

PRETRANSPLANTATION HEMODIALYSIS STRATEGY INFLUENCES EARLY GRAFT FUNCTION, SURGICAL AND INFECTIOUS COMPLICATIONS

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Introduction:

There are only few data regarding the influence of an extra haemodialysis (HD) session immediately before the transplantation (tx) on the early-graft function. Furthermore, it is unclear whether ultrafiltration (UF) during pre-transplant HD should be avoided or not. The aim of this analysis was to investigate what is the influence of pre-transplant HD as well as HD with or without UF on the early-graft function, surgical and infectious complications in the patients receiving kidney transplant

METHODS

The study group comprised of 147 HD patients receiving a cadaveric kidney graft in the Transplant Unit of the University Hospital Centre Rijeka between 2008 and 2014.

METHODS

In all patients HD was applied within 24-hours before the transplantation either routinely (the patient was scheduled in a regular treatment, 26.7%) or as an extra HD due to hyperkalaemia (58.9%) or fluid overload (14.4%).

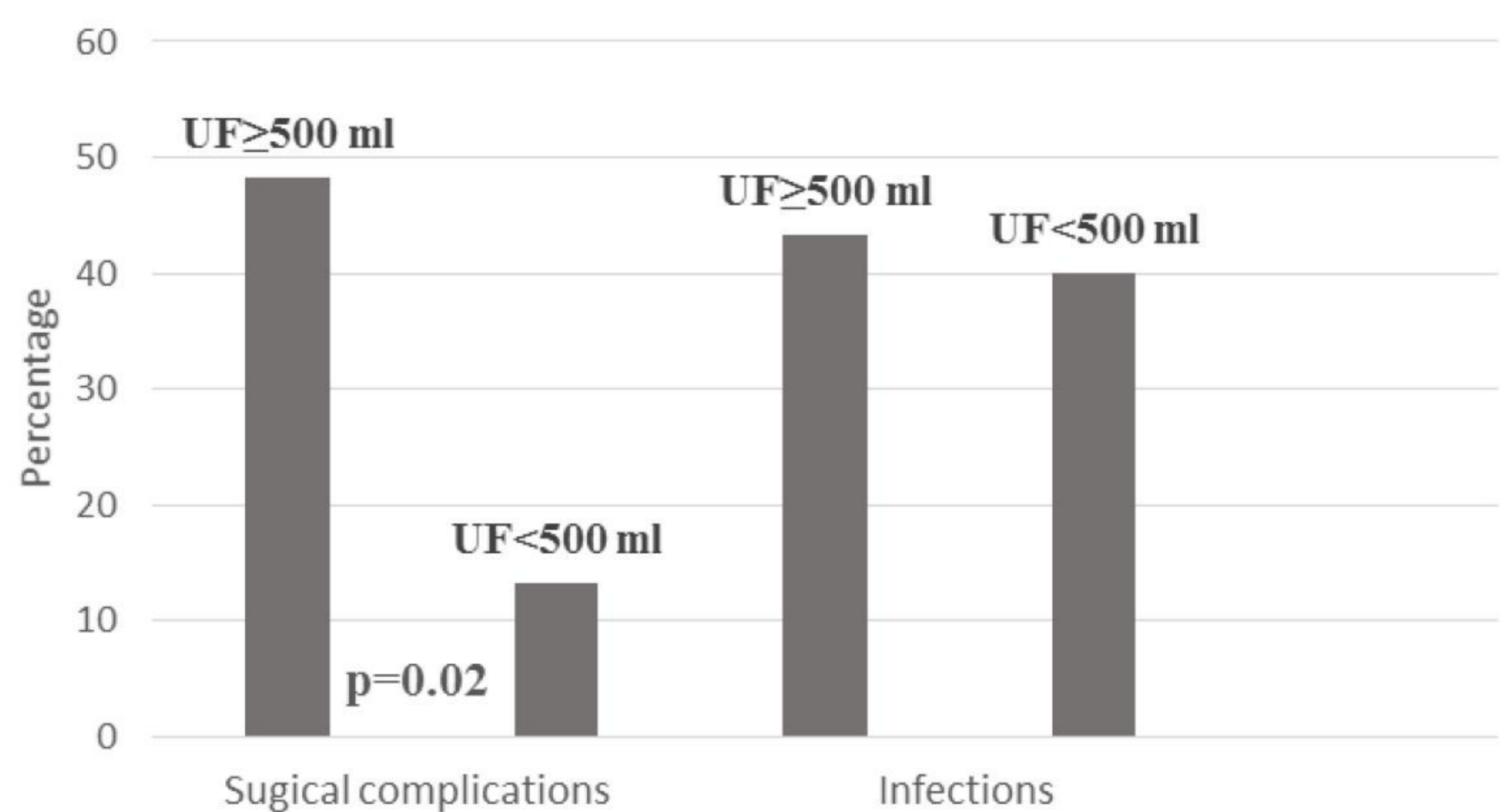
The primary analysis was performed in 147 patients. In this group, patients treated with HD (n=90) were compared to those who didn't received a HD treatment (n=57). In further analysis, 90 patients who received HD in the 24 h preceding tx were divided into two subgroups according to the UF application; UF<500 ml (n=30) or UF≥500 ml (n=60).

RESULTS

There was no difference due to delay graft function (DGF), rejection crises, one-year graft and patient's survival between the patients that were treated with HD in comparison to those without HD treatment.

The incidence of surgical complications (p=0.05) and infections (0.03) was significantly higher in the patients treated with HD during the first month after transplantation.

Patients that were treated with UF≥500 ml had significantly higher incidence of DGF (p=0.05), higher values of serum creatinine at day 5 (p=0.03), 15 (p=0.04) and day 30 (p=0.05) after transplantation, higher incidence of surgical complications (p=0.02) and longer hospital stay (36.1±15.1 vs. 29±13.7 days;p=0.03) in comparison to patients treated with UF<500 ml.



Additional HD session before the tx is associated with higher incidence of surgical and infectious complications. Ultrafiltration during pre-tx dialysis is associated with more DGF, more surgical complications and longer hospital stay.

CONCLUSION