



securAcath.

Reduce Infections

Decrease Dislodgements

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The graphic features the SecurAcath logo at the top. Below it, the text 'Reduce Infections' and 'Decrease Dislodgements' is displayed in large, bold, white font against a dark orange background. A 'Learn More' link with a right-pointing arrow is positioned below the text. On the right side, there is a detailed illustration of the SecurAcath device, which is a yellow, wedge-shaped catheter with a central needle. The device has 'LIFT' and 'HOLD' labels on its sides and 'securAcath' written on its top surface. The background of the graphic is a gradient of orange and yellow, with a white diagonal line separating the top section from the bottom section.



“We analyzed data from 1039 patients treated by hemodiafiltration over a 21-month period where access blood flow (Qa) measurements were also available at baseline.” Ponce et al (2014).

Reference:

Ponce, P., Marcelli, D., Scholz, C., Wehmeyer, W., Gonçalves, P., Grassmann, A., Brand, K. and Canaud, B. (2014) Does the extracorporeal blood flow affect survival of the arteriovenous vascular access? Hemodialysis International. November 6th. .

Does extracorporeal blood flow affect survival of arteriovenous vascular access?
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Abstract:

Hemodiafiltration with high-convective volumes is associated with improved patient survival, whereby practical realization is contingent on high extracorporeal blood flow (Q_b) and dialysis treatment time. However, Q_b is restricted by vascular access (VA) quality and/or concerns that high Q_b could damage the VA. Taking VA quality into consideration, one can investigate the relationship between Q_b and VA survival. We analyzed data from 1039 patients treated by hemodiafiltration over a 21-month period where access blood flow (Q_a) measurements were also available at baseline. VA failure was defined as a surgical intervention resulting in the generation of a new VA. Q_a was included as a stratification variable within a Cox regression model. A second Cox proportional hazard model with a penalized spline was used to describe the association between Q_b and VA survival. Compared with Q_b in the 350-357 mL/min range, a significantly higher hazard ratio (HR) for VA failure was detected for fistula only, and then only for $Q_b < 312$ mL/min (HR: 2.361, 95% confidence interval [CI]: 1.251-4.453), $Q_b = 387$ -397 mL/min (HR: 1.920, 95% CI: 1.007-3.660) and $Q_b > 414$ mL/min (HR: 2.207, 95% CI: 1.101-4.424). Age, gender, diabetes, VA vintage, position of the VA, and arterial pressure were not significantly associated with outcome. The form of the penalized spline confirmed higher risk for VA failure for the lowest and the highest values of Q_b . Taking Q_a into consideration, no association was found between VA failure and Q_b up to flows as high as approximately 390 mL/min.

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