

**THE RENAL PATIENT'S GUIDE TO GOOD EATING**



**A COOKBOOK FOR PATIENTS BY A PATIENT**

### **ABOUT THE AUTHOR**

**Judith A. Curtis** was raised in Honolulu, Hawaii, and as a teacher has been involved primarily in Early Childhood Education. Her interest in cooking and recipe collecting evolved over her 37 years as a Navy wife. She has traveled extensively all over the world and lived in Europe and the Orient. On several tours, she has helped edit and compile Navy wives' cookbooks for charity. A renal patient on dialysis since 1985, she received a kidney transplant in November, 1987. Mrs. Curtis lives in Hawaii with her husband, Navy Captain (Ret.) Robert E. Curtis.

Second Edition

# THE RENAL PATIENT'S GUIDE TO GOOD EATING

*A Cookbook for Patients by a Patient*

*By*

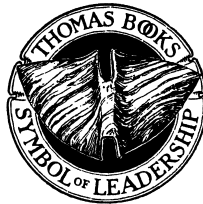
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*With a Foreword by*

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*I dedicate this book to Bob, Mike and Cathy,  
with love and appreciation for sharing the burden of  
renal failure with me and for tolerating  
my endless cooking experiments.*



## FOREWORD

“Could you give me some more ideas for meals?” This is the question often asked of the dietitian soon after the basic information on renal nutrition has been presented. Perhaps it stems from a desire to make up for all the restrictions and avoidances. Often the diet comes at the same time dialysis treatment is initiated. This is the period when discouragement can easily set in, leading to an inadequate diet or even abandonment of the restrictions altogether.

As a patient, Mrs. Curtis relates her own experience in dealing with the renal diet. Through a positive approach, she demonstrates that sometimes when you “make the best of it”, the results are better than if the problem had not occurred. Fellow patients will recognize many of the author’s feelings and obstacles as their own.

This cookbook is suitable for anyone. It does not separate the “dieters” from others. There will be no whispered requests for the salt shaker because the taste is there, in the form of herbs, spices, wine and other “allowed” flavorings. Especially valuable are the sections, where salt is typically relied upon heavily, namely, meat, fish, poultry, sandwiches and vegetables. There are recipes ranging from appetizers to desserts, quick and simple to the more elaborate. The author provides guidelines for adjusting to a healthy heart diet, as well as to renal diets, which require more or less stringency.

THE RENAL PATIENTS GUIDE TO GOOD EATING: A Cookbook for Patients by a Patient, is certain to enlighten and inspire anyone with kidney disease, from the newly diagnosed to the more experienced. Mrs. Curtis is to be commended for her honesty and creativity. I look forward to answering the patient’s earlier mentioned request for ideas with, “I have just the book for you!”

JUDITH A. FRANK, R.D.





## PREFACE

**T**he second edition of *THE RENAL PATIENT'S GUIDE TO GOOD EATING* includes many new dishes as well as nutritional information for all recipes. This should make it easier for renal patients and their dietitians to determine how these dishes can best fit into their diet plans. The analyses can be used as a guide to appropriate serving sizes for each patient's daily allowances of sodium, potassium and phosphorus. The number of servings and amount per serving are given for comparison purposes only and are not meant to suggest that all patients would necessarily eat the amounts listed. Great care has been taken to include complete nutrition information whenever possible. However, due to the lack of nutrient values for certain foods, actual total may be higher than listed.

Note that protein sources (i.e., meat, poultry and seafood) contain significant amounts of potassium and/or phosphorus. It is important for renal patients to follow the protein recommendations given by their dietitian, as the values for these nutrients have been calculated into their meal plan.

It should also be noted that nutritional analyses for most of the sandwich recipes do not include nutrient values for the bread. The types of bread available vary widely in size and nutrient content. Once again, it is best to check with your dietitian.

Carbohydrate information in the analyses should provide an additional help to diabetic renal patients in the number and variety of recipes they can enjoy. For those not already familiar with "carb counting," a Certified Diabetes Educator or dietitian can give guidelines on this method of calculating foods for inclusion in the diabetic diet.

This revised edition of *THE RENAL PATIENT'S GUIDE TO GOOD EATING* would not have been possible without the guidance and help of the following individuals: My sincere thanks to:

- Judy Frank, RD, CSR, Nutrition Coordinator, Renal Institute of the Pacific, St. Francis Medical Center, for her thorough review of the recipes along with helpful suggestions and guidance.
- Anne Caprio Shovik, Ph.D., RD, Associate Professor, Human Nutrition, Food and Animal Science, University of Hawaii, for her assistance with resources.
- Angela Kusatsu, BS, dietetic intern and a recent graduate in Nutrition at the University of Hawaii, who so diligently carried out the tedious task of analyzing each recipe in this book.

To my fellow renal patients, may this collection of recipes add to the variety and number of dishes you can enjoy. Bon Appetit!

## INTRODUCTION

One of the most difficult aspects of kidney failure for me was the extremely limited and complex diet I was advised to follow. The dietitian presented me with a seemingly endless list of restrictions on protein, sodium, potassium and phosphorus (which at the time I thought was found only in laundry detergent.) I left her office with so much technical information, so many “don’ts” and “no-no’s” that I was both overwhelmed and depressed. As a diabetic, I was already on a sugar-restricted diet. With all of these new limitations, I really felt as if there was very little left I could eat, including many of my favorite foods. I also felt isolated from other family members and friends by the need for a “special diet” and initially prepared separate meals for myself.

During my three years on dialysis, I gradually evolved an eating plan that solved many of these problems without resorting to an isolation diet or throwing my laboratory blood chemistries out of whack. An avid cook and recipe collector, I decided that renal failure was not going to prevent me from enjoying two of my favorite pastimes, cooking and eating! I found, however, that there was not much available in the form of a comprehensive cookbook or guide for the kidney patient. The few available were very limited in the number and variety of recipes offered. Ordinary “diet” and “health” books, including my diabetic recipes, were also of limited value, containing many of the very foods I had to avoid as a kidney patient. (It seemed as if tomato sauce, dairy products, whole grains and potatoes were main ingredients in a majority of them.)

Still determined that a restricted diet shouldn’t have to restrict good taste, I armed myself with the dietitian’s nutrition lists, along with files of my favorite recipes, and set out to modify them. In many instances, I simply had to eliminate a few ingredients and substitute “legal” foods. In other cases, I started from scratch to come up with recipes that could be included in my diet. These efforts resulted in a surpris-

ing number and variety of dishes which, according to my family and friends, were tasteful and not at all diet-like.

Along with the modification and creation of recipes, I found many other ways to deal with my dietary restrictions. Mealtimes are more than just a time to eat; they are a social, sharing time as well. Kidney patients are faced with trying to fit their nutritional needs into their own individual lifestyles. In my case, being the wife of a Navy Officer meant lots of entertaining and eating out. It was one thing to follow my diet at home where I had control over what ingredients were used in cooking and entirely another when I went out. In time I learned to cope with these situations and many others, and I have included some of the things I learned as a part of this guide.

In discussing diet and the lack of available resources with other renal patients, it became apparent that they might benefit from my collection of recipes and hints on how I've come to cope with dietary restrictions. As a result, this cookbook was written. Hopefully, it will become a handy resource guide for your kitchen. There are a great number and variety of recipes, many of them collected from countries I've lived and traveled in around the world as a Navy wife. My goal in compiling this book has been to help other kidney patients make their mealtimes as pleasant as possible by providing recipes that they, their families and friends can enjoy together.

I should emphasize here that, as a renal patient, your own diet is dependent upon your body's ability to regulate blood constituents. The dietitian at your dialysis unit has either given you a tailor-made diet or at least guidelines as to what you can eat. Therefore, although the recipes included here are generally suitable for most renal patients, it is essential that you consult your dietitian as to how they can fit into your individual diet plan. This cookbook is not intended as a replacement for professional guidance, but rather as a supplement to expand the pleasurable possibilities of your renal diet.

## ACKNOWLEDGMENTS

I am especially grateful to Judy Frank, R.D., my dietitian at the Renal Institute of the Pacific, St. Francis Medical Center, Honolulu, for her invaluable assistance in reviewing and analyzing the recipes in this book. Without her support and encouragement, this book would never have materialized. My deepest appreciation also to my nephrologists, Dr. Eugene Wong, Dr. Jared Sugihara, and Dr. Thomas Tasaki, for their exceptional medical skill and commitment to patient care in an often exhausting and stressful field of medicine. To the nurses and staff of the Renal Institute of the Pacific, St. Francis Medical Center, Honolulu, my heartfelt thanks for not only your care and support, but for your friendship as well. Finally, to my surgeons, Dr. Fong-Liang Fan and Dr. Livingston Wong, my eternal gratitude for the gift of a new lease on life and hope in the future.



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**THE RENAL PATIENT'S GUIDE  
TO GOOD EATING**



# GUIDELINES TO LIVING WITH A RENAL DIET

## TAKE CONTROL OF YOUR OWN DIET

Perhaps the most important thing I've learned from my experience with kidney failure and dialysis, and more recently as a transplant recipient, is that I do have a great deal of control over my own well-being. My initial feelings of dependence on the medical staff of my dialysis center gradually gave way to a determination to do my best to return to as normal a lifestyle as possible. Even though I could not control what had happened to me, I could control how I dealt with it. It became a challenge, and often a fun one at that, to find ways of working with my restrictions.

As a first step towards taking control of your renal diet, become familiar with all those nutrition lists the dietitian gave you. If you're like me, they were initially so long and forbidding that I stuck them away in a drawer and avoided looking at them altogether. I tried to remember a few of the major "no-no's," and then proceeded to eat pretty much the same things I had eaten all along. Then the monthly phone calls from the renal dietitian began after each lab test: "Your phosphorus level's too high," or "You've got to watch that potassium; it's way up this month." These pronouncements were usually followed by dire predictions of what would happen to my already stressed body

if I didn't watch my diet. ("Too much potassium can cause heart irregularities!") Finally, I decided it was time to take the nutrition lists seriously. It became a challenge to see how much I could learn about my renal diet, and I soon became an expert on what I could and couldn't eat.

You can start by using your nutrition list as a reference and guide. I found it helpful to take one group of foods (such as vegetables) at a time so you're not overwhelmed. If your dialysis center's list is very long and complex, make your own simplified version by grouping foods into low, moderate, and high categories of sodium, potassium, and phosphorus. Your dietitian will be happy to help you with this also. Soon, you will find that you have memorized a good portion of the list and you won't have to look at it so often.

When shopping for food, make a grocery list before you leave home. Use your diet list as a guide to what you should buy. This will also help to prevent impulse purchases (better for your pocketbook as well as your diet!). In the beginning I took my simplified "legal foods" sheet with me to the market. This prevented confusion in the fruit and vegetable section particularly. (Was it plums or nectarines I was supposed to avoid?)

Learn to use your nutrition list creatively to get out of the same old rut, using the same old foods you always have. Try new fruits and vegetables you may not have eaten before. I discovered won bok (Chinese cabbage), and it's now one of my favorite vegetables. Let's face it, the number and variety of allowable foods on a renal diet is limited enough without at least trying all of the ones you can eat. You can also create new recipes or modify old ones like I did to add variety to your diet.

## **COPING WITH THE RESTRICTIONS**

### **Sodium**

The word "salt" or "sodium" is usually the first element your dietitian says you must restrict. Dietary sodium affects fluid balance within the body. Healthy kidneys are able to excrete excess sodium and fluid from the body, but in kidney disease, a high sodium intake will cause

retention of fluid. This fluid “overload” can result in weight gain, swelling, high blood pressure, and even shortness of breath due to accumulation of fluid around the lungs. This is also why we may be advised to restrict our fluid intake along with everything else on the list. The fact that salty foods cause thirst is just another reason to limit them in your diet. It has recently been well publicized that most American diets contain many times the amount of salt necessary to meet nutritional needs. Sodium occurs naturally in most foods. Over the years, however, people have acquired a taste for salty food, and this has resulted in a food industry that relies on heavy doses of added salt for flavor and public appeal. This becomes painfully obvious only when you have to start watching your salt intake like renal patients do.

Your dietitian will have given you a complete list of foods and their sodium content, along with the maximum amount of sodium you should consume each day. Again, it is to your benefit to become familiar with this list. You cannot always determine sodium content by taste. I was amazed to learn that a cup of cornflakes contains more sodium than a strip of bacon! Several examples of high sodium foods are pizza, frozen dinners, canned soups, pickled vegetables, luncheon meats and frankfurters, smoked or cured products, and cheeses.

The most obvious way to decrease sodium in cooking is simply not to use it. The cooking directions for pasta, vegetables, and cereals call for adding salt to the cooking water. You can easily omit the salt without losing much flavor. In most recipes, you can leave the salt out altogether to begin with and then add a little to taste later if necessary. With this in mind, I have intentionally eliminated the use of salt in all of my recipes for this cookbook. Your individual sodium restriction and dietitian’s advice will determine whether you can add salt and how much.

Rinsing foods also gets rid of excess sodium. The salt content of canned foods such as tuna and vegetables can be significantly reduced by putting them in a strainer and rinsing for a minute or so under running water.

In dealing with your sodium restriction, you will learn right away that cooking from “scratch” is often the only way to reduce salt in your diet. We have become so used to using convenience foods, either packaged or frozen, and unfortunately most of them are extremely high in sodium. Cooking without using prepared or processed foods is not as difficult or as time-consuming as it may sound. Many of the recipes in