

Questions

Sometimes you or your family members may have questions for your medical team. These questions often occur to you at a time when your consultant is not available. This section is for you to use to list your questions in preparation for your next visit/appointment.

Ask your doctor:

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

The Christie is committed to producing high quality, evidence based information for patients. Our patient information adheres to the principles and quality statements of the Information Standard. If you would like to have details about the sources used please contact the-christie.patient.information@nhs.net

For information and advice visit the cancer information centres at Withington, Oldham or Salford. Opening times can vary, please check before making a special journey.

Contact The Christie Hotline for urgent support and specialist advice
The Christie Hotline: 0161 446 3658
Open 24 hours a day, 7 days a week

Acute kidney injury service

Acute kidney injury (AKI)

What do your kidneys do?

- Make urine and regulate salt and water in your body.
- Remove waste products from your blood including any drugs you may take for other conditions.
- Produce hormones that help regulate your blood pressure and control production of red blood cells.
- Activate vitamin D.

What is acute kidney injury (AKI)?

'Acute' means it has occurred over hours or days. 'Kidney injury' describes damage to the kidneys, usually with a change in the kidney function.

How will doctors know if I have AKI?

Your blood is tested for a substance called creatinine, which is produced by body muscles and is removed by the kidneys. If there is a reduction in kidney function creatinine levels rise. AKI can also be diagnosed by measuring the volume of urine you produce.



What causes AKI?

AKI in patients with cancer can be caused by a variety of individual factors or combination of them.

It can be caused by: dehydration, illness, infections, major surgery, when flow of urine from kidneys through the ureters or bladder is blocked as in prostate and cervical cancer, or it can be a side-effect of certain drugs.

You are also more at risk if you: are elderly, have a chronic (long term) kidney disease, diabetes or heart or liver failure. Also if you are receiving platinum based chemotherapy, having regular scans with iodine contrast or are receiving radiotherapy for head and neck cancer.

If you are unsure if you have any of the above risk factors or symptoms, please discuss with your GP or a health professional at The Christie.

Will I have any symptoms of AKI?

You may not have any symptoms until your kidney function deteriorates significantly. AKI can however cause the following symptoms:

- changes in urine output, particularly a reduction in the amount passed
- nausea and vomiting
- abdominal pains and generally feeling unwell
- skin itching, muscles twitches, confusion and drowsiness

What are the risks of AKI?

Although AKI can be mild, if more serious a loss of kidney function can:

- cause an increase in potassium in the blood affecting your heart
- mean blood becomes more acidic, damaging other organs
- lead to a build-up of salt and water causing swelling (e.g. of legs)
- in some cases cause a build up of fluid in the lungs, affecting breathing.

How will we look after you in hospital?

- We will do several tests to identify the cause of your AKI and treat this cause. An ultrasound scan of the kidneys may also be performed.
- We will measure your fluid intake and your urine output and you may need a small tube called a catheter inserting into your bladder.
- We may stop some of your medications or adjust the dose.

- We may need to withhold certain chemotherapy tablets.
- You may need anti-sickness and anti-diarrhoea medication
- Your diet may be adjusted to slow down the build-up of toxins.
- We may give you fluid through a drip in your vein.

What are the long-term affects of AKI?

AKI is usually treated successfully. Whilst in hospital your doctor will keep you informed of your progress. Once discharged you and your GP will receive information including diagnosis of AKI, medication review plan for any medications withheld and a plan for blood test monitoring. A dietitian may see you if your doctor feels you need dietary advice.

How can I monitor for AKI in the future?

Please ring The Christie Hotline or visit your GP straight away if you experience any of the following symptoms in the future:

- vomiting when unable to keep liquids down
- nausea when you do not feel like eating and drinking
- mucositis when you have a sore mouth or throat and are unable to drink enough
- diarrhoea when you lose more water in stools that you can drink
- feeling light-headed or excessively thirsty

Sources of information and support

Think Kidneys

www.thinkkidneys.nhs.uk Tel: 0845 601 02 09

The British Kidney Patient Association

www.britishkidney-pa.co.uk

The National Kidney Federation www.kidney.org.uk

Kidney Research UK www.kidneyresearchuk.org Tel: 0845 070 7601

Kidney Dialysis Information Centre www.kidneydialysis.org.uk