Hemodialysis in pediatric patients: Navigating a unique journey to health.

Cynda Hylton*

Department of Pediatric Nephrology, Hacettepe University, Ankara Turkey

Introduction

Hemodialysis, a life-sustaining medical procedure, is often associated with adults battling End-stage renal disease (ESRD). However, pediatric patients facing ESRD also rely on this crucial therapy to maintain their health and wellbeing. Hemodialysis in pediatric patients is a complex and unique journey, necessitating specialized care, equipment, and unwavering support from healthcare providers and families. In this article, we delve into the distinctive aspects of hemodialysis in children, highlighting the challenges, triumphs, and essential considerations involved in their treatment [1].

Unique challenges in pediatric hemodialysis

Hemodialysis in pediatric patients comes with a set of distinct challenges compared to adult populations. One of the foremost challenges is the size and vascular access of young patients. Children may have limited options for vascular access, often relying on central venous catheters or arteriovenous grafts. These vascular access points require meticulous care to prevent complications such as infection and clotting, which can disrupt the hemodialysis process.

Moreover, pediatric patients undergoing hemodialysis are at risk of growth retardation and malnutrition due to the rigorous dietary restrictions necessary for managing electrolyte imbalances. Healthcare providers must closely monitor and tailor nutritional interventions to support optimal growth and development [2].

Psychosocial impact and family dynamics

The psychosocial impact of hemodialysis on pediatric patients cannot be understated. Children facing ESRD and recurrent hemodialysis sessions often grapple with a range of emotions, including fear, anxiety, and frustration. This emotional burden is compounded by the necessity of adhering to a strict treatment regimen, which can disrupt the normal rhythms of childhood.

Additionally, pediatric hemodialysis significantly affects the dynamics of the family unit. Parents and caregivers play a central role in supporting their child through the treatment process, from attending dialysis sessions to managing medications and dietary restrictions. This places a substantial emotional and logistical burden on families, necessitating a robust support system and access to resources that cater to their unique needs [3].

Specialized care and the role of pediatric nephrologists

Pediatric nephrologists are at the forefront of providing specialized care to children on hemodialysis. These healthcare professionals possess expertise in managing the unique challenges presented by pediatric patients, including tailored vascular access solutions and age-appropriate emotional support. Pediatric nephrologists collaborate closely with pediatric nurses, dietitians, and social workers to provide comprehensive care that addresses the multifaceted needs of young patients and their families [4].

Quality of life and future prospects

Despite the challenges, pediatric hemodialysis has brought significant improvements in the quality of life for many children with ESRD. Advances in technology and treatment modalities have made it possible for children to engage in school, social activities, and pursue their dreams. Moreover, kidney transplantation remains a promising avenue for pediatric patients, offering the hope of a life free from the constraints of hemodialysis.

Hemodialysis in pediatric patients is a unique and intricate journey, marked by the resilience of young patients, the dedication of their families, and the expertise of pediatric nephrologists and healthcare teams. While facing the challenges of managing ESRD during childhood is no small feat, the unwavering commitment to providing the best possible care ensures that pediatric patients can continue to thrive, grow, and look forward to a future filled with possibilities. Pediatric hemodialysis exemplifies the remarkable resilience of children and the power of specialized care in preserving their health and wellbeing [5].

References

- 1. McCloskey L, Sherman ML, St. John M, et al. Navigating a 'perfect storm'on the path to prevention of type 2 diabetes mellitus after gestational diabetes: lessons from patient and provider narratives. J MATERN CHILD HLTH. 2019;23:603-12.
- 2. Davies EL, Bulto LN, Walsh A, et al. Reporting and conducting patient journey mapping research in healthcare: A scoping review. J Adv Nurs. 2023;79(1):83-100.
- 3. Kerber K, Kolahdooz F, Otway M, et al. Opportunities for improving patient experiences among medical travellers from Canada's far north: a mixed-methods study. BMJ open. 2019;9(12):e030885.

Received: 30-Sep-2023, Manuscript No. AACNT-23-115742; Editor assigned: 04-Oct-2023, PreQC No. AACNT -23-115742PQ); Reviewed: 18-Oct-2023, QC No. AACNT-23-115742; Revised: 25- Oct-2023, Manuscript No. AACNT-23-115742(R); Published: 31-Oct-2023, DOI: 10.35841/aacnt-7.5.162

 $[\]textbf{*Correspondence to:} \ Marc \ Inhorn, \ Department \ of \ Women's \ Studies, Emory \ University, Georgia, USA, USA, E-mail: \ Cynda \ Hylton @edu.tr$

- 4. Charnaya O, Verghese P, Goldberg A, et al. Access to transplantation for undocumented pediatric patients. Pediatrics. 2020;146(1).
- 5. Mesman GR, Kuo DZ, Carroll JL, et al. The impact of technology dependence on children and their families. J Pediatr Health Care. 2013;27(6):451-9.