



Aim of the present study was to review our experience of vascular access in Haemodialysis patients (both central venous catheters and arteriovenous fistula) and to assess its success rate and common complications” Hemachandar (2015).

Abstract:

**BACKGROUND:** Vascular access is the key in successful management of chronic haemodialysis (HD) patients. Though native arteriovenous fistula (AVF) is considered the access of choice, many patients in our country initiate haemodialysis through central venous catheter (CVC). There is paucity of data on vascular access in haemodialysis patients from southern India.

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**AIM:** Aim of the present study was to review our experience of vascular access in Haemodialysis patients (both central venous catheters and arteriovenous fistula) and to assess its success rate and common complications.

**MATERIALS AND METHODS:** This prospective study was conducted between January 2014 and December 2014 in our institute. A total of 50 patients with Chronic Kidney Disease (CKD) underwent vascular access intervention during the above period.

**RESULTS:** A temporary venous catheter (96%) in the right internal jugular vein was the most common mode of initiation of haemodialysis with 34.48% incidence of catheter related sepsis. Fifty percent of catheters were removed electively with mean duration of catheter survival of  $77.23 \pm 14.8$  days. Wrist AVF (60%) was the most common site of AVF creation followed by arm (30%), mid-forearm (7.5%) and leg (2.5%). Complications include distal oedema (17.5%) and venous hypertension (2.5%). Primary failure occurred in 25% of patients and was more common in diabetic, elderly (>60 years) and in distal fistulas. Elderly patients (>60 years) starting dialysis with a CVC were more likely to be CVC dependent at 90 days.

**CONCLUSION:** Late presentation and delayed diagnosis of chronic kidney disease (CKD) necessitates dialysis initiation through temporary catheter. Dialysis catheter with its attendant complications further adds to the morbidity, mortality, health care burden and costs. Early nephrology referral and permanent access creation in the pre dialysis stage could avert the unnecessary complications and costs of catheter.

Reference:

Hemachandar, R. (2015) Analysis of Vascular Access in Haemodialysis Patients – Single Center Experience. Journal of Clinical and Diagnostic Research. 9(10), p.OC01-4.

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