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P265 -Comparing haemodialysis protocols in neuro-trauma and acute stroke across London's renal centres

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The links between end stage renal disease and cerebrovascular disease are well established, with patients on haemodialysis being ten times more likely to suffer an acute stroke than those with normal renal function (Power A, 2013). In an ever growing cohort of patients with end stage renal failure, it is inevitable that more haemodialysis patients will suffer from traumatic brain injuries (TBI). It has been suggested that caution should be taken with patient's dialysis regimens post-acute stroke and TBIs, to help reduce changes in cerebral perfusion pressures, thus limiting further cerebral damage (Davenport A, 2013).

Across London there are six renal centres, which work on a hub and spoke model covering satellite dialysis units at other hospitals. In London, patients who have an acute stroke are taken to one of eight Hyper Acute Stroke Units (HASU), three of which are also renal centres (King's College Hospital, St George's Hospital, The Royal London Hospital). The other five HASUs have satellite dialysis units from nearby tertiary renal centres. There are four major trauma centres in London which deal with TBIs, of which three are also tertiary renal centres (The Royal London Hospital, St Georges Hospital and King's College Hospital). Dialysis patients at the fourth major trauma centre (St Mary's Hospital) are covered by The West London Renal and Transplant Centre (based out of The Hammersmith Hospital). In such a complex system, variations in treatment for the London dialysis cohort is likely. We set out to research the differences in dialysis care for patients who had been affected by acute strokes and TBIs across London.

We report that across the London renal centres there is wide variation in specific dialysis protocols for patients post stroke and TBI (see table 1). Some centres have a very specific regimen, incorporating a multifaceted dialysis protocol. In the majority of renal centres there is no formalised practise, however, it was noted that most offered a low heparin approach. We question whether efforts should be made to standardise the dialysis protocol in post neuro-trauma and acute stroke across the London region.