

Other subspecialties of internal medicine

Our focus on kidneys is similar to the focus of other internal medicine subspecialties concerned with specific organs or conditions and diseases. Other subspecialties include gastroenterology (digestive tract), cardiology (heart), pulmonology (lungs), hematology (blood), rheumatology (arthritis), endocrinology (diabetes and other glandular disorders), hepatology (liver), oncology (cancer), infectious diseases, allergy and immunology, sports medicine, geriatrics, and adolescent medicine.



Clearing up some confusion

We doctors of internal medicine are also known as “internists.”

This should not be confused with “interns,” who are doctors in their first year of training after medical school.

Nor are we the same as “general practitioners” (GPs), or “family physicians” (FPs), whose practices may include surgery, obstetrics and pediatrics, and whose training is not solely concentrated on adults.

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N E P H R O L O G Y
INTERNAL MEDICINE
DOCTORS FOR ADULTS™

Your Internist is a Nephrologist



We specialize in kidneys

Nephrology is the subspecialty of internal medicine concerned with kidney diseases.

We nephrologists must first complete seven or more years of medical school and postgraduate training leading to Board Certification in Internal Medicine. Then, for at least an additional two years, we study a broad range of kidney disorders and their effect on other body organs.

What we do

As internists and nephrologists, our diagnosis and treatment of kidney diseases includes conditions these diseases can produce — such as hypertension — as well as diseases that can cause kidney failure — such as diabetes mellitus and polycystic kidney disease.

We nephrologists use the artificial kidney to treat patients with acute or chronic kidney failure.

When you need a nephrologist

Primary care physicians, surgeons or obstetricians-gynecologists usually refer patients to us in cases of protein or blood found in the urine, severe high blood pressure, kidney stones, renal insufficiency or kidney failure.

What are the treatment options?

Our primary goal is to preserve the remaining kidney function.

There are many potential treatments, depending on the patient's specific kidney problem.

These may include medications to control problems such as inflammation of the kidneys, or they may require discontinuing other medications that could be harmful to kidney function. Dietary changes might also be appropriate. In almost all kidney diseases, control of high blood pressure is critically important to preserve kidney function.

Kidney transplants

Patients with chronic renal failure will need to continue dialysis indefinitely, unless they undergo a kidney transplant. While we nephrologists do not perform transplantation surgery, we determine whether your condition requires dialysis or transplantation. If you receive a transplant, we usually participate in your care after surgery, help manage your blood pressure and medication interactions, and other problems that might arise.

Hemodialysis

If your kidneys no longer function normally, an artificial kidney may be employed to carry out functions similar to a normal kidney. Called hemodialysis, this is a lifesaving treatment for chronic kidney failure. It is usually required three times a week, 3-5 hours at a time.

An alternative treatment for some individuals is peritoneal dialysis. This involves placing a soft plastic catheter (tube) into the abdominal cavity so that a special fluid can be infused, allowing the removal of metabolic byproducts without using an artificial kidney. It is usually performed at home.