17th Congress of the
International Society for Peritoneal Dialysis
VANCOUVER, CANADA | MAY 5-8, 2018

URGENT START PD – IT'S NOT TIME

Declaration of Conflict of Interest

- Medical Director of a PD unit that does urgent start PD
- Medical Director of a large renal program that has a mandate to support and grow home therapies
- ISPD Co-Chair

Urgent Start PD

- Clinical outcomes are just as good as other patients starting dialysis and avoids central venous catheters
- Increases uptake of PD
- Allows patients to achieve desired modality
- Leaks aren’t a big deal

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Outcomes with Urgent Start

Reassuring data is

- observational
- single center
- case-control

Risk of CVC

Risk is over-stated
Accrues over time

Patients can switch to PD electively and get rid of a CVC

Limited Clinical Efficacy

Can’t use in hyperkalemia, volume overload, severe uremia

Slower correction of metabolic derangement

Must use lower volume/supine exchanges

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Growth of PD – by the numbers

- 300 patient program
- 100 patient come off PD each year
- 100 patients need to start PD each year to maintain program

Growth of PD – by the numbers

- 300 patient program (out of 1200) ie 25% PD prevalence
- 100 patient come off PD each year
- **Do 1 urgent start each month**
- 112 patients start PD (100 + 12 urgent starts)
- 312 patients on PD end of year

25% Prevalence

25.7% Prevalence

Diversion of Attention

- Running a PD program requires so much of our nurses
- Finite human resources

Diversion of Attention

- Demands are many
  - Education
  - Training
  - Clinics
  - Phone follow up
  - Bedside PD tube insertions
  - Documentation
  - Research
  - More…

Urgent Start PD

- Unplanned education
- Unplanned family meetings
- Need for IPD

- Unplanned urgent PD tubes
  - Also impacts surgery and/or radiology

Potential Impact on Operations

- Pull resources away from core operations

Use What You Have

- Most hospitals have already have access to well-trained nursing staff that can provide hemodialysis quickly and safely
- Existing infrastructure

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Patient-Centered Approach

- No reason patients can’t switch once stabilized on HD
- More time to make a balanced choice while not uremic
- Avoids challenges of PD tube insertion while fluid overloaded (orthopnea, leak)

Urgent Start PD

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Leaks Are A Big Deal

- Frustrating
- Breaks the trust/recommendation that PD is simple
- Can dissuade against PD
- Prolonged need for IPD

Leaks are Common

- 10% Leak Rate

Full Text

Success of Urgent-Start Peritoneal Dialysis in a Large Canadian Renal Program

Ali M.A. Alkatheeri, Peter G. Blake, Daryl Gray, and Arsh K. Jain

Perit Dial Int March-April 2016 36:171-176; published ahead of print September 15, 2015

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Arsh Jain

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Thank You

Rebuttal

Prerogative of Leadership

- I am conference co-chair

Prerogative of Leadership

- I can make up facts
- Even in the face of logical arguments
- Ignore your good points
- Bully you on Twitter
- I will declare myself the winner repeatedly

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