

The Renal Review



Vancouver Island Kidney Patients' Association

March 2007

Board Election

This year's AGM was held on February 15. Most of the board members were re-elected with the exception of Gabor Brach and Pat Carson who have traded positions. Pat Carson is the new President and Gabor Brach the Vice President. Continuing in their offices are Teresa Melendez-Duke, secretary; Pat Chadwick, treasurer; Cheryl Jones, membership secretary. In addition four members-at-large were elected: Gary Pollock; Lita Rolofs; Danielle Belanger and Alex Ferguson.

Thank you to all the board members for their dedicated service to VIKPA, especially Gabor Brach for his three years as President.



VIKPA's 2007 board (from left): Pat Carson, president; Gabor Brach, vice-president; Teresa Melendez-Duke, secretary; Pat Chadwick, treasurer; Cheryl Jones, membership secretary.

VIKPA Membership Renewal

It is not too late to renew your membership, if you have not already done so. Brochures including membership application are available at all units. Membership runs from January 1 to December 31 and costs only \$5. Currently our membership stands at 137. Thank you to one and all that have sent in their fees. Your continued support is greatly appreciated and put to good use.

A big thank you also to all those people who have sent in generous donations. Please note that we now issue receipts for donations under \$10 only upon request to reduce the workload of our very busy treasurer. However, all donations, large or small, are always greatly appreciated.

Bursaries

If you or a family member needs assistance with college expenses, remember our bursary program. Vancouver Island kidney patients, a spouse, child or grandchild are eligible to apply for the Gordon Duthie Bursary to attend an accredited post secondary institution in British Columbia. Applications are available from your social worker and must be submitted before June 30 for consideration.

Golf Tournament, Auction & Buffet

Dee and Jake Sangha have announced the date of their annual golf tournament, a great fundraiser for VIKPA. This year's tournament will be held on Saturday, July 28, at the Cedar Hill Golf Course. Golfers, mark your calendar now. This is a fun and entertaining event which to date has brought in more than \$180,000 to help Vancouver Island renal patients. For more information, to register, or to make a donation contact Dee at 658-5480.

Disability Benefits

by Gary Pollock, dialysis patient at Cumberland

Many people with disabilities are eligible for tax benefits. However, they fail to apply or apply incorrectly and are turned down on technicalities. The government is very big on protocols and many times simple things get blown way of proportion. If you are unwell and/or stressed by financial complications, it is easy to give up. DON'T.

If you have a computer, go to www.cra-arc.gc.ca and select *People with disabilities* from the column on the left. This will open to a quiz on your eligibility for the disability deduction. Once you've established eligibility, a menu of Form t2201 options will be presented. Fill out the form even if you are still working. If you don't have a computer, ask your social worker for a copy. Take this to your doctor and have it filled out. Once submitted, it will change your classification on your income tax. A disability credit on your income status is worth over \$8000 in deductions from your taxable income. It also allows you to deduct any changes or improvements to your home required as a result of your illness. For example, you may need wheelchair access. You may need to install water and sinks to drain peritoneal dialysis cyclers. Read carefully the section on *People with Disabilities* in your income tax guide. This deduction is applicable retroactively to the date you became disabled.

You should also apply for Canada Pension disabilities if you are unable to work. Although it is based on contributions and earnings, there is also a minimum level. For 2007, the amount is \$405 and the top-up is based on your personal earnings and contributions. You must apply in writing and you should be notified within three to four months of a decision. It is not unusual to be turned down initially. Many times it is because the doctor has not filled out some part of the form correctly. If you are turned down, there is an appeal process to allow you to present your case.

If you have had any service in the public sector, you may be eligible for superannuation disability benefits. This information is available from B.C. Superannuation Benefits Corporation in Victoria. If you worked for the federal government or another province, check with your pension board for any available assistance.

Having the disability classification is important. It makes it easier if the need arises to receive emergency financial support through social services. Discuss these options with your social worker. Financial problems are the last thing you need to spend time worrying about when you are critically ill. Make sure you are aware of all the services available in your community and how you are going to access these in a time of need.

More detailed information with directed links will be posted on the Vancouver Island Kidney Patients' Association website (<http://www.vikpa.org>).

[Disability/Pension Links](#)

The Vancouver Island Kidney Patients' Association (VIKPA) is a volunteer, legally incorporated, non-profit society and a registered Canadian charity working for the benefit of all renal patients.

Our address is
 Box 5145, Station B
 Victoria, BC V8R 6N4
 Voice mail: (250) 595-3650
 Website: www.vikpa.org
 Email: info@vikpa.org

Deadline for the June issue is
 May 21, 2007.

All submissions and ideas for the newsletter are gratefully accepted and may be sent or emailed to the above addresses. This issue was compiled by Pat Carson, with layout by Lou Fasullo and Alison Phosy. Special thanks to Pat Chadwick and Lita Rolofs.

Thank you to everyone who contributed to the issue.

President: Pat Carson
Vice-President: Gabor Brach
Secretary:
 Teresa Melendez-Duke
Treasurer: Patricia Chadwick
Membership Secretary:
 Cheryl Jones:
Members-At-Large:
 Gary Pollock
 Lita Rolofs
 Danielle Belanger
 Alex Ferguson

Around The Island

Cumberland Community Dialysis Unit

from Elaine Rowan, RN

The Cumberland unit expanded on Feb 5th to include evening runs on Tuesday, Thursday and Saturday. Now it is open 6 days a week 06:30 to 23:30.

To handle the extra workload, we welcome Regena Vowles who moved from Nanaimo to Cumberland and Paula Cox, moving from the PA unit to Cumberland on Mar 6.

The two new dialysis chairs provided by VIKPA are a welcome addition.

Port Alberni Community Dialysis Unit

from Norm Taylor, Mid Island Kidney Association

MIKA fundraising meat draws continue at the Hospitality and Kingsway Hotels.

Patients are enjoying the three new dialysis chairs donated by VIKPA.

Nanaimo Community Dialysis Unit

from Elaine Rowan, RN

We welcome a new renal tech, Travis White, to the Nanaimo unit. The patients are enjoying the new blankets and cushions supplied by VIKPA.

Duncan Dialysis Unit

from Val Cousineau, RN

The Duncan Community Dialysis Facility has seen some changes over the last few months. Sadly we lost Joyce Morton. We had a few additions with Kym M. joining us and Carla K. returning to us.

We also saw some staff changes. We all wish Thelma Cumberbatch a long and happy retirement. Thelma gave much to the renal program and her efforts and accomplishments will be long remembered. She will be missed. Faye returned from retirement for a while, but she was enjoying it too much, so now she has truly retired. We welcome Nora Hayward, an experience dialysis nurse from the Renal Unit and a pleasant addition. It is a pleasure having new machines that don't break down as break down as often as our tired old ones did and everyone seems to like them.

VIKPA has been very generous again by supplying five new TVs and another microwave for the unit. Another big THANK YOU.

Hillside Community Dialysis Unit

also from Val Cousineau, RN

The Victoria Community Dialysis Facility is still busy keeping that visitor chair full. We are a popular destination for visitors.

Our numbers have dropped a little with Merv H. and Stan P. going to home hemodialysis. The exciting news is Joe Sakari and Cory Marshall received transplants over the Christmas holidays.

A few new faces were enticed over from the Renal Unit and we welcome George S, Quinton R., Joseph L., Mike S., Harry K. and Blanche B. Hope I haven't missed anyone.

We have also had staff changes with Lita Rolofs retiring and Helen Mienicki off for a period of time. We wish Lita a wonderful retirement. I think we will still see her often. We wish Helen a speedy recovery from her surgery. We saw new staff come in and welcome Pat Warlow, Andrea Blanchard and Jennifer Cheek.

Again, VIKPA has come through with new TVs, a new microwave and four automatic blood pressure monitors for patients to take home when needed. This deserves another big THANK YOU!

RJH Renal Unit

from Holly Minor, Social Worker

The new volunteer program began in November 2006 with eight volunteers trained and ready to provide support to patients and staff. We now have 26 volunteers and will be orienting more in the near future. Our goal is to have two volunteers available during each shift for the following tasks: greeting patients and helping them find their bed or chair, bringing warm blankets or ice to patients, talking with patients, helping with glitches in transportation by calling Handidart etc. Many of our volunteers are university students who are planning careers in the health sciences. They are enjoying their weekly shifts and are getting to know our patients. The renal unit is a very rich learning environment. This is a comment from a volunteer: "I talked with quite a few people this evening. The main thing worth mentioning here is that I got to speak with a Chinese lady who doesn't speak English. She was



Pat Chadwick and granddaughter Caitlin Selkirk, volunteers at RJH Renal Unit.

very happy to have me talk to her in Mandarin as she is very lonely and bored. Overall all the patients seem to really appreciate the visits and the help with bringing warm blankets to them. Everyone was very nice to me.”

We have an ongoing need for more volunteers. If you are interested please contact Margo Allen, Volunteer Coordinator at RJH. Telephone 370 – 8407

Royal 1 from Cheryl Larcombe, RN

Thank-you to VIKPA for the generous donation of the bladder scanner and the two Stryker electric beds. I am still waiting for the infusion pumps but I'll let you know when they come.

The beds are excellent for our larger/taller patients and the mattresses are so very comfortable (I had to try them out myself). They also come with overhead "monkey bars" which are very handy for patients to pull themselves up in bed; this saves nurses' backs and helps patients get stronger. These overhead bars are also compatible with our lift system where the older styles weren't, so even if a patient needs the lift to get out of bed because their legs are weak, they can still help pull themselves up in bed.

The bladder scanner though, truly is an extremely welcome gift. It was like Christmas all over again when it arrived. We were previously begging and pleading (and often offering up our first born) to other units to borrow theirs. The bladder scanner is a twist on our well known ultrasound technology. It is basically a bedside ultrasound that we can use to determine the amount of urine in a person's bladder, which eliminates the former practice of inserting a urinary catheter to do the same thing. There

is always a risk of introducing bacteria to the bladder with an invasive procedure like inserting a catheter; as well it can be uncomfortable for the patient. With the bladder scanner there is no risk of infection, and it is painless as well as more discreet. Many of our renal patients still produce urine and we often get patients that have renal failure due to a urinary obstruction. This helps us see quickly if the bladder is emptying. So well worth the money you paid for it!!

Home Dialysis Walking Club

by Nancy Clogg, Renal Dietician

With 15 months behind us, The Home Dialysis Walking Club is still going strong. A loyal group of 15 to 20 of us continue to meet one Sunday afternoon every month. New people have joined our ranks and share in the exercise and camaraderie.

So far, our group consists of home and community hemodialysis patients and peritoneal dialysis patients, friends and family members. We range in age from 3 to 78 years old. We do an out and back walk for 30 to 40 minutes. Some people walk fast, others take their time, resting on benches when they need to, and others bring their scooters. And can you believe we have not had a rainy day yet?

We choose locations that are mostly flat, with benches for those who need to rest, such as Dallas Road, Beacon Hill Park, the Gorge, the Songhees and the Galloping Goose. After the walk, we hang out at a café or pub for an hour or so telling stories, laughing, and getting to know each other. Friendships have developed. In July, we all agreed to forgo the walk in favor of a potluck picnic at Elk Lake. We sat in the shade and enjoyed delicious food. Those that could took a dip. I am sure this picnic will become a regular event in years to come. Attendance that day was at an all time high of twenty-one!

In December we had another potluck and gift exchange hosted by Bill and Gwen Linski. There was more food than people to eat it, but we did our best. We are now back to walking off the calories enjoyed that day!

We welcome other kidney patients to join us. If you are interested or have questions, call Nancy Clogg at 370-8111 local 3103.

A Personal Experience of Kidney Failure

by Holly Rowland, dialysis patient, Renal Unit, RJH

I was aware of kidney failure. I know one person who has had it for over thirty years. But never in a million years would I have dreamed that one day I would be diagnosed with it! That day came almost five years ago. One day in the very near future my blood would have to be cleaned by dialysis.

Imagine me with dirty blood! However, kidney disease, unlike some of the other horrible diseases, has a positive way of keeping us alive – dialysis.

My journey began when I attended kidney clinics, usually every three months. Blood tests done a week prior to the clinic kept all concerned informed of my progress. Usually I held my own but the downward progress toward dialysis continued slowly and surely. I must mention that the clinics were actually fun! We were passed from nurse to dietician to social worker to nephrologist. In between these informative interviews we had a great time discussing mutual experiences, food, funny happenings and, one day, much to everyone's amusement, people showed off their fistulas. One of the most startling facts that came out of these clinics was the number of kidney failure patients who are diabetic. Forty-five percent!

My journey continued over the years with a strict diet that excluded so many foods I loved: tomatoes, potatoes, avocados, whole grain breads, bran muffins, and other high potassium and high phosphorous foods. Salt is another enemy and my taste buds still mourn its demise. I am sure that I will die of malnutrition before I die of kidney failure!

Finally, just a few weeks ago, I found myself slated for a 'hemodialysis access creation'. When the time comes that I need to have my blood cleaned by the dialysis machine, this access or fistula will be used. On the appointed day of the operation, I arrived at the hospital at 7 a.m., all scrubbed, shiny and ready to go. After a couple of hours wait, I was informed that the operation was CANCELLED. We were told later that the reason for cancellation was the fact that there wasn't a bed available. Sad but true. However two days later I went to the hospital at 6 a.m. and this time all systems were 'go'.

The whole process is interesting because this is one of those operations that you may "show and

tell". There were ten of us slated for the first operations of the day. We were bedded, interrogated, I.V.'d and lined up like ten loaves of bread ready for the oven. Some oven! A real sweetheart of an anesthetist charmed himself into my Special Doctor list, and another doctor was conned into helping the nurse push me into the operating room. Now that's SERVICE!

Maybe this is what happens all the time at the Royal Jubilee Hospital. Maybe this is what happens when one is going under the knife with a special team. Whatever, I had a wonderful start to my operation. I was introduced to everyone assembled in the O.R.! Rather like being the last guest at a party. One nurse, her face masked in plastic à la Star Wars was huddled in a corner. I asked if she was masked for protection from me. But no, the poor woman had a cold. We waited. Why? Because the surgeon is "always late". I quipped with, "At my age I can't afford to wait." I heard their laughter as they snuffed me out like a candle.

The recovery room was a hive of activity – on the part of the nurses, not the comatose forms being gently awakened by these angels who flit from form to form, removing their charges to an adjoining ward when "all systems are go". When my turn came I was wheeled into a general ward because the kidney ward was full. The bed I was assigned to was still "dirty" so I became the lucky resident of the only private room in the whole ward! The room was complete with its own loo and wash basin but there was a catch; there was no door! The area was open for the world to see as they passed by my 'private' room, and it was also sans a window. I was situated just across from the nurses' station which was great for entertainment because I was not allowed to move my left arm and my right hand was having a gout attack. This combination made reading painful; entertainment garnered from being a silent listener made the time go by.

You will be happy to know that there are young nurses on the job. One hears horror stories about "aging nurses are on their way out and what are we going to do?" I met two of these lovelies, and their stated object in becoming nurses was "to help people". I just hope that they are not disillusioned by so many patients who "accept" but never say "thank you". The nurses in this ward are not au current with kidney patients and were horrified at

the number of pills I had to take. (I had to take my medications with me when I went for my operation.) The nurses in the renal ward are specially trained in this area but the ever increasing number of patients in renal failure is overloading other areas of the hospital. Again, I repeat, forty-five percent of kidney patients are diabetics!

Oh, you lover of good food, do everything you can to avoid hospital! The food is so incredibly overcooked. I know that people aren't in hospital to enjoy gourmet food, but it should be light and "gentle". My salmon was so dry I couldn't swallow it. The toast was a hunk of dehydrated blotting paper that promised to throttle me. My throat was sore as it was. I was told that they stick a tube down one's throat at the start of the operation. Really? I must check this one out.

Now, you must be wondering, what were the results of my operation? I became the proud possessor of a fistula, a harmless looking slit across about two inches of my elbow crease, stapled with real staples and covered with a square dressing. To think that I was prepared for a slit up my arm! The nurses said that my fistula was purrrfect.

Now here is how a fistula is created. The surgeon joins an artery to a vein. The vein receives more blood under greater pressure from the artery and over time grows larger. It can take two to four months for a fistula to mature, i.e. be ready for dialysis.

Did it hurt? Surprisingly, no. I guess that this time I was lucky, as this was a constant concern shown by the nurses. My only problem was NOT TO USE my left arm while the fistula was healing, which was much harder than one can imagine.

Now all is well. I am sans staples, all my doctors tell me that my fistula is beautiful.

However, now I am faced with an angioplasty and it is URGENT. My GFR (blood screening) is now that yucky, 10%. So this will be most interesting. The dye used in the angioplasty is toxic to kidneys. So I may suffer immediate kidney failure which demands immediate dialysis, or I may be much better because the narrowing of the arteries to the kidneys caused by plaque has been partially removed by this process. Dialysis still can be held off for as long as possible.

Isn't it amazing that two little organs tucked behind the small of our back can keep the whole

body in perfect running order. They are silent, never felt or thought about but, like those incredible guys and dolls who keep us sublimely 'out of it' while the sublime surgeons do their stuff (very well indeed), our kidneys are the main-stay of our lives.

One wonders why operating rooms are shut down, and so many patient beds are emptied every weekend. Perhaps there are doctors, nurses and technicians who would enjoy having their time off during the week. This would keep operating rooms at full use and reduce those long waiting lists! Think about it.

In Memoriam

Our deepest sympathy goes out to the friends and family members of the many patients who have recently passed away.

Catherine Banks

Eddie Eng

Doris Graham

Nora Hardy

Samantha Howard-Tory

Gwyneth Jarvis

Gerald MacKenzie

Brenda Miller

Pamela Twidale

Victor Wilson

Pearl Barr – Cumberland

Joyce Morton – Duncan

We wish to thank everyone who has sent donations in memory of loved ones, and to the families who have designated VIKPA as their chosen charity.

If you wish to make a bequest to VIKPA, or to have *In Memoriam* donations sent to VIKPA, please direct them to the Vancouver Island Kidney Patients' Association, Box 5145, Station B, Victoria BC V8R 6N4. When sending *In Memoriam* donations please include the name and contact information of the next-of-kin, so they may be notified of your gift.

*Death leaves a heartache no one can heal,
love leaves a memory no one can steal.*

VISITOR DIALYSIS IN LONDON, ENGLAND

*by Pat Carson, dialysis patient,
Hillside Community Dialysis Unit*

For years a friend had been urging me to spend some time with her at the delightful seaside town in England she had discovered. I made a half-hearted effort to get some information via e-mail from the nearest dialysis unit in Exeter but received no reply.

Last year I decided to be more aggressive and phoned for information. I was referred to the nurse in charge of bookings and phoned again at a designated time to talk with her. I was planning to visit Sidmouth in August. I called in April. Not surprisingly, the nurse told me that the summer of 2007 was almost completely booked and the waiting list for summer 2006 was already too long.

I had given up hope of getting dialysis in England when a turn of events gave me a second chance. The owner of the apartment in Sidmouth where my friend usually stayed had rented it to someone else for part of the time my friend expected to have it. Since she had already booked her flight, she decided to spend the first few days in London.

I went back to globaldialysis.com to check on locations in London and found The London Clinic on the famous Harley Street. I called and found they could accommodate me! They e-mailed the forms to be filled in by our dialysis unit.

I knew as a visitor to B.C. before moving here that a visit to a B.C. nephrologist is mandatory before having dialysis in B.C. At The London Clinic no such requirement is even suggested. However, they are exceptionally vigilant about hepatitis. I was advised that I must have a negative hepatitis test no more than two weeks before visiting their unit and another test 8:30-10:30 on the day I was to receive dialysis or the day before.

I arrived at their pathology unit about 8:45 a.m. and explained why I was there. They had not received a requisition and said they would ask the dialysis unit to fax one to them. I waited about 15 minutes before I went back to the desk and offered to go to the dialysis unit to pick up the requisition and give them some papers I had brought from my home unit. They gave me directions to the dialysis unit reception area where I waited another 10

minutes for a nurse. We exchanged papers and I found my way back to pathology. By this time there were about 20 people in the waiting room and I wondered if I'd ever get out! However, they soon took me into the treatment room and I was on my way at 10:30.

This just happened to be the start time on my ticket for the London Eye, about 40 minutes away. When I finally got there I discovered that my friends had kindly arranged for me to use my ticket at a future time, but the time was never available during our 3-day stay in London. I arrived 10 minutes before the start of our Thames cruise from the same location.

After the cruise I had to dash back to the Clinic without lunch because they had changed my dialysis time from 2 p.m. to 1:30 p.m.

I needn't have hurried. They kept me waiting until 2:45 because they will not start dialysis until a negative hepatitis result is in hand. As soon as dialysis was underway the nurse asked what I'd like to eat and I soon had a tray with a tuna salad sandwich, a large salad and a pot of tea.

If you plan to have dialysis at the London Clinic, call ahead after arriving in London to make sure they have your requisition in the pathology unit. This can save a lot of your vacation time. You may also have the hepatitis test the day before; this could speed up the start of dialysis by giving them more time to analyze the blood.

While Canadians can have dialysis anywhere in Canada free of charge, the costs in other countries can be substantial. The mandatory hepatitis test cost £108.50 and the dialysis £285. At the exchange rate that day, the hepatitis test cost \$236.90 and the dialysis \$622.28. That charge is for one treatment. Each additional treatment would cost another £285. The B.C. Ministry of Health will pay part of the cost, in this case \$85.88 for the hepatitis tests and \$354 for the dialysis.

Unfortunately, I could spend just 3 days in Sidmouth. I was just as enthusiastic about the place as my friend and wanted to return. As one of my nurses suggested, I can book my dialysis in Exeter for 2008 now because, if it doesn't work out, I can always cancel. One of those people on the long waiting list will be glad if I do.

As it turns out, I will be returning to Sidmouth this spring after touring film and TV locations from

Kent to Cornwall, finishing back at the London Clinic for dialysis before heading out to Exeter.

Sidmouth, by the way, is an ancient town with a population of about 13,000 (about the same size as Sidney) on the south coast of Devon, about 40 minutes by bus from Exeter. The bus runs every 2 hours during the day. This is important for seniors like me because you can't rent a car in Britain if you are over 70.

Cruising with Dialysis at Sea

*by Ann Franklin, dialysis patient,
Hillside Community Dialysis Unit*

The year 2006 was our year of fifties - fifty years married and fifty years of living in Canada. This called for something a little different. We decided to go on a cruise. Alaska was our destination. Consult the Dialysis at Sea brochure and choose a date.

August 6th.

In March, I phoned Dialysis at Sea and arranged a booking. They sent a raft of forms to be filled in, which was taken care of by my home nurse, Lita Rolofs, who looked up all the information, filled in the forms and faxed it all back to them. Apart from paying the bills, all we had to do then was to wait for the time to come around.

On August 6, we boarded a Pacific Coach Lines bus at the Waddling Dog and were taken right to the pier where the Royal Caribbean Cruise Lines ship Serenade of the Seas was docked. After going through the passport check and other formalities we were at last on board.

The ship was magnificent, the staff was very attentive and the accommodation was comfortable. I found 11 fellow dialysis patients on board. I was scheduled on Monday, Wednesday and Saturday at 2 p.m.

Dialysis was very efficient: two beds in one room, two beds in another room, and five nurses to look after us. A nephrologist was in attendance as well. Monday we were at sea, so nothing missed there. On Wednesday we were in Skagway, so dialysis interrupted sightseeing a bit. Then on Saturday we were at sea again, which meant we missed a bit of the inside passage. Great care had been taken to schedule the dialysis so as to miss very little.

Tuesday we spent the afternoon at the Hubbard Glacier, watching pieces break off the glacier and

generally appreciating the scenery. We had a lovely sunny afternoon for it. In Skagway it was overcast, but dry. The rest of our party went off sightseeing, but I stayed on board for my dialysis. The next day we were at Juno. It rained all day. Next stop was Ketchikan, where again it was overcast but dry. We went to see an Indian Village, saw some carving being done, and admired the totem poles all around the village. We also walked around Ketchikan, a very picturesque town.

Back at sea we headed for home, arriving at Vancouver early Sunday morning. Once again we were picked up at the pier by Pacific Coach Lines and put down at The Waddling Dog, where our son-in-law picked us up.

What a lovely trip! We had been waited upon like royalty, eaten excellent food, had fabulous entertainment each evening; there was so much to do on board we were spoiled for choice. We would cruise again one day.

The cabin cost \$4750 for the two of us plus cancellation and health insurance. Dialysis cost \$550US for each of three treatments. I applied to BC med for reimbursement and, after about three months, received \$1061, which was a big help on the expenses. It was not a cheap holiday, but well worth the chance to be able to travel again.

The Raid

a new novel by Ken Merkley

I've just finished writing a novel, which you might find interesting. It's called **The Raid** and is based on the combined RCMP/City of Victoria police raid on the legislature back in late 2003. It also has a sub-plot about a kidney patient that I am confident you will find fascinating.

I didn't plan to publish the novel, but it's getting good reviews. My editor tells me the book is a pretty good read and should be made available to others. You can find information about it on my website at members.shaw.ca/kenmerkleysales. I would be pleased to provide more details, if the website leaves you with unanswered questions.

* * * * *

Therapy Dog Adventures

by Joan Eichenlaub,

peritoneal dialysis patient, Duncan

I recently gave a presentation to a Women's Institute luncheon in Duncan about therapy dog work. I took my Dachsie Heidi along as the "working" therapy dog. She absolutely loves her job. There were over 50 ladies dressed in their Red Hat outfits. Following the luncheon there was a doggie fashion show. I had been asked to dress my Heidi in a Red Hat outfit, so I made her a red bonnet and a purple dress. She was an absolute star as she loves to model clothes.

Two weeks ago when Heidi and I went visiting at the Cowichan Hospital, she wore her Red Hat outfit again. We went to hemodialysis, Emergency, the lab and the second and third floors. She made so many sick people smile and forget themselves for a few minutes. Only one person accused me of torturing my dog by making her wear silly clothes. I don't have pictures of patients with my dogs as we have to get a Consent to Photograph form filled out first and that is not always possible especially at the hospital.

When working, Heidi may wear her SJA therapy dog collar and medallion. But sometimes we bend the rules and substitute an outfit for the regular bandanna. Her latest new clothes are a denim patchwork jacket and a matching hat.

My male Dachsie, Frankie Sinatra, dresses in his tuxedo for most of his visits. It just seems to suit him. Actually he now has two tuxes – black and flashy blue.



He

wears a tuxedo when visiting the Farmers Market in Duncan from spring until late fall. Frankie is not yet a certified therapy dog as I already have two – my big black lab, Diesel, and Heidi. There is some peculiar rule that says one person can have only two certified therapy dogs at a time. So Frankie goes visiting as a "trainee". He's just over a year old too, the minimum age for a SJA therapy dog. If you have a dog who likes to dress up, I sew dog clothes under the name of Gramma Goodies Custom Canine Clothing.

New Blood Pressure Monitors for Hillside

At our last meeting we approved the purchase of four blood pressure monitors for the use of patients at Hillside and Quadra. A new member, Lou Fasullo of Roche Pharmaceuticals, was able to purchase the units at cost from Shawnigan Lake Peoples Pharmacy. This cost was then more than covered with a \$500 donation from Roche. Our thanks to Lou and his employer for their generosity.

- According to Statistics Canada in 2005 more than 4 million Canadians had been diagnosed with high blood pressure.
- High blood pressure is the second most common cause of renal failure next to diabetes.



Important Reminders

- VIKPA meetings are held on the third Thursday of each month, except July and August, at 1 pm in the RJH Renal Unit boardroom. All members are welcome. Hope to see you there!
- *The Renal Review* is also available online. If you would prefer to receive your newsletter by email, just drop a line to info@vikpa.org. Receiving *The Renal Review* online helps reduce our cost and saves trees for everyone's benefit. You'll also see the photos in colour!
- Don't forget to check out our website at www.vikpa.org. We are continually updating it. If you have any ideas or suggestions please contact us at info@vikpa.org.
- The deadline for applications for the Gordon Duthie Bursary is June 30.
- A gentle reminder from the Patient Advisory Committee that when visiting patients in any of the renal units while they are dialyzing, or on Royal 1, please be respectful of other patients by keeping the noise level to a minimum and limiting the visit to two people at a time. Also, do remember to wash your hands, coming and going.

Words of Thanks

A very big thank you to Pat Carson for stepping in and putting together this issue of *The Renal Review*, and also to Ted Chadwick for putting together the last issue in October 2006. Your support is very much appreciated. Thank you to everyone who contributed to this issue with photos, articles, information, distribution and all the many other little jobs that help to get this newsletter out. Bravo!

A Laugh or Two

A man pacing back and forth glanced at his watch and yelled upstairs to his wife, "Honey, are you ready yet? We're going to be late for the costume party."

Shouting back, the woman replies, "For crying out loud, Ed, I've been telling you for the last half hour that I'll be ready in a minute!"

My first grade daughter and her friend both needed new boots as winter approached. The friend got in the car one morning and finally had gotten her boots. "Beth," I commented, "I see you got new boots. Where did you get them?"

"At the store," she answered.

"Which one?" I asked.

She began looking at her new boots and after a pause said, "Both of them."

The Sunday School teacher described how Lot's wife looked back at Sodom and was turned into a pillar of salt.

Suddenly Jimmy interrupted. "My mom looked back once while she was driving," he announced triumphantly, "and she turned into a telephone pole!"

After booking my 80-year-old grandmother on a flight from Florida to Nevada, I called the airline to go over her special needs. The representative listened patiently as I requested a wheelchair and an attendant for my mother because of her arthritis and impaired vision to the point of near blindness.

My apprehension lightened a bit when the woman assured me that everything would be taken care of. I thanked her profusely.

"Oh, you're welcome," she replied. I was about to hang up when she cheerfully asked, ... "And will your grandmother need a rental car?"

What's the difference between ignorance and apathy?

Don't know, don't care.

I bought a great new toilet seat recently. On the label was a suggestion on how to clean it. Although nice to have the option, I doubt I'll take advantage of it. My toilet seat, it seems, is "Dishwasher Safe."