

## Patient information

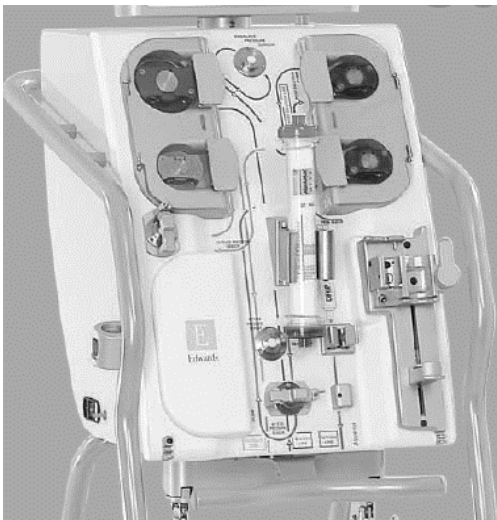
# Kidney Machine Dialysis Machine

### Critical Care Department

#### **What is haemofiltration (HF)?**

Patients who are critically ill develop kidney failure that results in the build-up of abnormal salts, acids and excess fluids in the body.

In such patients, a type of dialysis machine is connected to get rid of these harmful substances and to reduce the excess water in the body by passing the blood through a filter.



#### **Why is it being done?**

The harmful substances make patients unconscious and excess water make it harder for them to breathe.

Dialysis corrects these problems. Some patients with overwhelming infection also are given this treatment because we believe that they may become more stable if treated in this way.

Occasionally we use these treatments to get rid of poisons/accidental overdoses of certain medications and harmful chemicals.

#### **How is it done?**

In order to get the blood from the patient, pass it through the filtering machine and to pump the blood back to the patient, we need to insert a big central venous line.

These are similar to the CVCs and are inserted into the neck (jugular vein), under the collar bone (subclavian vein) or in the groin (femoral vein).

## **How long do they stay?**

The dialysis line may stay in place for about five-ten days (occasionally longer). Lines are reviewed on a daily basis and they are removed as soon as they are not essential for the safe care of the patient.

As patients recover, kidney function improves in many patients and dialysis can be offered less frequently.

In the majority of patients, kidney function improves and they don't need long-term dialysis; some patients will require long term and possibly permanent dialysis therapy.

Once patients are stable enough to go back to the ward, they will be looked after by the kidney doctors (nephrologists) where this treatment can continue.

## **Are there any risks?**

The risks are similar to those associated the insertion of central venous lines.

The main risks are bleeding and infection. A patient's blood pressure may drop temporarily when dialysis is started.

When a patient is put on a dialysis machine, blood thinning medication is used which may increase the risk of bleeding elsewhere in the body, e.g. into the stomach, wound, inside the head etc.

## **Feedback**

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your Outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point.

Your co-operation is greatly appreciated.

## **Further information**

**For Further Information please contact below**

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