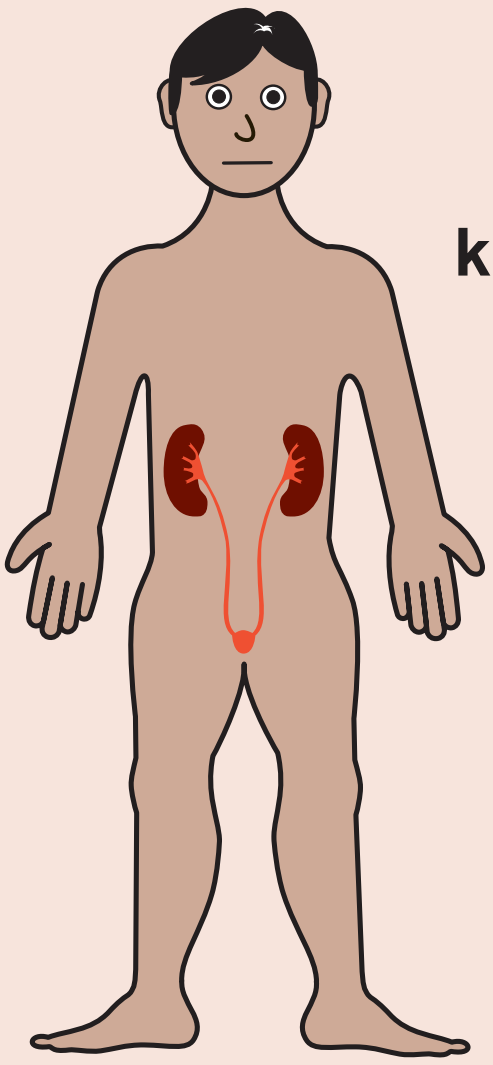
The Leeds Teaching Hospitals NHS
NHS Trust

Acute Kidney Injury

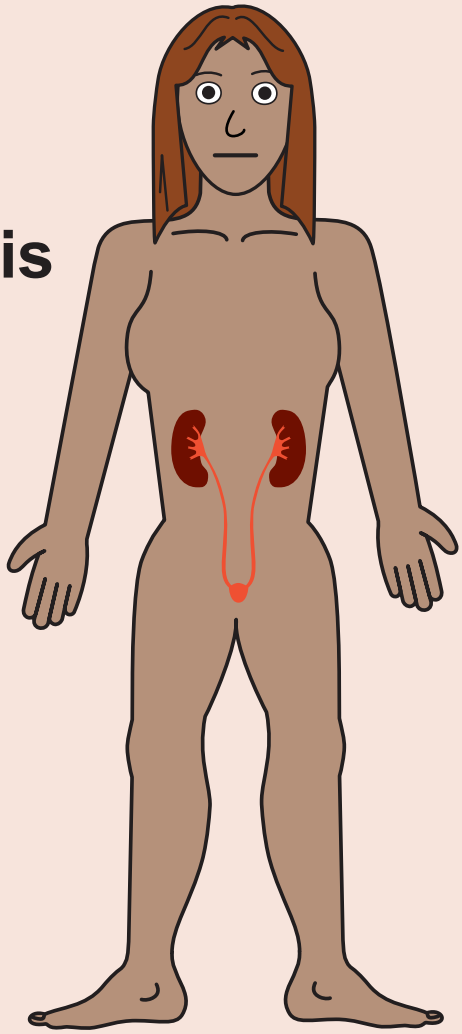
This leaflet tells you information about



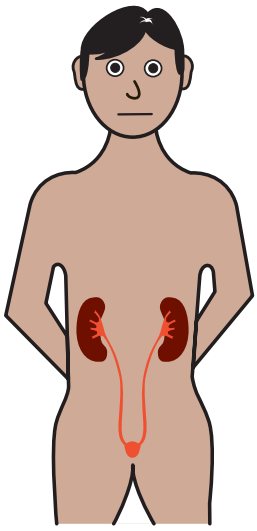
What acute kidney injury is

How it is diagnosed

How it can be treated

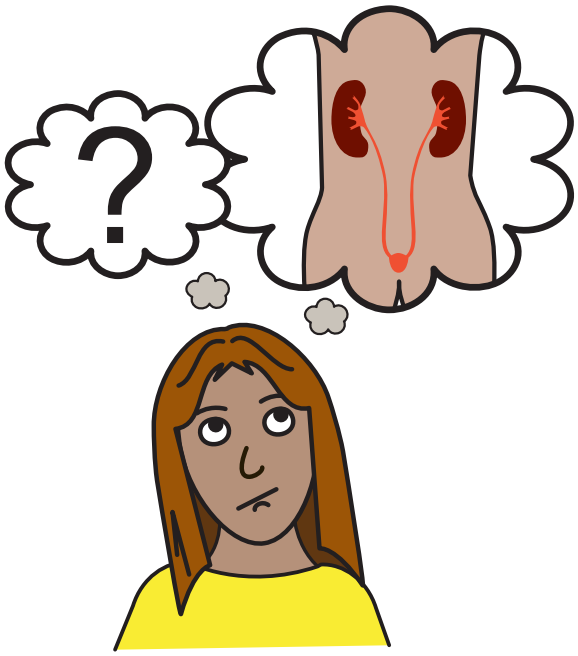


What are the kidneys?



- You have 2 kidneys.
- They are shaped like beans.
- They are about the size of your fist.
- They are in the middle of your back.

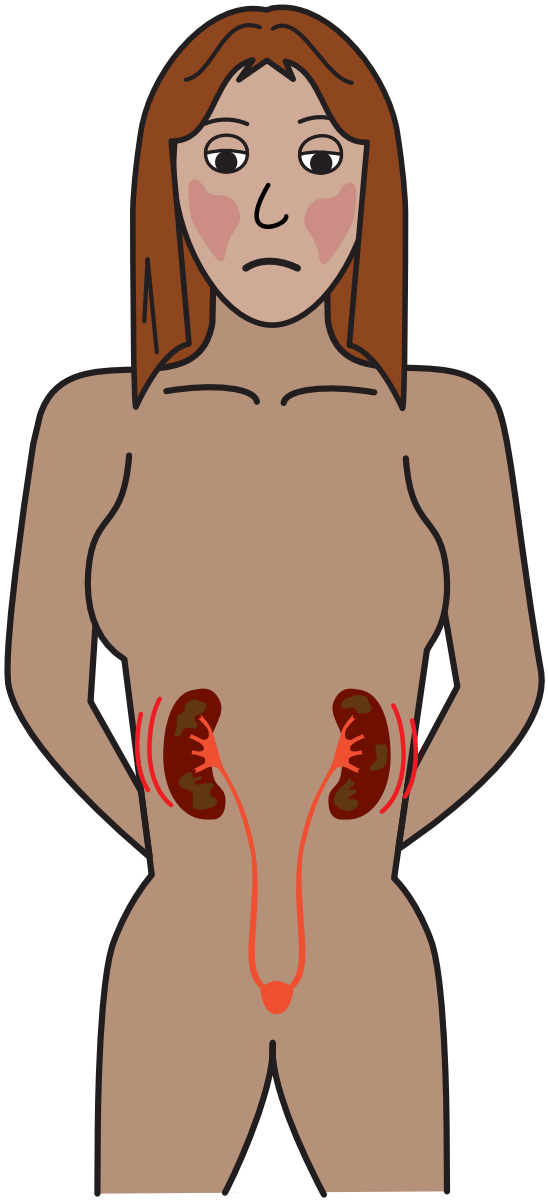
What do your kidneys do?



- Clean your blood
- Get rid of waste (including medication)
- Control the amounts of chemicals in your body
- Regulate salt levels in your body
- Help control your blood pressure
- Help keep the right amount of fluid in your body
- Help make red blood cells
- Regulate acid levels in your body

Your urine (wee) is the fluid and waste that your kidneys filter.
Urine goes from the kidneys into your bladder by tubes caller ureters.
Your body will normally tell you when your bladder is full and you need to pass urine.

What is AKI?



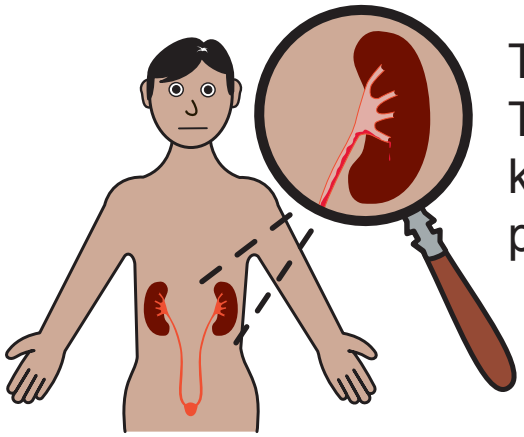
AKI is short for Acute Kidney injury. It used to be called Acute Renal Failure.

It is different to Chronic Kidney Disease (CKD) which is a more long term kidney disease.

AKI means your kidneys do not work as well as they did.
This means there is too much or too little salts in your body which can affect other organs in your body such as your lungs, heart or eyes.
It is important you are treated early.

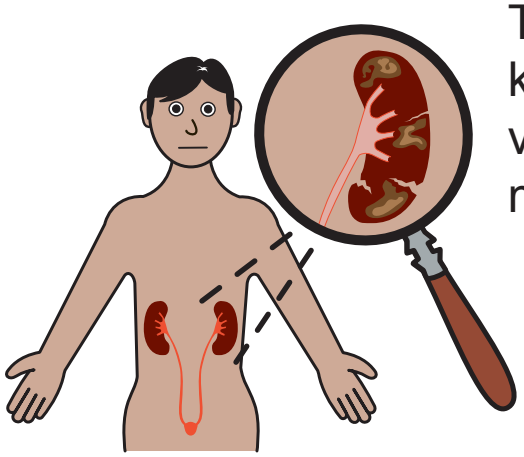
Causes of AKI can be broken down into 3 categories:

Pre Kidney



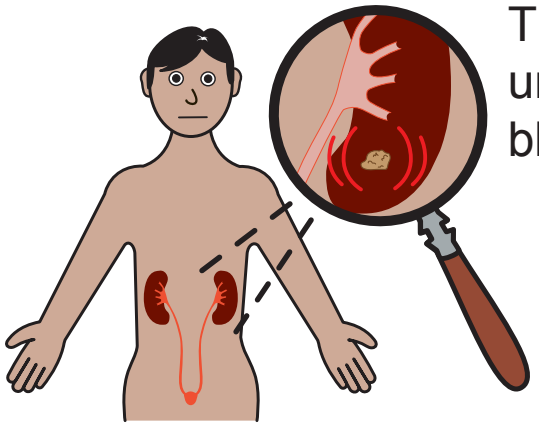
This is the most common cause. There is reduced blood flow to the kidney, for example low blood pressure, heart failure or dehydration

Intrinsic



This is caused by damage to the kidney, for example as a result of vascular disease, infection or medication.

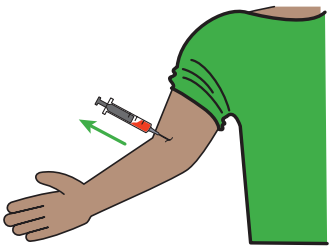
Post Kidney



This is from a blockage in the urinary tract system, for example a blocked catheter or kidney stones.

Symptoms of AKI (Acute Kidney injury)

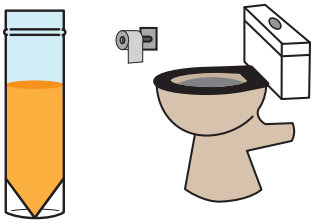
Some people do not show any signs of kidney injury.



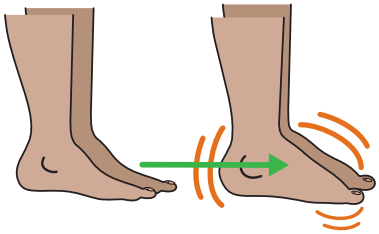
It can be found from blood results.

Some people do have signs that their kidneys have stopped working:

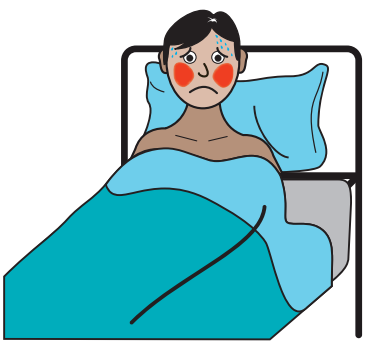
- not passing as much urine when you go to the toilet even though you are drinking more.



- your urine might be very strong and dark - it can look yellow, brown or red in colour.

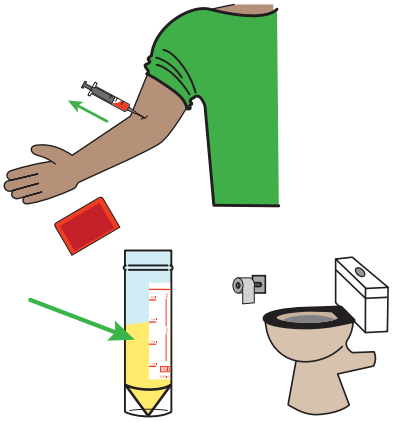


- your legs or feet might swell up.

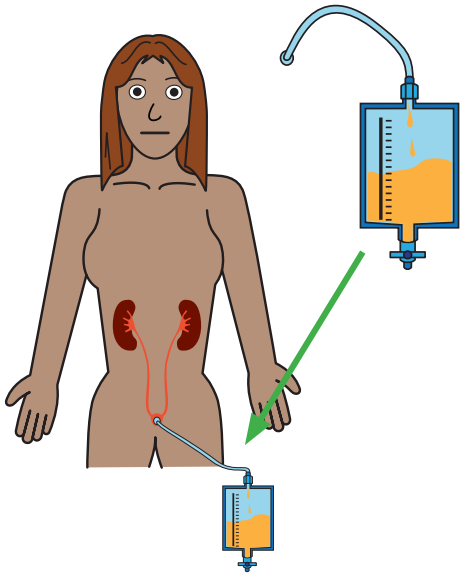


- you might start to feel very sick, tired, drowsy and confused and have itchy skin.

What will happen?

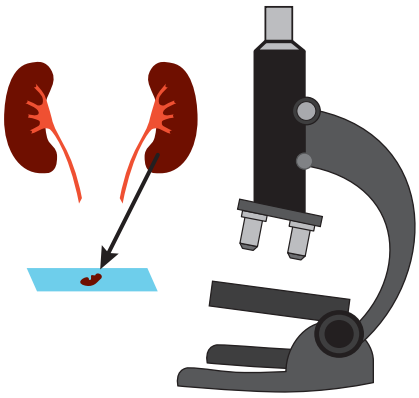


You will need some blood tests and need to give a sample of your urine.
Blood tests might need to be repeated every day.



To help us know how well your kidneys are working we may need to put a catheter (soft plastic tube) into your bladder to drain it. If you do not have a catheter we might ask you to measure how much urine you pass and how much you drink.

You might have an ultrasound scan.
We might change some of your medication.
You might need to see a kidney doctor.



We might need to do a biopsy.
This is when we take some tissue from your kidneys and look at it under a microscope.

It is very rare when we do this.

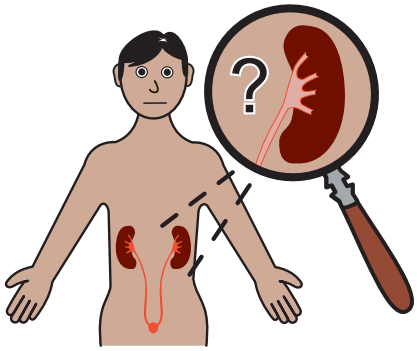
A very small number of people do not recover from kidney injury.
A doctor will talk to you if this happens to you.

How is AKI treated?

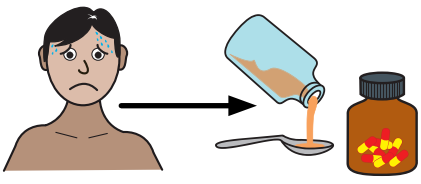
Most of the time AKI is mild and has no symptoms. It will get better with simple treatments like drinking more or taking antibiotics for an infection.

To treat AKI we need to treat the underlying cause. Treatment will be different from patient to patient.

We use the **STOP** abbreviation to help us:

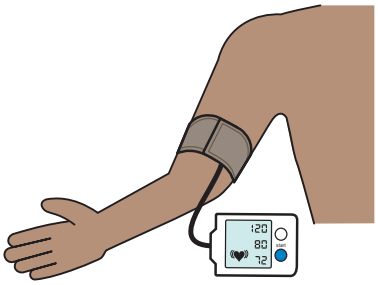


Sepsis (infection) - it is important to find the infection and treat it quickly.

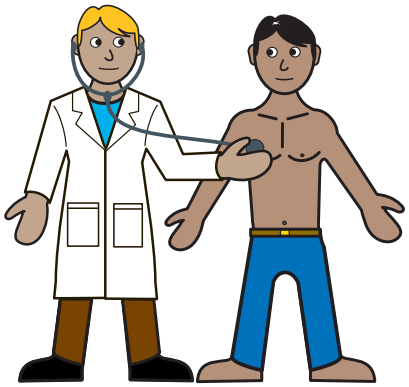


Toxins -it is important to avoid medication that may damage your kidneys.

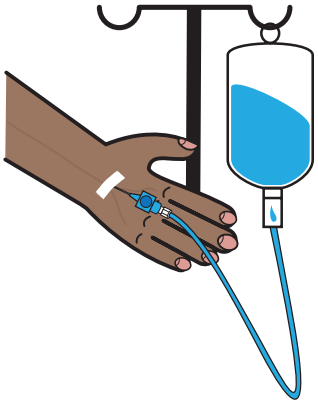
We use the STOP abbreviation to help us:



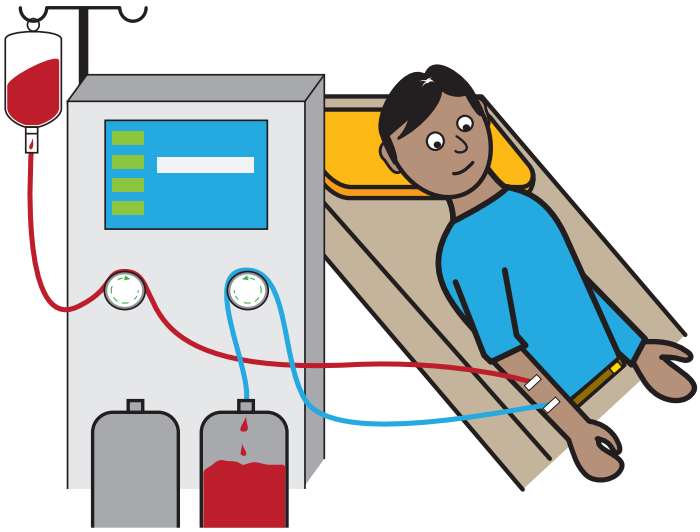
Optimise blood pressure -
we will monitor and help you control your blood pressure.



Prevent harm - your doctor will find the cause of your AKI and start treatment.



If you are dehydrated we may give you fluids through a cannula into your veins called a drip.

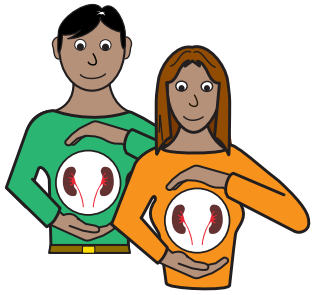


If your kidney injury is severe you might need dialysis.

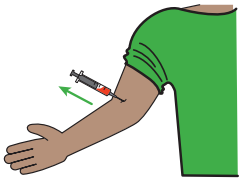
This takes away toxic substances in the blood and regulates the amount of salt and fluid in the body.

Only a small number of patients need dialysis and we will give you more information if you do.

The future

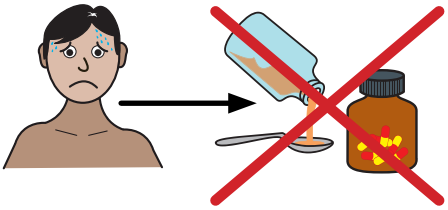


- Most people make a full recovery but you will need to look after your kidneys forever.



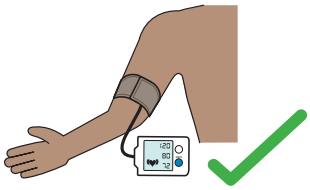
- Your GP might check your bloods regularly after you are discharged from hospital.

- You should tell all health professionals treating you that you have had acute kidney injury as it could happen again.

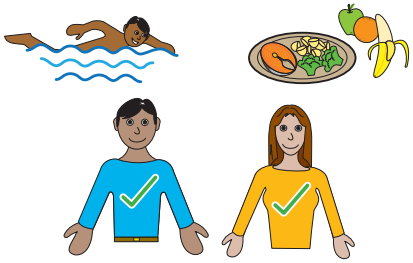


- You will be told which medications can damage your kidneys.

- Check with your doctor, nurse or pharmacist before taking any new medicines including any that are not prescribed such as painkillers.



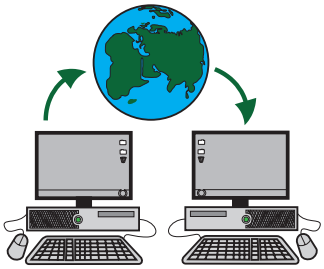
- Try to keep your blood pressure under control.



- We advise you to follow healthy eating and lifestyle advice.

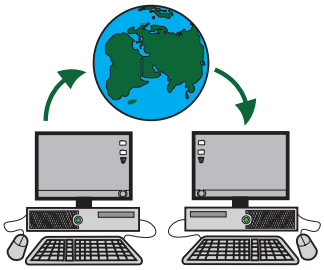
Further information

NHS choices NHS Choices



www.nhs.uk/conditions/acute-kidney-injury

nkf SUPPORTING KIDNEY PATIENTS The National Kidney Federation



www.kidney.org.uk

review date