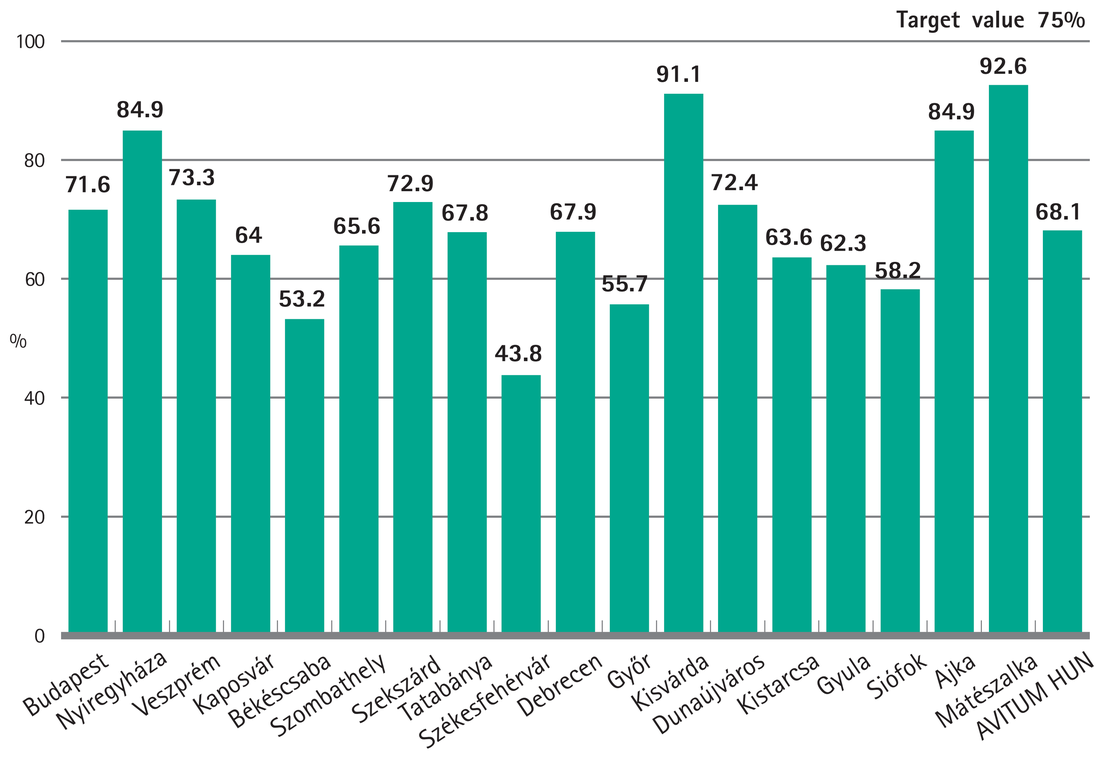
Rate of methods of blood access after 90 days – problems, solution

Edina Bátfalviné Pozsgai | Andrea Kiss | Dr. Zsolt Ónody
B. Braun Avitum Hungary, Dialysis Center 11, Győr

Starting of heamodialysis is usually unintended at the majority of patients diagnosed with end-stage renal disease. Blood access is generally resolved by temporary central venous catheter (CVC). High rate of mortality, morbidity and infections is frequented based on medical data in case of temporary central venous catheter. Application of permanent blood access method is preferred as early as possible.

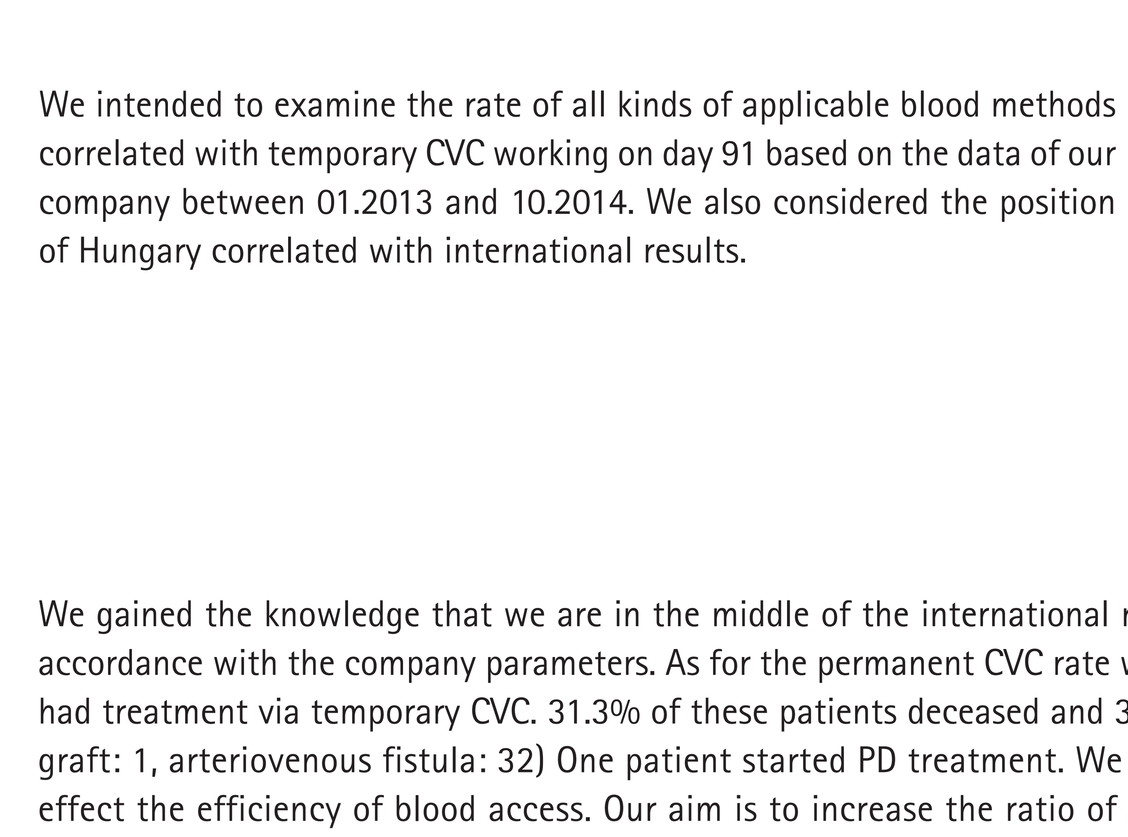
We intended to examine the rate of all kinds of applicable blood methods correlated with temporary CVC working on day 91 based on the data of our company between 01.2013 and 10.2014. We also considered the position of Hungary correlated with international results.

Proportion of patients treated via fistula% (AVK chr. HD patient) – 2014 September



We gained the knowledge that we are in the middle of the international rate of working temporary CVCs on day 91. Our centre provides bad status in accordance with the company parameters. As for the permanent CVC rate we are in the first place. In our DC between 01.2012 and 12.2014 284 patients had treatment via temporary CVC. 31.3% of these patients deceased and 36.3% were given permanent blood access (permanent CVC: 70, arteriovenous graft: 1, arteriovenous fistula: 32) One patient started PD treatment. We are planning a more accurate assessment to examine which features would effect the efficiency of blood access. Our aim is to increase the ratio of arteriovenous fistulas and to decrease the time interval of using temporary central venous catheters.

Vascular Access Use, by Country Among Incidents HD Patients

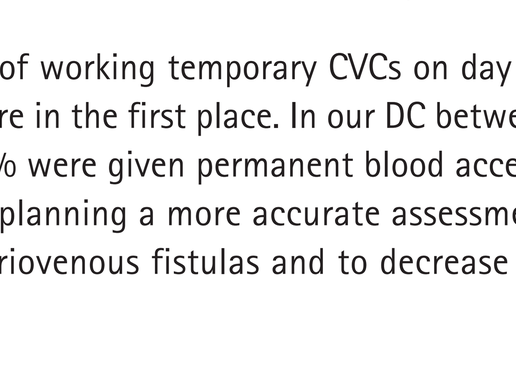


The rate of wrist arterio-venosus fistula has to be increased. This aim requires more appropriate collaboration with the interventional radiology department and vascular surgery department as well. We have to controll continously the operating AVFs and care for the preparation of permanent blood access in time at the predialysed patients. It is required to have a fistula-service in urgent cases.

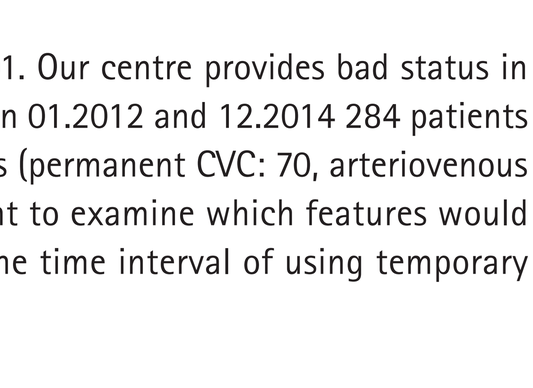
The vascular access team

Vein surgeon

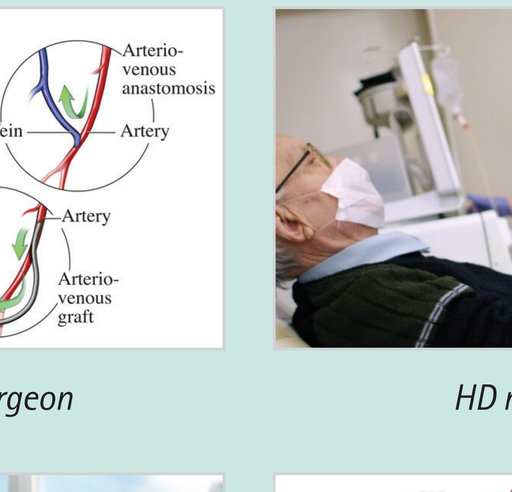
HD nurse



The patient and the nephrologist



GP practitioner



Interventional radiologist

B. Braun Avitum Hungary Zrt. | 1023 Budapest, Felhévízi u. 5. | Tel.: +36 (1) 346-9700 | Fax: +36 (1) 438-4900 | www.bbraun-avitum.hu