

Chapter 9

Renal and Urinary Tract Function

This chapter contains two parts:

- Part 9.1 — Renal Function
- Part 9.2 — Lower Urinary Tract Function

INTRODUCTION

Renal function and urinary tract function are to be assessed separately. Only one rating is to be given for impairment of renal function. If appropriate, two ratings may be given for lower urinary tract conditions — one for conditions of urinary excretion and one for lower urinary tract infections.

PART 9.1: RENAL FUNCTION

Impairment of renal function is to be assessed under Tables 9.1.1 and 9.1.2. If an impairment may be assessed from both tables, the higher of the two is to be selected.

Loss of kidney function may also be assessed by applying Chapter 16 (Activities of Daily Living), which may sometimes be more appropriate than applying Table 9.1.1 and Table 9.1.2.

Calculation of the impairment rating for loss of renal function

Follow the steps below to calculate the impairment rating due to an accepted loss of renal function.

(Each step is elaborated in the following pages.)

STEP 1	Determine a functional impairment rating for renal impairment by applying Table 9.1.1.	Page 170
STEP 2	Determine an Other Impairment rating for renal impairment.	Page 171
STEP 3	Compare the ratings obtained in Steps 1 and 2. Take the higher rating.	Page 172
STEP 4	If the renal disease is causing generalised effects, apply Chapter 16 (Activities of Daily Living) to determine a rating.	Page 172
STEP 5	If a rating has been obtained in Step 4, compare it with the rating obtained in Step 3. Take the higher rating.	Page 172

Step 1: Determine a functional impairment rating for renal impairment using Table 9.1.1.

Functional Loss
Table 9.1.1



LOSS OF RENAL FUNCTION

Impairment Ratings	Criteria
NIL	Normal or insignificantly impaired renal function.
TWENTY	Chronic renal failure with creatinine clearance of less than 20mL/min.
THIRTY	Chronic renal failure with creatinine clearance of less than 10mL/min.
SIXTY	Ongoing peritoneal dialysis or haemodialysis.

Only one rating is to be selected from this table.

No age adjustment permitted for this table

Creatinine clearance may be estimated either by analysis of a 24 hour urine collection or from the serum creatinine level by applying the following formulae:

Males:

$$\text{Creatinine clearance (mL/min)} = \frac{(140 - \text{Age}) \times \text{Weight (kg)}}{800 \times \text{Serum creatinine level (mmol/L)}}$$


Females:

$$\text{Creatinine clearance (mL/min)} = \frac{(140 - \text{Age}) \times \text{Weight (kg)} \times 0.85}{800 \times \text{Serum creatinine level (mmol/L)}}$$

Direct measurements of creatinine clearance are more accurate than estimates of creatinine clearance by applying the appropriate formulae. If both measurements are available that which better reflects the current status of the veteran’s health during the period of assessment is to be used.

Step 2: Determine an Other Impairment rating for renal impairment using Table 9.1.2.

**Other
Impairment
Table 9.1.2**



RENAL OTHER IMPAIRMENT	
Impairment Ratings	Criteria
NIL	<ul style="list-style-type: none"> • Glomerulonephritis, or other kidney disease, with good prognosis. • Acute pyelonephritis with no current symptoms.
TWO	Asymptomatic renal stones.
FIVE	<ul style="list-style-type: none"> • Nephrectomy. • Glomerulonephritis likely to cause chronic renal failure in 5–10 years. • Any disorder of upper urinary tract resulting in recurrent pyelonephritis, or hydronephrosis within past 12 months.
TEN	Glomerulonephritis likely to cause chronic renal failure in less than five years.
TWENTY	<ul style="list-style-type: none"> • Renal transplant. • Glomerulonephritis likely to progress to chronic renal failure in less than six months.

Only one rating is to be selected from this table for any condition or combination of conditions. If more than one rating is applicable, the higher rating is to be selected.

No age adjustment permitted for this table

Step 3: Compare the ratings obtained in Steps 1 and 2. Take the higher rating.

Step 4: If the renal disease is causing generalised effects, apply Chapter 16 (Activities of Daily Living) to determine a rating.

Step 5: If a rating has been obtained in Step 4, compare it with the rating obtained in Step 3. Take the higher rating.

PART 9.2: LOWER URINARY TRACT FUNCTION

A rating for urinary excretion and one for lower urinary tract infections may be determined under this Part.

Calculation of the impairment rating for loss of lower urinary tract function.

Follow the steps below to calculate the impairment rating due to an accepted loss of lower urinary function.

(Each step is elaborated in the following pages.)

STEP 1	Determine an impairment rating for impairment of urinary excretion if appropriate by applying Table 9.2.1.	Page 173
STEP 2	Determine an impairment rating for lower urinary tract infections impairment if appropriate.	Page 173
STEP 3	If the lower urinary tract condition causes impairment of an intermittent nature, combine the ratings determined in Steps 1 and 2, by applying Chapter 18 (Combined Values Chart).	Page 174
STEP 4	If the lower urinary tract condition causes impairment of an intermittent nature, determine a rating for the condition by applying Chapter 15 (Intermittent Impairment).	Page 174
STEP 5	If the lower urinary tract condition causes impairment of an intermittent nature, compare the ratings obtained in Steps 3 and 4. Take the higher rating.	Page 174

Step 1: Determine an impairment rating for impairment of urinary excretion if appropriate by applying Table 9.2.1.

Step 2: Determine an impairment rating for lower urinary tract infections impairment if appropriate by applying Table 9.2.2.

The ratings obtained in Steps 1 and 2 are not to be compared or combined at this stage but are to be included in the final combining of all ratings, except if the condition causes impairment of an intermittent nature.

If the condition does not cause impairment of an intermittent nature, the assessment of an impairment rating for the condition ceases at this point. If the condition causes impairment of an intermittent nature, proceed to Step 3.

Step 3: If the lower urinary tract condition causes impairment of an intermittent nature, combine the ratings determined in Steps 1 and 2 by applying Chapter 18 (Combined Values Chart).

Step 4: If the lower urinary tract condition causes impairment of an intermittent nature, determine a rating for the condition by applying Chapter 15 (Intermittent Impairment).

Step 5: If the lower urinary tract condition causes impairment of an intermittent nature, compare the ratings obtained in Steps 3 and 4. Take the higher rating.

If the rating obtained in Step 3 is higher than that obtained in Step 4, the impairment rating obtained in Step 1 and the impairment rating obtained in Step 2 are to be included in the final combining of all impairment ratings.

Functional Loss
Table 9.2.1

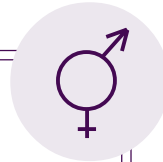


URINARY EXCRETION

Impairment Ratings	Criteria
NIL	<ul style="list-style-type: none"> Occasional stress incontinence; infrequent and small amounts of urine lost, and incontinence pad not needed. Mild symptoms of bladder outlet or urethral obstruction, eg hesitancy, or poor stream.
FIVE	<ul style="list-style-type: none"> Bladder outlet or urethral obstruction as above, but with more severe symptoms such as urge frequency, nocturia, or recurrent urinary tract infections. Minor stress incontinence, needing use of 1–2 incontinence pads a day. Mild urge incontinence, but rarely unable to find a toilet in time. Any disorder of lower urinary tract resulting in recurrent pyelonephritis, or hydronephrosis within past 12 months.
TEN	<ul style="list-style-type: none"> Moderate stress incontinence, needing several incontinence pads a day. Urethral stricture, necessitating passage of sounds at intervals of three months or less.
FIFTEEN	<ul style="list-style-type: none"> Frequent and severe stress incontinence causing significant embarrassment and some avoidance of social activities and public places. Loss of voluntary control of bladder, but satisfactory emptying achieved by triggering of reflex activity, suprapubic pressure or Valsalva manoeuvre. No incontinence aid needed.
TWENTY	Loss of voluntary control of bladder necessitating intermittent catheterisation.
THIRTY	<ul style="list-style-type: none"> Urinary diversion, eg ileal conduit, sigmoid conduit, ureterosigmoidostomy. Dribbling incontinence needing frequent change of incontinence pads, or a collection device, eg condom catheter.
FORTY	Incontinence needing a permanent indwelling catheter.

No age adjustment permitted for this table

Functional Loss
Table 9.2.2



LOWER URINARY TRACT INFECTIONS

**Impairment
Ratings**

Criteria

NIL

Occasional urinary tract infections.

FIVE

Recurrent cystitis causing frequent symptoms.

**No age adjustment
permitted for
this table**