Kontinuirana bubrežna nadomjesna terapija

Continuous renal replacement therapy

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UVOD: Akutno zatajenje bubrega (AZB) često je kliničko stanje koje je praćeno visokom smrtnošću. Premda intermitentna hemodijaliza predstavlja standardni oblik bubrežne nadomjesne terapije, sve važnije mjesto zauzimaju metode kontinuirane bubrežne nadomjesne terapije (engl. Continuous Renal Replacement Therapy, CRRT). Zbog svojih osobina CRRT predstavlja metodu izbora za liječenje hemodinamski nestabilnih bolesnika s AZB. Ovim postupkom se krv neprekidno filtrira i dijalizira; glavna mu je prednost odstranjivanje velikih količina tekućine bez hipotenzivnih epizoda koje izaziva intermitentna hemodijaliza. Indicirana je, prema tome, za hemodinamski nestabilne bolesnike s AZB.

CILJ RADA: Prikazati prednosti CRRT u odnosu na intermitentnu hemodijalizu u hemodinamski nestabilnih pacijenata.

ZAKLJUČAK: Kontinuirano nadomjesno liječenje preporučuje se u jedinicama intenzivne skrbi zbog održane hemodinamske stabilnosti. Važna je maksimalna suradnja zdravstvenih timova i trajno usavršavanje osoblja u jedinicama intenzivne skrbi.

INTRODUCTION: Acute renal failure (ARF) is a frequent clinical condition followed by a high mortality rate. Although intermittent hemodialysis is the standard form of renal replacement therapy, the methods of continuous renal replacement therapy (CRRT) are becoming increasingly important. Due to its characteristics, CRRT is the method of choice for the treatment of hemodynamically unstable patients with ARF. By applying this procedure, blood is continuously filtered and dialyzed; its main advantage is the removal of large amounts of fluid without hypotensive episodes caused by intermittent hemodialysis. It is therefore indicated for hemodynamically unstable patients with ARF.

THE PURPOSE OF THE PAPER: To show the advantages of CRRT compared to intermittent hemodialysis in hemodynamically unstable patients.

CONCLUSION: Continuous replacement therapy is recommended in intensive care units due to maintained hemodynamic stability. Maximum cooperation of medical teams and continuous training of staff in intensive care units is important.

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