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Euro Nephrology 2019: Hemodialysis of The Patients Terminal Chronic Renal Insufficient in The Nephrology Reanimation Unit of Hospital IBN Rochd Casablanca- Imane Failal Hemodialysis and Kidney Transplantation

Imane Failal[1], S. Ezzaki, N. Mtioui[1], S. El Khayat, M.Zamed[1], G.Medkouri [1], M. Benghanem[1], B. Ramdani[1]

[1]Hemodialysis and Kidney Transplantation CHU Ibn Rushd, Morocco

Introduction: End stage renal disease is a major public health problem in Morocco. It results from a regular growth of its incidence and its prevalence. It has a heavy economic impact and a significant influence on the quality of life of patients.
The objective of this study was to describe the demographic, clinical, biological, therapeutic, and evolutionary aspects of patients with end stage renal disease hemodialysed in the resuscitation unit of the nephrology department at Ibn rochd university hospital center.
Patients and Methods: Retrospective analysis of records of 1061 patients with end stage renal disease hemodialysed in the resuscitation unit of the nephrology department at university hospital center Ibn rochd, during a period of 8 years, spanning from January 1st, 2008 to December, 31 th, 2015.
Results: The annual incidence was 132 cases /year with a mean age of 49.8 years, and a slight male predominance with a sex ratio of 1.11. the medical antecedents have been dominated by diabetes (33.18%), and high blood pressure (32.28%). The most common primary reasons for admission were the acute oedema of the lung (14.5%), followed by consciousness disorder (11.78%), then hyperkalemia (6.31%). The hyperkalemia has been noted at 38.56% of cases, and the anemia at 59.5% of cases. the mortality rate was high by about 18%.
Discussion: At the end of this work, we hope to reduce this high morbidity and mortality; for this, we suggest:

- Better access to care through better medical coverage
- Respect of the referential in terms of indications, surveillance modalities, management, and correction of dialysis complications,
- Appropriate care at the hemodialysis centers as well as the establishment of a guard system for hemodialysis in emergency,
- Improve the public-private partnership framework by increasing the number of dialysis sessions to 3 sessions per week instead of 2, hence the recommended 12 hours per week.

This guideline is written primarily for doctors and nurses working in dialysis units and related areas of medicine in the UK, and is an update of a previous version written in 2009. It aims to provide guidance on how to look after patients and how to run dialysis units, and provides standards which units should in general aim to achieve. We would not advise patients to interpret the guideline as a rulebook, but perhaps to answer the question: "what does good quality haemodialysis look like?"

The guideline is split into sections: each begins with a few statements which are graded by strength (1 is a firm recommendation, 2 is more like a sensible suggestion), and the type of research available to back up the statement, ranging from A (good quality trials so we are pretty sure this is right) to D (more like the opinion of experts than known for sure). After the statements there is a short summary explaining why we think this, often including a discussion of some of the most helpful research. There is then a list of the most important medical articles so that you can read further if you want to – most of this is freely available online, at least in summary form.

Haemodialysis continues to expand in the UK with over 25 000 patients now being treated, representing a 10% increase since publication of the previous Renal Association guideline for haemodialysis. In addition the patient group continues to develop: the typical patient is now 67 years old with a median history of 3.2 years on renal replacement therapy. The authors of this guideline aimed principally to update the previous guideline according to the latest research and experience, but also to expand the scope into areas not previously covered but relevant to haemodialysis practice.

The guideline was written collaboratively: lead and co-authors for each section conducted literature reviews and wrote first drafts of the statements and rationale. Feedback and discussion were provided by all authors via email exchanges and meetings, revised versions were produced with editorial input from the chair, and these were subsequently agreed by all authors. Two current haemodialysis patients gave advice on tone and readability.
Conclusion: It's a Chronic progressive disease, long silent, which requires a heavy treatment with a huge economic impact

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