Toprak’s Kidney Care: A New Comprehensive Kidney Care for Chronic Kidney Disease Patients and their Caregivers

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Abstract

A new special comprehensive kidney care for end stage kidney disease patients which name is “Toprak’s Kidney Care” defined in this paper. Toprak’s Kidney Care means donating your life to your patients and their caregivers. Toprak’s Kidney Care should be considered in the renal recovery and dialysis discontinuation in patients who have residual renal function, in conservative management of patients who withdrawal from dialysis or who choose a life without dialysis or renal transplantation.

Keywords: Toprak’s Kidney Care; Chronic Kidney Disease; Conservative Management

Introduction

The prevalence of chronic kidney disease patients increased substantially in the world [1]. Patients who have end stage renal disease face a stressful and disruptive chronic illness that affects quality of life. Dialysis patients have multiple medical problems and comorbidities. Nearly one third of the elderly dialysis patients required assistance or moved to a nursing home within the first 6 months of dialysis, and nearly 90% of them died or had a decrease in functional status by 12 months of dialysis [2-4]. These findings indicate that although dialysis can extend lives, it does not restore functional status to these patients. Comprehensive kidney cares have role in the renal functions [5]. I performed a special comprehensive kidney care secondary to my 15 years nephrology experience which called “Toprak’s Kidney Care”. Toprak’s Kidney Care aims to improve the kidney functions by current modern medicine and in addition to improve the patients social and psychologic status. Patient education, healthy lifestyle changes, appropriate diet...
and exercise, giving the correct medications in correct dose, morality of the patients and their caregivers, volume status regulation, preserving residual renal function, alternative medicine all are the components of this “Toprak’s Kidney Care Programme” (Figure 1). We concerned not only with the biologic and physiologic but also with the psychologic and social functioning of our chronic kidney disease patients. We showed that by Toprak’s Kidney Care, the mortality and morbidity of the chronic kidney disease patients decreased, and the quality of life of the patients increased.

Toprak’s Kidney Care means donating your life to your patients and their caregivers, becoming a family member of the patients and don’t waiting any benefit for this. The hardest thing in the world is changing the heart and mind of the patients. Before changing others first, we must change us. We tried to do this by Toprak’s Kidney Care. A hot smile in the face of our patients, is more valuable than full of money of the world. We harmonized the science with faith, patience and perseverance. We showed that if a person have a strong faith, patience and perseverance nothing is impossible for him. We give the message to the patients and their caregivers that “You are not alone. We are always here to help and support you. We are not only health care provider we are also a member of your family”. In normal condition a patient with an eGFR less than 3 ml/min cannot survive without renal replacement therapy [2,6]. However, Toprak’s Kidney Care Programme gives us the opportunity to follow-up the end stage renal disease patients without starting dialysis or renal transplantation even when the glomerular filtration rate is less than 3 ml/min. Furthermore, we have over one thousand end stage kidney disease patients who were over 6 months on chronic dialysis programm and discharged from dialysis by Toprak’s Kidney Care and all are in good condition and don’t need any renal replacement therapy.

**Conclusion**

Toprak’s Kidney Care should be considered in the renal recovery and dialysis discontinuation in patients who have residual renal function, in conservative management of patients who withdrawal from dialysis or who choose a life without renal replacement therapy and in pre-dialysis follow up and care of the CKD patients.

**References**