

Specialised Services

Spotlight on

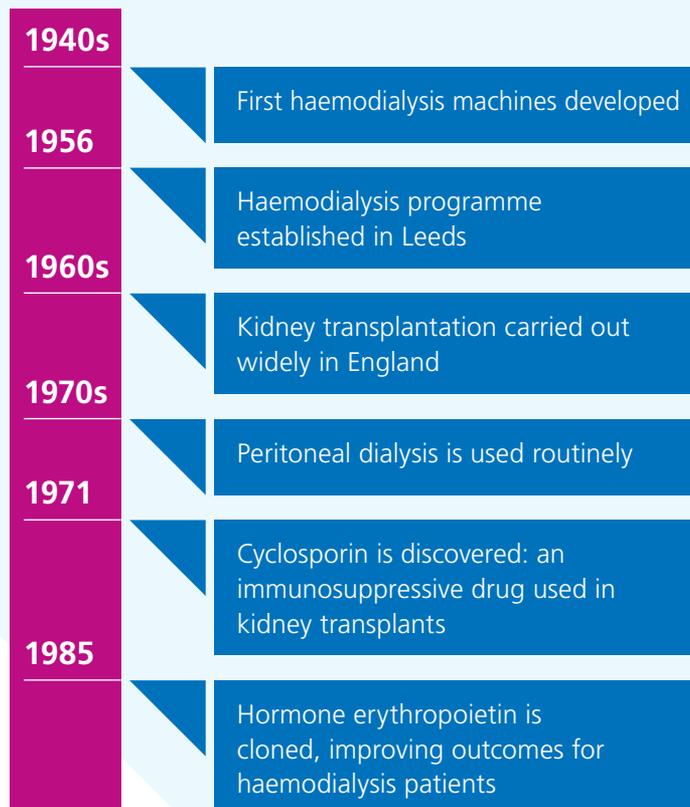
Kidney failure

Kidney failure means waste can build to high levels in your blood and ongoing dialysis or a kidney transplant is needed to maintain life. The NHS renal service is provided from 172 locations in England and provides patients with lifesaving dialysis and kidney transplants.

When the NHS began in 1948 there were no formal renal services and patients with kidney failure or acute kidney injury usually died. Very few patients were dialysed and survival rates were low so treatments such as fluid balance, diet control and steroids were favoured.

The first dialysis programme was set up in 1956 but infection, blood clotting and the risk of haemorrhage were major concerns. Technology advanced and by the 60s dialysis was used more widely. In 1985, the hormone erythropoietin was cloned and this revolutionised care for haemodialysis patients by preventing anaemia and the need for multiple blood transfusions.

Kidney transplantation in England started in the late 1950s. Early results were generally poor except between identical twins. Over the years, new immunosuppressive drugs were developed and evolved to dramatically reduce the risk of the body rejecting the organ. Today, five year transplant survival rates now stand at 93 percent for transplants from living kidney donors and 87 percent for deceased donors.



In England:

2817

kidney transplants per year

20

kidney transplant units



28,698 people
living with a
kidney transplant

24,663 people on dialysis

Statistics from UK Renal Registry, Kidney Care UK and NHSBT

What is dialysis?

When your kidneys fail, dialysis keeps your body in balance by removing waste. There are two kinds of dialysis.



In haemodialysis, a machine replaces some of the jobs of your kidneys. In peritoneal dialysis, the inside lining of your own stomach acts as a natural filter. In most cases dialysis can't cure kidney disease, so treatment is indefinite and has many restrictions unless a transplant is possible. Average life expectancy on dialysis is 5-10 years, but some patients have lived well on dialysis for 20 or 30 years.

The future

Over the past three decades the number and average age of patients has increased. End stage kidney failure in the over 65s is rising. Public health programmes and new drugs to reduce risk factors such as high blood pressure, obesity and diabetes will have an important role to play.

Dialysis machines are likely to become smaller and patients may be able to take the machine with them in a suitcase when they go on holiday. More patients will, with support, be able to have their dialysis at home, rather than travelling to hospital 3 times a week. Advances in medicine could mean it may be possible to make replacement kidneys from the patient's own tissue. Genetic studies will help us better understand types of kidney disease and develop new treatments.