

# CAUSES OF PATIENT DROP-OUT FROM PERITONEAL DIALYSIS SINGLE CENTRE EXPERIENCE OVER FIVE YEARS

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## BACKGROUND

Over the past years approximately 50% of the incident dialysis patients were coming to dialysis off the street. The other 50% were followed in the renal clinic and had education on dialysis modalities as part of the pre-dialysis care. Over 60% of these patients have chosen peritoneal dialysis (PD) as the preferred modality for renal replacement therapy. These patients than had to be evaluated for abdominal status, social background and for anticipated compliance as unfounded decision on PD can lead to early technique failure.

## OBJECTIVE

At our peritoneal dialysis unit, we have followed 62 patients during the last 5 years (between Jan. 2011 and Dec. 2015). We have reviewed these patients, collected data on patients dropping out of the PD program and analysed the causes of their drop-out.

## RESULTS

During this period, we have found 32 patients leaving the PD program. The average time on PD for all patients leaving the program was 34.1 months.

### The main causes were the following:

|                                     |          |
|-------------------------------------|----------|
| ▪ exitus                            | 14 cases |
| ▪ transferred to hemodialysis (HD)  | 9 cases  |
| ▪ successful kidney transplantation | 5 cases  |
| ▪ moved to another dialysis centre  | 3 cases  |
| ▪ withdrawn from dialysis therapy   | 1 case   |

## PROLONGING TECHNIQUE SURVIVAL

Over these years a number of intervention were attempted in order to prevent technique failure of the PD treatment. These included

- Correction of catheter position (3 cases)
- Surgical management of hernias (5 cases)
- Seal of pleuro-peritoneal leak (2 cases)

Patients were usually eager to undergo these procedures as they wanted to stay on PD modality.

## CONCLUSION

We have found, that the main reasons for leaving the PD program were exitus and transfer to HD. The most frequent cause for death was old age followed by cardio-vascular events. The most common cause for HD transfer was infection and we found that many technical problems could be managed to avoid the transfer.

## CAUSES OF EXITUS

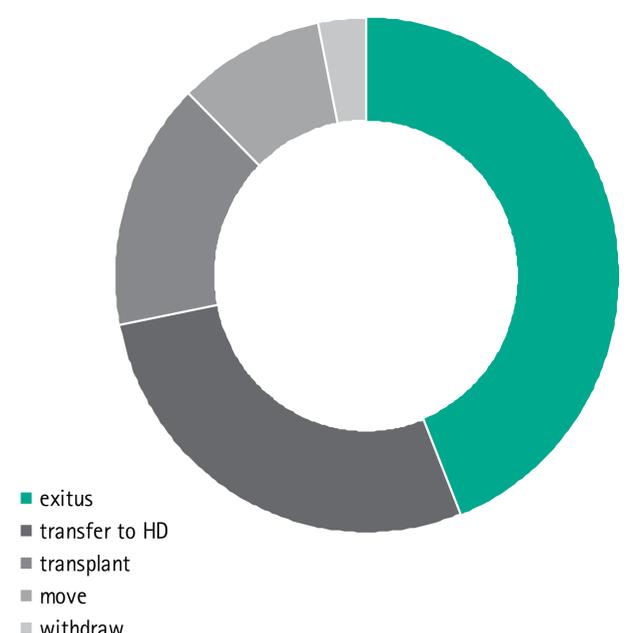
|                          |            |
|--------------------------|------------|
| ▪ Metastatic tumour      | 2 patients |
| ▪ Infection              | 1 patient  |
| ▪ Amyloidosis            | 1 patient  |
| ▪ Cardio-vascular causes | 4 patients |
| ▪ Old age                | 6 patients |

(The average age of our patients dying of "old age" was 82 years.)

## CAUSES OF TRANSFER TO HD

|  |            |
|--|------------|
| ▪ Inadequate PD efficacy (low Kt/V)    | 2 patients |
| ▪ Pleuro-peritoneal fistula            | 1 patient  |
| ▪ Peritoneal fibrosis                  | 1 patient  |
| ▪ Infection (peritonitis, bowel perf.) | 4 patients |
| ▪ Dementia                             | 1 patient  |

Causes of drop-out from PD program



## SUMMARY

In order to have a successful PD program, an experienced team needs to evaluate the patient in the pre-dialysis clinic during decision making. Continuous education is very important to prevent complications such as infections. Active management of technical problems can also prolong technique survival.

As the proportion of elderly patients is increasing in the PD population, these patients have to be re-evaluated on a regular basis for co-morbid conditions and also for possible change in their cognitive capabilities and social background. Assisted PD is often the better solution for these elderly patients than transfer to HD.