

Directory of Dialysis Centres
in
MALAYSIA
2002

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DIRECTORY CONTENTS		Page
1	NRR Advisory Committee	I
2	Editor's preface	II
4	About the National Renal Registry	III
5	Acknowledgement	V
6	A history of dialysis	VI
7	Dialysis Centres in Malaysia	1 -29
Appendix		
A	Listing of dialysis centres by Sector	i - x
B	Listing of dialysis centres by State	xi - xix
C	Listing of CAPD centres	xx
D	Listing of Renal Transplant Follow-up centres	xxi - xxii
E	Listing of dialysis centers by Name	xxiii - xxxi

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2001 to 2002

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Editor's Preface

The first edition of the Directory of Dialysis Centres in Malaysia published in 1999 was well received by patients, providers and industry. Due to popular demand, we have decided to update the directory annually. It thus give me great pleasure in presenting to you the year 2002 edition of this directory. The National Renal Registry (NRR) has also the Web version of this directory. It is available for download from the NRR website at <http://www.crc.gov.my/nrr>

The directory is intended to inform the public about National Renal Registry (NRR); and to provide a list of all dialysis centres in the country. More than 91% of these dialysis centres are participants of the NRR. We have been very encouraged by this response. We have spared no effort in locating centres in the country through personal contact, professional organisation and of course industry vendors. Nevertheless, I apologise for missing any centre in this directory. If your centre is one of them or if you know of any, kindly let me know. You can contact us through our website at <http://www.crc.gov.my/nrr> . Centres that we have missed in this directory may also register online.

Finally, there will be the inevitable transcription and typographical error in the listing of individual centre's information. The fault is of course entirely mine, and I apologise in advance. Individual centres are advised to check their centre's information and advise us accordingly.

Editor

SN Lee Day Guat
Manager, Renal Registry Unit.
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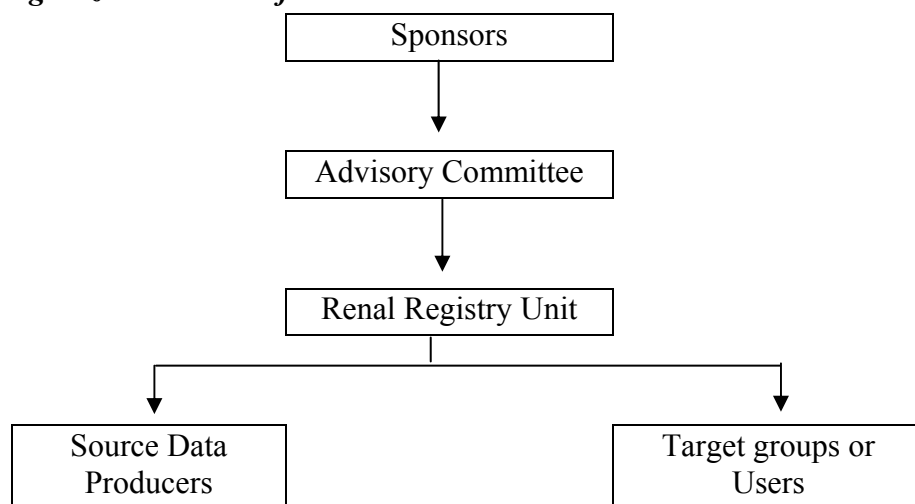
About the National Renal Registry

The National NRR has its origin in the Dialysis and Transplant Registry established by the Department of Nephrology in 1992. It was subsequently transferred over to the Malaysian Society of Nephrology (MSN) in order to expand its coverage to include all patients on renal replacement therapy (RRT) in the country. In November 2001, MSN in turn has entered into partnership with the Clinical Research Centre (CRC) of the Ministry of Health to operate the NRR.

The objectives of NRR are to:

1. Determine the disease burden attributable to End-stage Renal Disease (ESRD), and its geographic and temporal trends in Malaysia.
2. Determine the outcomes, and factors influencing outcomes of RRT.
3. Evaluate RRT program.
4. Stimulate and facilitate research on RRT and ESRD.
5. Maintain the national renal transplant waiting list.

The reorganized NRR is as follows:



Sponsors.

MSN and CRC are the main sponsors of the NRR.

Advisory Committee.

This Committee is established by sponsors to oversee the operations of the registry. Interested parties including source data producers, Renal Registry Unit and target groups or users are represented on this committee.

Renal Registry Unit (RRU)

The collection, and analysis of data, and feedback of information are performed in a single centre referred to as RRU. This is a sophisticated unit staffed by epidemiologist, statistician, information technology personnel and other supporting staff.

The RRU remains in the Department of Nephrology, Hospital Kuala Lumpur.

Source Data Producers

These are the dialysis and transplant centres who collect the required data. It is the most critical and yet difficult element of the system. It has to be systematic and uniform, and producers of source data need to be trained and motivated to ensure high data quality.

In addition, the NRR database will be linked to the National Registration mortality database.

Users or Target groups

These are the individuals or institutions to whom the regular registry reports are addressed. It is their needs for information to assist in the planning and implementing disease treatment, control and prevention activity that justify the investment in registry.

They include:

1. Renal community
2. RRT provider
3. Public health practitioner
4. Decision maker in various government and non-government agencies who have responsibilities for any aspects of ESRD treatment, prevention and control
5. Researcher with an interest in ESRD and RRT.
6. The press and the public.

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Clinical Research Centre, Ministry of Health Malaysia

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Fresenius Medical Care

Janssen-Cilag

Medi-Chem Systems

Other financial sponsors

MX Services

Novartis Corporation

Pfizer

All dialysis Centres for their participation in the National Renal Registry.

and

all who has supported the NRR by taking out an advertisement in this directory

A HISTORY OF DIALYSIS

For patients with renal failure, modern-day dialysis is a life-sustaining necessity. Dialysers were developed over several decades by scientists who improved upon rudimentary methods and machinery and thus made possible the widespread use of dialysis therapy today.

Studies carried out in the early 1900s were inhibited by the lack of both a dependable, reproducible membrane and a safe anticoagulant. Then, in 1933, heparin was purified and found to be safe when injected intravenously. In 1939, in the U.S., Thalhimer used heparin with a dialyser on nephrectomised dogs. His apparatus marked the first recorded use of a cellophane membrane. Four years later in Holland, Kolff and Berk developed the first clinically successful dialyser, which reduced the amount of urea nitrogen, uric acid, creatinine, and indoxyl in the blood of ten patients.

Continuing this pioneering work, Skeggs and Leonards, in 1948, designed the original plate dialyser, precursor of modern plate models, including the Kiil-type dialyser¹. The Kiil dialyser consists of sheets of cellophane compressed between grooved plates, through which the dialysate fluid and blood flow in opposite directions. Also in use today is the twin-coil dialyser, originally designed in 1955 by Kolff and Watschinger. Modern models are highly efficient and dialysis time is significantly less than with the Kiil dialyser².

Peritoneal dialysis was first used successfully in the 1950s for patients awaiting kidney transplants and continues to be utilized today as an alternative to haemodialysis. Sterile dialysate solution is introduced into the peritoneal cavity through a catheter and is intermittently or continuously changed with fresh solution every 20 to 60 minutes. With continuous ambulatory peritoneal dialysis, the fluid dwell time is four to eight hours, repeated throughout the day.

Long-term dialysis for chronic cases was made possible in 1960 with the development of dependable long-term cannulas. Made of Teflon and silicone rubber, the shunts resist clotting and are pliable and easy to handle. Arteriovenous shunts have also improved access to the bloodstream and are often used today.

Years ago, dialysis was available only for selected patients. Since passage of the End Stage Renal Disease Program in the 1970s, and with continued government support in the 1980s, increasing numbers of patients benefit from the life support that dialysis provides.

1. Dolye JE: Extracorporeal Hemodialysis Therapy in Blood Chemistry Disorders. Springfield, Illinois, C Thomas Publishers, 1962, pp10-20
2. Manis T: Maintenance haemodialysis, in Friedman EA(ed): Strategy in Renal Failure, New York John Wiley & Sons, Inc, 1978, pp213-214