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Synopsis from the article: [Popovich RP, Moncrief JW, Nolph KD, Ghods AJ, Twardowski ZJ, Pyle WK. Continuous Ambulatory Peritoneal Dialysis \(CAPD\). *Annals of Internal Medicine* 1978;88: 449-56.](#)

This paper summarized clinical experiences at the Austin Diagnostic Clinic and at the University of Missouri in 9 patients treated with CAPD for 136 patient weeks. Acceptable control of serum chemistries, adequate removal of sodium and water, improved control of blood pressure and tolerable protein losses in dialysate were found. Because the exchanges were performed with solutions in glass bottles and tubing connectology was not nearly as sophisticated as what is used today, the peritonitis rate averaged one episode every 10 weeks. Small solute clearances were monitored and compared to other dialysis techniques and to native kidneys. Peritoneal equilibration curves for urea, creatinine, insulin, and protein were measured. CAPD was reported as representing a portable dialysis system that patients could do alone after short training periods. No anticoagulant was required. Blood losses were minimized compared to hemodialysis and no blood access was required. CAPD differed from intermittent hemodialysis in that it provided steady state chemistries. Peritonitis rates and the cumbersome use of solutions in glass bottles were listed as problems to be addressed in the future (and such has been the case). The question as to how much urea clearance via CAPD is adequate was asked (and this has also been addressed extensively over the years since). The authors concluded that “If the prevalence of peritonitis can be reduced, continuous ambulatory peritoneal dialysis appears to represent a very attractive dialysis technique.” This prophecy came true as peritonitis rates were lowered using solutions in bags and “Y” sets for connections and as CAPD was used by thousands of patients around the world.

Commentary by Todd S. Ing, MD

In 1978, the authors of this article pioneered the newly invented technique of CAPD. Eventually, their dreams and expectations have all come true! CAPD has now become a well-established, standard modality of renal replacement therapy. Countless renal failure patients world-wide have benefited enormously from these trail-blazers' stellar innovations! Hats off to them!