

Handbook

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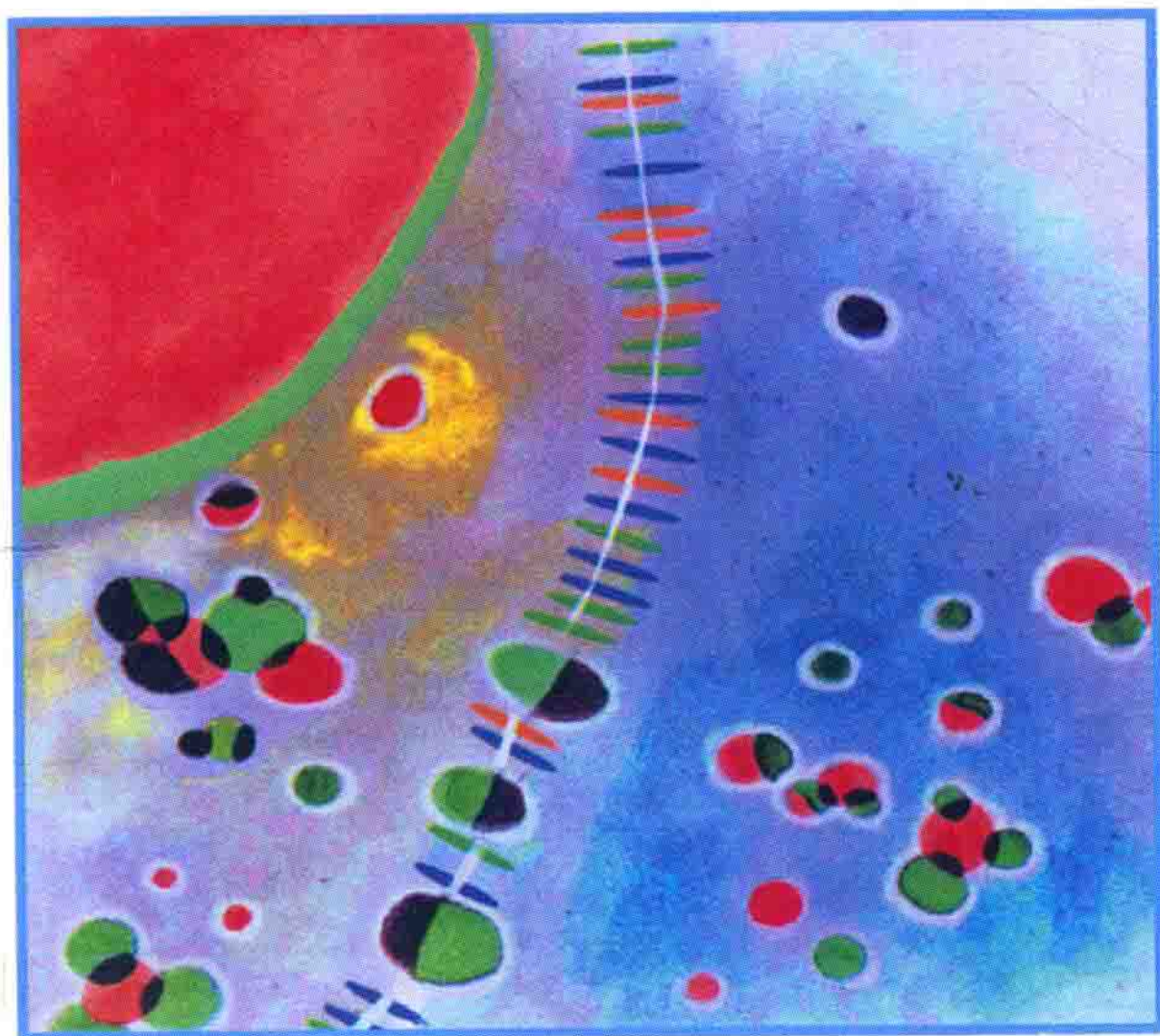
透析手册

Handbook of Dialysis

第5版

主编 John T. Daugirdas
Peter G. Blake
Todd S. Ing (吴兆涛)

主译 李 寒



人民卫生出版社

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本书提供了药物的适应证、副作用和剂量疗程，可能根据实际情况进行调整。读者须阅读药品包括盒内的使用说明书，并遵照医嘱使用。本书的作者、编辑、出版者或发行者对因使用本书信息所造成的错误、疏忽或任何后果不承担责任，对出版物的内容不做明示的或隐含的保证。作者、编辑、出版者或发行者对由本书引起的任何人身伤害或财产损害不承担任何责任。

序

我国慢性肾病的患病率超过 10%，接受透析治疗的终末期肾病患者逐年快速增加。由于其治疗周期长、费用高，已经成为严重的公共卫生问题和重要的社会经济问题，同时，终末期肾病患者能够得到有效治疗，也是国家社会经济水平与文明程度的一个标志。目前，能够维持终末期肾病患者有效生存的治疗包括肾脏移植、血液透析和腹膜透析。就总体而言，因种种原因，接受透析治疗的患者占 90% 以上。国内的终末期肾病患者接受肾移植者也不足 10%。在全部终末期肾病患者中，接受透析治疗的比率及治疗达标率与先进国家都存在着不小的距离，各地透析治疗的质量与从业人员水平也存在差距。

本书内容全面，并简洁、实用，方便携带，是深受肾脏病学界与相关人员喜爱的专业工具著作，被翻译成多种文字在世界范围广泛发行。《透析手册》第 4 版（中文版）就是由我们中心团队完成翻译的，具有简洁、明了、逻辑性强、极为实用等优点，该书一经问世，较受欢迎。当人民卫生出版社有限公司推荐我们接手本书的第 5 版后，我们认真总结经验，很快组织了以李寒教授为首的翻译团队，期望本书的第 5 版能够给广大从业人员提供一本更高水平的“口袋书”，为提高我国的透析治疗水平，造福广大患者尽一份力。

尽管我们的翻译者非常尽力、认真，但不可避免的是这本译著仍然会存在诸多不尽如人意之处，欢迎读者及同行提出批评指正，以便我们今后能够有所改进。

北京市医院管理局“扬帆计划”（ZYLX201408）对本书的翻译、出版提供了一定的资助，我们在此也表示感谢。

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2016 年 9 月 13 日于北京

前言

我们非常荣幸地将此第5版《透析手册》呈献给广大从事肾脏病学的人员。此书距离第4版出版已经7年了，这么长的间期也反映了有关透析治疗的进展相对较少。我们仍以国际视角为重点，参照了 KDOQI 指南和 KDIGO 指南，实验室检查指标采用的是国际制单位和英制单位。在线血液透析滤过这种治疗虽未在美国开展，但第5版继续保留了“在线血液透析滤过”这一内容并更新。由于目前 REDY 系统的使用减少，前两版手册中的“吸附剂透析”，在第3版和第4版中被删除。鉴于面向透析中心和居家血液透析的新型吸附剂的出现，我们又将这一内容恢复并更新。血液透析血管通路部分，在前两版中为1~2个章节，在此版中增为4个章节，这也显示了血管通路对于透析患者的重要性。腹膜透析部分中的“通路”是由一名在此领域临床经验非常丰富的普外科医师重新撰写的。“日益增多的急诊腹膜透析和腹膜透析的‘紧急启动’”这些内容也是重新撰写完的。腹膜透析及血液透析充分性部分，减少了公式的使用，应用类比的方法对关键概念进行了解释。另外，也更多强调了透析时间、透析频率、超滤率，以及包括欧洲透析在内的其他充分性指标。我们的目标是做一本专注于临床问题的口袋书，所以一些在第4版中详细分类讨论的章节也被缩写、合并，为新增的章节留出空间。如前几版《透析手册》一样，我们继续保留《透析手册》独特的风格，为从事肾脏病的学者提供帮助，使他们能够为患者提供最佳的治疗。

我们向编纂这本手册的各位作者表示感谢。临床工作日益繁重，对于他们为此手册倾注宝贵时间和分享自己的见解及知识表示感谢。同时也对 Aleksandra Godlevska 设计了美丽、现代感的封面表示感谢。

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第一部分

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