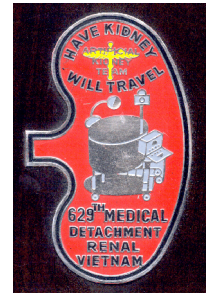




## 629th MEDICAL DETACHMENT (RENAL)



The 629th Medical Detachment (Renal) was a specialized intensive care unit capable of sustaining patients with renal failure by hemodialysis or peritoneal dialysis. The renal unit served as a referral center for all four CTZ's (Corps Tactical Zones) in the Republic of Vietnam, and provided care to U.S. civilians, Vietnamese civilians and military personnel, and other foreign nationals with acute renal insufficiency. American military and civilian patients with chronic renal failure underwent dialysis until their conditions stabilized and then were evacuated as rapidly as possible to CONUS. If hemodialysis was required en route, it was available at Tachikawa Air Force Base Hospital in Japan, Clark Air Force Base Hospital in the Republic of the Philippines, Tripler General Hospital in Honolulu, and Travis Air Force Base near San Francisco.

- 1963: US Army Medical Department forms Renal Detachment to treat ARF in future conflicts
- December, 1965: formed from WRAIR personnel, 629th activated at Brooke Army Medical Center
- April, 1966: 629th attached to 3rd Field Hospital in Saigon after short stay at Camp Zama, Japan
- Initial staff: 2 nephrologists, 3 nurses, and 7 technicians
- Initial equipment: 2 Kolff twin coil artificial kidney machines with 100 liter dialysate tank for hemodialysis (during my time in 1970 we had 2, 120 liter RSP's and one 100 liter tank), with peritoneal dialysis performed by gravity at the bedside.
- Primary access to circulation: Quinton-Scribner AV shunts
- June, 1969: became the **first** Army unit to accomplish a successful kidney transplant (even preceding the development of transplantation centers in military hospitals in the United States)

### **SOME STATISTICS:**

- 56,992 US Military deaths  
(WWII: 405,000, Korea: 54,246)
- Overall mortality of combat casualties decreases further to 13%  
(WWII: 28%, Korea: 22%)
- Evacuation times improve to 30-35 minutes  
(WWII: averaged 6-8 hours, Korea: 4.6 hours)
- Aggressive resuscitation
- ARF incidence: 1 in 600 seriously injured casualties  
(WWII: unknown, Korea: 1 in 200)
- Nearby dialysis teams available: (i) 629th at Saigon, (ii) Clark AFB Philippines, (iii) Tachikawa AFB Japan, and USN Hospital Ships (iv) Sanctuary and (v) Repose
- Average 5 treatments per patient over 12-14 days (That must be the statistic for ALL of the above units. We certainly exceeded that at the 629th when I was there.)
- ARF mortality similar at all dialysis units at 63 to 70% (I recall that the rate at the 629th was MUCH higher when I was there.)  
(Korea: 84% before dialysis available, 53% after dialysis available)
- Higher rate than during Korea attributed to rapid evacuation of severely wounded patients who previously would have died on battle field.