Early-access grafts may reduce the need for temporary hemodialysis catheters.

Abstract:

In those patients requiring urgent hemodialysis, the use of early-access grafts may reduce the need for temporary hemodialysis catheters and their resultant complications such as infection and central venous stenosis. We review a consecutive group of patients undergoing placement of a traditional polytetrafluoroethylene (PTFE) graft as compared with a cohort of patients who underwent insertion of a trilaminate PTFE vascular graft (TPVG). During the period from January 2008 to December 2009, 65 sequential patients received a traditional PTFE graft with 78 subsequent patients having a TPVG inserted. Factors examined included use of temporary hemodialysis catheters during the period of graft maturation, incidence of infection, and primary and secondary graft patency. For all patients, incidence was reported as observed during the first year after graft insertion. With the use of the TPVG, need for temporary hemodialysis catheters was reduced from 91 to 32 per cent, and 1-year overall graft patency was improved from 36 to 77 per cent (P < 0.01). We report that the use of a trilaminate PTFE graft allowed early access, reduced the need for temporary hemodialysis catheters, decreased overall graft complication rates, and significantly improved 1-year patency.

Other intravenous and vascular access resources that may be of interest (External links – IVTEAM has no responsibility for content).

Guide for intravenous chemotherapy and associated vascular access devices from Macmillan.

An example of peripheral cannulation OSCE from OSCE Skills.