Vascular Access planning should always follow international guidelines

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CX ST GEORGE'S
VASCULAR ACCESS COURSE

13th International Symposium
CHARING CROSS
CONTROVERSIES
CHALLENGES
CONSENSUS

Disclosures

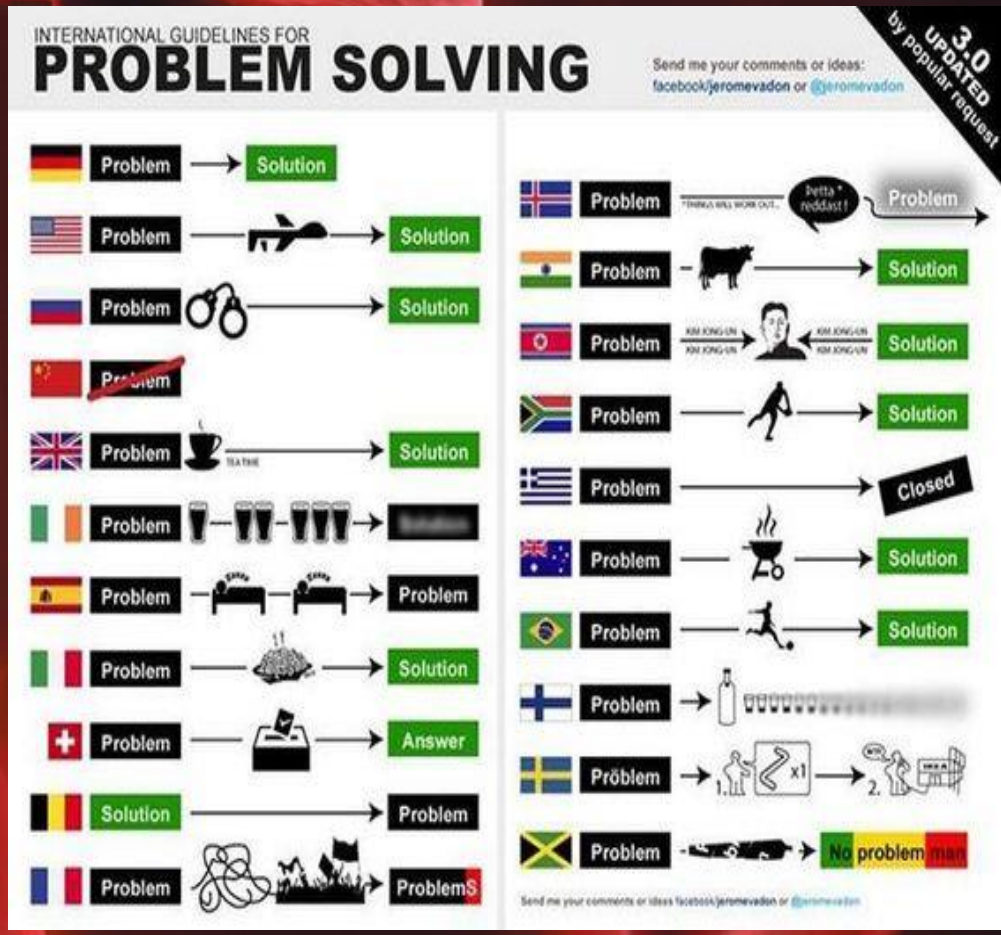
- Gore
- Covidien
- Maquet
- Proteon Therapeutics

I disagree

- All available guidelines are dated: KDOQI 2006
- None of these look at the resources available locally
- They are yet to take into accouunt all recent works on Grafts and notably early cannulation grafts

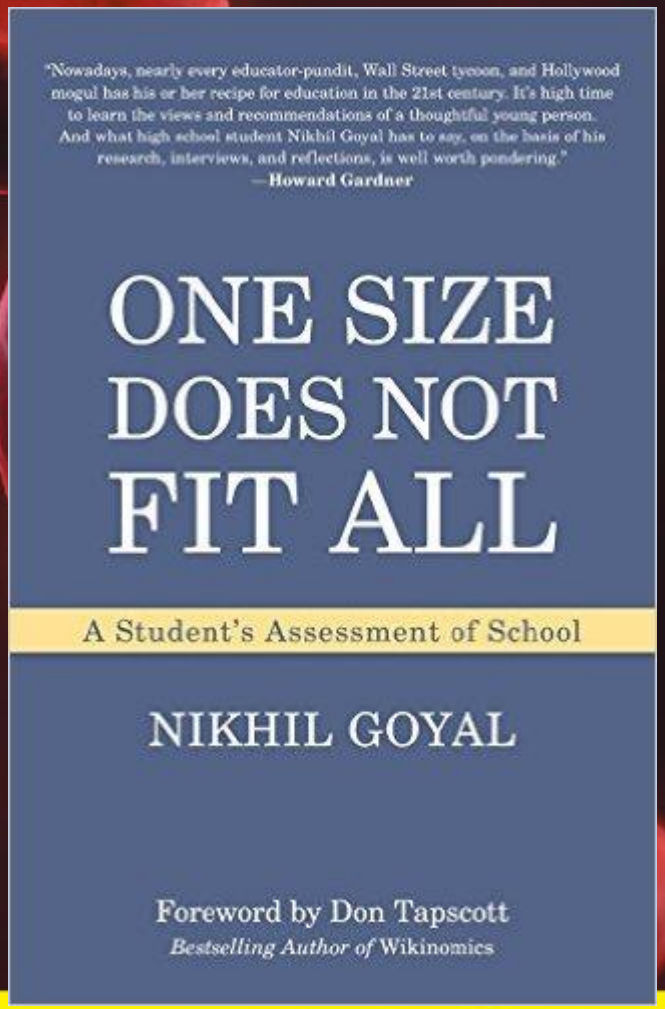
Introduction

- Native access should always be favoured regardless of patients' risk factors
- Always have interventional radiologists 24/7 dedicated and interested
- Vascular lab, alays available or surgeon capable of performing US scans
- Rescues should happen within 6 hours
- It is a one solution fits all regardless of personal circumstances or local resources



A Bespoke solution for each patient

- What is their life?
- Body image?
- Life expectancy?
- Self cannulation?
- Home HD?
- Risk factors?
- Risk of steal?
- Previously failed access?
- Surgical ftigue?

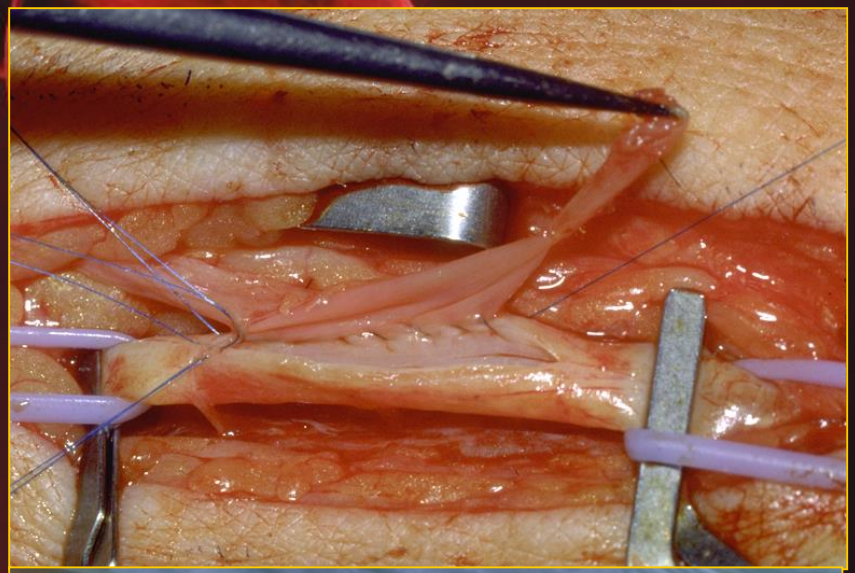


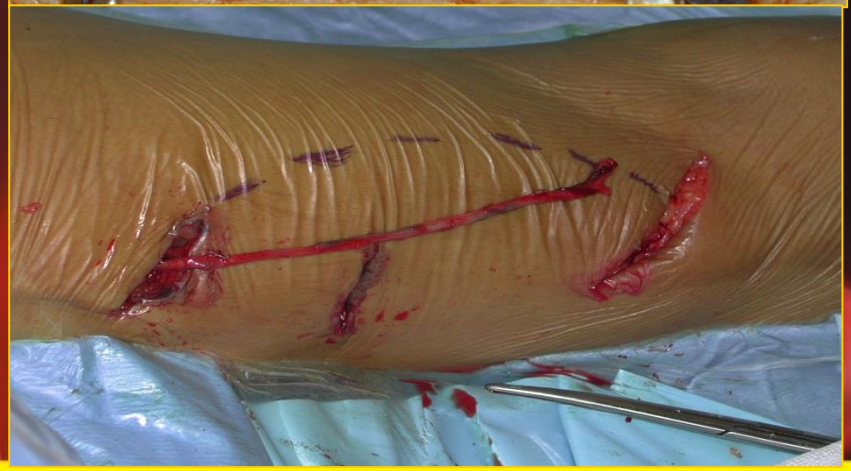
What is available locally?

- Easy to follow when in a large teaching hospital where everything is available or a phone call away
- What if the program is run from a smaller structure?
- If the surgeons have too work on multiple sites?
- If the IRs are not available because too busy or simply not interested?
- That means that all programs should be consolidated in big institutions only?
- Since all patients need to constantly be in and out of their hospital this will be hugely inconveenient and depressing

The guidelines are too old anyway

- The guidelines need to be revised and take into account the real performance of grafts and primary failure rates of native accesses
- The also need to take into account personal circumstances and different type of patients.
- On over 80 YO with type II diabetes is not the same as a 45 YO with FSGS





Conclusion

- Guidelines are useful when cosntantly revised and absorbing the change in patient population or even the disease
- They absolutely need to take into account what is available locally and therefore should be flexible