

Monday, November 06, 2006

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Dialysis patients know renal failure is not a death sentence

By EMILY WHITAKER Staff Writer

11/6/2006 - Renal failure is a growing affliction that affects hundreds of thousands of Americans.

Because it requires three to four hours of treatment at least three days a week, many patients suffering from renal failure feel they have lost control of their lives.

One Warren native, however, feels differently.

According to Pam Brocklebank, who has been battling diabetes and renal failure for almost 40 years, the treatment – dialysis – is “really not all that bad.”

Enabling her to live life on her own, she says the dialysis she receives at the Renal Care Warren Center at Warren General Hospital has not only saved her life but given her something to live for.

“For me it’s fun,” she said. “I am so glad to be able to have a normal life.”

Diagnosed with juvenile diabetes at the age of 4, Brocklebank suffered complete kidney failure when she was 25.

“I went blind for about a period of a month,” she said. “I couldn’t live alone any more, so I had to move back in with my parents.”

Receiving a transplant kidney from her father, she was eventually able to undergo operations to regain her sight.

Twelve years later, however, the kidney Brocklebank received from her father also failed.

Undergoing dialysis treatments at Renal Care Warren for the past two years, Brocklebank is grateful to have a dialysis facility



Photo by Emily Whitaker

Dialysis

Warren native LuEllen Brocklebank, left, is very thankful for the treatment she receives at Renal Care Warren. Pictured with Pam Shay, director of nursing, Brocklebank has just finished one of her four hour dialysis sessions.

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"I think they do a remarkable job here," she said. "It's hard, and they handle it well."

According to Pam Shay, director of nursing at the Renal Care Warren, the center does its best to treat patients currently on dialysis.

"Without dialysis, there is a very low survival rate for kidney failure patients," she said. "We hope to give patients a good quality of life here."

According to Shay, while the staff's primary focus is on the quality of care provided to patients, the center does have one growing concern.

Primarily funded by Medicare, the services offered to patients by Renal Care Warren are not fully reimbursed by the Medicare program. In turn, the services are becoming increasingly expensive for the center to provide.

"Medicare re-evaluates the dialysis program on an annual basis," said Shay. "It's not necessary."

"In fact, often times we lose money because of it."

Among other cost factors such as personnel, many dialysis centers throughout the United States find themselves in a similar financial situation.

In order to help combat the rising costs of dialysis, the Kidney Care Quality and Improvement Act of 2005 was initiated to seek congressional aid in expanding patient and public education, improving the End-Stage Renal Disease (ESRD) payment system, establishing a framework for annual updates, aligning incentives for physician surgical reimbursement and establishing a uniform training for patient care dialysis technicians.

"If we had the funding we could go out and educate people," said Shay. "If we could offer a pre-renal failure class where people could come and learn about things like diet and activity, we could help them to make informed decisions about dialysis. We may be able to prevent the need for dialysis, too."

Affecting more than 600,000 Americans, renal failure and the struggle to fund dialysis treatments continue to plague patients and treatment centers.

"Sometimes you just don't feel like getting out of bed," said Brocklebank in regards to living with renal failure, "but without treatment, you know you never would get out of bed."

"You have to take the good with the bad."

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