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First Successful Capd Patient in Rural Sarawak

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ABSTRACT

With increasing number of rural ESRF (end-stage renal failure) patients in the country, healthcare access for them is more constrained. As haemodialysis is not available in remote rural areas, continuous ambulatory peritoneal dialysis (CAPD) can be an option. The challenge is to implement this procedure optimally under a setting without reasonable electric and water supply. This case write up is about the first patient who is still successfully undergoing CAPD in a remote rural setting in Sarawak. This 54-year-old Penan woman presented to Mulu Health Clinic with acute pulmonary edema, and was medevac out from Mulu to Miri Hospital. She was diagnosed to have end stage kidney failure hence subsequently organised for CAPD. Provisions and steps were taken to ensure CAPD could be carried out safely and sustainably in her rural home setting. It has then been almost four years since this patient is undergoing CAPD in her village. She undergoes regular follow up in Mulu Health Clinic and occasionally at the Nephrology Clinic in Miri Hospital. Understanding the demographics of Mulu as a rural area, such an attempt has proven possible and successful. Furthermore, it has improved the quality of life for this patient in particular. This case can be emulated by other patients who need CAPD in remote rural settings, hence transforming and bringing rural healthcare to another height in Sarawak.



FIRST SUCCESSFUL CAPD PATIENT IN RURAL SARAWAK

Gregory Xavier, Sakura Doris and Koh Keng Hee

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With increasing number of rural ESRF (end-stage renal failure) patients in the country, healthcare access for them is more constrained. As haemodialysis is not available in remote rural areas, continuous ambulatory peritoneal dialysis (CAPD) can be an option. The challenge is to implement this procedure optimally under a setting without reasonable electric and water supply. This case write up is about the first patient who is still successfully undergoing CAPD in a remote rural setting in Sarawak. This 54-year-old Penan woman presented to Mulu Health Clinic with acute pulmonary edema, and was medevac out from Mulu to Miri Hospital. She was diagnosed to have end stage kidney failure hence subsequently organised for CAPD. Provisions and steps were taken to ensure CAPD could be carried out safely and sustainably in her rural home setting. It has then been almost four years since this patient is undergoing CAPD in her village. She undergoes regular follow up in Mulu Health Clinic and occasionally at the Nephrology Clinic in Miri Hospital. Understanding the demographics of Mulu as a rural area, such an attempt has proven possible and successful. Furthermore, it has improved the quality of life for this patient in particular. This case can be emulated by other patients who need CAPD in remote rural settings, hence transforming and bringing rural healthcare to another height in Sarawak.

INTRODUCTION

The number of patients requiring dialysis is ever increasing in Malaysia so is the number of rural patients with ESRF. However, healthcare access for ESRF patients in rural areas are more constrained due to the unavailability of dialysis services, depriving them for a better quality of life.

Previously almost all rural Sarawakians would have to migrate to Miri for their dialysis. Migration of rural patients to the city puts their family through a heavy psych-socioeconomic burden. Those who are unable to do so remain