

WHEN HAEMODIALYSIS CAN BE STOPPED?



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INTRODUCTION AND AIMS:

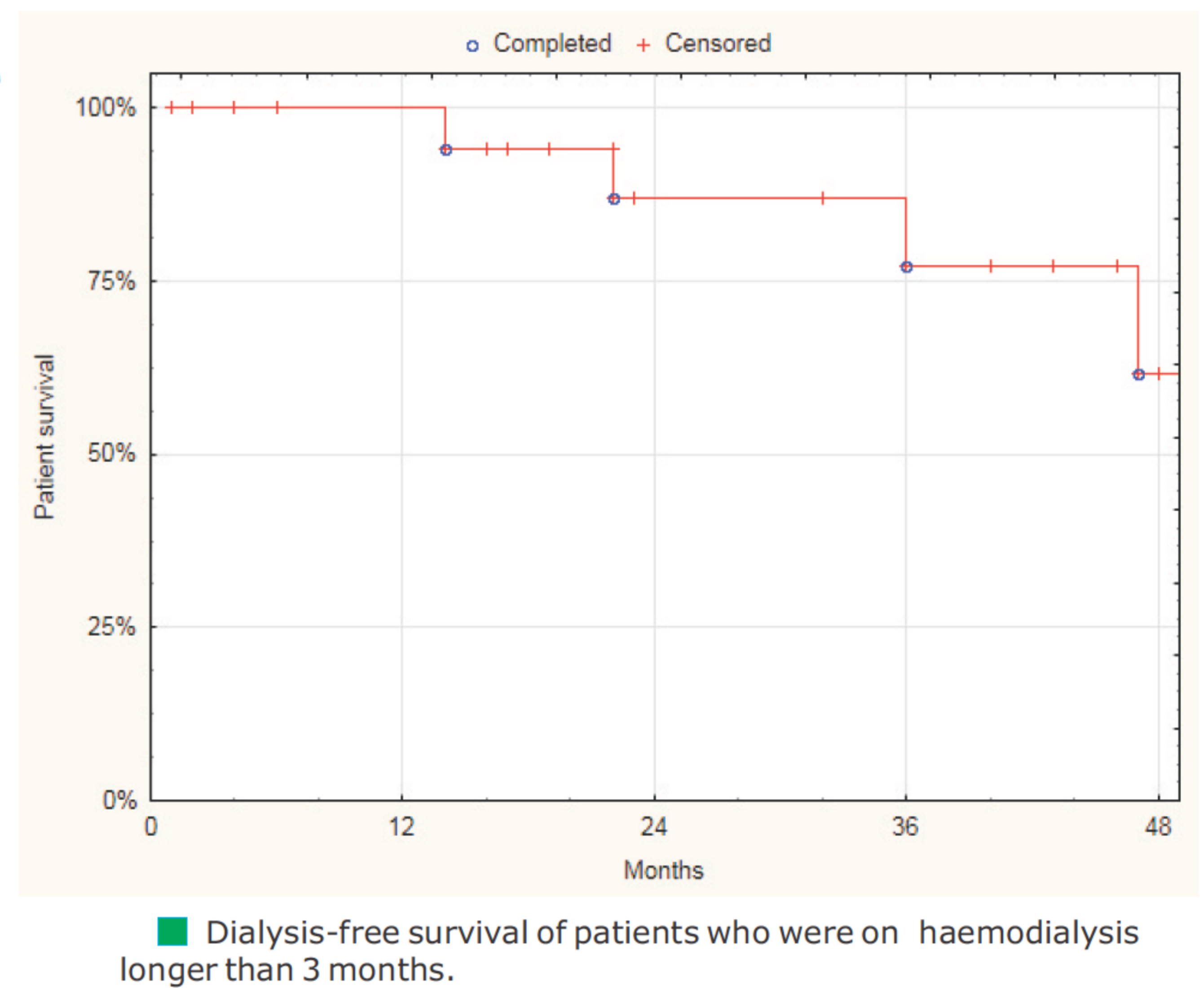
Chronic haemodialysis is implemented when irreversible loss of kidney function occurs. Sometimes the improvement of glomerular filtration rate is overlooked.

METHODS:

Searching our database from 2005 to 2014 we identified 52 patients who were referred to our clinic and stopped haemodialysis. Thirty six (69.2 %) patients were referred for creation or correction of vascular access. There were 30 (57.7 %) males and 22 (42.3 %) females in the study group. Patients were 18 to 87 years old. Mean age at dialysis cessation was 63.2 ± 15.7 years. The patients outcome was estimated by the Kaplan-Meier analysis using Statistica 10.0 software. Primary endpoints were patient death and dialysis restart. Clinical and laboratory data were collected retrospectively.

RESULTS:

Mean time of haemodialysis was 9.5 ± 18.6 months. Twenty nine (55.8 %) patients were dialysed more (from 3 to 97 months, mean 16.5 ± 23.3 months) and 23 (44.2 %) patients less than 3 months. In 9 (17.3 %) patients hydronephrosis was found to be the predominant factor of kidney function deterioration. Among patients dialysed more than 3 months estimated dialysis-free survival was 85, 76 and 60 % at 24, 36 and 48 months, respectively. Within the observation 4 (13.8 %) patients died and 1 (3.4 %) person restarted dialysis. Creatinine concentration at the end of follow-up ranged from 0.71 to 6.52 mg/dl, mean 2.7 ± 1.2 mg/dl.



CONCLUSIONS:

All patients without well documented irreversible chronic kidney failure should be carefully evaluated after dialysis initiation. All potentially reversible causes of kidney deterioration, especially hydronephrosis, should be resolved before starting chronic dialysis. In patients with preserved diuresis and relatively low urea and creatinine concentration in routine tests dialysis suspension should be considered.



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