

Surgical consultation of HD patients– risk & complication prevention

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Along with the increase in patients with end stage renal disease (ESRD) undergoing hemodialysis, dialysis patients are increasingly receiving surgery. The incidence of postoperative complications and mortality are higher than those of general patients. There are various factors such as the occurrence of heart and cerebrovascular disease, the occurrence of respiratory infections, the occurrence of bleeding or infectious diseases, and the increase in the duration of the ventilator, which are the main causes of increased hospital stay and mortality after surgery in ESRD patients. Therefore, it is necessary to predict the postoperative complications by preoperative risk assessment and to minimize the risk of complications related to dialysis before and after surgery. ESRD was associated with a high incidence of comorbidities, including diabetes, coronary artery disease, and other vascular diseases, could contribute to the poor outcome and complications of surgery. Acute pulmonary infections, perioperative volume overload, excessive inter-dialytic weight gain, and primary heart problems may also contribute to postoperative respiratory failure in patients with ESRD. The loss of renal elimination of hypnotic and sedative agents administered during surgery may explain the high occurrence of neurological failure in these patients. Abnormality in blood homeostasis caused by uremia and exposure to hemodialysis membranes causing increased thrombotic and bleeding risk. Therefore, we should know about the more frequent operations and complications that are likely to occur postoperatively in ESRD patients undergoing hemodialysis. To reduce complications, it is important to evaluate and stratify the risk of patients prior to major surgical procedures.