

Letter to the Editor

Renal Replacement Therapy in Sudan

Sir,

End Stage Renal Disease (ESRD) constitutes an important health problem in Sudan, where facilities for treatment are extremely limited and expensive¹. Dialysis (HD&PD) and renal transplantation were available in Sudan since early 1970s¹. Due to the increase in incidence and prevalence², The National Center for Kidney Diseases & Surgery was structured in 1994 and according to the governmental decision issued on 19/1/2005 regarding charge free, treatment of patients with end stage renal failure (ESRF), the following had been under taken:-



1. All dialysis centers placed directly under the supervision of the National Center for Kidney Diseases & Surgery. The center will provide consumable & technical support.
2. Services were increased by:-
 - a) Opening of new centers.
 - b) Addition of new machines in the old centers.
 - c) Addition of third & fourth shifts /day instead of two in 2004.
 - d) Introduction of a new program for dialysis, continuous ambulatory peritoneal dialysis (CAPD)³.
3. Patients in Khartoum State were distributed for dialysis according to their residence as mentioned in table 1.
4. Patients in other States of Sudan could have both HD& PD (Table 2). We are looking forwards to extend CAPD program.
5. Six centers are under construction (Elf Asher, Niyala, Nori, Juba, Wow & Malakal).
6. The private HD centers also work under the supervision of the Center.

Renal transplantation (TX) started in Sudan as early as 1974. Since then it was done infrequently and sporadically².

The Sudanese Programme for Organ Transplantation (SPOT) was established by the Federal Ministry of Health, 15/5/2002. During December 2000- December 2005, 310 living-related donor (LRD) operations were done in 3 centers:-

1. Ahmed Gasim hospital. (Khartoum State).
2. Ibn Sina hospital. (Khartoum State).
3. Gezera Center. (Gezera State).

As TX is the optimum treatment of patients with ESRF, in 2006, 240 TX operation are expected to be performed, so as to shorten the

waiting lists. The Center is also planning to establish a TX unit at Soba Hospital. TX operation fees are being paid by the Federal Ministry of Financial & Economic Affairs & Dew'an Zakat.

Table1. Patients in Khartoum State were distributed for dialysis according to their residence.

No	Dialysis center	Patients residence
1	Ibn Sina*	Khartoum South
2	Khartoum Hospital*	North & Central Khartoum.
3	Bahri Hospital*	Sharg Elnil
4	Omdurman Hospital*	Omdurman
5	Soba Hospital* adult	Children & West Khartoum.
6	Soba Paediatric	
7	Police*	East Khartoum & Police persons.
8	Military*	Omdurman & Military persons.
9	Voluntarily Medical	Sharg Elnil & emergency.
10	Ahmed Gasim	Sharg Elnil.
11	Dr. Salma Suleiman	Of academic interest

*The new programme of the CAPD was introduced in 7 centers in Khartoum State in June 2005.

The TX work-up investigations are not included in the operation fees, although they are very expensive. A new tissue typing laboratory started to work at Soba Hospital, February 2006. Already two other labs are working at Ibn Sina & Gezera Centers.

Table 2. Patients in other States of Sudan could have both HD& PD

No	Center	Dialysis
01	Port Sudan	HD&PD
02	Gedaref	HD&PD
03	Kassala	PD.Soon HD
04	Shandi	HD&PD
05	Atbara	HD&PD
06	Wad Madani	HD&PD
07	Sinar	HD&PD
08	Eldowem	HD&PD
09	Elobaid	HD&PD
10	Dongala	HD&PD
11	Kosti	PD.Soon HD

As information is the key for any future plan, the following should be performed during 2006:-

1. Design a statistical program that can connect the National Center and other centers.
2. Design Data-base program.
3. Connection of our statistical section with the National Information Center of the Council of Ministries.
4. Distribute patients according to their (states) by establishing new centers or addition of haemodialysis services in hospitals with peritoneal dialysis².
5. To designate a serial number for each patient on dialysis.
6. To designate a patient card with his (her) serial number for ease of management and follow up.
7. To establish the country renal registry.
8. More technical & specialized training courses are required.
9. Exploring new screening and treatment strategies to prevent ESRD⁴.

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