

IS DIALYSIS ADEQUACY THE MOST DETERMINANT FACTOR FOR THE SUCCESSFUL ASSESSMENT OF A TREATMENT METHOD? THE IMPORTANCE OF THE PATIENT'S ACTIVE PARTICIPATION IN THE SELECTION

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Introduction

Informing the patient in the final stage of Chronic Kidney Disease about the substitution method of his/ her renal function is not only his/ her inalienable right, but also one of the determining factors that could contribute to the effective extra-renal dialysis and to his/ her quality of life. The method's selection always has to be the result of an integrated presentation from the interdisciplinary team and has to be based on the patient's personal preference. Besides, the Kt/V dialysis treatment adequacy index may provide a reliable indication for the effectiveness of the extra-renal dialysis method, but not the exclusive guide for the successful assessment of a treatment method, especially as far as the patient's quality of life is concerned.

Adequacy of dialysis is the measurement of renal dialysis for the purpose of determining dialysis treatment regime and to better understand the pathophysiology of renal dialysis. The normal clearance of urea is approximately 100 ml/min. A patient getting a conventional hemodialysis treatment, without remaining residual function, has a urea clearance of 10-15 ml/min.

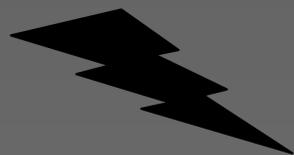
Kt/V index is the most common number used to quantify hemodialysis and peritoneal dialysis treatment adequacy with a minimum score of a dialysis 1,2 (K/DOQI 2006).

The renal nurses' role demands:

- to get the biopsychosocial status of each patient under the microscope
- to gradually get over the term «survival» and attempt to impose the term «survival and quality of life».

Method - The story of B.M.

- ✓ 58 years old woman
- ✓ undiagnosed polycystic kidney disease
- ✓ high urea and creatinine values
- ✓ severe anemia due to gastrointestinal bleeding
- ✓ emergency blood transfusion
- ✓ intensive hemodialysis sessions
- ✓ gastroscopy → active bleeding in the 3rd degree of duodenum → cauterization with APC
- ✓ monitoring
- ✓ catheter's dysfunction
- ✓ recovery operations
- ✓ catheter 's infection



Inbetween the hemodialysis catheter's being changed, the Kt/V score ranged from 1,21 to 1,25.

In the first 2 years only from the beginning of dialysis sessions, she had to underwent 18 interventions for vascular access (jugular veins, subclavian veins, femoral veins, temporal and also permanent catheters, changes on wire and efforts to create AVF)

The peritoneal dialysis choice

- «Ultimate solution»
- «You immediately get germs»
- «You go around with a bag»
- «Not for us»



After 10 years of hemodialysis

- Kt/V score between 1,14 and 1,28
- last weeks before peritoneal dialysis Kt/V score subdued gradually to 1,19 - 1,08 - 0,9
- persistent feeling of dizziness and weakness, especially after hemodialysis
- The patient was not given the opportunity to choose a method that would have offered her a better quality of life during the previous years



Results - Integration into peritoneal dialysis

- «impressively functional peritoneum»
- easy and simple process
- quick familiarization with Automated Peritoneal Dialysis
- zero cases of peritonitis
- normal ranges of Arterial Pressure and restored nutrition
- greatly improved quality of life
- absolute patient satisfaction



Conclusion

The objective of ensuring quality of life for patients suffering from chronic diseases extends beyond achieving numerical results in the patient's treatment. The nursing staff has to persistently encourage the patient's active participation