Preface

In Japan, the history of online hemodiafiltration (HDF) began in 1982 when it was first performed. However, its use has become widespread since 1990 following the development of an online HDF built-in central dialysis fluid delivery system. The Japanese Society for Hemodiafiltration (JSHDF) was established in 1995. The focus of the JSHDF concentrated on the increase of dialysis dosage with convective therapy and biocompatibility, including dialysis fluid quality management.

On revision of the reimbursement for medical services in 2012 in Japan, a technical fee for online HDF was newly established, and was clearly separated from offline HDF (HDF using bag-type replacement fluid). This is the first establishment of a technical fee for online HDF in the world. Moreover, the ‘hemodiafilter’ categorized in the reimbursement system requires the use of online HDF therapy. This revision has made it possible to perform online HDF in all patients requiring dialysis. The influence of this revision is marked, and online HDF systems have been installed in a rapidly increasing number of facilities in Japan.

Evidence regarding the usefulness of online HDF has not yet been obtained. However, online HDF may be the most potent treatment requiring a 4- to 5-hours, 3 times a week he-modialysis.

The 18th Annual Meeting of the JSHDF was held in Yokohama, Japan, September 8–9, 2012, and the International Symposia was carried out with the titles ‘What are the clinical benefits of hemodiafiltration?’ and ‘Predilution versus postdilution’ in corroboration with the 30th Annual Meeting of the International Society of Blood Purification (ISBP). The authors of this supplement of Blood Purification are either speakers at these international symposia or key members of the JSHDF and ISBP.

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Hideki Kawanishi, Hiroshima
Akihiro C. Yamashita, Fujisawa
Yoshiaki Takemoto, Osaka