

# Kidney Urinary Program Patient Newsletter

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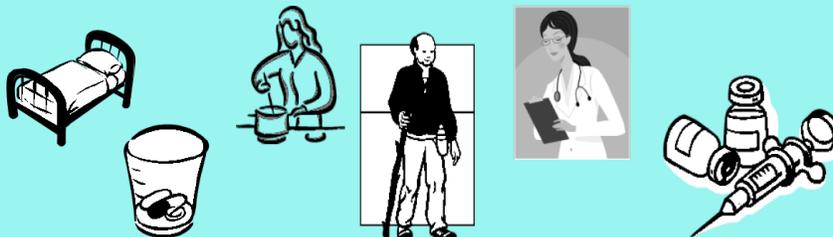
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*A Day in the Life.....*

## *Living with Kidney Disease*



Family & Friends Information Session

Sunday, April 27, 2014

2:00 pm - 4:00 pm

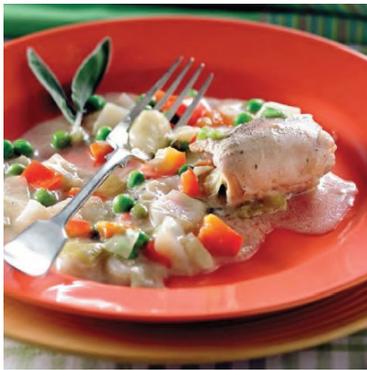
Fontbonne Conference Room 3

*Bring your family and friends so they can find out more  
about kidney disease, how it affects you, your life, and how  
they can help!*

RSVP to Connie at 905-522-1155 ext. 35170 or [cspears@stjoes.ca](mailto:cspears@stjoes.ca)

By April 20, 2014

If you have ideas or suggestions for what you would like to see in this newsletter please contact Connie Spears at 905-522-1155 x35170 or [cspears@stjoes.ca](mailto:cspears@stjoes.ca)



## Dijon Chicken Stew

- 1 cup yellow onion, diced
- 1 cup frozen green peas
- 1 cup red pepper, diced
- 2 cups green cabbage, chopped
- 4 (1lb) boneless and skinless chicken thighs
- 2 cloves garlic, minced
- 3 tablespoons fresh sage, finely chopped  
(or 1 tablespoon dry sage leaves)
- 1/2 teaspoon ground black pepper
- 1 1/4 cups no salt added chicken broth
- 1/2 cup milk
- 4 tablespoons Dijon mustard
- 3 tablespoons cornstarch

### Nutrient Analysis

**PER SERVING**

1/4 of recipe

**Renal exchange:**

3 Protein + 2 Vegetable + 1 Starch

Calories	<b>256Kcal</b>
Protein	<b>27g</b>
Carbohydrates	<b>21g</b>
Fibre	<b>4.1g</b>
Total Fat	<b>7g</b>
Saturated Fat	<b>1g</b>
Cholesterol	<b>83mg</b>
Sodium	<b>374mg</b>
Potassium	<b>595mg</b>
Phosphorus	<b>330mg</b>

This recipe from  
[www.myspiceitup.ca](http://www.myspiceitup.ca)

1. Place vegetables on the bottom of a slow cooker.
2. Sprinkle with garlic, sage, and black pepper.
3. Lay the chicken thighs on top of the vegetables.
4. In a large bowl, whisk together chicken broth, milk, mustard and cornstarch. Pour this liquid mixture over the chicken and vegetables.
5. Choose the low heat setting on the slow cooker and cook for a minimum of 6 hours. Cooking times may vary depending on the model of the slow cooker.
6. This recipe can also be made in a 350°F preheated (conventional) oven. Instead of in the slow cooker, place all ingredients in an ovenproof dish.
7. Cover with foil and bake for approximately 45 minutes or until a meat thermometer reads 165°F.
8. Serve with white rice.

PREPARATION: 20MINUTES    Servings: 4  
 COOKING: 6 TO 8 HOURS  
 IN SLOWCOOKER OR 45 MINUTES IN OVEN

# save my veins



A provincial vascular access initiative of the Ontario Renal Network that supports patients with chronic kidney disease.

## Why Protect Your Veins?

- Your arm veins provide the best access to your bloodstream should you need to have a fistula or graft created for hemodialysis
- Placing an IV or a peripherally inserted central catheter (PICC) in your arm veins or having blood withdrawn from your arm veins can damage the veins and make it difficult to create a fistula or graft in the future

## Tips

- Wear your “Save My Veins” wristband to remind you and your healthcare provider to use a hand vein when drawing blood
- Inform friends, family and your healthcare providers about the importance of saving your arm veins

Along your journey with chronic kidney disease, there may come a time when you require hemodialysis. Your arm veins are important for the creation of a vascular access for hemodialysis. It is important for you to protect your veins.

[www.renalnetwork.on.ca/savemyveins](http://www.renalnetwork.on.ca/savemyveins)

The Ontario Renal Network works to improve the life of every person with chronic kidney disease.

T<sub>1</sub> I<sub>1</sub> M<sub>3</sub> E<sub>1</sub>  
O<sub>1</sub> U<sub>1</sub> T<sub>1</sub>

TOPIC:

# Caregiver Stress

Join us for some conversation, education, friendship and understanding as we explore caregiver stress and how it affects your life

Monday March 24,  
2014  
2:00pm-3:00pm  
level 2 Juravinski  
Innovation Tower  
Classroom B  
T2208



## Kidney Urinary Program Caregiver Support Group

Please RSVP to Connie Spears by March 20, 2014  
905-522-1155 ext 35170 or [cspears@stjoes.ca](mailto:cspears@stjoes.ca)

St. Joseph's  
Healthcare  Hamilton

## March is Kidney Month



*The foundation  
of kidney care.*

An estimated 2 million Canadians have kidney disease, or are at risk, particularly people with high blood pressure, diabetes, or heart disease. But with few symptoms, kidney disease often goes undetected—until it's too late.

The Kidney Foundation of Canada is here to help manage, delay and, in some cases, even prevent kidney disease. Through our research funding, programs and services, we've helped turn a once fatal disease into a manageable one. Today kidney disease is on the rise—and our challenge is greater than ever. So please support us.

**Because we're behind you  
all the way.**

**1-800-361-7494      [www.kidney.ca](http://www.kidney.ca)**



[www.kidneycommunitykitchen.ca](http://www.kidneycommunitykitchen.ca)



<http://kidney.ning.com/>



## **The Grief Process**

In the face of loss, we grieve. Queen Elizabeth is quoted as saying “Grief is the price we pay for love”. Grief is a natural process; it’s how our psyche handles the changes and chances that this life brings. Grief has distinct phases or tasks that we engage in, depending upon the kind of grief we are experiencing.

We can experience grief related to chronic health issues, through a divorce, when we lose a job, because of financial strain, or over our own approaching death – but often the hardest grief is over losing a loved one. A fresh grief can be impacted by earlier losses that were traumatic, so many of us are at times caught up with processing some kind of grief.

*"Grief is a journey, often perilous and without clear direction. The experience of grieving cannot be ordered or categorized, hurried or controlled, pushed aside or ignored indefinitely. It is inevitable as breathing, as change, as love. It may be postponed, but it will not be denied."* Molly Fumia in *Safe Passages*, (2003).

Grieving a loss is not something we can skip over, but it is important to note that each one of us experiences grief according to our own timetable. When it comes to losing a loved one, the grief process can naturally occur over 3 – 5 years. Yet family members often become impatient, expecting a long-time spouse to have healed within one short year.

## **Models of Grieving**

Psychologists have formulated many different models of grieving – we’re all familiar with Elizabeth Kubler-Ross’s five stages of: denial, anger, bargaining, depression and acceptance. Contemporary grief theorists have also added numbness, acknowledging that we are so inundated by stress in our lives that we can’t feel anything at first. The shock associated with amputation is not to be underestimated. At the outset, some patients seem to prefer death to living without a limb. Recovery from amputation may be impacted by other chronic conditions let alone the emotional pain; such patients can benefit from grief counselling related to this specific kind of loss.

## **The Effects of Grief**

The effect of grief can be quite pervasive, including: an inability to concentrate, lack of motivation, difficulty making decisions, confusion, anger, memory lapses, deep worry about personal issues or finances, changes in appetite, sleep habits and energy levels, withdrawal from social situations and increased risk of illness or injury.

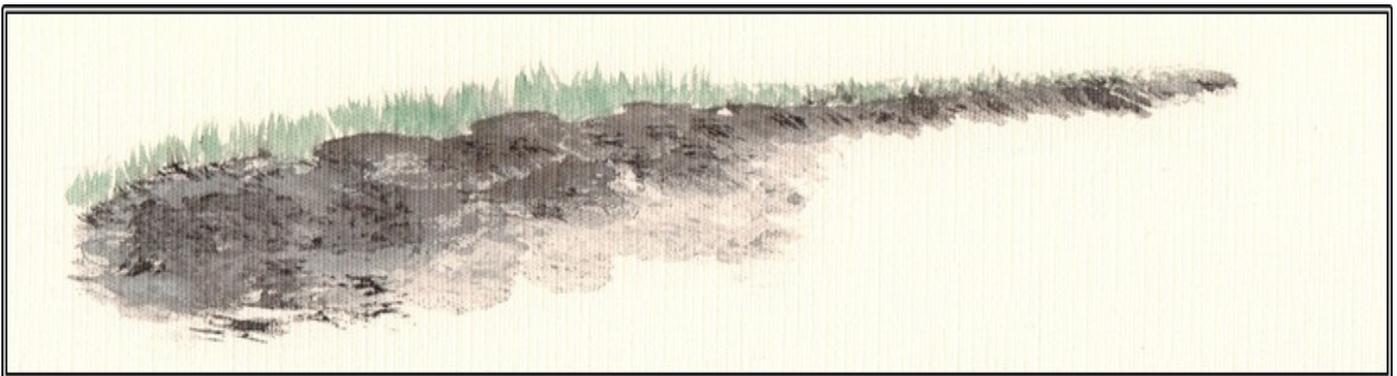
## The Grief Process continued

### What Can Help

It takes courage to deal with grief. Let the tears come, especially in the early stages. We grieve because we're sad and that is an emotion our society sometimes has little patience for. Be gentle with yourself or a loved one who is grieving. Family balance can be set upside-down by a big loss and it may take a long time to restore equilibrium. Acknowledge your emotional pain – to yourself and with family, friends. Talk to others who have experienced similar losses. If emotions become overwhelming, seek professional help – it is not a good idea to turn family or friends into your therapist because helping you can quickly become overwhelming for them. If you are grieving the death of a loved one, you don't need to move on in a world that erases their memory – keep them present in your thoughts in a way that is comfortable and easy for you. Find healthy ways of keeping a connection with them, such as visiting their grave and keeping their photos around. When you feel ready, reach out to friends and communities that have supported you in the past, be it your church or social groups.

Grief is a journey; it has a beginning, middle and an end. But for many, the end of grief is merely an ability to live with the loss. The safest way to grieve is to give yourself time to heal – take all the time you need.

*Lucinda Landau, MDiv, DMin (cont'd)*  
*Staff Chaplain,*  
*Grief & Bereavement Counsellor*  
*Spiritual Care Department*



## Thanks to Our Super Knitters!



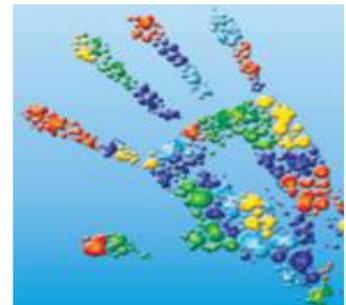
**“In this life we cannot always do great things. But we can do small things with great love.”  
Mother Teresa**

For the past few years we have been able to make sure that each patient receives a piece of beautiful knitting as a small Christmas gift from the Kidney Urinary Program and The Kidney Foundation. This has been made possible by the wonderful people of Cardiknits. They spend all year tirelessly knitting the items you receive and we are very grateful for their continued support!

Just the facts...

### About Hand Hygiene

- Healthcare Associated Infections may be passed on through hand contact
- 1 in 9 patients get an infection while in hospital
- A working adult touches 30 objects in 1 minute
- At any given time there are 5000 germs on a hand
- Clean hands reduces the spread of germs
- Clean hands reduces your chances of getting an infection while in hospital
- Clean hands often:
  - before eating
  - after using the toilet
  - after coughing or sneezing into your hands
  - before entering/exiting your room
- Use Alcohol-Based Hand Rub or Soap & Water
- Use Soap & Water when hands are visibly dirty



It's **OK** to ask your Health Care provider if they have cleaned their hands; **It's the right thing to do!**

