

## Oral Abstracts

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#### DIALYSIS IN THE POISONED PATIENT – WHAT, WHEN, WHO AND HOW?

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**Abstract:** Extracorporeal removal techniques exist for over a century and were first used in poisoning. Despite widespread use in a variety of poisonings, few high GRADE studies were published. Poisons amenable to extracorporeal removal must possess specific properties to be able to be filtered to the membrane. As well, the clearance obtained from a specific ECTR technique must be superior to the body's endogenous clearance. The most common form of ECTR use in poisoning is intermittent hemodialysis (IHD). Continuous renal replacement therapies (CRRT) can be used in specific circumstances, but, in general the clearance obtained is lower than with IHD. The decision to initiate ECTR need to take into account the amount of poison, the delay since ingestion, the patient's endogenous clearance, the cost and availability of alternative treatments and the risk of complications. Most complications reported with acute ECTR occur at the time of catheter insertion. Catheter infection and clinical bacteremia appear to be minimal for short term procedures. For many years, published indications came from expert opinion derived from small case series. More recently the EXTRIP workgroup an multidisciplinary international collaboration published systematic reviews and consensus expert recommendations for the use of extracorporeal poison elimination for various toxins.

#### **Learning Objectives:**

1. Identify two properties of poisons amenable to extracorporeal removal
2. Compare advantages and disadvantages between continuous renal replacement therapies and intermittent hemodialysis
3. Analyze two main risks of acute dialysis procedures
4. Discuss the proposed criteria for dialysis of common substances