TRENDS DURING TEN YEARS OF DIALYSIS TREATMENT

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During the ten-year period, 1956 through 1965, there have been numerous changes in techniques and emphasis in respect to dialysis of acutely ill patients with renal failure.

Decreased morbidity and increased survival have followed the development of safer dialysis equipment, the use of permanent arteriovenous fistulae, earlier and more frequent dialysis, and the prevention of the disequilibrium syndrome through a better understanding and control of water balance. These developments have, of late, allowed treatment of the more severe forms of post-operative renal failure; cardiac, traumatic and transplantation. More recently the development and increased early use of peritoneal dialysis, especially in hospital areas outside the major kidney centres, has contributed to overall improvement of results.

These conclusions are drawn from experience gained from over 1,900 dialyses carried out in a metropolitan renal failure unit.
NUMBER OF CASES

Peritoneal Dialysis
Acute Hemodialysis
Chronic

Average number of dialyses per acute hemodialysis (patient-in parentheses)


Fig. 2.

SEX INCIDENCE (Peritoneal Dialysis and Hemodialysis)

Hemodialysis-Male
Hemodialysis Female
Peritoneal Dialysis Male
" " Female


Fig. 3.
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SURVIVAL INCIDENCE OF 967 HEMODIALYSES AND 273 PERITONEAL DIALYSES.

Fig. 4.

BLOOD UREA AT START OF ACUTE HEMODIALYSIS

Fig. 5.

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METHOD OF CANNULATION (ACUTE HEMODIALYSIS)

![Bar chart showing method of cannulation over ten years.]

Fig. 6.

AGE INCIDENCE (ACUTE HEMODIALYSIS)

Average Age (In Parentheses)

![Bar chart showing age incidence over ten years.]

Fig. 7.
AGE-(Peritoneal Dialysis)

Fig. 8.

FORM OF DIALYSIS

Rotating Coil
Twin Coil
Parallel Flow
Peritoneal Dialysis

Fig. 9.
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ACUTE RENAL FAILURE SECONDARY TO TRAUMA

Treated by Hemodialysis
☐ Alive
■ Dead

Treated by Peritoneal Dialysis
☐ Alive
□ Dead

NUMBER OF PATIENTS


Fig. 12.