

Everyone talking - A life journey with your kidneys First series 5th episode: 30 Nov 2021

The doubts about Haemodialysis

Guest speakers: Dr. Maggie Mok, Ms. Janet S C Li Host: Dr. Samuel Fung Ms. Maggie Lee

KT_E1.5_Haemodialysis



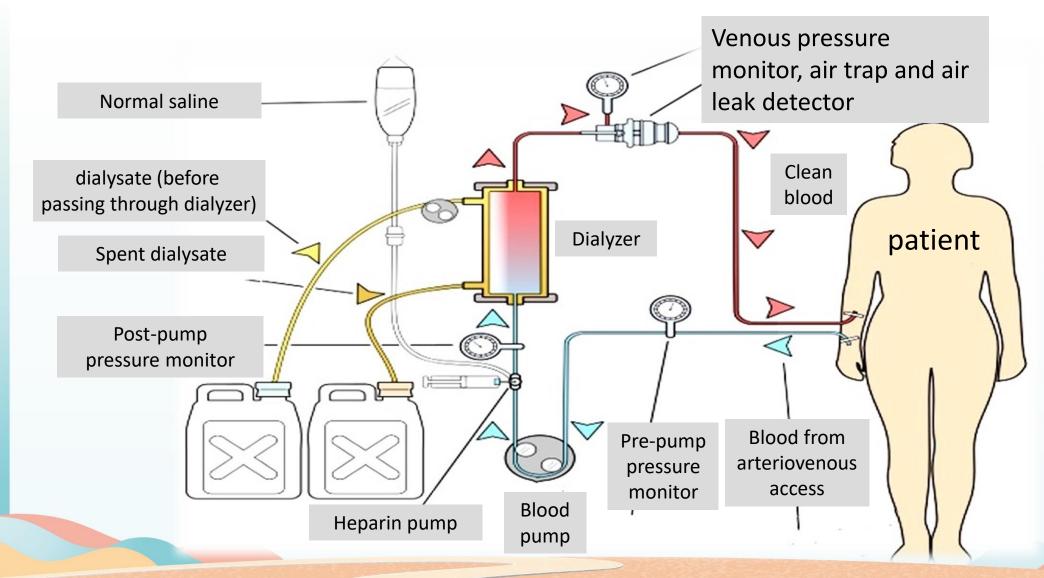


Haemodialysis: introduction and basic theory

What is haemodialysis?

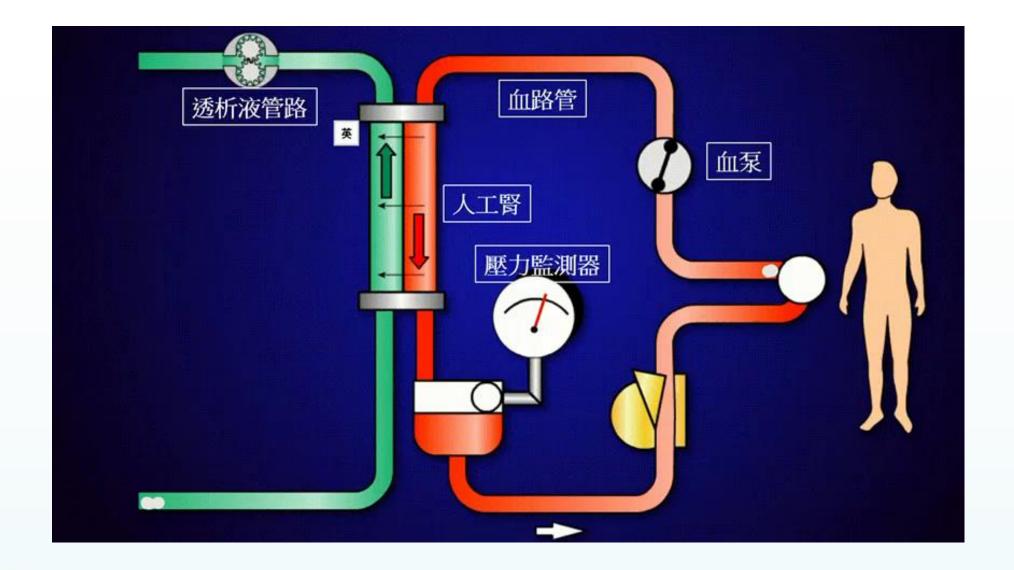


What is haemodialysis?



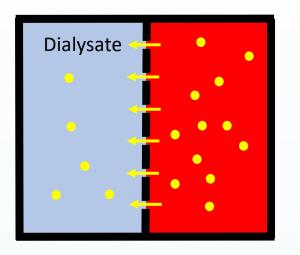
HKKF-HKSN-HKARN Maggie Mok & Janet Li

https://www.wikiwand.com

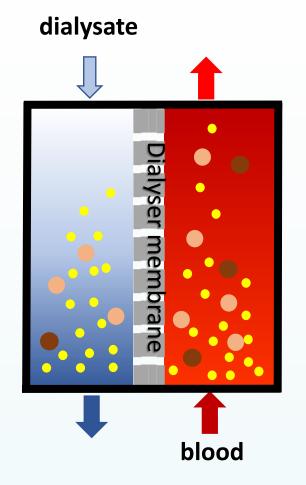


Principles of Haemodialysis

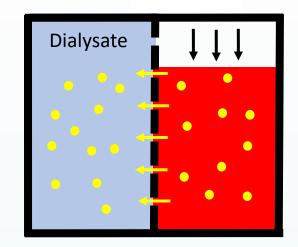
Diffusion



Uremic waste products will pass from blood to dialysate down a concentration gradient



Convection



Dialysis machine will exert pressure to the blood so that excess fluid will pass from a high osmotic gradient down to a low osmotic gradient, carrying larger uremic waste products together



Haemodialysis Service in Hong Kong

Haemodialysis Service in Hong Kong

- Hemodialysis units in public hospitals under the Hospital Authority
- Hemodialysis Public-Private Partnership Programme Patients can choose to receive hemodialysis service in hemodialysis centers in the community
- Charity funded hemodialysis units
- Home Nocturnal Hemodialysis subsidized by the Hospital Authority and the Hong Kong Kidney Foundation and Hong Kong Jockey Club
- Hemodialysis units in private hospitals



Acute haemodialysis service

- For treatment of patients with drug overdose, renal failure with complications such as fluid overload, metabolic acidosis, hyperkalemia, uremia
- A temporary central venous catheter has to be inserted for hemodialysis
- Treatment in hospital

Higher treatment risk Do not delay dialysis

treatment

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Long-term chronic haemodialysis

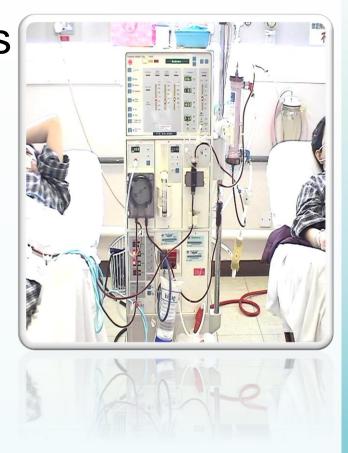
End-stage renal failure patients requiring long-term hemodialysis:

- Not suitable for peritoneal dialysis
- Failure of peritoneum
 - Inadequate waste or fluid clearance
 - Multiple episodes of peritonitis
 - Other health conditions rendering the patient unsuitable for peritoneal dialysis



Long-term chronic haemodialysis

- Need to create an arteriovenous access by surgery or implant a central venous catheter
- 2-3 hemodialysis sessions per week,
 4-6 hour per session
- Need to return to hemodialysis unit regularly and on time for treatment



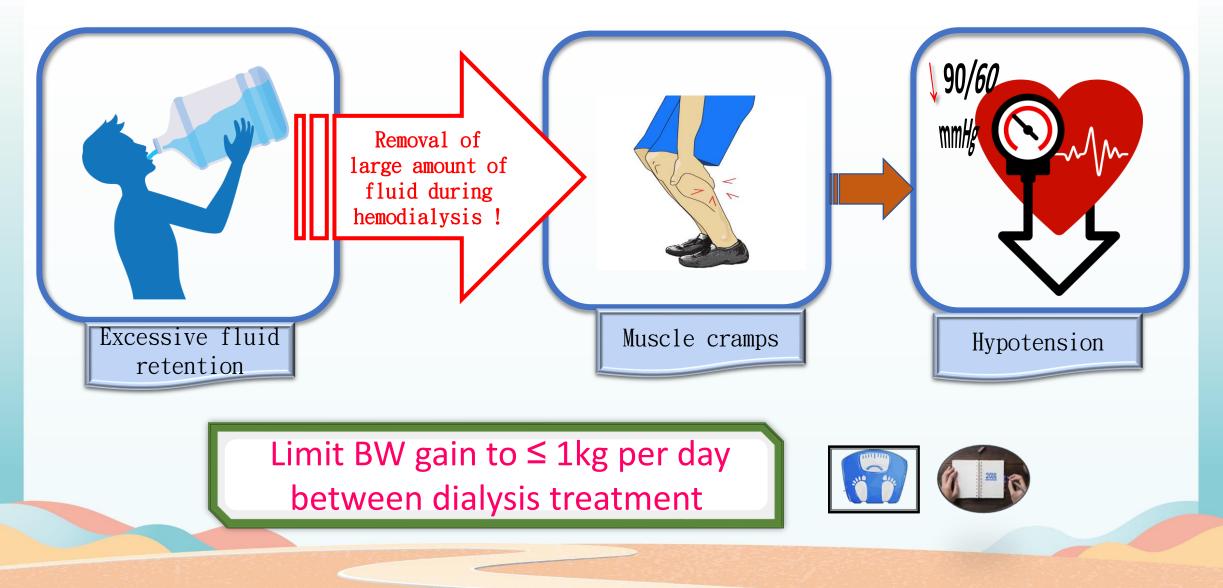


Patients on Haemodialysis

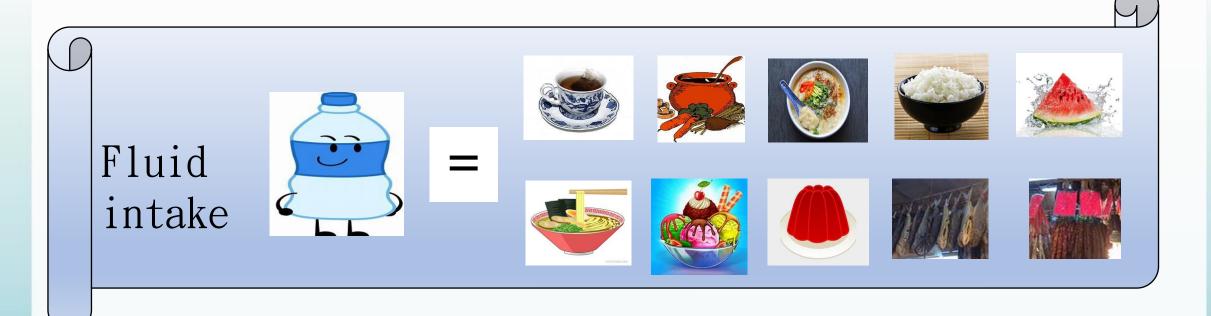
Special attentions !

Limit daily fluid intake(1) Edema ↓ urine output 000 from oliguria 170 90 •0 to ЪР Anuria Pulmonary edema Fluid intake Breathing difficulties Surge in Inter-dialytic Body Weight (IDBW) due to fluid retention HKKF-HKSN-HKARN Maggie Mok & Janet Li Dreamstime.com

Limit daily fluid intake(2)



Limit daily fluid intake(3)



Optimal UF Goal setting is 2-3kg per each HD treatment Target post HD weight = Dry Weight

UF (ultrafiltration)

DW is the Body weight without any extra fluid

When excessive fluid is removed from body;

With no signs of overhydration nor dehydration;

BP within normal range.

What is Dry weight (DW) ?

Misconception about Dry Weight

Overhydration \rightarrow increase in body weight (\uparrow B

Dehydration \rightarrow decrease in body weight (\downarrow BV

• \downarrow BW = Dehydration ?

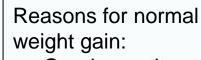


 \downarrow Muscle; fat; fluid \rightarrow weight loss !!!

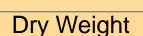
 \uparrow Muscle; fat; fluid \rightarrow weight gain !!!

Reasons for normal weight loss:

- Poor appetite
- Physical discomfort
- ↓ muscle mass
- ↓ fat deposits



- Good appetite
- ↑ muscle mass
- ↑ fat deposits
- ...

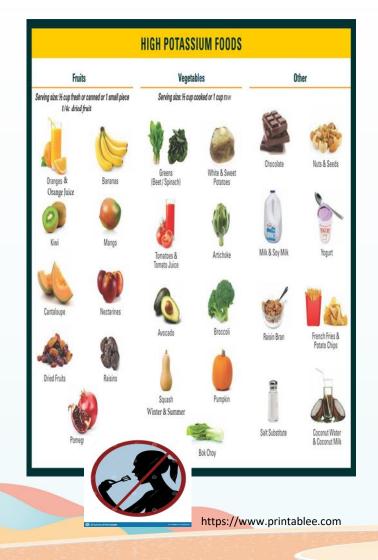


- Not a constant value.
- Continuous

assessment &

adjustment is required.

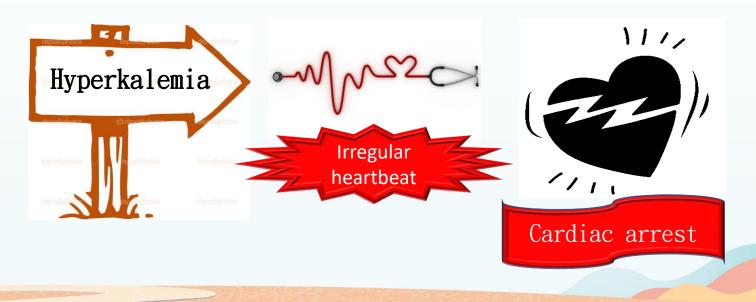
Avoid foods high in Potassium



Signs & Symptoms

Muscle weakness; Numbness & tingling

Nauseas & vomiting; stomach pain; diarrhea



What is an arteriovenous access?

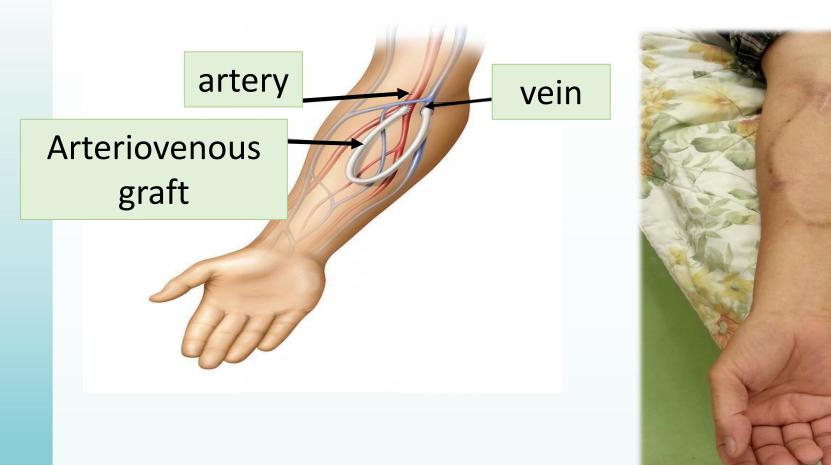
What do hemodialysis patients need to know?

Arteriovenous fistula



https://www.azuravascularcare.com/infodialysisaccess/types-of-dialysis-access/

Arteriovenous fistula



Requires around 4 weeks for maturation. Suitable for those with small vessels

https://www.azuravascularcare.com/infodialysisaccess/types-of-dialysis-access

Vascular Access (lifeline) - Daily checks





Fistula (AVF)



Inspect

- Note for any oozing of blood, hematoma (particularly post HD)
- Signs of infection: redness, swelling, pain, warmth, pus around the site, and fever

Touch

- Feel for the 'thrill' which is the motion of the blood flow.
- Report to dialysis center ASAP if unable to feel the usual buzzing or if it weakens.



Listen or use a stethoscope

- Normal sound is called the 'bruit', a whooshing noise.
- Report to dialysis center ASAP if unable to hear or change to a whistle-like sound.

Vascular Access (lifeline) - Daily checks



Arteriovenous Fistula

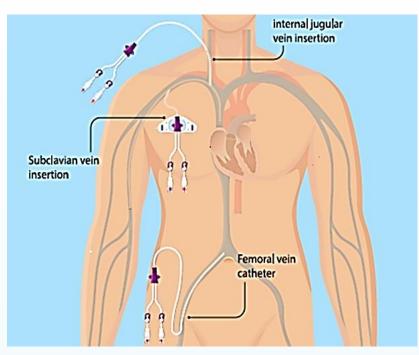
(AVF)

Care of fistula/graft

- Keep the skin over AVF/G clean.
- Avoid injury to the AVF/G.
- Protect access arm:
 - Ensure no obstruction of blood flow.
 - No blood pressure taking, blood taking or IV infusion.
 - Avoid sleeping on access arm.
 - Avoid wearing tight clothing, jewelry or watch.
- Cover the puncture sites with clean gauze / band-aid for at least 6 hrs post
 HD & keep dry to avoid infection.

Excessive fluid removal during HD Severe dehydration & Hypotension at any time AVF/G THROMBOSIS

Central venous catheters

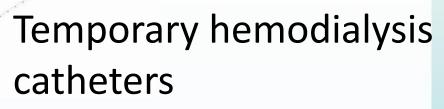


- Usual positions: internal jugular vein, femoral vein, subclavian vein
- Can be used immediately
- For those requiring urgent hemodialysis or for long-term use in those who are unable to create an arteriovenous fistula/graft
 - High infection risk May damage blood vessels leading to venous stenosis

http://www.medcompnet.com/products/long_term/split_cath.html.lskushealth.com

Central venous catheters



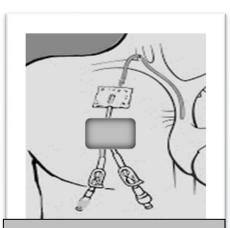




Hemodialysis catheters for longer term use

http://www.medcompnet.com/products/long_term/split_cath.html.lskushealth.com https://www.kidneycareuk.org/about-kidney-health/treatments/dialysis/haemodialysis/inserting-your-tunnelled-haemodialysis-catheter-permcath/ https://meditechdevices.com/products/nephrology/dialysis-catheter/

Central venous catheters (lifeline) - Daily checks



Internal Jugular catheter



Femoral dialysis catheter



Observation:

Keep the dressing dry & catheter clean \circ

Monitor daily body temperature, observe for S/S of infection such as pus or blood stained dressing ; fever; redness, crust , pain & swelling at exit site.

If found, Inform dialysis center ASAP

Avoid :



Dampening the catheter dressing, cover it with plastic when shower, Do not take bath. Pulling of catheter- not to wear pull-over tops

Sleeping on the side of catheter •

Abnormal events:

Sudden swelling of neck, breathing difficulties, catheter falls out or slips partially out. Attend A&E ASAP °



Haemodialysis

Is it good or bad? What are the complications??

Advantages of haemodialysis

• Rapid clearance of uremic

waste products and fluid

More effective in renal

failure patients who are

pregnant, sepsis or obese







Advantages of haemodialysis

- Need to return to hemodialysis units
 2-3 times per week
- May feel discomfort after hemodialysis, complications of hemodialysis
- Expensive, need more medical manpower and resources

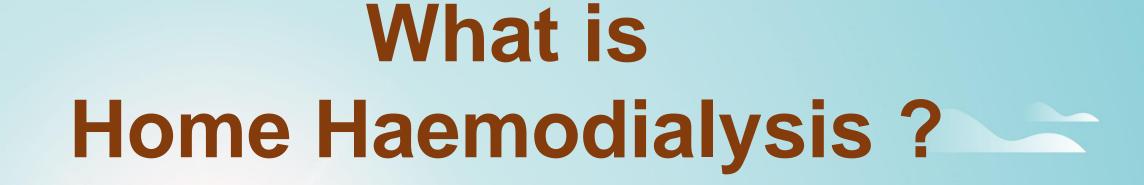


More restrictions in fluid and diet

Complications of Hemodialysis

- 1. Low blood pressure
- 2. Muscle cramps
- 3. Dialysis disequilibrium syndrome (early after starting haemodialysis treatment)
- 4. Complications related to vascular access- infection, bleeding, thrombosis
- 5. Air embolism
- 6. Risk of cardiovascular diseases, arrhythmia, stroke during haemodialysis treatment

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WRREAL Hemodialysis center	Venue	Home HD EREAR
<u>Unlimited Quota</u> Must fulfil the treatment criteria according to HKHA Hemodialysis policy	Quota & Selection Criteria	<u>Limited Quota</u> A joint partnership program by HK Hospital Authority & Charitable funding Selection criteria is required
2–3 treatment /week 4-6 hours/treatment To follow the center schedule	Treatment schedule & Flexibility	Treatment at alternate night 6–9 hours /treatment Self -schedule
Achieve target	Adequacy of dialysis	Usually above target
Not important	HD knowledge	Very important to learn
More restriction	Dietary restriction	Less restriction
Not require	Home modification	May require
~ 1000-1500/ month	Expenses HK\$	~1000 -1700/month

Home Haemodialysis



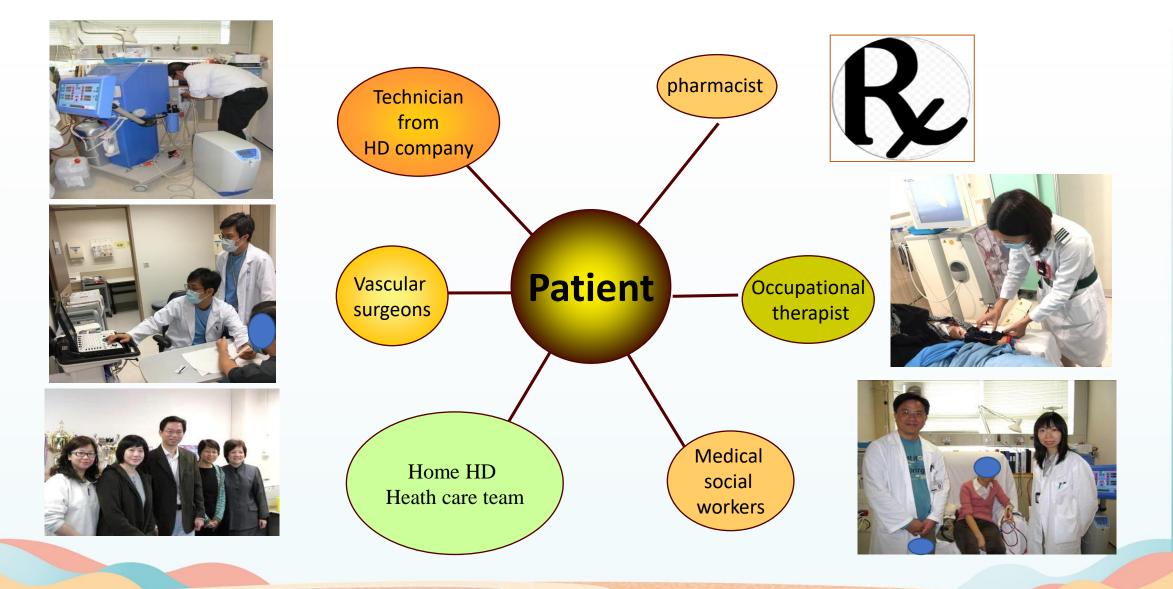


Advantages of home haemodialysis

- As treatment is "slow", there is less discomfort (e.g. muscle cramps, unstable blood pressure) compared to conventional hemodialysis
- As treatment is "longer" and "more frequent", clearance of larger waste products such as phosphate, are more effective
- Better blood pressure control, reduce anti hypertensive agent requirement
- Less anemia and reduce erythropoietin requirement
- Less ventricular hypertrophy and improves cardiac function
- Better quality of life



Home Hemodialysis – Collaboration of Multidisciplinary teams





Pre-requisites for home haemodialysis (1)

After assessment by medical team :

- Health condition is fit for home hemodialysis
- Positive attitude and normal social life
- Understand the advantages and requirements of home hemodialysis
- Confident in learning the procedure (including self-needling)
- Healthy financial condition
- Enough space at home for the dialysis machine, reverse osmosis machine and other appliances
- Living with family and family support is preferred
- Willing to follow advices from medical staff

Pre-requisites for home haemodialysis (2)

Fits the criteria set by the Hospital Authority and the 2 charity organisations

Hong Kong Jockey Club Charities Trust

• Quota limit



- Has received peritoneal dialysis before ("PD first policy)
- high risk peritoneal dialysis patients:
 - Peritoneal failure
 - Multiple peritonitis
 - Health condition unsuitable to continue peritoneal dialysis

Hong Kong Kidney Foundation

• Quota limit



- for work or daily living needs
- Requires assessment of financial assets



The art of compromise for HHD

Before



After



Pipelines for water inlet & outflow drain





HHD accessories storage



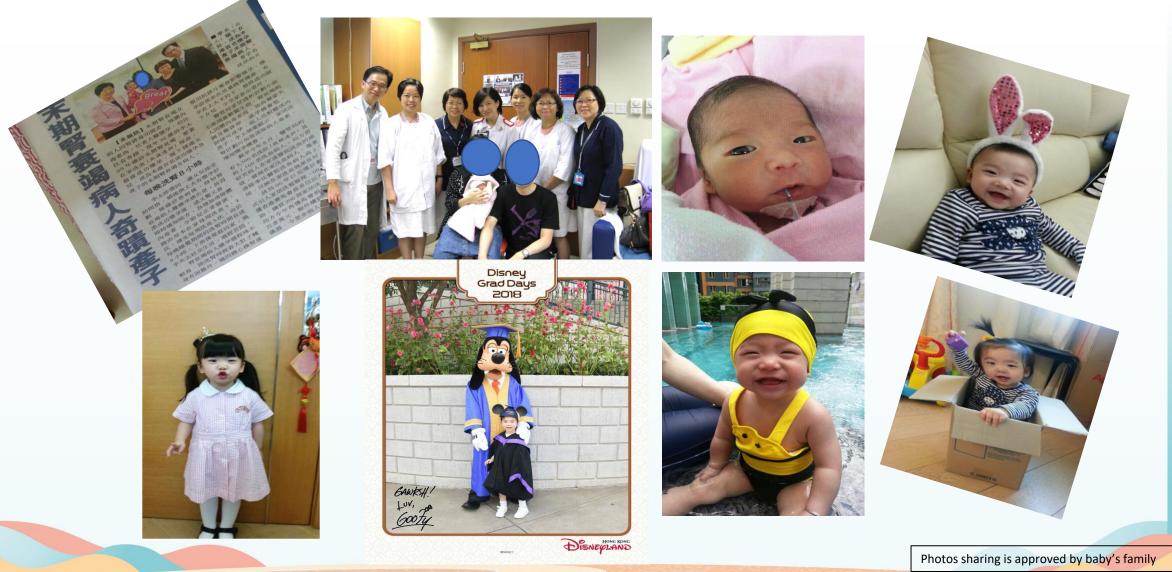
HHD Training Program

What are included in the program? Is it safe to do HD at home ?





An extraordinary mother - First born baby from a patient on NHHD in HK



Host organiser: Hong Kong Kidney Foundation https://hkkf.org.hk/



Co-organisers: Hong Kong Association of Renal Nurses https://www.hkarn.com



Co-organisers: Hong Kong Society of Nephrology https://www.hksn.org/



Partner: Alliance for Renal Patients Mutual Help Association http://www.arpmha.org.hk/



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