Dear Sir,

With reference to Dr. Swartz’s paper on Haemorrhage during High-Risk Haemodialysis Using Controlled Heparinisation [Nephron 28: 65–69,1981] we have evolved a very simple method of heparinisation in high risk cases, which has never resulted in clinically detectable bleeding and only infrequently in a clotted dialyser: (1) Haemodialysis is limited to 5 h daily by parallel plate dialyser. (2) No loading dose of heparin is given. (3) Dilute heparin is administered continuously into the arterial limb close to its egress from the body at a rate of 1,000–1,200 U/h with a rotary pump (the concentration being H.J. haematocrit-dependent). (4) Clotting times need not be monitored.