MON-058
PREGNANCY IN CHRONIC HEMODIALYSIS PATIENTS: DIAVERUM CASE REPORTS
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Introduction: The outcome of pregnancy in dialysis patients has long been considered to be extremely poor, and the literature concerning pregnancy while on dialysis is rather scarce. This study investigated the incidence and outcome of pregnancy in patients on chronic dialysis over the past 5 years.

Methods: Retrospective and descriptive study, with chart review of all pregnancies undergoing dialysis that were followed-up at our centers from 2013 to 2018. There were a total of 4189 patients in the centers, of whom were females of child bearing age (18 to 44 years). Out of 2013 to 2018. There were a total of 4189 patients in the centers, of whom were females of child bearing age (18 to 44 years). Out of 400 of whom were females of child bearing age (18 to 44 years). Out of 400 of whom were females of child bearing age (18 to 44 years). Out of 400 of whom were females of child bearing age (18 to 44 years). Out of 400 of whom were females of child bearing age (18 to 44 years).

Results: Over a period of 5 years, we observed 16 pregnancies in 15 women, with an incidence of 5.13% patient-years. The average age of patients was 33.12 ± 4.6 years.11 women were undergoing hemodialysis and 5 were undergoing hemodiafiltration. We modified the prescription of dialysis in 13 patients by increasing the frequency of the dialysis sessions to 6 per week and in 3 to 5 per week. The average gestational age at delivery was 31.18 ± 6.4 weeks except for one patient still pregnant with twin at 22 weeks. 11 delivered live births. There was 1 intrauterine fetal death, 1 neonatal death, and 2 spontaneous abortion. The overall rate of successful pregnancy was 69%. Low birth weight was observed in 8 cases, and cesarean section was performed in 5 women and spontaneous vaginal delivery in 10 women. The mean pre dialysis of urea, serum creatinine and hemoglobin were respectively 16.2 ± 12.6 mmol/l, 5.5 ±2.1 mg/dl and 105.8 ± 9.3 g/l at delivery.

Conclusions: Our findings confirm the remarkable improvement of incidence and prognosis of pregnancy in dialysis patients in recent years.

MON-059
RECOVERY OF RE_ASSERTDrenal FUNCTION IN DIALYSIS AT OUTSOURCING CENTERS
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Introduction: Outsourcing of chronic hemodialysis services is a new practice in the gulf region. Renal function recovery (RFR) from chronic dialysis status occurs at a low frequency, however there is no data in outsourcing centers. The aim of this study was to review all cases of recovery of renal function in all the outsourced clinics and highlight this issue of possible recovery and to give a near accurate estimation to the incidence.

Methods: It is a retrospective chart review of 4189 patients who initiated chronic hemodialysis from September 2013 to September 2018 (5 years-study).

Results: Eighteen patients (0.4%) recovered their renal function correspond to the incidence of 2.475 per 1000 patient-years. 83% of the RFR events occurred in the first 6 months of dialysis initiation. The group consisted of 7 (39%) males and 11 (61%) females. Patients were 63.6 ± 11.1 years old. The primary disease was diabetic nephropathy in 11 out of the 18 cases, vascular nephropathy in 3/18 cases, glomerulonephritis in 2/18 cases and unknown nephropathy in 2/18 cases. Dialysis was initiated due to uremic symptoms in 8 patients, fluid overload in 5 patients, metabolic acidosis in 3 patients, and hyperkalemia in 2 patients. Median dialysis duration was 2 (1 to 19) months. The mean urine output at dialysis initiation was 1.6 ± 0.5 l/day. Their mean initiation creatinine and BUN levels were 304.4 ±113 jmol/l and 16.6 ± 9 mmol/l, respectively. The mean creatinine and BUN levels at dialysis cessation were 186.7 ± 74 jmol/l and 15.6 ± 11 mmol/l, respectively, while the mean creatinine clearance calculated by 24-hour urine collection was 39.6 ± 24 ml/min. Upon discontinuation, they remained dialysis free for 6.2 ± 5 months.

Conclusions: It is important to be aware of the possibility of RFR in some chronic dialysis patients in outsourcing dialysis centers, because continuity of care by referring nephrologist has been interrupted and the diagnosis of end-stage kidney disease was not finalized.

MON-060
A SNAPSHOT OF DIALYSIS UPTAKE: THE FEASIBILITY OF INCREMENTAL HAEMODIALYSIS INITIATION
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Introduction: Most haemodialysis (HD) patients are conventionally prescribed a thrice weekly schedule at initiation. An incremental approach to dialysis initiation (i.e. starting at 1-2/week and increasing as needed) may offer potential benefits including preservation of residual renal function, preservation of fistula and reduced costs. In preparation for a prospective study, we examined a cohort of patients who commenced HD in 2017 at our institution and extrapolated demographic and biochemical data.

Methods: All incident patients who commenced HD in 2017 were included.