

# **ASN's 39th Annual Renal Week Meeting**

**Filename:** 553356

**Presenting Author:** Robert J Kossman

**Department/Institution:** Nephrology Practice

**Address:** Sanat Fe Medical Plaza, 1650 Hospital Drive, Suite 200

**City/State/Zip/Country:** Santa Fe, New Mexico, 87505, United States

**Phone:** 505-982-4276

**Fax:** 505-983-7571

**E-mail:** RJKNEPH@aol.com

**Member Number:** 008260

**Abstract Category:** 708.ESRD Treatment Comparison: Clinical Outcomes And Trials

## **Entities that provided funding for this abstract:**

Pharmaceutical Company Support

Clinical Revenue Support

## **Keywords:**

Heparin; Anticoagulation; Beta-2 Microglobulin

**Title:** Fifty-five Percent Heparin Reduction is Safe with Citrate Dialysate in Chronic Dialysis Patients

Robert J Kossman, MD<sup>1</sup>, Robin Callan, LLM<sup>2</sup> and Suhail Ahmad, MD<sup>3</sup>. <sup>1</sup>Nephrology, Nephrophiles, Santa Fe, New Mexico, United States; <sup>2</sup>Renal, Advanced Renal Technologies, Bellevue, WA, United States and <sup>3</sup>Nephrology/Medicine, University of Washington, Seattle, WA, United States.

Citrate containing dialysate (CD) has been reported to have anticoagulation effect (Tu et al, D T, 29:620, 2000). Systemic heperinizaton during hemodialysis (HD) is associated with multiple risks including bleeding complications. The purpose of the study was to determine whether heparin can be safely reduced in chronic HD patients using CD. Thirty-one patients from 3 New Mexico FMC dialysis units were identified as having prolonged (>15 minutes) bleeding from needle sites at the end of dialysis when using regular dialysate. These patients were switched to CD and 2 months later their

heparin dose was reduced from an average of  $4758 \pm 2179$  (mean  $\pm$  SD) units to  $3165 \pm 1352$  units, a 33.5% reduction for a 2 month period (1<sup>st</sup> reduction). After 2 months the heparin dose was further reduced to  $2158 \pm 1362$  units, another 32% reduction (2<sup>nd</sup> reduction), a total 55% reduction from the baseline. After the 2nd reduction patients were followed for another 3 months. Single use dialyzers (Optiflux NR160 or NR180) were used and the duration of dialysis, blood and dialysate flow remained unchanged.

After switching the patients to CD and reducing their heparin dose, prolonged bleeding reduced with no reported instances of bleeding.

Throughout the heparin reduction periods the dialyzer and blood tubing remained free of clots. After a total 55% reduction in heparin the Kt/V did not decrease, in fact it increased, as shown in the Table.

Despite a 55% reduction in heparin pre-dialysis Beta-2 microglobulin levels were lower during the CD, Pre CD 26.1 Vs 2<sup>nd</sup> reduction 24.0, p=0.08.

The use of citrate dialysate along with a 55% reduction in heparin was successful in decreasing the episodes of prolonged bleeding, was not associated with clotting of the system and an adequate dose of dialysis was maintained.

Kt/V values, mean (SD), during regular and citrate dialysate before and during heparin reductions

Pre CD	
Baseline CD	
1st Reduction	
2nd Reduction	
1.51 ( 0.21)	
1.55 (0.18)	
1.59 (0.18)	
1.60 (0.16)*	

\*p=0.05 Pre CD Vs 2nd Reduction

**Copyright Transfer: Agree - ASN is accepting this as my electronic signature.**

[Close Window](#)