

GENERAL INSTRUCTION FOR RENAL PATIENTS

KINDLY AVOID DRUGS TOXIC TO THE KIDNEY:

Avoid pain killers containing Non Steroidal Anti Inflammatory drugs (NSAIDs). Always consult a MD physician aware of your kidney disease before taking any pain killer medication. Inform all the physicians about your kidney disease. Certain drug formulations (NSAIDs) commonly used that should be avoided in kidney disease are:

1. Diclofenac, Aceclofenac
2. Nimesulide
3. Ibuprofen
4. Ketoprofen
5. Indomethacin
6. High dose Aspirin
7. Celecoxib, Etoricoxib, Rofecoxib
8. Piroxicam, Meloxicam
9. Mefenamic Acid

MANY OF THESE DRUGS MAY BE PRESENT IN TABLETS CONTAINING PARACETAMOL. KINDLY PLEASE GO THROUGH THE CHEMICAL CONTENT OF THE PARACETAMOL CONTAINING DRUGS AND IF THEY CONTAIN ADDITIONAL NSAIDs DO NOT TAKE THE TABLETS.

KIDNEY SAFE PAIN KILLERS:

- Plain paracetamol 500mg is allowed for pain relief along with drugs such as Cap. Proxyvon Or Tab. Tramadol 25 mg
- Unless strongly indicated DO NOT TAKE the following antibiotics: Gentamycin, Tobramycin, Amikacin, Netilmicin.
- All antibiotics should be used only under medical supervision - especially drugs such as Ciprofloxacin, Levofloxacin, Gatifloxacin, etc... Most antibiotics and drugs may need a dose reduction according to your renal function as measured by estimated GFR or eGFR (from serum creatinine value)

Many alternative forms of medicines may contain substances that could be harmful to the kidney and hence it may be safe to avoid them.

THESE ARE ONLY GENERAL GUIDELINES, PLEASE CONSULT YOUR DOCTOR FOR SPECIFIC SITUATIONS. YOUR DOCTOR WILL BE ABLE TO PROVIDE YOU BEST OPTIONS FOR YOUR SITUATIONS.

What are the options of renal replacement therapy?

1. Continuous Ambulatory Peritoneal Dialysis (CAPD)
2. Hemodialysis (HD)
3. Transplantation

- ❖ In CAPD, a small catheter (tube) is surgically placed in the abdomen and dialysis exchanges are carried out by inflow and outflow of fluid. This has to be carried out 3 - 4 times a day. This modality has the convenience of being able to do at home and has some more dietary and fluid freedom. Hospital visits are needed only every monthly or so. The main thing to remember is that exchanges are to be carried out only after careful hand washing and aseptic precautions. This prevents infection which is the most important complication. This form of therapy offers freedom of movement to places without Hemodialysis facility.
- ❖ In HD, the patient has to come to the hospital thrice weekly for 4 hours therapy each (or at least twice weekly for 5 hours each). Blood is removed from the body through an arterial-venous fistula or catheter and the toxic wastes are exchanged across an artificial dialyser membrane. The treatment is carried out by the hospital dialysis staff and requires no effort from the patient or care-giver. However, more dietary restrictions are needed.
- ❖ Kidney transplantation or renal transplantation is the organ transplant of a kidney into a patient with end-stage renal disease. Kidney transplantation is typically classified as deceased-donor (formerly known as cadaveric) or living-donor transplantation depending on the source of the donor organ.

RECOMMENDATIONS

- ▶ Preserve left Hand for AV Fistula.
- ▶ Low salt diet.
- ▶ Restrict water intake only if legs are swollen.
- ▶ Continue Conservative care for the time being.
- ▶ Monitor blood pressures monthly in consult with primary physician.
- ▶ Monitor renal functions once a month.
- ▶ Renal functions may worsen and may need RRT in the future.
- ▶ Get an AV fistula constructed at the earliest possible.

Care of AV Fistula -

- ▶ Avoid tight bandages or pressure over the fistula hand. Do not allow BP checks or IV injections on that limb. Routine activities with the upper limbs are allowed.
- ▶ Monitor hemoglobin monthly and adjust dose of EPO for Hb at 11 g/dL Do Iron studies once in 3 months, and replace iron if found necessary.
- ▶ Monitor serum calcium and phosphate once in 3 month and adjust dose of vitamin D₃, calcium supplements and phosphate binders accordingly.

Vaccine:

- ▶ Hepatitis B Vaccine(EngerixB 1ml IM to each deltoid (total 2 ml per dose) at 0,1,2,6month.
- ▶ Pneumovac,
- ▶ Influenz