We have developed a new registry of the Vascular Accesses (VA) of all the patients afferent to our health district in order to improve their management” Lefons et al (2019).

Abstract:

We have developed a new registry of the Vascular Accesses (VA) of all the patients afferent to our health district in order to improve their management. We recorded all the VAs of the prevalent patients on 12/31/2017. The VA type and location, the vessels involved, the number of surgical procedures received by the patient and the kind of anastomosis of the VA were all recorded. As for Central Venous Catheters (CVC), we recorded the reason for the choice as well as the site and the characteristics of CVC. Results: The VA of 726 prevalent patients were registered. Their age was 66±15 years on average, and 63% were male. The native arteriovenous fistulas (AVF) were 609 (84%), of which 65% were located on the distal forearm (DF), 10% on the middle forearm (MF), 5% on proximal forearm (PF), 4% on the arm (AM). The arteriovenous Grafts (AVG) were 12 (1.7%). The CVCs were 105 (14.5%). More women than men received a CVC (p<0.005) or an AVF on the AM (p<0.05). Patients over 75 had less FAVs in the AM (P<0.05) and less Grafts (P<0.05). Diabetics patients had more CVCs (p<0.05) but were generally older (p<0.001). Patients in HD for renal transplantation loss had more AVFs at the arm (p<0.001) and Grafts (p<0.001), and less AVFs on the DF (p>0.001). The comparison of data between 2013 and 2017 shows a steady situation in the prevalence of VA. Conclusions: The new VA registry has allowed us to detect and record important information, both from a clinical and an epidemiological point of view.
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