

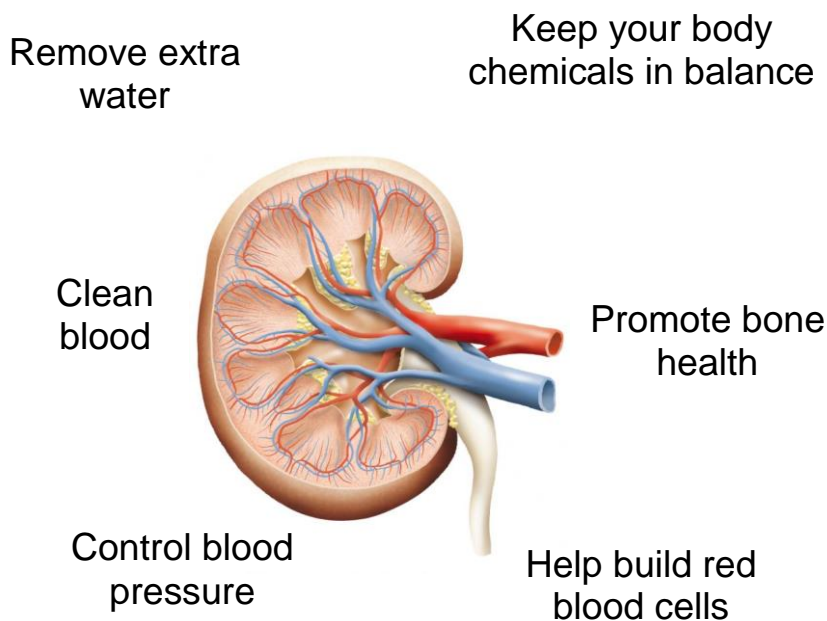
Patient information

Chronic kidney disease

What is chronic kidney disease?

Chronic kidney disease (CKD) is a long term condition where the kidneys are damaged, diseased or not functioning correctly.

What do your kidneys do?



Some common causes of CKD

- Diabetes
- High blood pressure
- Long-term infections
- Blockages to urine flow eg kidney stones / prostate disease

- Some types of medication
- Genetic conditions

Symptoms of CKD

CKD does not usually cause symptoms until it reaches an advanced stage. A change in kidney function can be discovered through a routine blood and urine test. If the kidneys continue to lose function, symptoms may include:

- Poor appetite and weight loss
- Feeling sick
- Swollen ankles, feet and hands (due to water retention)
- Shortness of breath
- An increased need to urinate, particularly at night
- Tiredness / lethargy
- Generally feeling ill, lack of interest and loss of concentration
- Itching
- Difficulty sleeping at night
- Muscle cramps
- Restless legs

What are the stages?

The common test for CKD is a blood test called GFR (Glomerular Filtration Rate). This estimates the amount of blood that is cleaned by your kidneys per minute, and is calculated from a measure of your blood creatinine level. Creatinine is a waste product from normal breakdown of muscle.

Anyone with CKD stages 1 to 3 has mild to moderately reduced kidney function and such patients are usually managed by their GP.

Stage	Description	eGFR ml/min
1	Normal or increased GFR with other evidence of kidney damage	>90
2	Slight decrease in GFR with other evidence of kidney damage	60 - 89
3A	Moderate decrease in GFR with or without other evidence of kidney damage	45 - 59
3B	As 3A	30 - 44
4	Severe decrease in GFR, with or without other evidence of kidney damage	15 - 29
5	Established renal failure	<15

Treatment for CKD at stages 1 to 3

- The main way to slow down the progression of CKD is to keep your blood pressure well controlled, usually to a target of 140/90 or less. This will often require one or more medications.
- Treat the underlying cause. If the cause of CKD is diabetes, it is important to establish good glucose control.
- Reduce the level of protein leak in the urine with blood pressure medications.
- Healthier lifestyle changes will be discussed including smoking cessation. Your GP or a OneLife Suffolk referral can be made.
- Relieve symptoms: Intravenous iron can be given to help with anaemia, or a medication called EPO (Erythropoietin) can be prescribed. Advice on diuretics (which help get rid of excess water) may also be provided.
- Relieve symptoms: If your CKD becomes more severe, treatments may be required to help with any symptoms that develop, for example anaemia caused by CKD can be treated with iron.

Treating CKD stages 4 and 5

Once at stage 4 and 5, patients are usually referred to the nephrology department, under the care of a consultant nephrologist and a multidisciplinary team of health professionals. We may discuss possible future treatment options including dialysis and a kidney transplant.

What follow up do I need?

This is usually decided by the consultant, but most patients will be seen at three to six monthly intervals in the outpatient clinic.

Contact details

The department can be contacted via the secretaries on 01284 713148.

West Suffolk NHS Foundation Trust is actively involved in clinical research. Your doctor, clinical team or the research and development department may contact you regarding specific clinical research studies that you might be interested in participating in. If you do not wish to be contacted for these purposes, please email info.gov@wsh.nsh.uk. This will in no way affect the care or treatment you receive.

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