

Home-based dialysis offers greater flexibility

FOR those newly diagnosed with end-stage kidney disease, understanding what comes next can be overwhelming.

While haemodialysis remains the most widely recognised and commonly available form of dialysis, patients may not always be fully aware of the range of treatment options available to them, including home-based therapies such as peritoneal dialysis.

This awareness gap matters because the choice of treatment can shape more than a patient's clinical care — it can influence how much flexibility, independence and time they are able to retain in their everyday lives.

To help bridge this awareness gap, the National Kidney Foundation of Malaysia (NKF), in partnership with Vantive, has launched



Timothy Wilfred Jepos

Second Chance, a community-led initiative that brings forward the real-life experiences of people living with kidney disease while making credible, easy-to-understand information about home dialysis more accessible to patients and caregivers.

The treatment most people associate with kidney disease — conventional haemodialysis — typically requires three visits a week to a dialysis centre, each lasting four hours, on top of travel time.

For many patients, these regular centre visits, along with the transportation expenses,

become a fixed point around which the rest of their life is arranged.

Home dialysis works differently. Automated peritoneal dialysis enables treatment to take place at home and can be administered overnight while the patient sleeps.

"For someone newly diagnosed with kidney disease, dialysis can feel



The treatment most people associate with kidney disease — conventional haemodialysis — typically requires three visits a week to a dialysis centre, each lasting four hours, on top of travel time. PICTURE CREDIT: PRESSFOTO — MAGNIFIC

like the moment life changes completely, but treatment does not have to define how a person lives," says NKF chief executive officer Choo Kok Ming.

The Second Chance initiative aims to broaden the conversation around dialysis and help patients understand the choices available to them, including home-based options.

"By sharing real stories alongside accessible, practical information, we hope to empower patients with the confidence to make informed decisions about their care, and, most importantly, to see that there is still life beyond diagnosis," adds Choo.

Second Chance is not a clinical programme, adds Choo. It is a public education effort built on the understanding that awareness — or the absence of

it — shapes the choices patients make and the lives they go on to live.

A SECOND CHANCE FOR TIMOTHY
Timothy Wilfred Jepos, from Sarawak, is living proof that kidney disease does not mean a life put on hold.

He first learnt about home dialysis during a counselling session in the ward, when his nephrologist suggested it as a treatment option that could better fit around his work and daily responsibilities.

"I can do my dialysis at home while I sleep, so I'm able to work, spend time with my family and be there for the moments that matter."

He explains that while kidney disease is a part of his life, it does not have to define how he lives.

Timothy's experience reflects a wider reality the Second Chance campaign aims to surface. For patients in Sabah and Sarawak, automated peritoneal dialysis supplies can now be delivered directly to their homes — removing a barrier that once made home-based dialysis feel inaccessible outside major cities.

The Social Security Organisation's Disability Management Programme further strengthens the support ecosystem by helping eligible patients access rehabilitation, vocational support and relevant social security benefits.

Awareness of these services remains low and Second Chance is working to change that.

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