To evaluate the reasons of removal of non-tunneled double lumen catheters (NTDLC) in incident hemodialysis (HD) patients in a tertiary renal care hospital” Qureshi et al (2018).

Abstract:

OBJECTIVE: To evaluate the reasons of removal of non-tunneled double lumen catheters (NTDLC) in incident hemodialysis (HD) patients in a tertiary renal care hospital.

STUDY DESIGN: Observational retrospective study.

PLACE AND DURATION OF STUDY: Department of Nephrology, The Kidney Centre Postgraduate Training Institute (TKC PGTI), Karachi, from June 2015 to May 2016.

METHODOLOGY: All patients were selected who had naive NTDLC placement at TKC PGTI either in Emergency Room (ER) or Intensive Care Unit (ICU) during the study period. The reason for removal were observed. Data was analysed by SPSS 21 and mean, percentages and frequencies were calculated. Cross tabulation between variables was done to find significance.

RESULTS: A total of 429 NTDLCs were inserted in the study period, out of which 296 catheters were inserted for incident HD. One hundred and twenty-seven (42.9%) catheters were removed prematurely due to malfunction, and 50 (17%) due to catheter-related blood stream
Reasons for removal of non-tunneled central catheters in dialysis patients

Infection (CRBSI). Methicillin resistant Staphylococcus aureus was the commonest organism responsible for CRBSI. One hundred and five (35.47%) catheters were removed because the permanent vascular access (PVA) became usable.

CONCLUSION: Catheter malfunctions and infections frequently occurred in NTDLC used for HD, which culminated early removal of catheter. Early creation of PVA should be encouraged to reduce the complications in already immunocompromised patients.

Reference:
