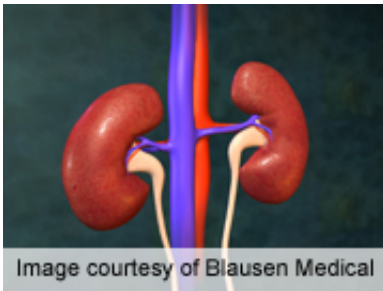


Personalized fluid levels cuts acute kidney injury

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(HealthDay)—A new fluid protocol is safe and effective in preventing contrast-induced acute kidney injury in patients undergoing cardiac catheterization, according to a study published in the May 24 issue of *The Lancet*.

Somjot S. Brar, M.D., from Kaiser Permanente in Los Angeles, and colleagues conducted a phase 3 trial involving 396 adult undergoing [cardiac catheterization](#) (with an estimated [glomerular filtration rate](#) of ≤ 60 mL/min/1.73 m² and one or more of several risk factors). Patients were randomized (1:1) to either left ventricular end-diastolic pressure-guided volume expansion (196 participants) or a control group where they received a standard fluid administration protocol (200 participants).

The researchers found that contrast-induced acute kidney injury

occurred less frequently in patients in the left ventricular end-diastolic pressure-guided group (6.7 percent versus 16.3 percent in the control group; relative risk, 0.41; $P = 0.005$). Shortness of breath occurred in three patients in each group, requiring hydration treatment to be prematurely terminated.

"Left ventricular end-diastolic pressure-guided fluid administration seems to be safe and effective in preventing contrast-induced [acute kidney injury](#) in patients undergoing cardiac catheterization," the authors write.

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