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Extended hemodialysis hours may improve the clinical outcome of patients on maintenance hemodialysis without increasing the cost

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There has been increasing rise in the need for hemodialysis globally due to the increasing prevalence of Chronic Kidney disease and rising incidence of renal failure. Renal failure requiring renal replacement therapy is increasingly being recognized in the resource poor setting. This is due to the rising prevalence of hypertension and diabetes world-wide and better health seeking behaviors, increased awareness, better knowledge and diagnostic acumen in the resource poor setting. Acute kidney injury is also increasingly being recognized in the community as a result of high incidence of sepsis, diarrhea and vomiting which are the leading causes in the poor countries. Kidney transplant is not readily available because of the lack of economic and geographic access. Peritoneal dialysis is more expensive than it should be because of the high cost of imported fluids and the cost of treating infections associated with the procedure. Hemodialysis turns out to be more readily available in our environment as a renal replacement modality. However the high cost of the treatment makes adequate dialysis difficult to attain giving rise to high morbidity and mortality. During the first year of hemodialysis in our facilities in Kaduna State we observed that 40% of those who presented to the units requiring dialysis could not dialyze because they could not afford the cost. Over 80% of those who commenced dialysis discontinued the treatment within the first three months of commencement mainly because of inability to sustain the funding to continue. The standard hemodialysis treatment of 4 hours three times a week was difficult to sustain and even those who started with standard treatment ran out of funds and had to reduce the frequency of dialysis with attendant deterioration in clinical conditions. Some of these patients were offered the option of prolonging the dialysis time from 4 hours to 6 hours a session at the same cost from their pockets. Comparison was made of Urea reduction ratio (URR), Kt/V and the patient's perspective of the quality of life while on 4 hours 2 times a week and while on 6 hours 2 times a week. These parameters were better during the period the patients were on 6 hours a session than when they were on 4 hours a session 2 times a week.

Biography

Bosan Ib has completed his graduation from the Faculty of Medicine at the Ahmadu Bello University, Zaria in June 1982. He had a Post-graduate training in Internal Medicine with the West African College of Physicians obtaining FWACP in April 1994. He worked with the Kaduna State Civil Service 1982 to 1994 and was Medical Director of an Aviation company from 1994 to 2000 and joined the University as a Lecturer from 2001 to date. He has 18 peer reviewed publications and 12 published abstracts.

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