



1. Identification and description of procedure

A haemodialysis session consists in making the blood circulate through a machine with a filter that cleans the substances and excess liquids that the kidneys are not able to eliminate. Before your inclusion into haemodialysis, it will be necessary to perfume an arteriovenous fistula or implant a temporary or definite catheter if we can't have available a functioning fistula.

Generally, three sessions are performed a week, in alternate days of 3 or 4 hours of duration that will depend on the symptoms you present and the analysis that are periodically carried out. This treatment must be performed in a continuous and indefinite manner. In case of having a fistula, two punctures will be made in each session, while if you carry a prosthetic it will be utilized as the vascular access.

Besides the haemodialysis sessions, you will have to actively collaborate in complying with the diet and medications prescribed.

2. Purpose of the procedure and expected benefits

The objective is to eliminate the toxic substances in the blood as well as the excess liquid it presents.

The substitution treatment of the renal function by haemodialysis allows longer survival and tries to better your quality of life; however the dialysis is not equivalent to curing your illness, nor correcting all the alterations caused by renal disorder. It is a transitory treatment while waiting for kidney transplant.

3. Reasonable alternatives to this procedure

You must also be aware that there is an alternative treatment: peritoneal dialysis, which will be offered if your characteristics and circumstances recommend it.

4. Foreseeable consequences of its performance

The overall average life expectancy of patients included in dialysis is 85%, 65% and 50%, at 2, 5 and 10 years upon entering dialysis. These results worsen the older the patient when they start dialysis, and also in the presence of associated diseases. Enables patient to survive and improve quality of life. Corrects disorders in metabolism secondary to renal disorder.

5. Foreseeable consequences of non performance

Since the kidneys are vital organs, if the renal substitution treatment is not started in the adequate moment, the complications of the renal failure situation will eventually lead to death.

6. Risks

The more frequent risks that could occur in a haemodialysis session are: hypotension, nausea, vomiting, cramps and headaches. Rarely, there can be hypersensitive allergic reactions to pyrogenics and anaphylactics, chest pain, haemorrhages, arrhythmias, air embolism, hypoxia, haemolysis, pruritus and others related to the bad function of the dialysis machines or of the water treatment unit.

There are other related complications with the vascular access that can present themselves as haemorrhages, thrombosis, infections and exceptionally their breakdown which involves medically rescue techniques and procedures.

Haemodialysis in patients with chronic renal disorder

Declaration of consent

Mr./Mrs./Miss. aged, with home address at.....
....., National Identity No. and SIP number
.....

Mr./Mrs./Miss. aged....., with home address at.....
..... acting in the capacity of (the patient's legal representative, relative or close
friend), with National Identity No.

Hereby declare:

That the Doctor has explained to me that it is advisable/necessary in my
situation to perform a
.....
and that I have adequately understood the information he/she has given me.

In on, 2

Signed: Mr./Mrs./Miss. With National Identity Card No

Signed: Dr. With National Identity Card No

Associate number

Revocation of the consent

I hereby revoke the consent granted on the date of, 2 and I do not wish
to carry on with the treatment that I hereby terminate on this date.

In on, 2

Signed: The Doctor

Signed: The patient

Associate number:

