of peritoneal dialysis catheter insertion were advocate complete bed rest for 1–3 days in the past years. But most patients suffered from poor dialysate drainage, drifting tube and voiding difficulty after complete bed rest. The aim of this study was to explore whether early ambulation could reduce the incidence of drift tube in peritoneal dialysis patients after peritoneal dialysis catheter insertion. 

Methods: We included 134 patients with end-stage renal disease (ESRD) who are undergoing peritoneal dialysis in peritoneal dialysis center of Guizhou Province. Patients were divided into 2 groups randomly. Patients with six hour ambulation after the operation of peritoneal dialysis catheter insertion were allocated to the study group, and patients who got the traditional post-operative care were assigned to the control group. No obvious difference was found between the two groups in age, gender, dialysis tube type, catheter way, and dialysis prescriptions. The incidence of drift tube in the study group was 1.49% in the study group and 5.97% in the control group. Differences between the two groups were statistically significant, P < 0.05.

Conclusion: Six hour ambulation after the operation of peritoneal dialysis catheter insertion could reduce the incidence of drifting tube.

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0334
Omega-3 Fatty Acids Supplementation on Systemic Inflammatory Biomarkers and Albumin in Dialysis Patients: Meta-analysis of Randomized Clinical Trials

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Objective: Chronic inflammation and malnutrition are common in dialysis patients, and negatively impact their survival prognosis. Experimental studies of omega-3 supplementation describe salutary effects on nutritional state and inflammatory markers. However, evidence from clinical trials is inconsistent. The aim of this meta-analysis was to combine evidence from randomized controlled trials (RCTs) to assess the effect of omega-3 supplementation on dialysis patients. Standard mean differences (SMDs) for CRP and albumin, mean differences (MDs) for IL-6 and TNF-α, 95% confidence intervals (CIs) were calculated and heterogeneity was assessed with the I2 test.

Results: 12 RCTs with 564 dialysis patients were included in the meta-analysis. The dose of omega-3 ranged from 1 to 6 g/d, and the mean follow-up was 3.5 months. Pooled analysis revealed that omega-3 intake significantly reduced serum CRP levels, but had no effect on albumin concentration. There was no significant difference (between groups (1:1.93), P = 0.0132), 102 in 168 patients with nutritional risk accepted nutritional support, that is 60.71%; parental to enteral nutrition was 68:3 (23:1), energy intake was 56.78 ± 8.20 kJ/kg·d, nitrogen uptake was 0.06 ± 0.01 g/kg·d. In 118 patients with non-nutritional risk accepted nutritional support (72.88%), no parental nutrition and all with enteral nutrition.

Conclusion: NRS2002 is appropriate for the nutritional screening to inpatients who accept CAPD. Clinical nutritional support is taken seriously in nephrology department, but there are unreasonable applications of parenteral and enteral nutrition in clinical work.

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0338
Related Factors of Pre-dialysis Blood Pressure Variability in Pediatric Patients Undergoing Maintenance Haemodialysis

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Objective: To explore the blood pressure variability (BPV) in pediatric patients undergoing maintenance haemodialysis (MHD) and to assess the factors associated with pre-dialysis BPV (pre-HD BPV).

Methods: The pediatric patients which regular dialysis more than twelve month from October 2005 to October 2011 in our hospital blood dialysis center were divided into the high pre-HD BPV group and low pre-HD BPV group. Baseline characteristics, biochemical indexes and cardiac function parameters measured by echocardiography were collected in both group and multiple linear regression analysis were performed.

Results: The inter-dialytic weigh growth rate (IDWG), pre-dialysis systolic blood pressure and average amount of dehydration were significantly higher than low BPV group (P < 0.05), as well as hemoglobin and albumin levels were significantly lower than low BPV group (P < 0.05). Comparison among the laboratory indicators, serum phosphorus and parathyroid hormone were significant different between groups (P < 0.05). For all pediatric patients, IDWG (β = 0.165), pre-dialysis systolic blood pressure (β = 0.259), and iPTH (β = 0.187) were positively correlated with pre-dialysis BPV and hemoglobin level (β = −0.199) was negatively correlated.

Conclusion: Increasingly IDWG, higher pre-dialysis systolic blood pressure, anemia and secondary hyperparathyroidism affect BPV in pediatric patients on MHD.

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0339
Modified Fluid Management Technique Training in Elderly Patients with Peritoneal Dialysis

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Objective: This study is dedicated to provide a more appropriate operation of fluid management in elderly patients according to the characteristics of them.

Methods: This research in which all elderly patients aged between 60–84 years old on PD, average 68.71 ± 3.25, were studied from January 2013 to