



Conflicting data continue to surround the optimal dialysis access for the elderly. Many propose that catheters are the best option for this population; others emphasize the creation of an arteriovenous fistula” Asif et al (2018).

Abstract:

BACKGROUND: Conflicting data continue to surround the optimal dialysis access for the elderly. Many propose that catheters are the best option for this population; others emphasize the creation of an arteriovenous fistula.

SUMMARY: While an arteriovenous access is the best available access, it has a high early failure rate, particularly in the elderly. However, significant differences exist in forearm (men ≥ 65 years $\sim 70\%$; women ≥ 65 years $\sim 80\%$) versus upper arm (men ≥ 65 years $\sim 40\%$; women ≥ 65 years $\sim 38\%$) fistula failure rates in the elderly, with upper arm having much lower failure rates. Two percutaneous innovative techniques that successfully establish fistulas at the upper arm using proximal radial/ulnar -artery as the inflow have been recently introduced. These procedures have been successfully performed in the elderly. Importantly, these techniques bypass the open surgical exploration and as such avoid the surgical manipulation of the juxta-anastomotic region (a common cause for the development of juxta-anastomotic stenosis and early fistula failure).

Key Message: This article discusses the arteriovenous fistula creation in the elderly,

highlights the factors necessary for successful fistula creation, and describes the 2 innovative techniques that can be used to provide a robust platform for successful fistula creation in this population.

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Reference:

Asif, A., Bakr, M.M., Levitt, M. and Vachharajani, T. (2018) Best Vascular Access in the Elderly: Time for Innovation? Blood Purification. December 5th. .

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