Abstract

Chronic dialysis replacement treatments or renal transplants are instituted when the patient’s glomerular filtration rate, measured by 24-h urine endogenous creatinine clearance, is <10-15 ml/min and, as the NKF-K/DOQI, European and Canadian guidelines point out, when one or two of the following complications occur: “uremic toxicity” symptoms, significant fluid retention that does not respond to loop diuretics, hyperkalemia, chronic anemia (hemoglobin <8 g), metabolic acidosis or acute pulmonary edema. In all patients for whom transplant is indicated, a selected live donor must be sought or, in the absence of contraindications, the patient should be registered with the national cadaver donation waiting list. While waiting for the transplant, patients will be on a chronic dialysis program. There is no national registry of patients undergoing chronic dialysis; only indirect data from the Mexican Kidney Foundation and the dialysis industry are available. However, it is estimated that 40,000-50,000 people are under this treatment and the numbers grow by 11% every year. Overall, it is thought that for every patient receiving chronic dialysis, there is one more patient who dies without access to therapy. Hemodialysis units must comply with the Official Hemodialysis Standard and the General Health Council Hemodialysis Unit Quality Assessment Form.

Keywords

Chronic kidney disease, dialysis, transplantation.