

Genitourinary disease

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Renal failure Underlying conditions leading to chronic renal failure such as diabetes mellitus, hypertension and IHD should be stabilised before elective surgery . Appropriate measures should be taken to treat acidosis, hypocalcaemia and hyperkalaemia of greater than 6 /uni00A0 mmol/L. Arrangements should be made to continue peritoneal dialysis or haemodialysis until a few hours before surgery . After the final dialysis before surgery , a blood sample should be sent for FBC and U&Es. Patients with chronic renal failure often have chronic anaemia that is well tolerated; therefore, preoperative blood transfusion is often not necessary . Optimisation of the haemoglobin is best guided by the renal team. **Urinary tract infection** Uncomplicated urinary tract infections are common in women, while outflow uropathy with chronically infected urine is common in men. These infections should be treated before embarking on elective surgery where infection carries dire consequences, e.g. joint replacement. For emergency procedures, antibiotics should be started and care taken to ensure that the patient maintains a good urine output before, during and after surgery .

Revision #1

Created 2025-12-31 15:10:53 UTC by Omar Ayman

Updated 2025-12-31 15:10:53 UTC by Omar Ayman