

Hemofiltration, a New Hope for Devastatingly Deteriorating Cardiac Patients.

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Continuous veno-venous hemofiltration (CVVH) has gained wide acceptance within intensive care units as a method of renal replacement therapy. Small and medium sized molecules are removed by convection and replacement fluid is infused, thus preserving hemodynamic stability. Hemofiltration is most suitable in patients with cardiogenic shock and renal failure, where conventional hemodialysis may cause hemodynamic instability. It may also be used in patients with severe heart failure complicated with edema, fluid accumulation and renal failure, and in patients after out of hospital cardiac arrest. Hemofiltration has been shown to be effective in preventing the deterioration of renal function due to contrast-agent-induced nephropathy after coronary interventions. We recently started a project of hemofiltration in our ICCU patients. The results of our first twelve patients treated with Hemofiltration are as follows: Three patients with cardiogenic shock and acute renal failure- two recovered fully and were discharged, and one died. Four patients with out of hospital cardiac arrest- all regained full consciousness and were discharged. One patient with acute renal failure underwent cardiac catheterization without deterioration of renal function. Four patients with septic shock, were all metabolically corrected, one stabilized clinically and three died. We conclude that hemofiltration may be beneficial in selected cardiac patients with devastating deterioration.