the Dialysis Unit at Wodonga Hospital. Before my move to Canberra I lived in Sydney where I also worked in Renal.](#)

6.Are there any nursing practitioners or medical staff who have had a major positive influence on you?

[Mikki Smyth, who has been a great colleague and friend to work with.](#)

7.How long have you been at The Canberra Hospital, and what are some of the big changes you've seen happen there? [5 and half years](#)

8.What is special about renal and renal transplant nursing?

[The patients are definitely special, but also Renal Nursing is rewarding and challenging.](#)

9.What is one of the funniest moments you can recall whilst working at TCH?

[A certain Renal Physician \(AKA Dr Gavin Carney\) dressed up as the "Man in Red" at the Staff XMAS Party in 2004.](#)

10.What improvements would you like to see for the future treatment of kidney patients?

[Continual advancement in immunosuppressive agents especially to reduce side effects.](#)

11.You obviously cycle to keep fit, what are some of your most memorable rides?

[One ride that many people still continue to remind me about is the one where I did battle with a stationary object \(cement light pole\) resulting in a fractured kneecap. I also enjoy running, and the Bright 4 Peaks has to be a highlight. The event entails running up Mt Mystic, Mt Feather Top, Mt Hotham and Mt Buffalo over 4 days. Painful but fun!!](#)

12.Are you into rugby union, rugby league, AFL and which teams do you support? (if any)

[Being an Albury girl it has to be AFL -North Melbourne.](#)

13.Favourite holiday destination?

[Anywhere with great food, wine and preferably Mountains.](#)

14.Favourite movie/TV show. [ER and HOUSE](#)

15.Favourite actor/actress. [Johnny Depp](#)

16.Favourite food. [Chocolate-what other food is there](#)

17.Favourite drink. [A glass of Cabernet Sauvignon, otherwise water \(very boring\)](#)

18.Favourite colour. [Burgundy](#)

19.Favourite number. [6](#)

20.Any words of advice/encouragement to those recently diagnosed with kidney disease?

[It is important to gain as much information as possible about treatment options and I recommend seeking advice and support from individuals and groups such as the Canberra Regional Kidney Support Group](#)

21.Any words to the renal patients and staff you have worked with. [Thankyou. It has been a pleasure caring for and working with everyone.](#)

22.What are your plans in NZ and beyond? [I will be working at Dunedin Hospital, in the Renal](#)

[Department. My partner, John, will be studying Physiotherapy at the University of Otago. After John has graduated and we have exhausted ourselves skiing all the great ski slopes of New Zealand, we plan to return to Canberra-so it is only goodbye for now.](#)



**CALENDAR OF EVENTS**

**Canberra Region Kidney Support Group Meetings**

When: The Second Tuesday of each month.  
9<sup>th</sup> May, 13<sup>th</sup> June, 11<sup>th</sup> July, 8<sup>th</sup> August  
Where: The Pearce Community Centre  
Building 1, Collett Place  
Pearce ACT 2607  
When: 7.30 pm

The CRKSG needs members to:

- Lobby or participate as Patient Representatives,
- Contribute to the newsletter, and
- Act as patient support officer.

The CRKSG can provide the infrastructure that can support anyone with bright ideas that further the aims of the group.

**Renal Education Program: “Living With Kidney Failure - 2006”**

May 19th and 26th  
August 18th and 25th  
November 17th and 24th

Venue- Seminar Room 1, Level 3,  
The Canberra Hospital  
Need to RSVP to Mikki Smyth - 62443062

**Transplant Education Seminar for 2006**

October 27th

Venue - Seminar Room 1, Level 3,  
The Canberra Hospital  
Need to RSVP to Mikki Smyth - 6244 3062

**Living a Healthy Life with Chronic Conditions Course**

The “Living a Healthy Life with Chronic Conditions” Course is a six week education program, two and half hours per week, designed to assist people with chronic conditions to develop ways of taking a more active part in their self care. *The Course is free to participants.*

Contact: Community Health Intake 6207 9977 or Arthritis ACT 6288 4244 SHOUT 6290 1984

**Happenings**



**Dr Balaji Hiremagalur  
Departs**

Dr Balaji Hiremagalur’s last day at The Canberra Hospital was the 15<sup>th</sup> of April 2006. He left to take up the position of Director of Nephrology at the Gold Coast Hospital.

CRKSG wish Balaji and his family all the best for the future and thank him on behalf of all his patients.

**Wee Week**

Watch for happenings for Wee Week (28 May to 3 June), including CRKSG having a Sausage Sizzle at The Canberra Hospital on Thursday 1 June 2006.

**Pay Parking at The Canberra Hospital and Calvary Hospital**

Pay parking is expected to be introduced in July 2006, and is to work on a ‘pay and display’ system.

Patients/visitors who are to be exempt from pay parking include:

- Holders of a health care card;
- Patients required to attend multiple times per week (as determined by the clinical area);
- Renal dialysis patients.

Details are still to be determined as to how this is to be administered.

Further details on pay parking can be found on website [www.health.act.gov.au](http://www.health.act.gov.au) (Latest News).

If you have some happenings or would like to congratulate someone, let us know. Contact the CRKSG at [crksg@yahoo.com](mailto:crksg@yahoo.com) or [crksg@shout.org.au](mailto:crksg@shout.org.au) or PO Box 5051, GARRAN ACT 2605

## The Bendigo Buttonholing Experience

*By Anna Flynn, Nurse Unit Manager  
Dialysis Unit, Bendigo Health Care Group, Victoria*

We have been led to believe that there are few, if any, in-centre dialysis units in Australia using the buttonhole method of cannulating for haemodialysis access. With this in mind we want to give a report on how we are progressing in Bendigo and hopefully inspire other units to try something different. If there are other in-centre units using this method we would love to hear from you, so as to compare notes etc.

Our interest in buttonholing commenced with attending the Nephro Asia conference early in 2004 and attending lectures by Jean-Pierre Van Waeleghem and Tony Goovaerts. These two lovely gentlemen and nurses are very involved with buttonholing in Belgium and Europe and have been doing so for many years with positive outcomes for fistula survival.

Consequently following a number of discussions throughout the conference, we broached the subject with Jean Pierre of attending our annual Rural Renal Study day in Bendigo, in the October. To our delight he expressed an interest to attend. Following numerous emails and phone calls, and many thanks to Amgen for their support, we were able to present Jean Pierre as guest speaker at our study day 2004.

At the time we had in mind a couple of haemodialysis clients with difficult to cannulate short fistulas, as potential candidates for buttonholing. We recognised the importance of obtaining the support of our two renal physicians (Dr Greg Harris and Dr Chris Holmes) before commencing buttonholing and so arranged their meeting with Jean Pierre prior to the study day and their attendance at his lectures.

At around the time of the study day we had a client ready to cease treatment because there were many difficulties associated with cannulation. She was probably averaging four cannulating attempts each dialysis session and had begun to hate attending for treatment. The difficult cannulations were of course causing time delays for her treatment sessions and she was always last on and last out of the department. Following the study day her physician discussed the buttonhole method with her and with some skepticism she decided to give it a few weeks trial.

That was over a year ago and now she has established buttonholes she no longer fears coming in for her treatment. She knows that predictably she will have

two cannulations and be dialysing within 15 minutes of sitting in her chair.

As a result of this first success we had a number of other clients request information about buttonholing and then ask to be considered for this method. They could all see the benefits of the technique and it became a hot topic in the waiting room. We have buttonholed 10 of our 36 clients to date and are developing assessment criteria for future candidates.

Outcomes to date:

- Decrease in stress levels of clients with 'difficult' fistulas
- Decreased obvious signs of cannulation sites (visually more pleasing for clients)
- No problems with aneurysm formation
- No infections with fistulas related to cannulating
- Decreased stress levels for staff (particularly the less experienced) cannulating 'difficult' fistulas
- Fewer time delays due to successful first attempt cannulations
- Decrease in site haemostatic time at end of treatment

Obstacles:

As a country/satellite unit we are faced with sending clients to their parent metropolitan unit from time to time for treatment. There have been incidences where staff at these units either do not understand or do not agree with the technique of buttonholing and we have lacked their support for what we are trying to achieve. Mixed messages have created much anxiety with clients and reassurance has been required on return to Bendigo. Hopefully, with further education and acceptance of this method within haemodialysis circles, this hurdle will be overcome.

For button holing to be correctly undertaken, once the track has been established after 3 to 6 weeks a switch to 'dull' needles should be made. This is so the track is not being potentially damaged and re-cut, with each new needle or operator. To date we have had difficulty establishing a constant supply of 'dull' needles. As a satellite we are faced with many battles one of which is obtaining any supplies that are not standard 'price per treatment' stock. Twelve months ago there were limited supplies in the country. This, however, has now changed and the needles are readily available through a couple of different suppliers. We aim for best practice and as such will obtain a constant supply of 'dull' needles one way or another in the New Year.

*Continued next page*

*This article was first published in the February 2006 edition of 'Communique', the newsletter of the Renal Society of Australasia and is reproduced with their permission.*

*From the internet: Buttonholing is the use of a sharp needle to create a scar tissue tunnel track in a given site. The track is a tunnel that is created by the formation of scar tissue – exactly like the hole created in an earlobe for a pierced earring. This track goes from the surface of your skin to the outside wall of your fistula (blood vessel wall). Once the track is well healed, there are no nerves or tissue in the path of the needle to cause you pain.*

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UIC surgeons first to use robot for living-donor kidney-pancreas transplant

Surgeons at the University of Illinois Medical Center at Chicago are the first in the world to use robotic surgery to successfully remove a kidney and pancreas from a living-donor as part of a successful transplantation.

UIC is one of only two centres in the United States to perform living-donor kidney-pancreas transplants, and the only centre to use robotic technology for the removal of these two organs.

The recipient, a 34-year-old man with Type 1 diabetes, suffered kidney failure as a result of the disease. His wife donated her left kidney and approximately 50 percent of her pancreas to her husband.

Both organs were removed through a 2 3/4-inch incision and then transplanted into the recipient during traditional open surgery. The kidney and pancreas are functioning normally and the patient no longer requires insulin to control his diabetes.

The donor and recipient, who do not wish to be identified, are doing well. The donor was discharged from the hospital Jan. 17 and her husband will be discharged today

"The robot allows us to perform complex surgeries laparoscopically and spares the donor from open abdominal surgery, a large scar and a prolonged recovery," said Dr. Enrico Benedetti, professor of surgery at UIC and division chief of transplantation surgery. "In this case, it allowed us to more delicately preserve the splenic artery and vein and maintain the viability of the spleen."

According to Dr. Santiago Horgan, director of minimally invasive surgery at UIC, robotic-assisted minimally invasive surgery vastly expands laparoscopic capabilities by allowing surgeons to view the operating field in 3-D using a tiny camera to manipulate instruments more precisely.

The robotic system also provides a 360-degree range of motion, using instruments modeled after the human wrist. This dexterity is not possible with traditional laparoscopic instruments, which are suitable for only a narrow range of surgical procedures.

UIC surgeons performed the first robotic-assisted surgery in Illinois in 2000. Since then, more than 500 robotic surgeries have been performed at UIC for a variety of procedures including kidney donation, gall bladder removal, gastric bypass and Lap-Band for treatment of obesity, and esophageal repair.

For more information visit www.MyMedCenter.org and <http://www.uic.edu>

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### **World Kidney Day (continued)**

The International Society of Nephrology (ISN) and the International Federation of Kidney Foundations (IFKF) have jointly launched a World Kidney Day to:

Increase awareness of chronic kidney disease and its associated cardiovascular morbidity and mortality, and to draw attention to the urgent global need for early detection and prevention of chronic kidney disease. Each year World Kidney Day will be held on the second Thursday of March, which began with Thursday March 9, 2006.

Early Detection and Prevention was the theme for the inaugural World Kidney Day.

The principal focus of World Kidney Day (WKD) is to raise awareness among general physicians and primary healthcare professionals of the role of the kidney as a risk marker in related chronic diseases (such as diabetes and cardiovascular diseases) and the pressing need for early detection of any form of kidney impairment.

Early detection can be accomplished through systematic testing for serum creatinine or urine albumin – particularly in high risk individuals such as those over 50 or in individuals who are obese; who smoke; who have diabetes (or a history of diabetes in the family) or have hypertension.

*Continued Page 7*

Kidney Health Australia activities included:

- Pre-recorded interviews with nephrologists, issued as a web podcast on World Kidney Day Launch of the Australian Costing of the Burden of Kidney Disease.
- Meeting with Commonwealth Government health representatives on kidney disease issues.

Enquiries: Janine Bevan - janine.bevan@kidney.org.au or phone 02 6278 6510

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Flame of Life

A new symbol of hope for organ and tissue donation, the *Flame of Life*, was unveiled for Organ Donor Awareness Week. The flame has made a journey around Australia to raise awareness of organ donation and encourage more people to register as organ donors.



Above: ACT Organ Donor Coordinators Holly Northam and Erika Gorecki with the Flame of Life.

Dental health for people with kidney disease

Good dental health isn't just about preventing cavities and keeping your gums healthy. Both tooth decay and gum disease can lead to infections that can cause problems for people with kidney disease and those who have diabetes.

Special considerations for those with kidney disease

A recent study in the Journal of Clinical Periodontology reported that people with kidney disease and those on dialysis are more likely to have periodontal disease and other oral health problems than the general population. Buildup of bacteria in the mouth can cause infection. Because people with kidney disease have weakened immune systems, they are more susceptible to infections. The inflammation caused by periodontal disease is a risk factor for cardiovascular disease. Regular visits to the dentist can cut risk of infection and periodontal disease.

Bone loss in the jaw can occur in those with kidney disease. Calcium imbalance contributes to loss of calcium from the bones resulting in weak bones. Weak bones can cause teeth to become loose and potentially fall out. The best way to help prevent bone loss is to make sure calcium and phosphorus levels stay within the goal range.

Kidney patients are advised to tell their kidney doctor when a dental procedure is required. The doctor may recommend antibiotics be taken prior to the procedure to help guard against infection. The dentist should be made aware that their patient has kidney disease or is on dialysis. The dentist will take this into consideration during treatment and if prescribing medicines. Ideally, dental procedures, such as tooth extraction, should occur on a non-dialysis day for those on haemodialysis. Heparin, administered during haemodialysis, may cause some people to have extra bleeding.

During workup for a kidney transplant a person will undergo a thorough oral exam. Infections from gum disease or advanced tooth decay can prevent someone from being eligible or delay the transplant until dental work is completed.

Because kidney patients may be occupied with treating their renal disease, they may forget to visit their dentist and use other measures to prevent dental disease. Both gum disease and tooth decay are treatable and preventable; following the dentist's recommendations regarding brushing, flossing, exams twice a year and professional teeth cleaning can help teeth and gums stay healthy.



**MEMBERSHIP APPLICATION
OR
MEMBERSHIP RENEWAL
FOR FY 05/06**

Post Application to:
Canberra Region Kidney Support Group Inc
ABN: 77 396 063 641
PO Box 5051 GARRAN ACT 2605.

Last Name: **First Name:**.....**Phone No:**.....

Address:.....**E Mail:**.....

I would like to make a voluntary donation to CRKSG for the amount of: \$..... Membership is free.
All Donations over \$2 are tax deductible. Cheque/Money Order payable to CRKSG Inc
Please accept this application for membership to the Canberra Region Kidney Support Group Inc

Signature:.....

Date:.....

Canberra Region Kidney Support Group Inc
PO Box 5051
GARRAN ACT 2605

POSTAGE
