

Renal Services

Adequacy of Haemodialysis

Getting the most out of your Haemodialysis

This leaflet has been written for new and existing dialysis patients to explain how we decide how much dialysis each patient requires.

'Adequacy of Dialysis' is the tool we use to measure your dialysis. You will already have had the process of Haemodialysis explained to you, and have started on your treatment programme. If you are not sure about any part of your treatment please ask the staff on duty or contact the Haemodialysis Unit on 024 7696 7777.

What is Adequacy of Haemodialysis?

This is a general term that refers to the assessment of how well your dialysis is working. Adequacy of Dialysis is decided by clinical symptoms and blood results. We aim for a KTV of >1.2 or URR of $>65\%$ and this is in keeping with National Guidance from the UK Renal Registry.

Why is Adequacy of Dialysis important?

Research in a large number of patients has shown that those with adequate dialysis have better long-term health.

How do you check to see that Adequacy of Dialysis is happening?

Blood tests are carried out every month. These measure the urea (waste product) levels before and after dialysis. The results are then calculated to give a Urea Reduction Rate (URR). Our aim is to make sure that this rate is



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above the recommended level of 70%. Also you will be able to tell if you are achieving adequate dialysis because you will have a good appetite, be maintaining your dry weight (is your weight without the excess fluid that builds up between dialysis treatments.) and be able to carry out physical and mental activities.

What happens if I do not have Adequate Dialysis?

You may experience the following:

- Tiredness, weakness, breathlessness
- Nausea (feeling sick) and poor appetite
- Loss of body weight
- High blood pressure
- Renal bone disease
- Anaemia
- Itching

Why might I not achieve a Urea Reduction Rate (URR) of 70%?

This might be because of any of the following:

- A low pump speed;
- Not completing your prescribed dialysis time, four hours dialysis three times a week is recommended;
- Difficulty in inserting two needles;
- Problems with blood clotting in the dialyser (kidney);
- Using a small dialyser;
- Recirculation of blood in the fistula.

What can be done to make sure I do have adequate dialysis and achieve a good URR?

- Change the size of your dialyser;
- Increase the pump speed (this will be dependent on the type of vascular access used for dialysis)

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- Review the length of your dialysis session – you should be dialysing for four hours three times a week (This can only be changed by your Renal Consultant);
- Increase the dose of your heparin (a drug given during dialysis to prevent your dialyser clotting- this will be prescribed by your consultant).

How can I help to make sure I always have Adequate Dialysis?

- By making sure that you complete your prescribed dialysis time;
- Following the diet discussed with you by the dietician, including keeping within your fluid allowance.

Further Information

Haemodialysis Unit: **024 7696 7777**

The Trust has access to interpreting and translation services. If you need this information in another language or format please contact 024 7696 7777 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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