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Major advances in both the technology and the medical knowledge of maintenance hemodialysis have been made since the early stages of such treatment in the 60s. Hemodialysis is now an established therapeutic method, and the time has come to present an up-to-date approach to all its technical and medical aspects. We adopted a simple and concise

Long-term Hemodialysis - Constantine L. Hampers - 1973

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Long-Term Hemodialysis - Nguyen-Khoa Man - 2012-12-06
and technicians in training so large number of tables and illustrations. so that not only health professionals but patients themselves can easily understand the essentials of hemodialysis. In addition to the most recent technical developments of hemodialysis. particular attention is given to biocompatibility. adequacy of dialysis and patient nutrition. The many clinical problems encountered in the dialysis patient have been especially emphasized. since proper management may prevent most uremia-related complications. Indeed. chronic hemodialysis consists not only of providing the patient with safe and well-tolerated dialysis sessions but also of maintaining good general condition, adequate nutritional status and well-being in the long term. All of us have worked in the field of nephrology and hemodialysis at Necker Hospital for more than 25 years, and several of our very first patients are still enjoying life thanks to hemodialysis. We hope that our experience will be of help to nephrologists. renal nurses that they can offer their patients, through optimal dialysis, long survival with the best possible quality of life and rehabilitation.

**Long-Term Hemodialysis**
Nguyen-Khoa Man - 2012-12-06

Major advances in both the technology and the medical knowledge of maintenance hemodialysis have been made since the early stages of such treatment in the 60s. Hemodialysis is now an established therapeutic method. and the time has come to present an up-to-date approach to all its technical and medical aspects. We adopted a simple and concise style with a clear design and a large number of tables and illustrations. so that not only health professionals but patients themselves can easily understand the essentials of hemodialysis. In addition to the most recent technical developments of hemodialysis. particular attention is given to biocompatibility. adequacy of dialysis and patient nutrition. The many clinical problems
Long Term Hemodialysis, the Management of the Patient with Chronic Renal Failure - Constantine Louis Hampers - 1973

Long-Term Hemodialysis; The Management of the Patient With Chronic Renal Failure, by Constantine L. Hampers and Eugene Schupak - Constantine L. Hampers - 1968

Long-Term Hemodialysis - Nguyen-Khoa Man - 2014-01-15

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Complications of Long-term Dialysis - Edwina Brown - 1999

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Remote Patient
patients regardless of age. Mortality and morbidity of patients on dialysis, however, remain unacceptably high and it is most unusual for such patients to survive into the third decade. The aim of the book is to focus on the problems that develop in the second stage of dialysis treatment and discuss how to prevent, minimize and manage these complications.

Complications of Long-term Dialysis - Edwina Brown - 1999
Dialysis treatment for the management of end-stage renal failure is now an accepted treatment for all patients regardless of age. Mortality and morbidity of patients on dialysis, however, remain unacceptably high and it is most unusual for such patients to survive into the third decade. The aim of the book is to focus on the problems that develop in the second stage of dialysis treatment and discuss how to prevent, minimize and manage these complications.

Management in Peritoneal Dialysis - C. Ronco - 2019-04-08
Telemedicine and remote patient monitoring are innovative tools to provide remote transmission, interpretation, and storage of data for review by the care team. These tools allow for accurate home monitoring of patients enabling the team to improve care through prevention and early identification of problems. This book is structured into four main parts. The first describes the evolution of peritoneal dialysis and related technology. The second part summarizes current unmet clinical needs reported by patients and care teams, the need for innovation in the field, and the technical and clinical issues involved with the modern management of peritoneal dialysis. The third section presents the operational characteristics of the new information communication technology system and, in detail, the features of the Sharesource platform. Finally, a series of
technology. The second part users are reported to describe the benefits and the potential applications of remote patient monitoring in the future. Telemedicine and remote patient monitoring have proven to be useful in the care of patients on peritoneal dialysis. The scope of this publication, therefore, is to present the experiences of clinical key opinion leaders who have been using the application.

Remote Patient Management in Peritoneal Dialysis - C. Ronco - 2019-04-08
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Uremic Toxins - Severin Ringoir - 2012-12-06
The present book contains the Proceedings of a two day
Symposium on Uremic Toxins organized at the University of Ghent in Belgium. A series of guest lectures, free communications and posters have been presented. An international audience of 163 scientists from 16 nationalities listened to and discussed extensively a spectrum of topics brought forward by colleagues and researchers who worked for many years in the field of Uremic Toxins. There is a striking contrast between all the new dialysis strategies available in the work to "clean" the uremic patients and the almost non-progression of our knowledge on uremic toxins in the past decade. In this sense the symposium was felt by all participants as a new start for the research in the biochemical field of the definition of uremia. If the present volume would stimulate new work in this field in order to define uremia, or identify the uremic toxins, the purpose of the organizers would be maximally fulfilled.
particular, reviews for recent organizers would be maximally fulfilled.

**Updates in Hemodialysis** - Hiromichi Suzuki - 2015-09-09
In this special issue, reviews of various aspects of HD therapy were submitted from all over the world. In particular, reviews for recent advances in this area from leading experts have been contributed to the book Hemodialysis. In order to deliver optimal patient care, nephrologists need to understand and be highly knowledgeable in the mechanisms of multiple aspects of hemodialysis therapy. Moreover, this book will provide an important source of information for beginners and experts, basic scientists and physicians who want to have a true update on current clinical practice in hemodialysis.

**Hemodialysis, Vascular Access, and Peritoneal Dialysis Access** - Claudio Ronco - 2004
Recent developments have spurred a renewed interest in novel solutions to access the patient circulation, mainly concentrating on vascular access for renal replacement therapies and on peritoneal dialysis access. Starting with the epidemiology, the focus then shifts to the evolution of new techniques and monitoring procedures with
replacement therapy. Attention is also paid to the new biomaterials available, concentrating on their improved biocompatibility and surface characteristics. As developments in the field of peritoneal dialysis have taken a similar turn, new devices providing access to the peritoneal cavity which have recently been made available are introduced next. Last but not least, the management of complications and the continuous maintenance and care of the access with regard to both hemodialysis and peritoneal dialysis are highlighted. This book provides a complete overview of the devices, catheters and methods currently available to ensure successful vascular and peritoneal access. Taking into account both the physiology of the extracorporeal circulation and the mechanisms of peritoneal dialysis with regard to the most adequate access techniques, this is a unique resource for clinicians, investigators and researchers in the field of renal replacement therapy.

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**Hemodiafiltration** - Claudio Ronco - 2007-01-01

A concise handbook on clinical and technical possibilities. The application of hemodiafiltration has been restricted until recently, when a broader clinical application has been made possible due to evidence from large studies and clinical investigations. This book provides an updated review of the evolution, advances and recent results achieved by hemodiafiltration in the
involved mass separation hemodiafiltration in daily practice aimed at beginners and experts, scientists and physicians, students and senior faculty members alike.

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**Peritoneal Dialysis** - K.D. Nolph - 2013-03-14
A year or so after Dr. Robert Popovieh arrived in Seattle in 1965 to begin working on his doctoral thesis under Dr. A.L.
therefore no funds for to try to prove the prediction that the peritoneum had a higher permeability to 'middle molecules' than hemodialysis membranes [1]. Several years later, when Dr. Popovieh accepted a position at the University of Texas in Austin, he decided to concentrate his research efforts in the area of peritoneal dialysis and everyone knows how successful that effort has become [2]. Indeed, because of continuous ambulatory peritoneal dialysis (CAPD), long-term peritoneal dialysis after a two-decade incubation period is finally becoming an equal option to hemodialysis and transplantation in the management of chronic renal failure. For me this development represents final vindication of a twenty-year effort to help promote peritoneal dialysis, often in the face of enormous opposition. I particularly remember a policy meeting at the NIH a few years back in which it was decided by my colleagues on the committee that long term peritoneal dialysis had no future and projects in this area would be forthcoming. Based on the excellent results that Boen and later Tenckhoff had been getting in our Seattle program, I knew the committee was wrong and tried to convince them otherwise. Naturally, being the only favorable vote, I failed. I often wonder how many years this decision and others like it set back peritoneal dialysis.

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Peritoneal Dialysis
Ingemar Davidson -
2012-08-31
The Davidson Medical Series
is a comprehensive guide to
current common diagnostic,
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techniques used in creating
and maintaining vascular
access for dialysis in patients
with end-stage renal disease
or cancer. When writing the
text, the authors have focused
on surgeons in training,
interventional radiologists,
nephrologists and fellows,
dialysis nurses, and
technicians. Health care
professionals involved in the
care of patients with end-
stage renal disease or cancer
and the patients themselves
will also benefit from these
handbooks. Volume I,
appropriately, covers
peritoneal dialysis. The
concept of "Peritoneal Dialysis
First" states that whenever
feasible peritoneal dialysis
should be the first dialysis
modality considered for
patients in need of a lifelong
access strategy. Peritoneal
dialysis offers a survival
text, the authors have focused dialysis initiation. Patients who receive a transplant while on peritoneal dialysis have better outcomes compared to patients who are on hemodialysis. As all dialysis access modalities have a high failure rate over time, proactively planning and placing access for hemodialysis in patients on peritoneal dialysis serves as "life insurance," should the peritoneal dialysis modality later fail. Peritoneal dialysis and hemodialysis must not be seen as competitive therapies but rather complementary, where over time both dialysis access options are considered as integral parts of thoughtful long-term planning.

Peritoneal Dialysis - Ingemar Davidson - 2012-08-31
The Davidson Medical Series is a comprehensive guide to current common diagnostic, operative, and percutaneous techniques used in creating and maintaining vascular access for dialysis in patients with end-stage renal disease or cancer. When writing the on surgeons in training, interventional radiologists, nephrologists and fellows, dialysis nurses, and technicians. Health care professionals involved in the care of patients with end-stage renal disease or cancer and the patients themselves will also benefit from these handbooks. Volume I, appropriately, covers peritoneal dialysis. The concept of "Peritoneal Dialysis First" states that whenever feasible peritoneal dialysis should be the first dialysis modality considered for patients in need of a lifelong access strategy. Peritoneal dialysis offers a survival benefit for several years after dialysis initiation. Patients who receive a transplant while on peritoneal dialysis have better outcomes compared to patients who are on hemodialysis. As all dialysis access modalities have a high failure rate over time, proactively planning and placing access for hemodialysis in patients on peritoneal dialysis serves as "life insurance," should the
haemofiltration in the later fail. Peritoneal dialysis and hemodialysis must not be seen as competitive therapies but rather complementary, where over time both dialysis access options are considered as integral parts of thoughtful long-term planning.


Continuous Ambulatory Peritoneal Dialysis - G.R. Catto - 2012-12-06
For more than a generation haemodialysis has been the principal method of treating patients with both acute and chronic renal failure. Initially, developments and improvements in the system were highly technical and relevant to only a relatively small number of specialists in nephrology. More recently, as advances in therapy have demonstrated the value of

intensive therapy unit and haemoperfusion for certain types of poisoning, the basic principles of haemodialysis have been perceived as important in many areas of clinical practice. In this volume, the potential advantages of bicarbonate haemodialysis are objectively assessed, the technical and clinical aspects of both haemofiltration and haemoperfusion discussed and the continuing problems associated with such extra corporeal circuits analysed. All the chapters have been written by recognized experts in their field. The increasing availability of highly technical facilities for appropriately selected patients should ensure that the information contained in the book is relevant not only to nephrologists but to all practising clinicians. ABOUT THE EDITOR Dr Graeme R. D. Catto is Professor in Medicine and Therapeutics at the University of Aberdeen and Honorary Consultant Physician/Nephrologist to the Grampian Health Board. His
clinical practice. In this immunology was stimulated as a Harkness Fellow at Harvard Medical School and the Peter Bent Brighton Hospital, Boston, USA. He is a member of many medical societies including the Association of Physicians of Great Britain and Ireland, the Renal Association and the Transplantation Society.

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Anaemia Management in dialysis patients in Switzerland "AIMS" - Nathalie Lötscher Petrus - 2009-09
The survey, Anaemia Management in dialysis patients in Switzerland, called "AIMS" was the first survey performed in Switzerland assessing current anaemia management in dialysis patients after the edition of the EBPG. The objectives of the survey were to assess the quality of anaemia management and to compare it with current guidelines. Anaemia management in respect of the patients' clinical condition was investigated in comparison to the recommendations of the guidelines. Likewise, it was assessed whether physicians individualize anaemia management according to the patients' clinical condition. The survey "AIMS" represents a simplified tool to perform

anaemia management in dialysis patients which facilitates long-term evaluations and quality controls of chronic kidney disease patients. Further algorithms might be integrated with the aim to provide guidance and support in clinical decisions for physicians in order to improve and individualize patient care.

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**Basic Clinical Dialysis** - David Harris - 2005-02-28

Basic Clinical Dialysis presents highly practical information on the clinical care and management of chronic kidney disease through dialysis treatment. The book clearly explains basic principles of dialysis, the different stages of kidney disease and presents all the treatment options and techniques for management. It deals specifically with chronic dialysis and chronic kidney disease, chronic haemodialysis, chronic peritoneal dialysis and acute dialytic therapies. The book will be a handy reference guide for medical students, interns, residents, basic physician trainees, nurses, general physicians, and paramedical staff. It is written in a concise and easy to understand format which is popular among busy practitioners and will be a small trim size to fit in their pockets and take on the wards.
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Management of Secondary Hyperparathyroidism in Hemodialysis Patients - Emanuel Zitt - 2011

Management of Secondary Hyperparathyroidism in Hemodialysis Patients - Emanuel Zitt - 2011

Hemodialysis Dose and Adequacy - 2001

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Pediatric Dialysis - Bradley A. Warady - 2012-12-06

dialysis therapy to children requires a thorough understanding of the multi-disciplinary manner in which the pediatric patient is affected by renal insufficiency. Knowledge of the technical aspects of peritoneal dialysis, hemodialysis and continuous renal replacement therapy must be complemented by attention to issues such as anemia, renal osteodystrophy, hypertension, growth, cognitive development, nutrition, nursing care and the psychosocial adaptation of the child and family to chronic disease. The inaugural edition of Pediatric Dialysis provides a comprehensive review of these and other related topics with a singular emphasis on the unique aspects of their application to children. With authoritative, clinically relevant, well-referenced chapters written by a host of recognized international experts who emphasize key aspects of contemporary management, Pediatric Dialysis has been designed to serve as a primary resource to
recognized international care of the pediatric dialysis patient.

**Pediatric Dialysis** - Bradley A. Warady - 2012-12-06
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**Continuous Renal Replacement Therapy** - John Kellum - 2009-12-03
In the past decade, CRRT has moved from a niche therapy within specific specialty centers to the standard of care for management of critically ill patients with acute renal failure. Continuous Renal Replacement Therapy provides concise, evidence-based, to-the-point bedside guidance about this treatment modality, offering quick reference answers to clinicians' questions about treatments and situations encountered in daily practice. Organized into sections on Theory; Practice; Special Situations; and Organizational Issues, Continuous Renal Replacement Therapy provides a complete view of
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implementing PD will highly application of PD and to advance a project called USS PD: Understanding, Starting and Sustaining Peritoneal Dialysis (initiated by the Department of Nephrology, Dialysis and Transplantation of the St. Bortolo Hospital in Vicenza, Italy). The initial part of this book is thus dedicated to basic principles of PD, as understanding how this technique works is one of the prerequisites to improve the quality of its application and, ultimately, its outcomes. In the second part, in-depth reviews help the physician to identify the benefits and problems involved in a PD program, facilitating the initiation of a new program or the start of new patients on PD. The third part, finally, is dedicated to potential complications and technical solutions designed to solve the problems of the different techniques. This helps physicians to sustain the use of PD after having acquired the know how and the capacity of starting the program. Everyone interested in understanding and profit from the papers presented in this publication.

**Peritoneal Dialysis** - Claudio Ronco - 2006-01-01
Even though peritoneal dialysis (PD) is by now well established and its advantages in terms of clinical efficacy, social impact and individual tolerance are acknowledged, it is still underutilized on a global scale. In view of this fact, the publication at hand has two objectives, namely to provide help to identify possible obstacles to a wider application of PD and to advance a project called USS PD: Understanding, Starting and Sustaining Peritoneal Dialysis (initiated by the Department of Nephrology, Dialysis and Transplantation of the St. Bortolo Hospital in Vicenza, Italy). The initial part of this book is thus dedicated to basic principles of PD, as understanding how this technique works is one of the prerequisites to improve the quality of its application and, ultimately, its outcomes. In the second part, in-depth
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**Dialysis Amyloid** - Charles Van Ypersele - 1996
Amyloidosis is a serious condition associated with renal dialysis, leading to progressive organ failure, and is of great concern to all clinical nephrologists. It is particularly common in countries where renal transplantation is rare, such as Japan. This book is aimed at practising nephrologists and will help them successfully to diagnose, relieve, and possibly prevent dialysis-related amyloidosis.

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Comprehensive Clinical Nephrology E-Book -
Richard J. Johnson - 2014-09-05
Consult this title on your favorite e-reader, conduct rapid searches, and adjust font sizes for optimal readability. The right amount of basic science and practical clinical guidance assists in making efficient and informed decisions. Extensive updates on key topics keep you at the forefront of the field. New chapters on glomerulonephritis associated with complement disorders, interventional treatments for hypertension, renal disease and cancer, and epidemiology and prognostic impact of acute kidney injury. Over 1,500 color illustrations highlight key topics and detail pathogenesis for a full range of kidney conditions and clinical management. Hundreds of color coded algorithms promote quick reference and to help you retain concepts. Over 400 NEW self-assessment questions available at Expert Consult.

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Diabetic Renal-Retinal Syndrome - E.A. Friedman -
After a decade or longer, approximately one-third of individuals with either type 1 or type 2 diabetes commence a downhill course in which decreasing renal function and failing vision define a Renal-Retinal Syndrome, dominating all aspects of life and presaging early death. Only a generation ago, survival after onset of end-stage renal disease (ESRD) in diabetes was limited because rehabilitation was preempted by blindness, limb amputation, stroke, and heart disease. By 1998, however, team management has improved the outlook, with preserved sight and return to work and home responsibilities, usually for a decade or longer, following kidney transplantation and laser photocoagulation. Recognition of the critical requirement for blood pressure regulation and metabolic control are central themes in management. In this unique book, the accomplishments of ophthalmologists, nephrologists, diabetologists, transplant surgeons, and basic scientists are blended into a strategic approach that may be readily applied by all those caring for diabetic patients. Each of twenty-one presentations suitable for primary care physicians, as well as for subspecialists concerned with macrovascular and microvascular complications of diabetes, is placed in perspective by an introductory editorial analysis. Promising near-term innovative therapies, including insertion of genetically engineered beta cells or polymer-coated islets of Langerhans, interdiction of kinins that promote retinal angiogenesis, and prevention of synthesis of advanced glycosylated endproducts (AGEs), are presented in detail. While comprehensive care of diabetic patients reflects multiple incremental advances that in sum afford major benefit, this text envisions further remarkable changes likely to suppress and possibly entirely prevent the Diabetic Renal-Retinal Syndrome.
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The management of chronic diseases is one of the tasks of all members of the health team, and different models need to be applied in the practice of chronic care management. One of these models is home care services. There are two main sections in this book. In the first part of the section, the concept of caregiving and care at home is explained. In the second part, the responsibilities of caregivers at home and the responsibilities of caregivers of people who have health problems that occur during different periods of life are discussed. In the second section, the problems of caregivers are also included. I would like to think that what is quoted in this book, which contains examples from different cultures of the world for home care approaches, will contribute to the development of home care presented to all health professionals working in the field of health services as well as health politics professionals and students trained in these areas.
What Determines the Clinical Outcomes of Patients with End Stage Renal Failure on Long-Term Peritoneal Dialysis - Man-Fai Lam - 2017-01-26
This dissertation, "What Determines the Clinical Outcomes of Patients With End Stage Renal Failure on Long-term Peritoneal Dialysis" by Man-fai, Lam, 林萬斐, was obtained from The University of Hong Kong (Pokfulam, Hong Kong) and is being sold pursuant to Creative Commons: Attribution 3.0 Hong Kong License. The content of this dissertation has not been altered in any way. We have altered the formatting in order to facilitate the ease of printing and reading of the dissertation. All rights not granted by the above license are retained by the author.

Abstract: The prevalence of end stage renal disease (ESRD) is increasing even with an improvement in management of diabetes, hypertension and glomerulonephritis in the past decades. This phenomenon is plausibly due to a high prevalence of diabetic mellitus (DM) and increased aging in the general population. Nowadays, more than forty percent of ESRD patients on dialysis have DM as the primary disease. For patients with ESRD, peritoneal dialysis (PD), haemodialysis and RTx are the choices of replacement therapy. Although transplantation is the most desirable modality, the waiting time may take decades because of shortage of organ donors. In Hong Kong, about 80% of ESRD patients receive PD as the dialysis treatment. The peritoneum acts as a dialysis membrane for both solute clearance and fluid removal. Inevitably, PD treatment
chronic inflammation after on patient survival and various reasons may account for the associated morbidity and treatment failure. PD related peritonitis and failure of fluid removal due to ultrafiltration (UF) failure are the most common causes for discontinuation of PD treatment. Both peritonitis and UF failure impair solutes exchange and cause inadequate dialysis. The aims of this thesis are to study the risk factors for 1) reduced patient survival, 2) developing peritonitis, and 3) having UF failure during PD treatment. Any improvement in management of these adverse factors will definitely prolong the longevity of PD treatment and patient survival. Our prospective multi-centre study of patients on long-term PD has shown that patients had 2- and 4-year survival rates at 94.0% and 74.8%, respectively. The risk factors for reduced patient survival included high body mass index (BMI), low urine volume and cardiovascular disease (CVD). In another study, we found that patients with peritonitis associated with a high mortality. This happened even if the patients were in remission of the peritonitis. One possible reason was patients had lost their lean body mass and the nutritional markers was decreased significantly when they developed peritonitis. We also studied the predisposing factors for peritonitis and UF failure. Impairment of cognitive function and hand function were found to be associated with risk of touch contamination and peritonitis when they performed PD exchange. A full assessment of mental and hand function before training patients to self-perform PD exchange may reduce the incidence of peritonitis. Patients may develop UF failure after long-term PD treatment due to morphological changes of the peritoneal membrane (PM). Patients with DM and higher glucose exposure in the first year of PD treatment were found to have a risk for UF failure. For patients developed acute UF failure, apart from fluid compliance,
way. We have altered the found to be the cause for this problem. In conclusion, the findings of the studies in this thesis help to identify the risk factors for mortality and complications of PD treatment. It is conceivable that patient survival and longevity of PD treatment may improve if these risks factors can be corrected or avoided. 

Subjects: Peritoneal dialysis Chronic renal failure - Treatment

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**Abstract:** The prevalence of end stage renal disease (ESRD) is increasing even with an improvement in management of diabetes, hypertension and glomerulonephritis in the past decades. This phenomenon is plausibly due to a high prevalence of diabetic mellitus (DM) and increased aging in the general population. Nowadays, more than forty percent of ESRD patients on dialysis have DM as the primary disease. For patients with ESRD, peritoneal dialysis (PD), haemodialysis and RTx are the choices of replacement therapy. Although transplantation is the most desirable modality, the waiting time may take decades because of shortage of organ donors. In Hong Kong, about 80% of ESRD patients receive PD as the dialysis treatment. The
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peritoneum acts as a dialysis membrane for both solute clearance and fluid removal. Inevitably, PD treatment carries some adverse effects on patient survival and various reasons may account for the associated morbidity and treatment failure. PD related peritonitis and failure of fluid removal due to ultrafiltration (UF) failure are the most common causes for discontinuation of PD treatment. Both peritonitis and UF failure impair solutes exchange and cause inadequate dialysis. The aims of this thesis are to study the risk factors for 1) reduced patient survival, 2) developing peritonitis, and 3) having UF failure during PD treatment. Any improvement in management of these adverse factors will definitely prolong the longevity of PD treatment and patient survival. Our prospective multi-centre study of patients on long-term PD has shown that patients had 2- and 4-year survival rates at 94.0% and 74.8%, respectively. The risk factors for reduced patient survival included high body mass
access; and a comparative failure. For patients developed acute UF failure, apart from fluid compliance, retroperitoneal leakage was found to be the cause for this problem. In conclusion, the findings of the studies in this thesis help to identify the risk factors for mortality and complications of PD treatment. It is conceivable that patient survival and longevity of PD treatment may improve if these risks factors can be corrected or avoided. Subjects: Peritoneal dialysis Chronic renal failure - Treatment

This volume documents the formal presentations and discussions which took place at the Fifth Symposium on Dialysis Access held in Tucson, Arizona in 1996. The 34 contributions cover such topics as the use of Doppler ultrasonography in management of hemodialysis; arteriovenous graft salvage in hemodialysis patients; the nephrologist and vascular access; and a comparative study of temporary hemodialysis catheters. Annotation copyrighted by Book News, Inc., Portland, OR

Daily and Nocturnal Hemodialysis - Robert M. Lindsay - 2004
Manuscripts from the London Daily/Nocturnal Hemodialysis Study, funded by the Ontario Ministry of Health and Long-Term Care, are presented
discuss related issues such as commissioned papers by experts in the field of daily dialysis. Contributors look at the benefits of daily and nocturnal dialysis for patients with renal disease, and discuss related issues such as requirements for running dialysis programs, vascular access requirements, and the management of complications.


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**Calcium and Phosphate Metabolism Management in Chronic Renal Disease** - Chen H. Hsu - 2007-02-05

When the kidney fails its intended mission to manage the body’s waste products, physicians must perform multi-level and simultaneous adjustments to replicate kidney function. The management of the body’s absorption, reabsorption, utilization and excretion of calcium and phosphate requires constant fine tuning. This book provides an overview of the state-of-the-art clinical and basic science aspects of abnormal calcium and phosphate metabolism and its management.
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**The Latest in Peritoneal Dialysis** - Abelardo Aguilera Peralta - 2013-06-19
This book summarizes the advances and new concepts introduced in the last years on peritoneal dialysis (PD) and its complications. PD therapy is a renal replacement peritoneal membrane using a semi-permeable barrier to liquids and solutes. The abdominal cavity with all its components, mesothelial cells, fat tissue, immune system components and others are activated by the PD fluids that although every time are more biocompatible, induce production of molecules with the local and systemic effects. Locally there is a thickening of the peritoneal membrane leading to the failure of this and where the transdifferentiation of mesothelial cells plays a key role. Systemically activating abdominal cavity appears to be involved in atherosclerosis, diabetes, hypertension, renal bone disease pathway and others.
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**Handbook of Dialysis Therapy E-Book** - Allen R. Nissenson - 2016-10-24

Providing practical, immediately useful guidelines that can be applied directly to patient care, Handbook of Dialysis Therapy is a must-have resource for all dialysis caregivers. This new edition has been updated with the latest cutting-edge technology, dialysis techniques, and complications related to various diseases for both pediatric and adult patients. It explains complex dialysis concepts through abundant diagrams, photos, line drawings, and tables, while its readable hands-on approach allows for quick review of key information. Presents the practice-proven experience of top experts in the field of dialysis treatment. Offers dialysis guidance for both adult and pediatric patients in one convenient source. Features a readable hands-on approach, allowing you to quickly review the complicated concepts of dialysis. Includes helpful annotated bibliography lists in each section for further in-depth research on any subject. Explains complex dialysis concepts through abundant diagrams, photos, line drawings, and tables. Features new chapters on care delivery, patient-centric care, rehabilitation, quality of life, geriatrics, and interventional nephrology. Includes information on the management of the pediatric patient undergoing dialysis. Defines the quality imperatives, roles, and
one convenient source.
facility medical directors and
attending nephrologists.
Updates nephrologists on the
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**Handbook of Dialysis****

**Therapy E-Book** - Allen R.
Nissenson - 2016-10-24
Providing practical,
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**Nutritional Management of
Renal Disease** - Joel D.
Kopple - 2021-10-08
Nutritional Management of
Renal Disease, Fourth Edition,
offers in-depth reviews of the
Academy of Nutrition and disorders prevalent in
patients with renal disease
and serves as an in-depth
reference source concerning
nutrition and kidney disease.
This classic translational
reference provides correct
diagnosis - and therefore
correct treatment - of renal,
metabolic, and nutritional
disorders. Nephrologists,
diabetologists,
endocrinologists, dieticians,
and nutritionists depend on a
strong understanding of the
molecular basis for the
disease. This fourth edition
includes thorough new case
reports, offering expert advice
on how to use the latest
research and clinical findings
in counseling patients about
dietary and lifestyle options.
Readers gain insight into
which treatments,
medications, and diets to use
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disease from the National
Kidney Foundation and the

Dietetics, covering
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essential nutrient, as well as
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comprehensive, translational
look at all aspects of
metabolic and nutritional
disorders in one reference.
Provides a common language
for nephrologists,
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and other interested
physicians to assimilate
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very latest details on
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**Identifying Risk Factors for Outcomes in Patients with End-stage Kidney Disease** - Beini Lyu - 2021
End stage kidney disease (ESKD) is a prevalent condition. In 2016, more than 726,000 (2 in every 1,000 people) were being treated for ESKD in the US. ESKD is
to identify risk factors for morbidity, mortality and lower quality of life. In addition, ESKD is associated with tremendous financial and societal costs. Among ESKD patients, roughly 70% were receiving dialysis and 30% of them had a functioning kidney transplant. ESKD patients on different treatment modalities share higher risk of mortality and morbidities compared with their non-ESKD counterparts, but also face modality specific challenges. For hemodialysis patients, management of vascular access remains one of the most important aspects of patient care. Kidney transplant recipients (KTRs) have increased risks of comorbidities such as bone disease and identifying risk factors for such comorbidities remains essential to improve KTRs outcomes. However, clinical trials rarely involve ESKD patients. Rigorous epidemiologic studies using observational data remain the main source to generate evidence to improve ESKD patient care. The overall objective of this dissertation is to identify risk factors for morbidity, mortality and lower quality of life. In addition, ESKD is associated with tremendous financial and societal costs. Among ESKD patients, roughly 70% were receiving dialysis and 30% of them had a functioning kidney transplant. ESKD patients on different treatment modalities share higher risk of mortality and morbidities compared with their non-ESKD counterparts, but also face modality specific challenges. For hemodialysis patients, management of vascular access remains one of the most important aspects of patient care. Kidney transplant recipients (KTRs) have increased risks of comorbidities such as bone disease and identifying risk factors for such comorbidities remains essential to improve KTRs outcomes. However, clinical trials rarely involve ESKD patients. Rigorous epidemiologic studies using observational data remain the main source to generate evidence to improve ESKD patient care. The overall objective of this dissertation is outcomes in ESKD patients on different treatment modalities. Specifically, the aims of this dissertation are to: 1) estimate catheter dependence among elderly patients who initiated hemodialysis with a catheter and had their first permanent access, either an arteriovenous graft (AVG) or arteriovenous fistula (AVF), placed within 1 year after initiating hemodialysis; 2) determine the association between AVF versus AVG placement among elderly patients and risk of mortality and hospitalization; 3) determine how proton pump inhibitors (PPI) use is associated with incidence of major fractures among kidney transplant recipients (KTRs). To address the first aim, we assessed the association between placement of an AVF versus AVG in the first year of hemodialysis as the incident arteriovenous access and subsequent central venous catheter dependence, using data from the United States Renal Data System (USRDS) between 2012 and 2017.
randomized controlled trial AVG was associated with greater catheter dependence at one month (95.6% vs. 92.5%) and at three months (82.8% vs. 41.2%), but lower catheter dependence at 12 months (14.2% vs. 15.8%) and at 36 months (8.2% vs. 15.0%). Creation of an AVF, however, remained significantly associated with greater cumulative catheter-dependent days (80.1 vs 54.6 days per person-year) and a lower proportion of catheter-free survival time (78.1% vs 85.1%) after three years of follow-up. Creation of an AVF was associated with significantly greater cumulative catheter dependence than placement of an AVG in an elderly population initiating hemodialysis without a permanent access. As the long-term benefits in terms of catheter dependency of an AVF are not realized in many elderly patients, specific patient characteristics should be considered when making decisions regarding vascular access. To address the second aim, we emulated a (RCT) using data from the United States Renal Data System (USRDS) to compare placement of an AVF versus AVG as the incident arteriovenous access and risk of all-cause mortality, all-cause and cause-specific hospitalization. We found that in unweighted analysis, AVF was associated with significantly lower risk of mortality and hospitalization, especially early after vascular access placement. In inverse probability treatment weighting (IPTW) analysis accounting for potential confounders, AVF was associated with lower incidence of mortality and hospitalization early after placement (HR [95% confidence interval] 0.82 [0.75, 0.91] for mortality; HR 0.82 [0.78, 0.87] for all-cause hospitalization), but this was not found with longer follow-up. No association between AVF and mortality, all-cause, cardiovascular disease (CVD)-related, infection-related hospitalization, or sepsis was found in instrumental variable (IV) analyses. However, AVF
adjusted analyses controlling of vascular access-related hospitalization overall and all-cause hospitalizations in those without diabetes mellitus. After explicitly emulating a target RCT with correction for potential bias, arteriovenous access type was not associated with the risk of mortality, all-cause hospitalization, CVD-related and infection-related hospitalization, or sepsis among elderly patients who initiated hemodialysis with a catheter and had AVF/AVG placed within 6 months overall. To address the third aim, we identified 155 kidney transplant recipients (KTR) from the Wisconsin Allograft Recipient Database (WisARD) with a major fracture that occurred at least 12 months after transplantation. Controls were selected using incidence density sampling. Use of PPI and histamine 2-receptor antagonists (H2RA) during the year prior to the index date were identified. PPI use was associated with higher incidence of major fractures in unadjusted analysis (OR 2.4, 95% CI: 1.6-3.5) and in for demographic and transplant-related covariates and use of corticosteroids, bisphosphonates, vitamin D and calcium supplements (OR 1.9, 95% CI: 1.2-3.1). H2RA use was not associated with incidence of major fractures in adjusted analyses (OR 1.0, 95% CI: 0.5-1.8). The associations between PPI use and fractures remained similar in analyses limited to spine and hip fracture. We found that use of PPI, but not H2RA, is associated with higher risk of major fractures among KTRs. In summary, in the absence of evidence from RCTs, epidemiologic studies incorporating rigorous study design, high quality observational database, and comprehensive outcomes relevant to both patients and clinicians can identify risk factors that can be targeted to improve ESKD patient care.

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**Handbook of Chronic Kidney Disease**
Management - John T. Daugirdas - 2012-02-20
The Handbook of Chronic Kidney Disease Management focuses on practical aspects of managing patients with mild to moderate Chronic Kidney Disease (CKD), incorporating the expertise of cardiologists, endocrinologists, general internists, and nephrologists. Chapters include case vignettes and management algorithms, and treatment recommendations reconcile recently published clinical guidelines from NKF, AHA, NCEP, and ADA. In addition, treatment recommendations in this handbook take into account the realities of reimbursements in the U.S.

Automated Peritoneal Dialysis - Claudio Ronco - 1999-01-01
While continuous ambulatory peritoneal dialysis (CAPD) has been the standard peritoneal procedure since the seventies, different schedules of automated peritoneal dialysis (APD) have emerged during the eighties. Today, APD is considered a valuable tool in the management of ESRD patients, together with CAPD and hemodialysis. However, despite its frequent use, APD has not yet been well assessed, and most pathophysiological and clinical studies on PD refer to CAPD. In this book, major experts in the field therefore discuss and evaluate the insights gained on APD up to
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Clinical Practice

Guidelines for Chronic Kidney Disease - -

Clinical Practice Guidelines for Chronic Kidney Disease - -