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P123 -Increasing The Prevalent Peritoneal Dialysis Patient Population Can Be Challenging.

Dr Dhawal Arora¹, Dr Sayra Monir¹, Dr Bethany Lucas¹, Dr Hari Dukka¹

¹*University Hospitals Of Derby And Burton, Derby, United Kingdom*

Introduction:

Peritoneal dialysis (PD) can provide better quality of life for patients requiring renal replacement therapy compared to in centre dialysis. It can be challenging to increase prevalent patient population on PD after a certain number is reached. We did a retrospective analysis to assess the turnover of patients on PD over a 5 year period and to understand the reasons for a stagnant prevalent PD population in the renal unit in Royal Derby Hospital.

Methods:

Electronic database (Vital data, ICM) was used to analyse the number of patients starting and stopping PD each year from 2013 to 2017. The reasons for stopping PD and duration of technique survival were noted. If technique failure resulted in conversion to haemodialysis (HD) for more than 3 months, the cause of the failure was also noted. Patients who converted to HD for less than 3 months were excluded from the study.

Results:

A total of 212 patients started PD from 2013 to 2017 and 206 patients stopped PD within the same period. The number of patients starting and dropping off PD was similar for each year between 2013 to 2017. Modality switch to haemodialysis accounted for 40-60% of patients stopping PD, followed by death (15-30%) and patients receiving renal transplantation (10-35%). Modality switch to haemodialysis was primarily due to infection (60- 80%), poor clearances and ultrafiltration failures (10-30%), social reasons (10-15%) Table 1. Among patients who switched to HD due to an infection, peritonitis accounted for 75-85% of the cases followed by exit site and tunnel infections(15-25%). The median technique survival for patients who came off PD ranged from 21.5-28 months in the 5 year study period.

Conclusions:

Increasing the prevalent population on PD can be challenging even with a high incident PD population. Having mechanisms which prevent infections, early identification and treatment of infections may help improve prevalent PD population.