

Outcome and Complications of Acute Intermittent Peritoneal Dialysis in Al-Kindi Teaching Hospital

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Abstract

Background	Acute peritoneal dialysis is commonly practiced in IRAQ.
Objective	To evaluate and improve the management of peritoneal dialysis in Al-Kindi Teaching Hospital.
Methods	Six hundred and sixty nine patients underwent peritoneal dialysis during the period from January 2011 to June 2012. The mean age of patients was 54 ± 13.9 years. Among the patients, there were 168 cases of acute renal failure, and 501 cases of chronic renal failure requiring acute dialysis.
Results	Acute peritoneal dialysis performed on patients admitted in dialysis unit of Al-Kindi Teaching Hospital was safe, a simple procedure, easily tolerated by the patient and requiring less expertise than hemodialysis and had complication rates nearly comparable to other established centers. Complications occurred in 349 patients (52%). The most common complication was bleeding in the peritoneal cavity (30%) while dialysis solution leak was the second most common complication (25%). Dialysis episodes complicated by peritonitis was (2.5%). Death rate was 15%.
Conclusion	Acute peritoneal dialysis was performed safely and effectively in Al-Kindi Teaching Hospital. Improvements are possible through closer supervision of new doctors and tighter nursing precaution.
Key Words	Acute peritoneal dialysis, outcome.

Introduction

Peritoneal dialysis (PD) is a procedure that has gained widespread acceptance in the treatment of acute and chronic renal failure because of its simplicity and advantages compared with other modes of dialytic treatment such as hemodialysis (HD) ⁽¹⁾.

This has led to the widespread use of peritoneal dialysis in the treatment of renal failure over the past four decades in many hospitals, both large and small ⁽²⁾.

It provides the nephrologists with nonvascular alternative for renal replacement therapy. It is an inexpensive modality in developing countries and does not require highly trained staff or a

complex apparatus ⁽³⁾. Systemic anticoagulation is not needed, and it can be easily initiated. It can be used as continuous or intermittent procedure and, due to slow fluid and solute removal, helps maintain hemodynamic stability especially in patients admitted to the intensive care unit. PD has been successfully used in acute kidney injury (AKI) involving patients with hemodynamic instability, those at risk of bleeding, and infants and children with AKI or circulatory failure ⁽⁴⁾.

The intention of the study is to evaluate the outcome and complications of acute intermittent peritoneal dialysis (IPD) in Al-Kindi Teaching Hospital, Baghdad, Iraq.