

There is mounting evidence that much of the difference in patient outcomes may be explained by patient factors, rather than choice of vascular access” Dumaine et al (2017).

Abstract:

Since the publication of the first vascular access clinical practice guidelines in 1997, the global nephrology community has dedicated significant time and resources toward increasing the prevalence of arteriovenous fistulas and decreasing the prevalence of central venous catheters for hemodialysis.

ReTweet if useful... Central venous catheters for chronic hemodialysis [@ivteam #ivteam](https://ctt.ec/SD714+)

Click To Tweet

These efforts have been bolstered by observational studies showing an association between catheter use and increased patient morbidity and mortality. To date, however, no randomized comparisons of the outcomes of different forms of vascular access have been conducted. There is mounting evidence that much of the difference in patient outcomes may be explained by patient factors, rather than choice of vascular access. Some have called into question the appropriateness of fistula creation for certain patient populations, such as those with limited life expectancy and those at high risk of fistula-related complications. In this review, we explore the extent to which catheters and fistulas exhibit the characteristics of the “ideal” vascular access and highlight the significant knowledge gaps that exist in the current literature. Further studies, ideally randomized comparisons of different forms of vascular access, are required to better inform shared decision making.

Reference:

Dumaine, C.S., Brown, R.S., MacRae, J.M., Oliver, M.J., Ravani, P. and Quinn, R.R. (2017) Central venous catheters for chronic hemodialysis: Is “last choice” never the “right choice”? *Seminars in Dialysis*. November 2nd. .

doi: 10.1111/sdi.12655.



Thank you to our partners for supporting IVTEAM