

**DIALYSIS CATHETER USE IN PREVALENT HAEMODIALYSIS
PATIENTS: CROSS SECTIONAL STUDY**

K Bel'eed, J Boniface, S Kallankara, D Eadington, S Bhandari, D Lewis, L Sellars, A Webb
Hull Royal Infirmary

Problem: Use of dialysis catheters is associated with increased morbidity and mortality compared to of native vascular access (VA). Data from DOPPS indicated that 22% of prevalent haemodialysis (HD) patients in the UK are dialysed through dialysis catheters (DC)¹. Late referral to nephrology services, associated dialysis patient co-morbidity and insufficient resources are some of the reasons behind the continued prevalent use of DC in the UK.

Purpose: We investigated the basis for the continued use of DC in prevalent HD patients in a single centre.

Design: Cross sectional review of VA in HD patients on dialysis for at least 3 months. Demographic data, time on dialysis, previous VA procedures and type of VA in use were recorded.

Results: 253 HD patients entered the study (163 males (64.4%), median age 64 years, range 19-89 years, 27% diabetics). 75 patients (29.6%) were dialysing through dialysis catheters (70 tunnelled (63 internal jugular, 7 femoral), 5 temporary lines). 77.3% of patients with a DC had at least one previous attempt at native VA creation. There were no significant differences in median age or time on dialysis between DC patients and those using arteriovenous fistulae (68 versus 61 years, and 15 versus 35 months respectively). Details of DC's are as follows:

	Internal jugular Tesio	Femoral Tesio	Temporary	Total (%)
No other VA planned	26	2	1	29 (38.7)
Patient declined native VA	8	0	0	8 (10.7)
Referred and awaiting VA	11	3	2	16 (21.3)
Problematic AVF	9	1	2	12 (16)
New AVF, not yet in use	9	1	0	10 (13.3)

The median time between referral to creation of VA was 46 days (range 1-134 days).

Of the 29 patients with no other VA planned (median age 78 years, range 20-87 years); 16 patients had at least one previous attempt at VA creation and one is awaiting live donor kidney transplantation. In the 5 patients dialysing through temporary catheters, 2 had multiple previous attempts of VA creation, 2 recently switched from peritoneal dialysis following PD catheter removal, and one was awaiting percutaneous angioplasty of their access.

Conclusion: In this prevalent HD population 49% of patients with DC's had no further plans for VA creation, while 51% were awaiting the establishment of adequate native VA despite being on dialysis for at least 3 months.

Relevance: Better VA planning and improved access to vascular surgery service will reduce the waiting time for VA creation and will reduce the prevalence of DC use resulting in prevention of catheter associated morbidity and mortality.

1. Vascular access use in Europe and the United States: Results from the DOPPS.
Pisoni R. L. et.al., Kidney International, Vol 61 (2002), 305-316.