

## SURVIVAL, FUNCTION, AND INFECTION IN A SERIES OF 447 TUNNELED DIALYSIS CATHETERS

J Stratton, P Warwicker  
The Lister Hospital, Stevenage

**PROBLEM:** As a consequence of a national crisis in definitive vascular access provision, renal units are becoming increasingly dependent upon tunneled dialysis catheters for vascular access. Currently, in our unit, 41% of haemodialysis patients are using tunneled catheters.

**PURPOSE:** We have audited the outcomes of 447 tunneled lines inserted from June 2000 to December 2003, in order to quantify the survival and outcome of the tunneled catheters, with reference to insertion site, catheter type, antibiotic prophylaxis, patient characteristics and clinician inserting the catheter.

**DESIGN:** Each patient with tunneled catheter was followed up from insertion to removal (or obsolescence). Information at insertion included patient characteristics, site of insertion, operator (physician on the ward, or surgeon in operating theatre) and the use of antibiotic prophylaxis. Thereafter survival to failure or obsolescence, Qb (blood flow), infection and antibiotic burden were measured.

**FINDINGS:** Survival graphs (actuarial and censored) will be presented for site of insertion, operator, patient characteristics, use of antibiotic prophylaxis, first and subsequent catheter insertions. Data will also be presented demonstrating cause of failure, comparing infection and antibiotic burden, and Qb (blood flow) for the three types of line (215 Tesio, 147 Ash-split and 85 Permacath) and four sites of insertion ( 288 Right and 83 left internal jugular, 2 Subclavian, and 74 Femoral).

**CONCLUSION AND RELEVANCE:** Given the current crisis in vascular access provision, there is likely to be an increasing reliance on tunneled dialysis catheters. Clinicians will need accurate data regarding likely catheter survival, and burden of morbidity.