

## **The objective of this study is to determine the impact of a dedicated vascular team in the early detection of complications and improvement of vascular access patency” Raza et al(2019).**

### Abstract:

The objective of this study is to determine the impact of a dedicated vascular team in the early detection of complications and improvement of vascular access patency. A dedicated vascular access team comprised four dialysis nurses, a vascular access coordinator and led by a physician. They were assigned for the surveillance and care of all vascular accesses. The team presented problematic cases in the regular quality meeting with documentation of access blood flow, dynamic venous pressure, findings of hematoma, prolonged bleeding, swelling, low arterial pressures, steal syndrome, recirculation studies and dialysis adequacy. In case of failed recirculation or persistently elevated dynamic venous pressure, further evaluation was done either a fistulogram or review by a vascular surgeon. A total of 226 problematic vascular access cases were detected during the study (January 2014 to October 2017). The majority were in 41-70 years age group. A total of 248 referrals were given. Two hundred cases were referred for fistulogram, but it was performed in 188 patients. Vascular access stenosis was detected in 153 patients (81.3%) and angioplasty was performed in 137 (89.5%) of these patients. Fifteen (9.8%) patients were managed conservatively and one patient refused angioplasty. The 15 cases managed conservatively continued to work normally. One patient who refused to angioplasty later clotted his fistula during the follow-up period. Out of 41 cases who were totally noncompliant to referral, nine (22%) clotted their fistula during the follow-up period. In 12 cases in whom fistulogram was requested, but the request was declined by the primary hospital, five patients (41.6%) clotted their fistulas. Subgroup analysis showed that in patients who had both failed recirculation and high venous pressure, the prevalence of stenosis was 90% and angioplasty was performed in 94.4%. In patients who had failed recirculation and low arterial pressure, stenosis was detected in 85.7% and angioplasty was performed in 100% of cases. A dedicated vascular team approach for the care of dialysis vascular access helps in early identification of complications and improve vascular access outcome.

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Reference:

Raza, H., Hashmi, M.N., Dianne, V., Hamza, M., Hejaili, F. and A-Sayyari, A. (2019) Vascular access outcome with a dedicated vascular team based approach. Saudi Journal of Kidney Diseases and Transplantation. 30(1), p.39-44.