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## Do we only see the hips, the kidneys, or just the patient?

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**E**lective surgery is a large part of any modern hospital's workload. The intersection of that cohort of patients with Chronic Kidney disease (CKD) patients encompasses a vast amount of patients, and it is this interaction which we are interested in. Surgery is known to affect kidney function (7,8), partially due to the effect of anaesthetic, partly due to blood loss and partly due to nephrotoxic drug usage. CKD patients are therefore at risk of declining renal function during and after surgery. Given that elective surgery allows clinicians to plan surgery in a controlled environment, patients with known Chronic Kidney disease are in a position where they can be both consented to the possibility of worsening kidney function, and subsequently followed up to monitor their renal function after surgery. Our service evaluation looked at 568 elective surgery patients at one hospital in East Anglia in the UK. Of the 57 patients with CKD, some had declining renal function, but the sparsity of data for follow-up renal function post-surgery made it difficult to draw firm conclusions as to the effect of elective surgery. We recommend 30 day follow up renal function tests on all CKD patients, and appropriately consenting patients of the possibility of declining renal function. It seems salient to repeat this data collection to ascertain the magnitude of the effect when all the data is available.

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