

Extracorporeal blood purification performed in patients with fluid overload allows to increase net ultrafiltrations over time.

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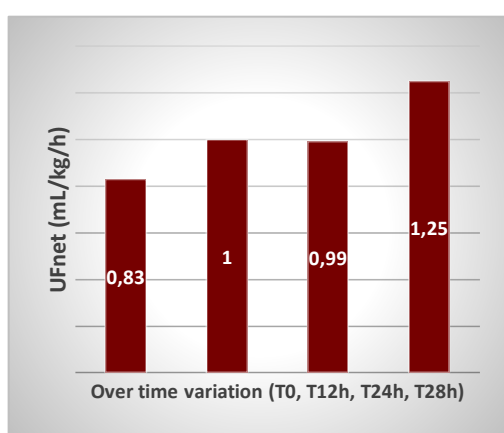
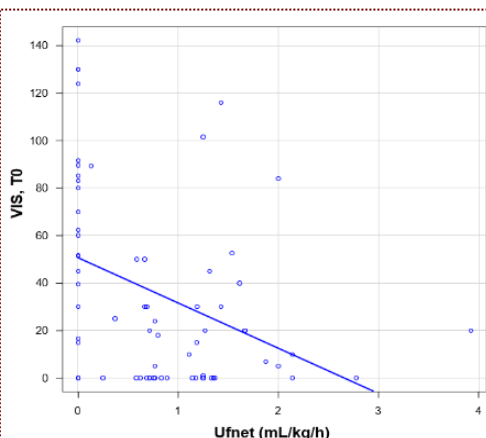
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Objective: To understand the variation overtime of the net ultrafiltration (UFnet) set by the clinician, when performing a chronic kidney replacement therapy (CKRT) in patients with fluid overload.

Methods: Observational, retrospective study conducted on 68 patients undergoing CKRT with different hemodiafilters (AN69, oXiris or Septex), enrolled in the ARRT registry (www.arry.eu). Correlation between UFnet and Vasoactive Intropic Score (VIS) has been studied using the Pearson correlation coefficient. UFnet variations over time have been expressed as average, normalised per body weight (mL/kg/h).

Results: There is an inverse correlation between UFnet set at the start of the treatment (mean: 0,83 mL/kg/h) and the VIS at time zero. This data suggests the attention of the clinician to patients' hemodynamic instability, when setting the machine. An increase of the UFnet over time is observable, until a mean of 1,25 mL/kg/h after two days of treatment.



Conclusions: This analysis may underline the importance of a CKRT treatment in reducing patients' hemodynamic instability, giving the clinician the possibility to set a higher net ultrafiltration during the treatment. Larger, randomized controlled studies are needed to confirm these observations.