The Christchurch Kidney Society (Inc.)
Patient Support Group
SERVING THE LOCAL RENAL COMMUNITY FOR OVER 35 YEARS

The Renal Messenger

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AUTUMN

Autumn 2012
This issue has been funded by
The Community Organisations Grants Scheme
An Autumn chill is in the air and with the end of daylight saving evenings are closing in rapidly accompanied by the tell tale scent of wood smoke. In moments of weakness I have already started turning on my electric blanket. I whipped off to my GP for the annual flu injection, ran up a good list of what I call (a bit of Miranda there) “Joyful Opportunities” (jobs) for my husband to do in the school holidays and am preparing to hunker down with some good reading material and advanced scanning of the TV guide to line up some hopefully good new programmes. Of course I will be undertaking some brisk walks when the sun shines, which, having spent a total of 4 months on crutches in the last year, has taken on a stronger than usual appeal. A recent trip to the Boatshed Café showed a multitude of freesias popping up from our Kidney Health Week Planting, I am really looking forward to seeing them in full bloom in spring.

We have a few events lined up for members and friends over the next few months and I would especially like to encourage anyone who has an interest in what we do to consider joining the CKS Committee. Christchurch has been through a difficult time, our committee is smaller than we would like which puts an additional burden on those who do volunteer, especially as most have day jobs. The lack of human resources taxes our limited volunteer resource and consequently our fundraising activities. Traditionally we have looked to at least one fundraising event a year being organized by the committee without drawing too much on the time of the CKS office staff. So a plea for new blood if you have the time and energy to join the team. If you are interested, please talk to an existing committee member, meetings are not lengthy and we only have an average of 6 a year. Sadly for us this year’s AGM will see our dedicated and long serving treasurer and committee member June Shaw retiring to pursue a much deserved rest, follow her interest as consumer representative on the CDHB Clinical Board and regain some personal time.

A few dates for your diaries:
- Pot Luck Lunch - Friday May 30th
- CKS AGM - June: Date to be advised
- Kidney Health Forum for Canterbury - Saturday July 28th
- CKS Fabulous Fundraiser TBA - August/September Date TBA
- CKS Annual Christmas party 2012 - Sunday November 25th

Keep well, keep smiling, Kate
Planting to say “thank you” and celebrate the gift of a kidney transplant.

Young Malia Ulupano and a more seasoned Rob Johnston plant Fressias in the garden outside the Antigua Boatshed as part of Kidney Health Week 2012.

Blessed with a fine afternoon around 30 transplant recipients, families and friends turned out to plant freesias in the alternative garden space we were fortunate to secure for the event. Originally the planting was to take place in the garden outside our premises, however as with all things in Christchurch a last minute change was needed once doubt had been cast on the integrity of the CKS office building structure. With generous assistance from Mike at the Antigua Boatshed and cooperation from the City Council we were able to proceed in an even better spot next to the Boatshed Café. The spring display should be magnificent a great spot to relax and enjoy the garden. After the planting we all went to the Café for refreshments where Christchurch
Hospital Nephrologist, Dr Nick Cross addressed the group. A great turnout which also included CDHB Nephrologist Dr John Irvine, Transplant Coordinator Sarah Armstrong, Kidney Health New Zealand Medical Director Prof. Kelvin Lynn and KHNZ Education Manager Carmel Gregan-Ford. Carmel arranged for the freesias and T-shirts to be provided to all interested kidney recipients and in conjunction with ODNZ distributed throughout New Zealand.

Noeline Cox, Judy Giles and Kaela Metz.

At the Boatshed Café: Mother and daughter Bron and Kaelee Molloy. Father and daughter Jane Thomas and Charlie Clark
A Living Donation

March 4th- 10th was Kidney Health week 2012, incorporating World Kidney Day on Thursday 8th March. This year’s theme being Donate- Kidneys for Life-Receive, there was a focus is on the benefits of transplantation. What follows is Kerri Kippenberger’s account of her kidney donation to her husband Roger.

I will relate my experience on this having just donated my kidney to my husband on the 30th January 2012.

My husband was diagnosed with IgA nephropathy in 2006, which is a disease that results in gradual kidney deterioration. Roger has gradually lost energy and been heavily medicated, until the end stage of kidney failure when he started dialysis in October 2011.

As a family this was a huge change, as not only was he unable to work while he was on dialysis for 5.5 hours every second day, but being able to travel either overseas or away for a weekend was not an option. His energy levels were very low so that keeping up with a very active 7 year old was extremely difficult.

I guess this is where I step in and about a year ago we started discussing with the specialists options for a living donor. There is a very strict protocol that is adhered to in regards to the assessment of a living donor and for me the decision was an easy one. The hoops I had to jump through not so easy. Roger and I had the same blood type, which enabled the transplant to be considered. The transplant co-ordinators and transplant teams have seen an increase in living kidney donations, including non-directed donation from strangers, paired exchange transplants and ABO incompatible transplants.

I had to lose a substantial amount of weight to even start the process and then go through months of blood tests. But all this I knew in the back of my mind that the end result far out weighed the small sacrifice of watching my
diet. Once Roger started dialysis in October I was almost complete in my assessment and after many specialists appointments we were given the date for which the surgery was to occur.

Knowing that compared to people on dialysis, kidney transplant patients live longer, have better survival, quality of life and are cheaper to treat in the long run it was a no brainer that we were going ahead with this.

The only concern Roger and I had was that we would both be out of action for a month or so and had Lucinda to worry about, but family and friends stepped in and Lucinda was fully informed and understood (as much as a 7 year old can) what was going to happen with the kidneys. Lucinda was very excited that she would be the only person in our family with 2 kidneys.

My surgery took 4 hours and they removed my left kidney using laparoscopy, then transplanted it into Roger. The surgery has been a fantastic success.

The demand for donor organs well exceeds supply in most (probably all) countries. While New Zealand has a relatively high rate of live kidney transplantation, as a proportion of all transplants done, the deceased donation rate is low. In 2010 there were 60 transplants from living donors and 50 transplants from deceased donors, at anytime the waiting list for a transplant is 300-500 people.

New Zealand has a well-organised national system for transplantation incorporating organ donation NZ (based in Auckland) and the three transplant units in Auckland, Wellington and Christchurch. A number of agencies work to educate the community on the benefits of kidney transplantation.

I hope that you will think about organ donation and discuss it with your families and friends.
INFLUENZA VACCINATIONS FOR KIDNEY PATIENTS

The single best way to protect yourself, your family and your friends from flu is to get vaccinated.

People with kidney problems, including those on dialysis or with a transplant are more likely to get the flu. To stay protected you should have a flu vaccination every year.

The flu is a viral infection. It can be severe, resulting in worsening of your kidney function and general health. A specific treatment is available if given early in the course of the flu illness (ideally within 24 -48 hours from the start of symptoms). If you think you may have the flu then see your family doctor as soon as possible.

The department of Nephrology at Christchurch Hospital recommends the following guidelines

- Patients with chronic kidney disease or on dialysis should have annual flu immunisation from your family doctor.
- Patients with a kidney transplant should avoid flu immunisation within the first year after their transplant. After this time flu immunisation should occur annually from your family doctor.

Even following successful immunisation, normal preventative procedures as listed below should be encouraged;

- Avoid unnecessary contact with people suspected of having the flu
- Cover your coughs and sneezes with a tissue and put the tissues straight into the bin
- Wash and dry hands thoroughly, especially if you are sick or looking after someone who is sick
- Clean hard surfaces (eg door handles, table tops etc) that may have been exposed to germs with a dilute bleach solution
- The best thing to do to avoid influenza in public places is to try and stay at least one meter away from others.
Snack Ideas

Snacks are an important part of daily eating.
If you have a reduced appetite, snacks are essential to meet your nutritional requirements.
If you have lost weight, snacks provide important extra calories for weight gain.
If you need to lose weight, snacks can help to control appetite so you don’t over eat at the next meal.

If you need to watch your intake of potassium, salt, phosphate or fluid, choosing the right kind of snacks is important

Fruits and vegetables
These are great low calorie choices for weight loss.
They are great served chilled or frozen as a fresh snack in place of a drink
If potassium restriction is important, choose from low potassium types and remember to keep to your recommended daily serving sizes.
Remember the fluid content of fruits and vegetables will need to be counted if you are on a fluid restriction.

Low potassium fruits include
Half a cup of berries, fresh or frozen if using berries
One medium apple
One medium persimmon
One small pear or nashi pear
One small tangelo or mandarin
Half a cup of drained canned fruit e.g. canned pineapple, mandarins or berries

If you need extra calories, dice the fruit and serve with 3-4 chopped marshmallows or a sprinkle of icing sugar

Low potassium vegetables include:
Carrots, celery, cucumber, capsicum cut into sticks
Try cucumber tossed with lemon juice and freshly ground pepper

For extra calories serve sticks with cream cheese flavoured with finely chopped fresh herbs
For extra protein serve with cottage cheese and finely chopped fresh herbs. Try mixing even quantities of cottage cheese and grated cheese flavoured with finely chopped fresh herbs. Try squeeze of lemon juice for extra flavour
For weight gain and extra protein

Choose a starchy base, such as bread, toast, low sodium cracker biscuits*, flat breads, baby pita bread triangles. There are lots of choices.
Add a spread of margarine, cream cheese, mayonnaise for extra calories.

Add some protein
- cottage cheese,
- even quantities of cottage cheese and grated cheese mixed together,
- cooked fresh chicken or red meat thinly sliced or finely chopped,
- mashed boiled egg or
- tuna canned in olive oil or home brand tuna lemon pepper /Sea Lords no added salt salmon – lower sodium types.**

For extra moisture and flavour add shredded lettuce, grated carrot, finely chopped celery or capsicum, fresh herbs or bean sprouts.

Note:
*Chicken, meat and egg can be moistened with a little mayonnaise flavoured with finely chopped parsley or chives and pepper.
**Pickles and chutneys are high in salt, but ok if the spread is limited to 1tsp daily.

Serve sandwiches as club sandwiches cut into small fingers or as triangles.

*Look for crackers with less than 450mg sodium /100g. Lower sodium cracker biscuits include:
- Healtheries natural rice wafers, Real foods plain corn thins, Home brand plain rice crackers,* Carrs table water sesame crackers,* Good food NZ wafers,* Arnotts Vita wheat 100% natural,* HP original wholegrain,* HP cream crackers.*

** Check nutrient information panel as the sodium content of these products often changes.

Quick Easy Snacks with no extra fluid

Toast, weet-bix or toasted crumpets with margarine and jam or honey
Alternatively, try plain popped corn or puffed wheat as a non fluid snack
Plain sweet biscuits such as super wine, ginger nuts, arrow root, short bread

For variety try:
- malt biscuits sandwiched together with a spread of margarine and honey
- bought mini tart cases filled with lemon curd
- bought raspberry lamingtons
- sponge jam roll

Note: scones are a higher phosphate snack, particularly cheese scones. These are best eaten only occasionally.
Easy Orange Cup Cakes Yield 12 – 18

1 cup sugar
½ cup canola oil
2 large eggs
Zest of 1 orange
½ cup orange juice
1 tsp vanilla essence
1½ cups self raising flour

Pre heat oven to 180 degrees Celsius or 170 degrees if fan bake
Muffin pan lined with 12 – 18 paper cups
Measure oil, sugar, eggs and rind into a food processor and blend until pale and creamy
Add orange juice, water and vanilla and whiz again
Add flour and mix just enough to make a smooth batter.
Spoon batter into paper cups
Bake for 12 – 15 minutes or until a skewer comes out clean
Allow to cool for a few minutes and then transfer to a wire rack to cool.
Dust with icing sugar, or if desired, top with vanilla icing

Cheese Dip (a favourite ate the recent CKS Pot Luck Lunch)

250g cottage cheese
About 100g grated cheese (edam used for Pot-luck)
Really big handful of mixed fresh herbs (parsley, basil, oregano), chopped finely
Tablespoon of toasted sesame seeds (can quickly fry them in a dry cast iron pan i.e. no oil but don’t let them burn!)

Mix the first 3 ingredients then sprinkle seeds on top.
Alternatives discussed at Pot-luck lunch: add squeeze of lemon juice; drop or 2 of vinegar; some crushed garlic or roasted garlic.

Nice as a spread for crackers too!
Hello to all Renal Messenger readers!!

Here are a couple of updates leading into the autumn season. They may provide renal patients and/or caregivers some options for financial relief and support when travelling to appointments.

**SHUTTLE SERVICE – From Ashburton to Christchurch** - St John Health Shuttles - If you are not well or you have health or mobility problems that make it difficult for you to get to your medical appointment, St John can take you for treatment or to visit a specialist or hospital for minor day surgery in their fully equipped Health Shuttle. When your appointment is over, they will be there to pick you up and transport you home again. All they ask in return is that you make a donation to help cover the costs of running the Health Shuttle. St John Health Shuttles run Monday to Friday (except public holidays). To find out if a St John Health Shuttle is available in your area, or to book a journey Phone **0800 000 606**.

**JUNE 2011 - NEW - ST JOHN INTER HOSPITAL SHUTTLE TIMETABLE**

CHRISTCHURCH (To TPMH) for services to and from Hillmorton Hospital, please call the front desk at TPMH on EXT 66926 to arrange a pick up.

**Pick up Points:**

Christchurch Hospital – As of *March 5 2012* new drop off/pick up point at the Christchurch Hospital is at the rear of Christchurch Women’s Hospital. A big bonus is that the area is undercover.

Princess Margaret – Main Entrance

Burwood Hospital – Main Entrance

Hillmorton – Avon Building

**NATIONAL TRAVEL ASSISTANCE – ARE YOU ELIGIBLE??** – Many of you may already be registered for NTA. The main criteria are:

- 22 visits to same hospital within a two month period
- Travel more than 80km and hold a Community Services Card
- Travel more than 50km six times within a six month period
The cost of a subscription is $15.00 for the current year for you and your immediate family. For this you get 5 copies of the Renal Messenger, invitations to social occasions and information meetings, access to the Kidney Information Centre resources and of course for dialysis patients, it also allows you to hire the Mobile Dialysis Unit.

Your subscriptions also assist with some of the day to day running costs associated with our patient support services.

If there are members, or potential members, who would find the subscription cost beyond their means, then please contact us and we will try to assist you. Our primary function is that of a patient support group, and we are keen to provide assistance to as many renal patients, their family, whanau and supporters as we possibly can.

We look forward to your continued support!

If you have recently sent us your 20012/13 subscription – thank you.
CKS Graeme Cox Youth Education Trust

The objects of the Trust:
For the assistance in the provision of education and educational aids to young people who are members of, or whose families are members of the Christchurch Kidney Society and are disadvantaged in their education because of a chronic renal condition.

To seek grants, bequests and donations for the benefit of the Trust and otherwise promote the opportunity for support of the work of the Trust through the provision of funds and gifts to be administered by the Trust.

Assessment of Applications:
Applications require the applicant to complete an application form and to supply supporting evidence appropriate to the particular application.
An age limit for applicants at the time of initial application be 28 years or under. The intention of the Committee being that assistance be made available to all young people whose options in life have been disadvantaged through renal disease.
Applications will be granted primarily to those residing in the Canterbury region.
No limit will be placed in any one year on the number of grants made to applicants nor the size of any one grant, subject to the rule set out in the Trust Deed that the Trustees shall accumulate and preserve capital the income from which interest can be applied to any grants.
The number of applications per person is limited to a maximum of one per year.
For application forms, further information or to donate to the Trust: please contact Kate Hay at the CKS office, 230 Antigua St, Christchurch or email: cksyouthtrust.nz@gmail.com.

Our thanks to all those who donated to, fundraised for and assisted in establishing and maintaining the Trust.
Australia and New Zealand conference focussing on removing barriers to home dialysis

In March this year over 300 doctors, nurses, dietitians, social workers, clinical psychologists, patients and their family members gathered in Sydney to attend a conference on home dialysis. There were concurrent sessions on haemodialysis, peritoneal dialysis and consumer issues and three international speakers and others from Australia and New Zealand.

This was the fourth such conference with the first being held in Christchurch in 2004 in the now being demolished Hotel Grand Chancellor. This conference is unique in that patients and their families attend with health professionals. The conference is now fully established under the auspices of the Renal Society of Australasia (a society for kidney health professionals) and the Australian and New Zealand Society of Nephrology (kidney doctors and scientists) and will be held each two years in Australia or New Zealand. The Home Dialysis Advisory Committee is responsible for the planning of these meetings, amongst other things. The Medical Director of Kidney Health New Zealand is currently the New Zealand representative on the committee.

Professor Tao Wang, from Peking University in Beijing, told the conference that most of the 250,000 people on dialysis in China have centre haemodialysis or peritoneal dialysis. There is virtually no home haemodialysis. The Chinese government wishes to centralize dialysis around large hospitals and requires these hospitals to have 30-50% of their dialysis patient on peritoneal dialysis. China will be producing its own peritoneal dialysis fluid soon. There seems to be little understanding of the benefits of home haemodialysis.

Professor Robert Lockridge from North Carolina, USA, reported that the NxStage haemodialysis machine (read more at www.nxstage.com) has opened up opportunities for US dialysis patients. In 1971, 40% of all dialysis patients in the US were on home haemodialysis but this fell to <1% with changes to dialysis funding in 1973. Now there are 5,000 US dialysis patients on home haemodialysis. Prof Lockridge has extensive experience
with daily nocturnal (overnight) dialysis and reported that in the US, where centre dialysis patient survival is unacceptable, the survival of patients on home dialysis aged 45-65 years is similar to that for deceased donor kidney transplant. In his view, people need to dialyse for more than three times per week to get the best out of home haemodialysis.

Dr Bruce Cooper reported on the IDEAL study of Australian and New Zealand patients that looked at whether starting dialysis treatment early or late affects patient outcomes. Starting treatment based on patient symptoms and functioning rather than test numbers is better and this does not reduce the chances of getting on the home dialysis.

A number of presenters pointed out that although New Zealand and Australia have amongst the highest proportion of patients on peritoneal dialysis worldwide, our rates of peritonitis are unacceptably high. Peritonitis is at best an uncomfortable inconvenience and at worst, if frequent, a reason for peritoneal dialysis failing and a move to haemodialysis. A lot more needs to be done to ensure that the training of patients is optimal and that there is rigid adherence to simple infection prevention protocols. A number of the doctors and nurses at the conference told me they planned to review their protocols and procedure for the training and support of people in peritoneal dialysis.

Our Australian colleagues, at least those at the conference, are concerned that there are ongoing non-medical barriers to Australians getting home dialysis. Associate Professor Josephine Chow, a renal nurse working in NSW, is a driving force for the recently convened group of kidney health workers called The Home Network which aims to improve nurse education and expertise and patient education in home dialysis.

Although most people on home dialysis report improved quality of life and have a better survival when compared to centre dialysis patients, it is still not clear whether this is because they have more dialysis or because being at home has a special effect. Dr Mark Marshall from Middlemore Hospital presented his analysis of data from ANZDATA (www.anzdata.org.au) which showed that patients on home haemodialysis live longer than those on centre dialysis. Of interest, this survival advantage appeared to hold regardless of whether patients were dialysing for the usual five hours three times a week or more frequently or for longer.

New Zealand kidney units have been world leaders in innovative solutions for home dialysis patients. I was able to present the experience of the
Christchurch unit with mobile dialysis units (campervans) since 1978 and the experience of the Auckland unit in establishing patients on home dialysis in their motor homes or yachts. Dr Jo Dunlop, a kidney doctor trainee at Middlemore Hospital, presented the work done by the Kidney Society Auckland and the local DHB in developing their community dialysis houses. Our Australian colleagues showed a lot of interest in these schemes.

Some readers may be interested in a travelling further afield. If so, The Dialysis Escape Line Australia (www.dialysisescapeline.com) may be of interest. The Dialysis Escape Line Australia was established in 1998 by Nancy Douglas-Irving and Enzo Scipioni when they were both on dialysis. It is a volunteer run charity that provides temporary dialysis on a cruise ship as well as the Sheraton Mirage at Port Douglas. They also run Dialysis Abroad (www.dialysisabroad.com.au) that provides escorted tours for dialysis patients to destinations such as Italy, Japan, Malaysia, Hawaii and Bali.

The Nest meeting focusing on home dialysis will be held in 2014. The location will be announced later.

Chronic kidney disease is common, harmful and treatable.

Professor Kelvin Lynn, Medical Director of Kidney Health New Zealand
Telephone: 03 353 1242 0274-376-542
kelvin.lynn@cdhb.govt.nz
www.kidneys.co.nz 0800 KIDNEY (543 639)

February 2012
The Christchurch Kidney Society (Inc) is pleased to announce the entertainment™ Book fund-raiser!

They’re coming...
...to The Christchurch Kidney Society (Inc) as a fund-raiser for 2012!

The brand new 2012 | 2013 Entertainment™ Book features many of the area’s best restaurants, cafés, hotel accommodation, attractions, and activities. Books are packed with hundreds of up to 50% off and 2-for-1 offers, and over $15,000 in total of valuable offers that your family can enjoy until June, 2013!

The best part is that for only $65, you’ll be helping us fund-raise, with $13 from every Book sold contributing to the The Christchurch Kidney Society (Inc).

They’re going ...
...order forms will be available from early April

ORDER NOW... to receive $200.00 worth of bonus offers while stocks last!
...Entertainment™ Books are very popular and sell out fast!

For further details, please contact: Kate Hay on ph 03 379 5529 or email cks@xtra.co.nz

Or to order a Book NOW online go to www.entertainmentbook.co.nz/orderbooks/1342c85
SNIPPETS

VIV’S Pot Luck Lunch ROUND-UP

Pot-luck Lunch, Healthy snacks for dialysis patients

What a wonderful start to the pot-luck lunch season of 2012, trialling a selection of Madeleine’s low salt/potassium/phosphate/ﬂuid recipes. The flavours were deﬁnitely not bland. Those who attended discussed alternatives to salt/soy sauce, top choice - vinegar, especially balsamic vinegar, it lifts ﬂavours; just add a few drops. Judy Giles is a whizz with the herbs and spices. Her favourite spice to lift ﬂavours is star anise, great with fruits and custards as well as in curries.

Voted top snacks were the cheese dip and orange cup-cakes, as they were expected to be plain but were surprisingly tasty. See the recipes on Madeleine’s Page. Madeleine says the cup-cake recipe makes a good cake too. I’ve tried it with lemon instead of orange, just as good. Good food and good company always make for a pleasant time. See you at the next Pot-luck!

THANKS

The Christchurch Kidney Society acknowledges support from these Organisations

LIONS CLUBS OF NEW ZEALAND

Sefton Kowai Women’s Institute

C.O.G.S. Community Organisations Grants Scheme

Kidney Health New Zealand

The Canterbury Community Trust

Disclaimer

While every care is taken to insure the accuracy of information, views expressed in the Renal Messenger are not necessarily those of the Society. Articles by non-professionals are intended to interest and inform and are not intended as medical or dietary advice. This information should come from the medical professionals involved in your care.
Hi, I am Evelien (or Eva in short) and a member of the Christchurch Kidney Society, as someone in my family has kidney problems. We are currently going through a potential living donor’s assessment, which can be quite stressful at times. One of our strategies to stay positive, relaxed and confident is the use of Reiki therapy. Reiki is a non-invasive but powerful hands-on treatment that has an intense relaxing effect on your body and mind. Benefits can include: lowered blood pressure, reduction of stress and anxiety, better sleep, and higher energy levels. During a treatment you lie down for an hour, fully clothed and covered with a light blanket. Energy is channelled through to various parts of your body, which promotes a tremendous feeling of well-being. This is so relaxing that many clients fall asleep ...

I am a Reiki practitioner myself, and run a home-based Reiki practice in Rolleston. Because of the benefits Reiki can have for kidney patients, I offer a 25% reduction off my fee to all members of the Christchurch Kidney Society.

For more information or an appointment please contact:
Cell: 027 3470796
Phone: (03) 3478949
Email: inbalanz@xtra.co.nz
I am happy to discuss all your queries.
CKS Mobile Dialysis Unit

Booking Requirements:
The Mobile Dialysis Unit is available to all dialysis patients under the care of the Nephrology Department, Christchurch Hospital with the following order of priority.

1. Dialysis patients under the care of the Nephrology Department, Christchurch Hospital can book up to 12 months in advance.

2. Dialysis patients under the care of other Nephrology Departments, may book up to 3 months in advance (haemodialysis only).

3. Hire period is limited to 2 weeks between New Zealand Labour weekend and Easter.

Bookings and general enquiries should be directed to:

Dialysis Services,
Christchurch Hospital,
Private Bag 4710,
Christchurch 8001,
New Zealand
Telephone: (03) 3640-614
Fax: (03) 3640-613
E-Mail:
Kieran.smith@cdhb.govt.nz
Selwyn.Heatley@cdhb.govt.nz
Living with an ongoing medical condition?

What if there was a course especially designed for people like you? The good news is that the ‘Living a Healthy Life’ is now being offered to anyone with any ongoing medical condition by Arthritis New Zealand. The internationally recognised course was developed at Stanford University in 1996 and the delivery and content has been adapted to New Zealand conditions.

A previous course participant says

“learning that life goes on – it's possible for each person to learn to cope and accept their new capabilities”

Extensive research demonstrates that people who participate in the Living a Healthy Life course

- Stay out of hospital longer
- Make fewer visits to their GP
- Have better communication with health professionals
- Have greater confidence in dealing with their condition
- Experience less pain, anxiety and depression
- Are likely to continue with exercise and relaxation techniques.

“The emphasis of this course is on what you can do to live as healthy a life as possible with your ongoing medical condition” says Course Leader.

There will be two more courses run in Christchurch and one in Ashburton this year. The next Christchurch course will start on (or about) Tuesday 19th June.

The course is designed to run over a six week period with each session being 2.5hrs long. To get the maximum benefit it is recommended you attend all six sessions.

The course is funded by the CDHB so there is no charge to participants and a course book is also included.

For more information and a registration form please phone Suzanne Croft on (03)379 6718 or toll free on 0800 663463. Numbers are limited to a maximum of 15 people per course.
These are from a book called Disorder in the American Courts and are things people actually said in court, word for word, taken down and published by court reporters that had the torment of staying calm while the exchanges were taking place.

ATTORNEY: What is your date of birth?
WITNESS: July 18th.
ATTORNEY: What year?
WITNESS: Every year.

ATTORNEY: The youngest son, the 20-year-old, how old is he?
WITNESS: He's 20, much like your IQ.

ATTORNEY: She had three children, right?
WITNESS: Yes.
ATTORNEY: How many were boys?
WITNESS: None.
ATTORNEY: Were there any girls?
WITNESS: Your Honor, I think I need a different attorney. Can I get a new attorney?

ATTORNEY: Are you qualified to give a urine sample?
WITNESS: Are you qualified to ask that question?

ATTORNEY: Doctor, before you performed the autopsy, did you check for a pulse?
WITNESS: No.
ATTORNEY: Did you check for blood pressure?
WITNESS: No.
ATTORNEY: Did you check for breathing?
WITNESS: No..
ATTORNEY: So, then it is possible that the patient was alive when you began the autopsy?
WITNESS: No.
ATTORNEY: How can you be so sure, Doctor?
WITNESS: Because his brain was sitting on my desk in a jar.
ATTORNEY: I see, but could the patient have still been alive, nevertheless?
WITNESS: Yes, it is possible that he could have been alive and practicing law.
APPLICATION To The Christchurch Kidney Society Inc.

FOR:  

☐ Membership  ☐ Renewal of Membership  
I/We, Name: Mr/Mrs/Ms/Dr) .................................................................  

Address: .........................................................................................  

Phone: (  ) .......................................................................................  
(Please include area code)  
Email: ................................................................................................  

Include your email address if you would like us to keep you informed about any events/information for which falls between issues of our newsletter.

Hereby apply for membership/renewal of membership of the Christchurch Kidney Society (Inc.), and enclose an annual subscription and/or donation.

Membership (includes immediate family)  $ 15.00 (inc. GST)  
Donation (no GST, no obligation)  $ .............................................  

Total Enclosed:  $ ___________________________________  

If you prefer to pay membership directly to the CKS Inc. bank account:  

Westpac Bank: 03 1591 0025801 00. Please include your name and initials in the reference. Please complete and return this form to the society to enable us to update our records and correctly receipt your membership with any donation you may wish to make.

Please tick all that apply:

○ New member       ○ Dialysis Patient       ○ Existing member  
○ Transplant Patient ○ Renal patient       ○ Supporter  

I/We agree to abide by the rules of the Society.

Signature: .........................................................................................  

Please mail this completed form to: CKS, Level 1, 230 Antigua Street, Christchurch.  
Attn: Membership Secretary
The Christchurch Kidney Society (Inc.)
Kidney Information Centre
Level 1, 230 Antigua Street
Christchurch 8011

Phone: (03) 379 5529
Fax: (03) 374 2176
Email: c.ks@xtra.co.nz

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**CONTACT LIST**

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<td><strong>Vice President:</strong></td>
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