

To study the indications of tunneled catheter (KTT) in hemodialysis (HD), identify complications related to the use of KTT and contributing factors, assess the survival and performance of the technique” Ben Kaab et al (2015).

Abstract:

BACKGROUND: Vascular access is a basic and essential tool required for performing renal replacement therapy in end stage renal disease.

AIM: To study the indications of tunneled catheter (KTT) in hemodialysis (HD), identify complications related to the use of KTT and contributing factors, assess the survival and performance of the technique.

INTRODUCTION: The making of a vascular access is an angular piece for adequate HD and in good conditions. In this context the KTT may be an alternative.

METHODS: A retrospective study of 52 KTT placed in 49 patients collected in the department of Nephrology Dialysis and Renal Transplantation in RABTA Tunis between 2008 and 2011.

RESULTS: The average age of our patients was 55.58 years \pm 13.5 years, their Sex ratio was 0.79. The Thirty of our patients were diabetic, 46.2% had hypertension and 21.2% had underlying cardiac disease. The mean duration of HD was 1111.35 days or 37 months. The most common indication of KTT was the absence of arteriovenous fistula in 65.4% of cases, other indications were: short survival (30.7%), the exhaustion of venous capital (34.6%), mediocalcosis (34.6%) and immunosuppression (36.5%). The right internal jugular vein was the choice of insertion site with 78.8%. The overall incidence of immediate complications was 19.2%. Among our patients, 31.4% had a dysfunction. The period of HD represent the risk factor for dysfunction KTT ($p = 0.006$).An infectious complication was observed in 29% of cases. The median time to onset of infection was 190.83 days. Staphylococcus was isolated in 40% of cases. The average duration of use of KTT was 238 days. The only single factor determining the survival of KTT was the number of KTT put in the same patient.

CONCLUSION: More than a quarter of the population are dialyzed through a catheter.

Despite concerted efforts, much remains to be done for the confection at time of a permanent vascular access.

Reference:

Ben Kaab, B., Kheder, R., Jbali, H., Smaoui, W., Krid, M., Raies, L., Ben Fatma, L., Béji, S., Zouaghi, M.K. and Ben Moussa, F. (2016) The tunneled catheter for haemodialysis: about 52 cases. *La Tunisie Médicale*. 93(12), p.771-776.

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