Renal Insufficiency, End Stage Renal Disease (ESRD), Kidney Failure

End-stage kidney disease occurs when your kidneys no longer work well enough to support day-to-day life. It usually occurs when longstanding (*chronic*) kidney failure gets worse, to the point where kidney function is less than 10% of normal. At this point, the kidney function is so low that death will occur from buildup of fluids and waste products in the body. The most common cause of kidney failure is diabetes. Kidney failure is very common. ESRD (End Stage Renal Disease) almost always follows chronic kidney failure or renal insufficiency. This condition may exist for 10 to 20 years or more before developing into ESRD.

SYMPTOMS

- Unintentional weight loss.
- Fatigue, anemia.
- Generalized itching (*pruritus*).
- Easy bruising or bleeding.
- Drowsiness, lethargy.
- Muscle twitching or cramps.
- Skin may appear yellow or brown.
- General ill feeling.
- Frequent hiccups.
- No or decreased urine output.
- Decreased alertness.
- Coma.
- Increased skin pigmentation.
- Decreased sensation in the hands, feet, or other areas.

DIAGNOSIS

Your caregiver will be able to tell what is wrong by talking to you, doing an examination, and doing laboratory tests. The blood work and urinalysis will show that your kidneys are not working well enough.

TREATMENT

Dialysis or kidney transplantation are the only treatments for ESRD. Your health, age and other factors determine which treatment is best. Other treatments for chronic renal failure should continue.

Associated Diseases That Cause Kidney Failure Should Be Controlled. Some Of These Are:

- Hypertension.
- Kidney stones.
- Congestive heart failure.
- Obstructions of the urinary tract.
- Urinary tract infections.
- Glomerulonephritis.

PROGNOSIS

ESRD is fatal unless treated with dialysis or transplantation. Both of these treatments can have serious risks and consequences. The outcome varies and is unique to each individual.

COMPLICATIONS OF DIALYSIS AND KIDNEY TRANSPLANTATION

- Hypertension (*kidneys try to raise blood pressure so they can work better*).
- Platelet dysfunction (*cells in blood which help with clotting are defective*).
- Gastrointestinal loss of blood, duodenal or peptic ulcers.
- Hemorrhage (*bleeding problems*).
- Anemia (*not enough blood cells are produced*).
- Hepatitis B, hepatitis C, liver failure (exposure may occur during dialysis).
- Infection from decreased operation of white blood cells and immune system.
- Multiple cancers form, from long-term immunosuppressant use.
- Peripheral neuropathy (*damage to your nerves*).
- Seizures (*convulsions*).
- Encephalopathy, nervous system damage, dementia (*changes in your brain*).
- Weakening of the bones, fractures, joint disorders, joint replacements are common.
- Permanent skin pigmentation changes.

- Skin dryness, itching, scratching resulting in skin infection from hydration problems.
- Changes in glucose metabolism.
- Changes in electrolyte levels (*salts in your blood*).
- Decreased libido, impotence (*loss of interest in sex or ability to function well*).
- Miscarriage, menstrual irregularities, infertility.
- Pericarditis (*inflammation of the lining surrounding the heart*).
- Cardiac tamponade (*fluid collection around the heart*).
- Congestive heart failure in which your heart cannot pump well enough to keep up with the work.

PREVENTION

Treatment of the causes of longstanding kidney failure may delay or prevent progression to ESRD. For example, diabetes which is under strict control is less likely to cause renal failure than diabetes which is left untreated. Some causes of renal failure cannot be treated.

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