

Hydration based on ventricular pressure is effective in reducing kidney damage in patients undergoing cardiac catheteriz

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A hydration regimen tailored to the patient's fluid status was effective in reducing damage to kidneys in patients undergoing cardiac catheterization, according to a study presented at the 24th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium, sponsored by the Cardiovascular Research Foundation. TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine.

Contrast-induced acute kidney injury (CI-AKI), or contrast-induced nephropathy, refers to [kidney damage](#) that may occur due to the use of contrast dye that is necessary for visualization during catheterization and other procedures. Hydration remains the cornerstone for the prevention of kidney damage. However, there are no well-defined practical hydration protocols available for the prevention of CI-AKI. The Prevention of Contrast [Renal Injury](#) with Different Hydration Strategies (POSEIDON) trial investigated a novel sliding scale hydration protocol based upon routine invasively obtained left ventricular end-diastolic pressure measurements (LVEDP) in patients undergoing cardiac catheterization.

Patients undergoing [coronary angiography](#) with stable [renal insufficiency](#) (an estimated GFR

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