

Information for Patients: Common Life-Sustaining Treatments

This document provides information about the following life-sustaining treatments:

1. CPR (cardiopulmonary resuscitation)
2. Ventilator (mechanical ventilation, breathing machine)
3. Dialysis (kidney dialysis, hemodialysis, peritoneal dialysis)
4. Feeding tube (artificial nutrition and hydration)

1. CPR (cardiopulmonary resuscitation)

What is it?

CPR is sometimes used in an emergency situation when someone's heart has stopped beating adequately (cardiac arrest). If you're in cardiac arrest, blood stops flowing through your body, which means that oxygen can't get to your brain. Your brain can survive without oxygen for only about five minutes. After that point, you'd have permanent brain damage. CPR makes a small amount of blood and oxygen flow your brain while doctors or emergency personnel try to get the heart to beat normal again. This helps prevent brain damage. CPR may include:

- Someone pushing up and down on your chest with their hands (chest compressions)
- Artificial breathing. This might mean someone breathes from their mouth into yours. Or, someone might use a small bag attached to a mask to push air into your lungs.
- Someone giving you drugs to stimulate your heart
- A machine giving you a quick electrical shock to your chest (defibrillation)
- Someone putting a tube into your windpipe (intubation)

When would I need it?

You'd only get CPR if you had cardiac arrest. Cardiac arrest can be expected or unexpected. Cardiac arrest is a normal part of the dying process or could happen unexpectedly if you had a heart problem or if you were in critical condition because of a sudden illness or injury.

What are the pros?

- CPR can save lives, especially when it's given to a young, healthy person right after cardiac arrest.
- When CPR is successful, it may return the person to the same health that they were in before their heart stopped.
- The person generally isn't aware of the procedure because the person isn't conscious during CPR.

What are the cons?

- CPR is often unsuccessful especially when it's given to someone who has a very serious or incurable disease.
- Most hospitalized patients who get CPR don't survive to leave the hospital.
- After CPR, some people have a sore chest or broken ribs because of the chest compressions.
- Some people also have permanent brain damage because they didn't receive enough oxygen to their brain despite CPR.

2. Ventilator (mechanical ventilation, breathing machine)

What is it?

A ventilator is a machine that helps you breathe. Ventilators are also called mechanical ventilators, breathing machines, and artificial respirators. A ventilator works by pushing air and oxygen into your lungs. A tube is placed in your windpipe. It's put through your mouth or nose or through a hole in his or her neck (tracheotomy).

When would I need it?

A ventilator breathes for you if you can't breathe well enough on your own. You may need it if you have severe lung problems, brain damage, spinal paralysis, or severe weakness of the chest muscles. You might need a ventilator for a few hours, a few days, or the rest of your life. At first, it may be impossible to tell how long you might need it.

What are the pros?

- A ventilator often prolongs your life when you might otherwise die.
- You might need it for only a short time. For example, you may need a ventilator only while your body recovers from a serious illness.
- If you're awake and aware of what's going on, a ventilator is uncomfortable. However, it usually isn't painful, and many people get used to it over time. In some cases, it can relieve the discomfort of feeling breathless.

- Some people who need a ventilator live for years and lead productive and satisfying lives.

What are the cons?

- You might need the ventilator for the rest of your life.
- You might not be able to talk.
- You might have to stay in bed.
- You'll have a tube attached to your nose, mouth, or throat.
- You'll need a lot of help. For example, someone will probably need to suction your lungs to keep them clear of mucus. This help might come from family members, close friends, or nurses.

3. Dialysis (kidney dialysis, hemodialysis, peritoneal dialysis)

What is it?

Dialysis is a medical procedure that filters your blood to remove waste products when your kidneys no longer do the job. There are two main types of dialysis: hemodialysis and peritoneal dialysis. In hemodialysis, your blood circulates outside of your body into a machine that removes waste products. In peritoneal dialysis, your blood is filtered by the blood vessels in the lining of your abdomen. A fluid that's washed in and out of your abdomen helps to filter your blood.

When would I need it?

People who have severe problems with their kidneys use dialysis. If your kidneys stop working, waste products build up in your bloodstream. This will make you feel sick to your stomach, tired, and weak. You'll have little appetite and will have swelling. You might also have difficulty breathing or thinking clearly. Dialysis helps relieve these symptoms.

What are the pros?

- Dialysis usually prolongs your life.
- Dialysis can allow you to lead a near-normal life. You should be able to go back to work and participate in many activities that you enjoy. Dialysis can also relieve many of the uncomfortable symptoms that are associated with kidney failure.
- If you are eligible for a kidney transplant, dialysis can keep you alive while you wait for a donor.

What are the cons?

- Dialysis can't do as good a job as your kidneys. As a result, waste products and fluids build up in your body between dialysis sessions. At times, you may not feel well.
- The time you spend on dialysis may interfere with your daily or weekly routine (e.g., your ability to travel)
- You'll have to be careful about the types of food you eat. You may be more likely to get infections, bleeding, and other medical problems. You may get tired easily.

4. Feeding tube (artificial nutrition and hydration)

What is it?

A feeding tube carries liquid nutrition and fluids into your stomach or intestines. One kind of tube goes into the nose, through the throat, and into the stomach. This is called a nasogastric tube. Another kind of tube goes through your skin and into your intestines. This tube requires minor surgery, which is quick and safe. Once the tube is in place, it's usually painless.

When would I need it?

A feeding tube is sometimes used when people have trouble swallowing enough food and water. If you're having trouble swallowing, you'll usually eat less. Therefore, you won't receive proper nutrition.

What are the pros?

- A feeding tube might prolong your life and let you live for years. This depends on your condition.
- A feeding tube can provide all the fluid and nutrition your body needs.
- You don't need to be in a hospital to receive fluid and nutrition through a feeding tube.
- With proper nutrition, you're less likely to get bedsores and other complications.

What are the cons?

- If you have advanced cancer or severe dementia, a feeding tube will probably not prolong your life and could even shorten it due to complications.
- You might inhale liquid into your lungs with a feeding tube. This would cause pneumonia.
- You would have a tube attached to your nose or your stomach.