

A PATIENT WITH COMBINED CAPD AND HD METHODS

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INTRODUCTION

In the past medicine focused mostly on the physical state of the patient, the symptoms and clinical manifestations of a disease – mental and psychological needs tended to be pushed aside. Patients treated with kidney function replacement who require device based treatment are in danger of health complications related to dialysis treatment. Some cases require the combination of peritoneal dialysis and intermittent haemodialysis. Each patient needs to be approached individually, with empathy and understanding, considering that often their mental balance has been disrupted. Plus there is a close connection to family and social relationships. With dysfunctional family environment, disorders of perception may appear, ranging from depression to different types of anxiety. These can subsequently reflect in the patient's adherence and their general attitude towards the treatment. They generally manifest by lack of motivation and indifference towards oneself and others that results in decreased treatment adequacy and increase in medical complications.

Active search for any current and potential risks and their timely elimination is crucial. Each patient needs to be approached individually, with empathy and understanding.

OBJECTIVES

Provision of quality healthcare, functional vascular access and elimination of complications related to the disease, if possible. The patient's comfort is an integral part of the complex treatment, as well as family awareness of the disease-related issues. Provide assistance to the patient in the event of a transfer from one modality to another and facilitate patient's adaptation. Even psychologists with extensive experience concern themselves with the quality of life of patients on dialysis. They are able to help if they notice the patient goes through periods when they are rejecting treatment as well as any advice given by healthcare professionals.

The quality of life has a direct and indirect effect on patient's cooperation with healthcare professionals. Thus it also has great impact on the treatment and the patient's health results.

METHODS

Regular check-ups with a nephrologist who provides nephrological and predialysis patient care and education. Attention is also paid to social issues. Pre-dialysis care enables patients to assess, together with their physician, which modality is the most suitable one, based on their individual needs. What is to be considered:

- Medicine issues (benefits and risks of treatment procedures etc.)
- Patient's preference
- Quality of life

Consultation involving the patient's relatives is another crucial part, potentially also a psychologist's recommendation. If the dialysis method needs to be changed from peritoneal to haemodialysis, the procedure needs to be discussed openly. The following issues are to be explained to the patient: "Why is it necessary? Why did the method have to be changed?" and educate the patient again on the new method. In exceptional cases, mostly in patients who started suffering from a major disease in the course of the treatment (such as CMP that requires administration of medicine that does not allow catheter removal) or for other serious reasons – both methods need to be maintained in order to provide adequate care. If the patient's vascular access has not been developed enough and at the same time a peritoneal catheter has been used, both methods are applied – peritoneal exchanges are combined with haemodialysis. This approach is only applied until it is medically possible to remove the catheter or solve the patient's health complications and transfer the patient to one of the methods and thus reduce the risk of any potential complications, such as inflammation etc.

RESULTS

- Adaptation to the CAPD and HD treatment and patient's readiness to the future treatment, either by the peritoneal method or the haemodialysis or a combination of the two methods.
- Allow the patient to select the treatment method he chose the prefer based on the acquired information and thus engage them in the treatment.
- In the event of any medical complications, facilitate the transfer to another treatment method.
- Securing the patient both medically and mentally.
- And, last but not least, prevent any complications related to kidney disorders and their treatment.

CONCLUSION

A holistic approach is vital for chronic patients.

Provide complex care by means of interdisciplinary cooperation.

Effort to engage the family.

The patient must retain the feeling of autonomy, competence and mostly their dignity.

Everyone of us may become a patient who will need an individual approach.