

# [The renal failure essay sample](https://assignbuster.com/the-renal-failure-essay-sample/)

What is Renal Failure?

Renal failure or kidney failure pertains to a condition wherein the kidneys do not function properly. It is classified in acute and chronic types; either type may be caused by a huge number of other medical-related dilemmas.

Aronoff (1999) formulated the most important points that would guide people and all concerned about renal failure:

1. Renal failure is the most common chronic kidney disorder of people.  It is probably two to three times more frequent in males than in females.
2. Renal failure very recurrently starts from adolescence and continues into adulthood.  Without treatment, the person is likely to have increasing difficulties and is much more likely to develop other illnesses that can lead to “ at-risk” level.
3. Renal failure is not a recent discovery.  The symptoms of the condition have been recognized since 1863 by a British physician.  Moreover, the treatment and the use of medication for renal failure are also not new with some drugs from the 1930s still being used and available nowadays and even effective than the common drug recently made.
4. Renal failure is likely transmitted genetically.  In other words, it is probably a hereditary disorder.  The exact way on how renal failure is passed on is still not known, however it may be as a different structure or chemical functioning in the brain.
5. Renal failure often occurs and appears along with other disorders.  It frequently goes along with heart diseases.
6. There would be two reasons why it is necessary to identify and treat renal failure as soon as possible: First, treatment will help the person in the very moment before it gets complicated.  Second, early treatment may decrease the risks of problems patients are more likely to develop.
7. In many instances medication can reduce and sometimes eliminate many of the problems of renal failure in patients. Treatment with medication may produce substantial benefit in 70 percent of patients and in at least 60 percent of adults with renal failure. An important point about the drugs used to treat renal failure is that they are not addictive in patients when taken in the doses prescribed (Abuelo, 1995). A second point is that the treatment controls the symptoms of renal failure even though it does not cure it. This is not unusual in medicine. For example, insulin does not cure diabetes, but it enables diabetics to metabolize carbohydrates; anticonvulsants do not cure epilepsy, but they prevent epileptic seizures.

Causes of Renal Failure

The following are the most common causes of renal failure:

1. Low amount of blood in the body
2. Problems in the cardio-vascular system
3. Infections in the kidneys
4. Improper medication
5. Kidney Stones

How is Renal Failure Recognized?

In terms of biochemical aspects, it is normally recognized by an increased serum creatinine. In the field of physiology, renal failure pertains to the lowering of the glomerular filtration rate. When the kidneys start to function improperly, dilemmas normally experienced are irregular fluid levels, irregular acidity levels, irregular levels of essential minerals in the body, and possibly the low amount of blood (Cameron, 1996). Long-term kidney diseases have specific consequences on other illnesses, which include heart-related diseases.

Renal failure is normally detected when creatinine exams are indicating high levels in the person, and also when oliguria already exists. Past evaluations of renal failure may provide comparison, which is basically critical f a person has history of chronic renal failure. If the cause is difficult to detect, a huge amount of blood exams and urine test is normally done to identify the cause of acute renal failure, ultrasonography of the kidneys is important to determine whether there is a blockage of the urinary tract. Renal biopsy may be done in the cases of acute renal failure, to give a detailed diagnosis unless the cause is already obvious.

Categories of Renal Failure

Renal failure can be specifically classified into two types: acute renal failure and chronic kidney disease.

* Acute renal failure

Acute renal failure (ARF) pertains to a quick impairment of renal function because of severe injury to the kidneys, leading to the storage of poisonous wastes that are usually released by the kidney. Depending on the degree and length of the existence of the renal failure, this storage of waste is also combined with metabolic irregularities, hyperkalaemia, imbalanced body fluid levels, and negative impacts on other organs. It can be identified by the existence of oliguria or anuria. It is a complicated condition and treated as a serious matter.

* Chronic kidney disease

Chronic kidney disease (CKD) is a continued lack of renal function over a long period of time and usually includes five levels. Each level is a continued worsening process through an irregular glomerular filtration rate, which is normally identified indirectly by the creatinine rate in blood serum (Stein, 1997). Stage 1 CKD is the level where the kidneys have started to function irregularly, with the presence of obvious symptoms. Stage 5 CKD is a complicated condition and needs some type of kidney transplant.

* Acute on chronic renal failure

Acute renal failure can exist on top of chronic renal failure. This is pertained to as acute-on-chronic renal failure (AoCRF). The acute portion of AoCRF may be managed and treated and the goal of treatment is to normalize the basic kidney function of the patient, which is normally evaluated by serum creatinine (Rose, 1987). AoCRF can be hard to identify from chronic renal failure, if the person has not been evaluated by a doctor and no previous blood exam is available for analysis.

REFERENCES

Abuelo, J, 1995. Renal Failure: Diagnosis and Treatment. Springer; 1 st edition

Aronoff, G, 1999. Drug Prescribing in Renal Failure: Dosing Guidelines for Adults. American College of Physicians; 4 th Sub edition

Cameron, J, 1996. Kidney Failure: the Facts. Oxford University Press, USA; 1st edition

Rose, B, 1987. Pathophysiology of Renal Disease. McGraw-Hill Professional; 2nd edition

Stein, G, 1997. Pathogenetic and Therapeutic Aspects of Chronic Renal Failure. Informa Healthcare; 1st edition