

# Haemolytic Uraemic Syndrome (HUS)

## THE FACTS FOR PARENTS

### What Is HUS?

- HUS is a condition affecting the kidney, most commonly following a diarrhoeal illness. It leads to acute renal failure and anaemia. It is the most common cause of acute renal failure in NZ children. (please refer to the acute renal failure pamphlet)

### What causes HUS?

- It is usually caused by the germ E-coli. This germ causes severe bloody diarrhoea in some children and in approximately 1 in 10 of these children it can go on to cause the kidneys to temporarily stop working.

### Why do the kidneys stop working?

- Toxins from the bug cause Red Blood Cells (RBC) to break down and clog up the filtering units in the kidneys. Waste products and water can't get through the filters and the waste products build up in the body and your child may stop making urine.
- When waste products in the blood get to a high level and your child can't get rid of them they need dialysis to keep them well until the kidneys recover.

### Where does E-coli come from?

- You can catch this from contaminated water or meat products. E-coli is a common bug which is more likely to cause problems in small children and the elderly. If this bug and its toxins are what is affecting your child, public health will contact you to try and locate the source. This is to try to prevent further cases of HUS.

### How does HUS affect your child?

- Waste products build up in the blood causing nausea, vomiting and irritability
- Water builds up making your child look puffy and swollen
- They may develop high blood pressure
- The break down of RBC causes anaemia (low haemoglobin). This will make your child look pale and feel very tired. Children commonly need a blood transfusion.
- It may cause problems with bleeding and bruising as the cells in the blood that are involved in clotting can be low. These cells are called platelets and your child may need a transfusion of these too.

- During the early stages of the illness your child may be very unwell and seem confused and disorientated. This will get better with time and treatment.

### What happens in hospital?

- You will be looked after by the kidney specialist doctors and nurses.
- Your child may need dialysis until their kidneys recover. They will need a small operation to place a soft catheter into their abdomen to do the dialysis.
- We will closely monitor them with blood tests, weights, blood pressures etc.
- Diet is important as they often aren't eating and sometimes we have to help by putting special feeds down a temporary tube from their nose into their stomach.
- If their anaemia is severe they will need a blood transfusion.

### How long does it last for?

- Most children regain kidney function within a couple of weeks.
- As their kidneys start working they produce more urine and we reduce the time on dialysis, until we feel it is safe to stop.
- Each child is different and we can't predict when your child's kidneys will recover. We assess this every day and keep you informed.
- When they recover they then have another small operation to remove the catheter.
- Once they have recovered from the operation they can usually go home and be followed up by a local paediatrician if they are not from Auckland.

### What are the long term effects?

- Most children recover normal kidney function, however this illness can cause a long term strain on the kidneys. You may not see this until they are adults.
- If your child spends a long time (weeks or more) on dialysis they may be left with some permanent damage to the kidneys. If this is the case the team will talk to you and your family about this.
- All children should have long term follow up to look for early signs of strain on the kidneys. This means that your child should have their blood pressure and urine checked, at least once a year.







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Pamphlet prepared for Kidney Kids of New Zealand Inc.  
by the Nephrology team at Starship Hospital.



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Advice in this pamphlet is only intended as a guideline and is very general.

Please check with your GP or specialist if you have any questions relating to your child's condition.