

ACCEPTANCE OF PD – A LONG WAY OF THE PATIENT TO THE BEST MODALITY FOR HIM

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BACKGROUND

One of the most important issues during the pre-dialysis care of chronic kidney patients is the choice of dialysis modality. This should be addressed in time in order to have enough time to accept the oncoming change in their life and to find the modality that best fits their lifestyle.



DIFFICULT START

We present the case of a 35 year-old patient who has developed end stage renal disease secondary to chronic glomerulonephritis. Due to his family background he had a very unstable psychological state which manifested in a strong fear of needles and denial of any medical interventions. Initiation of his dialysis treatment was delayed because of these and finally uremic symptoms brought him to hospital. Temporary central venous line was inserted and emergency hemodialysis was started.



ACCEPTANCE

Having settled in his disease he has become more and more approachable and compliant with our recommendations over the past few years. During this period an AV fistula was also created but unfortunately it did not mature properly and was not suitable for cannulation. After all there was still a great resistance against medical interventions.

DENIAL...

of his disease and haggling was ongoing for more than a year. Patient did not agree on AV fistula placement due to his fear of needles. Changing his temporary central line to a permanent one also took much longer than clinically acceptable. It required help from a psychiatrist and a family member to convince him for the procedure. He did not undergo necessary investigations for renal transplantation either. Conversion to peritoneal dialysis was also offered, but he turned it down as PD requires an active self-care attitude from the patient.

THE COMPLICATION

After 4 years of use, his tunneled central venous catheter failed and had to be removed. The removal of the catheter was quite complicated due to fibrosis and vascular surgery had to be involved as well in the procedure. The issue of long term dialysis access had to be addressed again.



DECISION

After 4 years of dialysis, the patient previously difficult to manage, became more realistic about his disease and more acceptant regarding medical recommendations. Given all options, the patient decided on peritoneal dialysis at this point.

SINCE ON PD

Over several months he is doing well on PD using night cycler with a daytime exchange. He could put his trust in his PD nurse and medical issues are handled much easier. He is even undergoing examinations for the transplant waiting list.

