香港浸信會醫院
Hong Kong Baptist Hospital

Long Term Haemodialysis Treatment (CHD)

Procedure Information Sheet

Introduction

There are two types of dialysis for End Stage Renal Failure (ESRF), peritoneal dialysis and haemodialysis. After renal assessment, suitable patients will be placed on long-term haemodialysis treatment.

The Operation / Procedure

A special blood vessel known as a fistula will be created on the patient's forearm. To perform haemodialysis, the health care professionals will insert two fistula needles into the fistula or doctor will insert a permanent dual lumen catheter via large vein of patient. The patient's blood will be drawn out and goes through an artificial kidney where metabolic wastes and excess fluid are removed from the blood. Cleaned blood will return to the patient's body. Each haemodialysis takes 4-6 hours to complete. The patient has to undergo haemodialysis for 2 to 3 times a week in the renal centre.

Before the Operation / Procedure

1. The patient has to agree for long-term haemodialysis and understand the possible complications of the treatment.
2. The treatment is essential in maintaining the patient's life. The patient must follow the health care professionals' instructions and receive treatment according to schedule.
3. Agree to follow health care professionals' advice.
4. To achieve optimal results, the patient must follow the advice of dietitian or other health care professionals on diet restrictions and take the prescribed drugs as instructed.
5. The surgical operation for the creation of an arteriovenous fistula or insertion of dual lumen catheter is needed before haemodialysis can be performed. If fistula or dual lumen catheter is not functioning properly, re-operation will be needed.
6. Know how to take care of the arteriovenous fistula or dual lumen catheter and acknowledge the risk of bleeding or infection.
7. If patient shows signs of anaemia during the course of treatment, blood transfusions or other treatment may be needed.
8. The renal centre can in accordance with medical principles change the form of treatment and cease the haemodialysis on account of the following:
   - 8.1 The patient cannot continue to receive haemodialysis treatment due to other serious conditions such as intractable heart disease
   - 8.2 The patient refuses to undergo necessary examinations, procedures or surgeries
   - 8.3 Failure of fistula creation or dual lumen catheter
   - 8.4 The patient shows certain contra-indications such as mental disease, or cognitive disorder

After the Operation / Procedure

After starting CHD, the Renal Centre should be informed of the following:

1. Abnormalities of the fistula (Please read with the Information Note on Arteriovenous Fistula)
2. Ailments such as cramps, nausea, vomiting, diarrhoea, fever, abnormal blood pressure (too high or too low), edema, shortness of breath, dizziness, general weakness and signs of bleeding (such as conjunctional bleeding, nose bleeding, coughing up blood, tarry stool and bruising) or injuries.
3. If patient's condition is serious, the helper should take him/her (or by ambulance) to the hospital for emergency treatment.

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

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Risk and Complication

Common Risks and Complications

1. Hypotension (20-30%)
2. Cramps (5-20%)
3. Nausea and Vomiting (5-15%)
4. Headache (5%)
5. Chest Pain Including Angina (2-5%)
6. Back Pain (2-5%)
7. Itchiness (5%)
8. Fever, Chills (<1%)
9. Haemorrhage Tendency

Uncommon Risks with Serious Consequences

Disequilibrium syndrome, allergic reaction to the artificial kidney, cardiac arrhythmias, cerebral haemorrhage, convulsion, haemolysis, air embolism and cardiac arrest.

Disclaimer

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

Reference

1. Smart patient website by Hospital Authority: Long Term Hemodialysis (2017)
2. Smart patient website by Hospital Authority: End Stage Renal Failure Palliative Treatment (2017)
3. Ellis P, (2018). Assessing different approaches to haemodialysis and haemodiafiltration. Journal of Kidney Care, 3(1), 30-34.

Patient's Label
Patient Name: _____
Hospital No:_____
Episode No:_____

Patient's Signature:_____ Date:_____