

Raising awareness of kidney disease

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By Amy Klein

Arrogant people have big heads, selfless people have big hearts, and Herman Oetken of Le Mars has a big kidney. Actually, his kidney is about the size of a washing machine.

Oetken is one of 400,000 Americans with irreversible kidney failure, and he has to receive hemodialysis three times a week.

End Stage Renal Disease (ESRD) destroys the blood's natural cleansing system in the kidneys. Patients who suffer from ESRD are left with little or no kidney function. Without a way for the body to remove toxins from blood, a victim of ESRD will likely die without treatment or a kidney transplant.

"I guess they call it 'end stage' because it's the end," Oetken said with a laugh, indicating that most patients undergo dialysis for the rest of their lives.

The availability of organs is low, so most people are forced to undergo dialysis three times a week.

Hemodialysis is a process which replaces normal kidney functions. A hemodialysis patient is hooked up to a dialysis machine through a surgically enlarged vein which allows mass blood flow. The blood flows into the dialysis machine where toxins are filtered out and the clean blood returns to the patient. It is a continuous process so the patient does not lose blood.

The process takes a tiring four hours.

Oetken travels from his home in Le Mars to Sioux City every Monday, Wednesday, and Friday to sit in his chair and get cleaned out.

"It gets pretty lengthy. I have trouble sleeping, some people can sleep through a couple of hours," he said.

Oetken started having kidney problems around eight years ago. He was fighting high blood pressure. Unlike most ESRD patients, he never had diabetes.

A kidney biopsy and urine tests determined he had about 50 percent kidney function left.

His kidney completely deteriorated four years ago and he had to start dialysis.

Having kidney problems doesn't only mean tedious treatments, patients also have to follow a strict diet.

Since the body is not filtering out toxins to pass through as urine, food and liquid intake has to be monitored closely, and it's not a normal diet.

Oetken warns that while on dialysis, it's very easy to gain weight. When a patient gains too much weight, the dialysis machine has to work harder to move more fluid through the system.

To keep from gaining weight, especially fluid weight, the diet of a kidney patient is very specific.

Most diets call for a lot of water consumption, but kidney patients have to severely ration their water intake.

Oetken reports being frequently thirsty, and not being able to eat foods such as JELL-O® and ice cream. To alleviate thirst, patients are advised to chew on ice and suck on frozen fruit.

"They're all fluids so they all enter the picture on how much weight you gain," Oetken said. "When your kidneys aren't functioning, you're not passing any urine through your system, it's all accumulating.

"A can of pop is twelve ounces, you gain a pound real fast."

With today's out of control portions, Oetken looks at simple drinks in a different way.

During a recent dialysis session, Oetken remembers watching a television advertisement for a convenience store. The store was giving away a 32 ounce drink with a certain purchase.

"I thought, 32 ounces, that'd be two pounds," he said with a laugh. "So . . . people like me don't do that."

Oetken measures his fluid intake with a small 2 1/2 ounce glass he keeps at home.

Oetken has to also limit his intake of certain minerals, such as phosphorus, potassium, and salt. He also takes vitamins to regulate his blood pressure.

With this diet, foods that are normally encouraged are off limits, such as tomatoes, bananas, and orange juice.

Things Oetken is encouraged to eat almost follows an Atkins-type diet.

"You eat more meat. When you're on kidney dialysis, you don't produce bone marrow in your body," he said.

The high-protein diet gives strength to patients.

Oetken isn't enthused about the high protein diet.

"They encourage us to eat meat, but meat really doesn't taste that great, I just don't have the appetite for it like I used to," he said. "That might be age, I think as we get older, foods change."

Many common foods have to be unusually prepared to be safe for dialysis patients. Potatoes have to be peeled, sliced, and soaked in water for six hours before the potassium levels are safe enough for eating.

Once a month, kidney dialysis patients get blood drawn for tests on 30 different factors.

"I don't even know what some of those tests are for, but we get a sheet about that long," indicating a length slightly longer than a normal sheet of paper.

The tests also show the progress a patient has made.

Oetken talked about how a patient might feel when he or she does not monitor their diet. Between dialysis sessions, (usually a two-day span) Oetken can gain four to five pounds. Over the weekend, he can gain up to seven or eight pounds, even with careful monitoring of food and fluids.

He said during that last day, he can really tell the difference. He doesn't feel as well and his feet will start to swell from the fluid building up.

Without dialysis, ESRD patients like Oetken would experience more than swelling and discomfort, but many ESRD patients are struggling to get the help they need.

ESRD has its own Medicare program, but it is struggling to help its growing number of patients.

ESRD is coupled with the obesity epidemic. Many obese people develop diabetes, which may bring on ESRD.

According to information provided by Kidney Care Partners, by 2030 it is estimated the number of ESRD patients will quadruple from 400,000 to 2.2 million.

The only way to help these patients is to either have a kidney transplant, or undergo dialysis.

Oetken never considered getting a transplant.

"Not at my age. I was 81 when I started, now I'm 85, but I kind of felt that, since my brother had it and I had it, it might be kind of hereditary, and I wouldn't expect my children to give me a kidney, which is the most compatible way," he said.

Kidney dialysis costs approximately \$4,000 per year, Medicare covers 80 percent of the dialysis expenses. Sometimes patients are on their own for the first three months of dialysis.

Also, the ESRD beneficiary is the only Medicare plan that is not adjusted for inflation, so it receives inadequate funding.

Kidney Care Partners, an organization working to help ESRD patients, is trying to propose a bill that would raise awareness of kidney disease and what can be done to prevent it. It would also supply more adequate health care.

Many dialysis clinics are losing money on their patients, and are forced into closure due to lack of funding, which is why patients like Oetken may someday have to drive even farther than Sioux City to get treatments.

The average ESRD patient is a racial minority, a Medicare beneficiary around the age of 65, on low or fixed income, and obese with onset diabetes and high blood pressure.

Oetken, who does not have diabetes, has most of his medical expenses covered by Medicare, but the remaining 20 percent is covered by supplementary health insurance. The drive from Le Mars to Sioux City however, is an inconvenience.

"It kind of ties up your week, three days you're here, and you have four days left in the week," he said.

Oetken said his four-year anniversary of dialysis was on July 3. At that time he had been on the dialysis machine 624 times, and he knows he isn't going anywhere.

"People ask me how long I have to do it, I say, 'well, it's a life sentence,'" he said.

As a result, he shows concern for young patients going on dialysis.

"I feel sad about that. I see young people on dialysis that are in their teens. Unless they get a kidney transplant, that's a long haul," he said.

Studies have shown American dialysis patients do not live as long as those in other countries, but Herman Oetken doesn't seem to be going anywhere. With his 2 1/2 ounce glass and his six-hour soaked potatoes, he is making sure he stays as healthy as possible without his kidneys.

"I feel pretty fortunate that I'm still around," he said.