Outcome after acute kidney injury in ICU patients

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Stellingen behorende bij dit proefschrift

1. The change in serum creatinine, is not only determined by renal excretory function, but also by creatinine generation by muscle mass and haemodilution. (AS Levey, Kidney international 1990; 38; 167-184)

2. Future studies investigating timing of CRRT initiation using AKI stage, should take fluid balance and better markers for muscle mass into account. (this thesis)

3. Creatinine ratio can predict short-term and long-term need for restart of RRT after initial discontinuation of CRRT. (this thesis)

4. The remaining renal function seems more important to predict whether the kidney will recover than the renal damage marker NGAL. (this thesis)

5. The majority of survivors after RRT-requiring AKI have renal function impairment at hospital discharge. (this thesis)

6. An eGFR < 30 ml/min/1.73m² is a strong and independent risk factor for long-term mortality and poor renal survival. (this thesis)

7. Intensive Care physicians are more likely to be oliguric than their patients. (AW Solomon, BMJ 2010; 341; c6761)

8. Implementation of a supportive care bundle could improve outcome for AKI patients – KDIGO 2012

9. Curiosity keeps leading us down new paths – Walt Disney

10. It always seems impossible until it’s done – Nelson Mandela

11. Everything will be okay in the end, if it’s not okay, it’s not the end – John Lennon