



The results of tunneled catheters survival are encouraging and they should be taken into consideration during decision-making on vascular access...” Weber et al (2016).

Abstract:

BACKGROUND: Tunneled catheters are becoming increasingly used as a permanent dialysis access. Easy way of insertion and good long-term patency make them competitive to fistulas in some groups of patients.

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METHODS: Late complications and survival of 180 tunneled catheters inserted from June 2010 to December 2013 in 171 unselected hemodialysis patients were analyzed.

RESULTS: The cumulative time of observation was 2103.5 patient-months and median observation was 9 months (range of 0.5-45 months). Only 19 out of 180 catheters were removed due to complications (12 for infections, 4 due to malfunction and 3 because of mechanical damage). Majority of catheters were removed electively: 27 after maturation of arterio-venous fistula (AVF), 4 after kidney transplant, 5 after transfer to peritoneal dialysis and 3 due to the recovery of renal function. At the end of the observation, 58 catheters were

still in use and 64 patients had died with functioning catheter. When censored for elective catheter removal and patient death, 88.2% of catheters survived for 1 year. Catheter survival was significantly better in older patients (over 65 years, in comparison to patients < 65 years, $p = 0.046$).

CONCLUSIONS: Nearly 90% of all inserted catheters gave reliable dialysis access as long as it was needed. Among them, over 30% of the inserted catheters were in use at the end of the observation period, and over 30% of patients had died with a functioning catheter. The results of tunneled catheters survival are encouraging and they should be taken into consideration during decision-making on vascular access, especially in the older patients.

Full Text

Reference:

Weber, E., Liberek, T., Wołyniec, W., Gruszecki, M. and Rutkowski, B. (2016) Survival of tunneled hemodialysis catheters after percutaneous placement. Acta Biochimica Polonica. February 2nd. .

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