

4th International Conference on

Nephrology & Therapeutics

September 14-16, 2015 Baltimore, USA



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The wrong prescription of dialysis fluid

The worldwide use of acidification with 3 mmol/L of acetate is critical, as there is a big problem of calcification. The majority of the CKD-5 patients has own big problems with calcification. After each Dialysis it is necessary to descale the monitor. Only the patient never will be descaled. To elevate the dosage of acetate is no good idea as the production of CO₂ becomes bigger. This is a problem for cold patients as well as for patients weaning from the respirator. The alternative prescription with 1 mmol/L citrate has the same amount of CO₂ production as 3 mmol/L acetate but the dialysis fluid with citrate never has a problem of calcification. There is a second principle of working, the chelate binding of the two problems ions Ca⁺⁺ and Mg⁺⁺. Unfortunately, this essential problem will not well understand by the doctors and by the FDA Department, medical products as it is a problem of chemical solubility. Dialysis concentrate is a medical product and so there is no follow-up concerning this calcification problem. First target is to reach a chemical evaluation; second target is the prohibition of dialysis concentrate by 3 mmol/L acetate.

Biography

Thomas Ryzlewicz is a Nephrologist since 40 years with regular clinical work with RRT patients. In 1974 he used several of the first Dialysis Set-Up's (Travenol 120 Batch System, Milton Roy B II, Gambro AK 3) and in 1978 Bag-Hemofiltration was done (with the Equipment of 3 Blood Pumps, one Bed Scale and a Cup to measure the Filtration Rate (with a Stop-Watch).

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