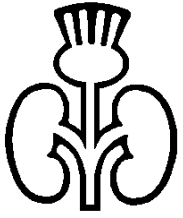
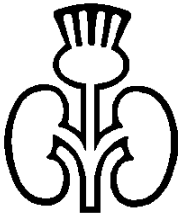


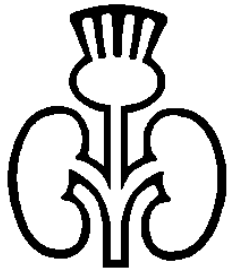
Vascular access in Scotland 2010



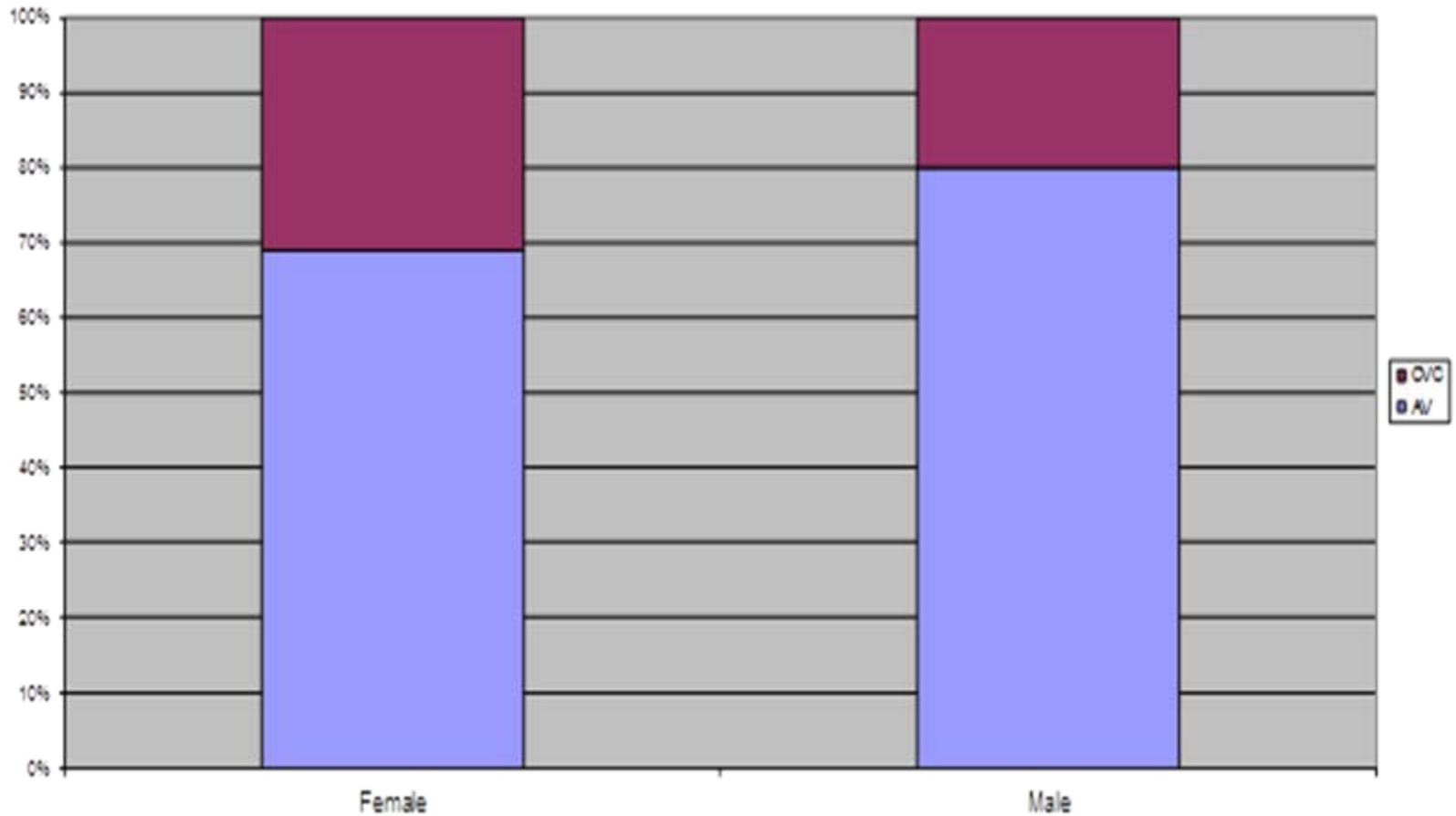
- Data collection in May 2010
- Access data available for 1775 patients
- 1865 patients registered as on HD on 1st May, so access known for approx 95%



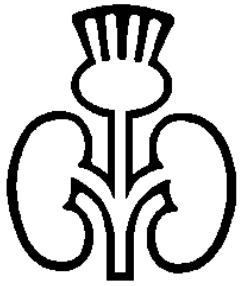
Arteriovenous access	1337	75%
<i>Of which</i>		
Fistula	1275	72%
Other AV access	62	3%
Catheter	438	25%
<i>Of which</i>		
Tunnelled	404	23%
Non-tunnelled	34	2%



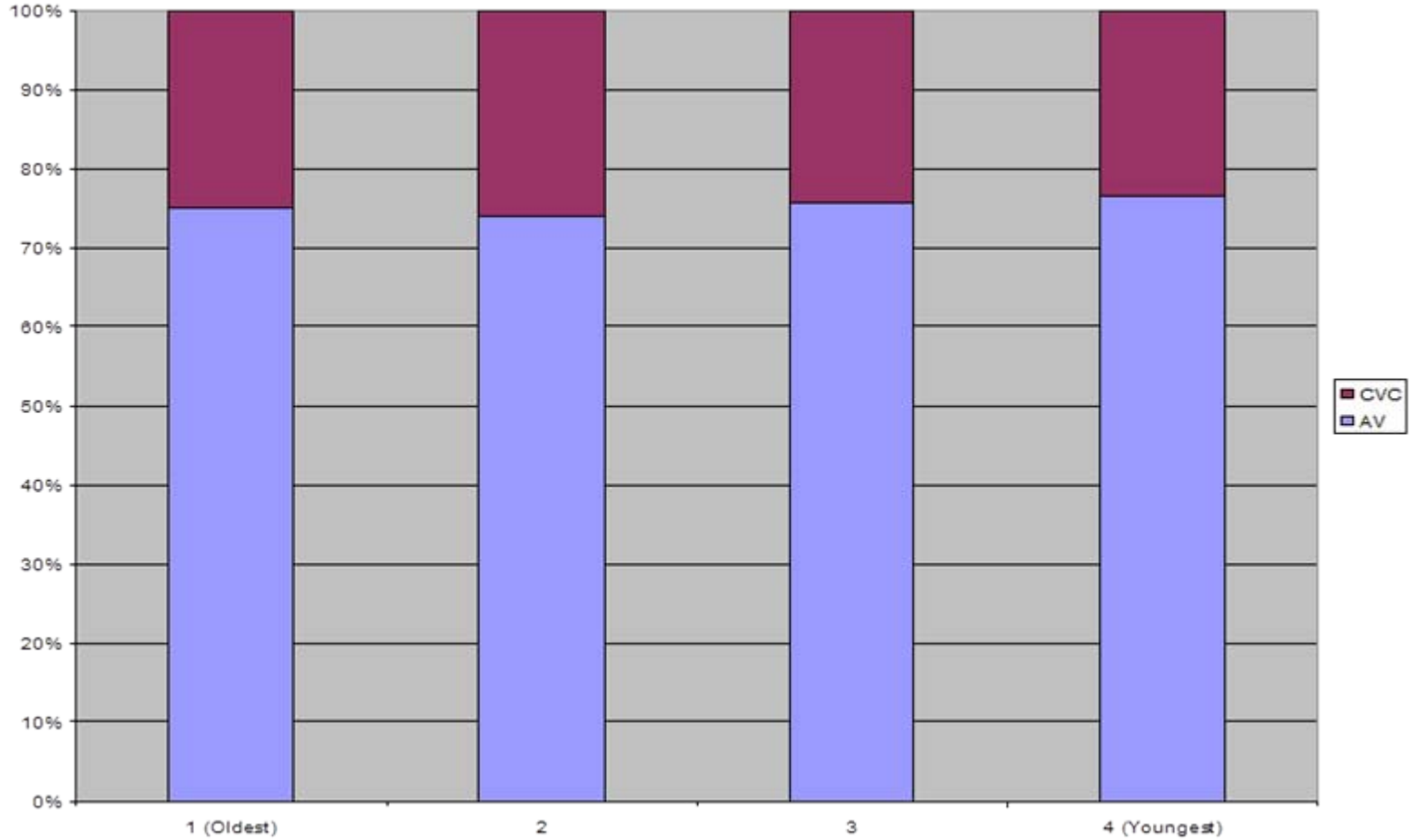
Access by gender

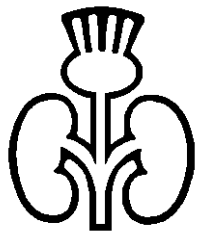


P<0.001

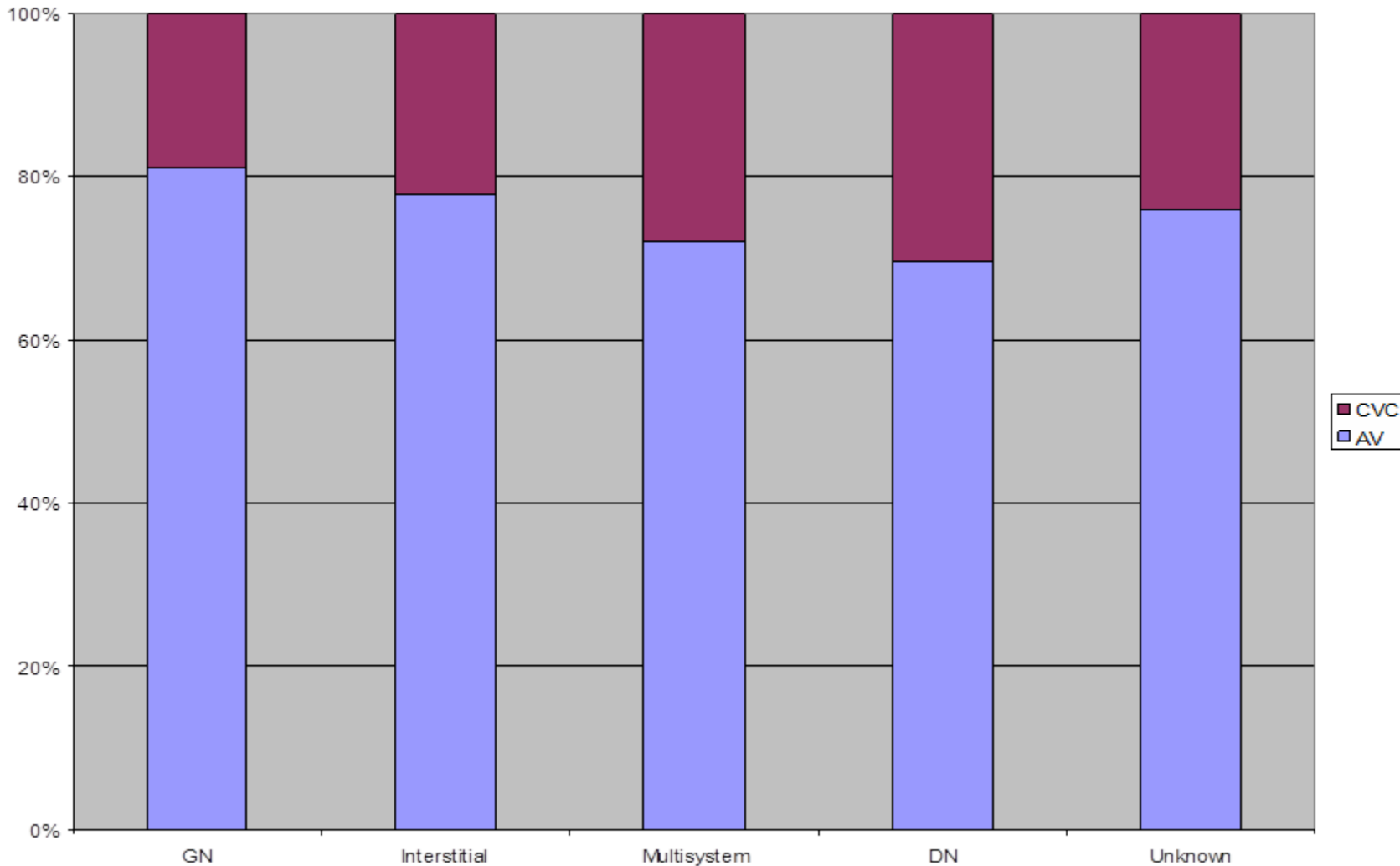


Access by age

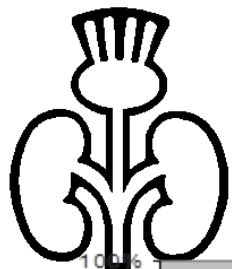




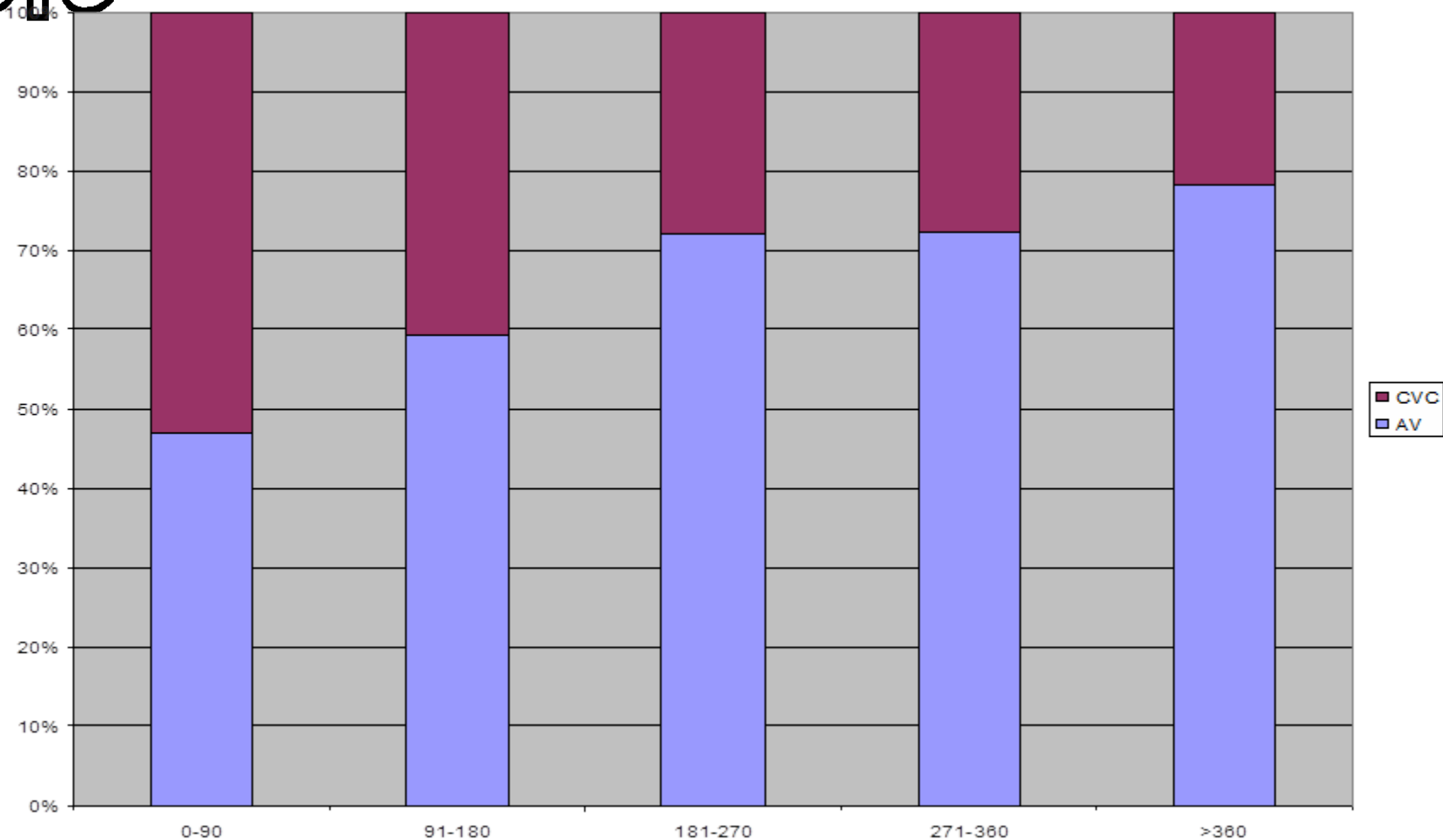
Access by PRD

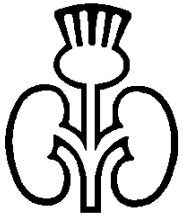


0.001 < p < 0.01



Time from start of RRT

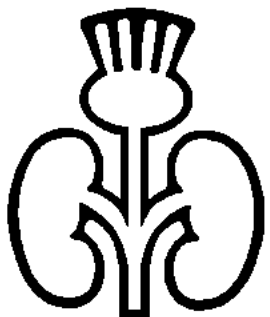




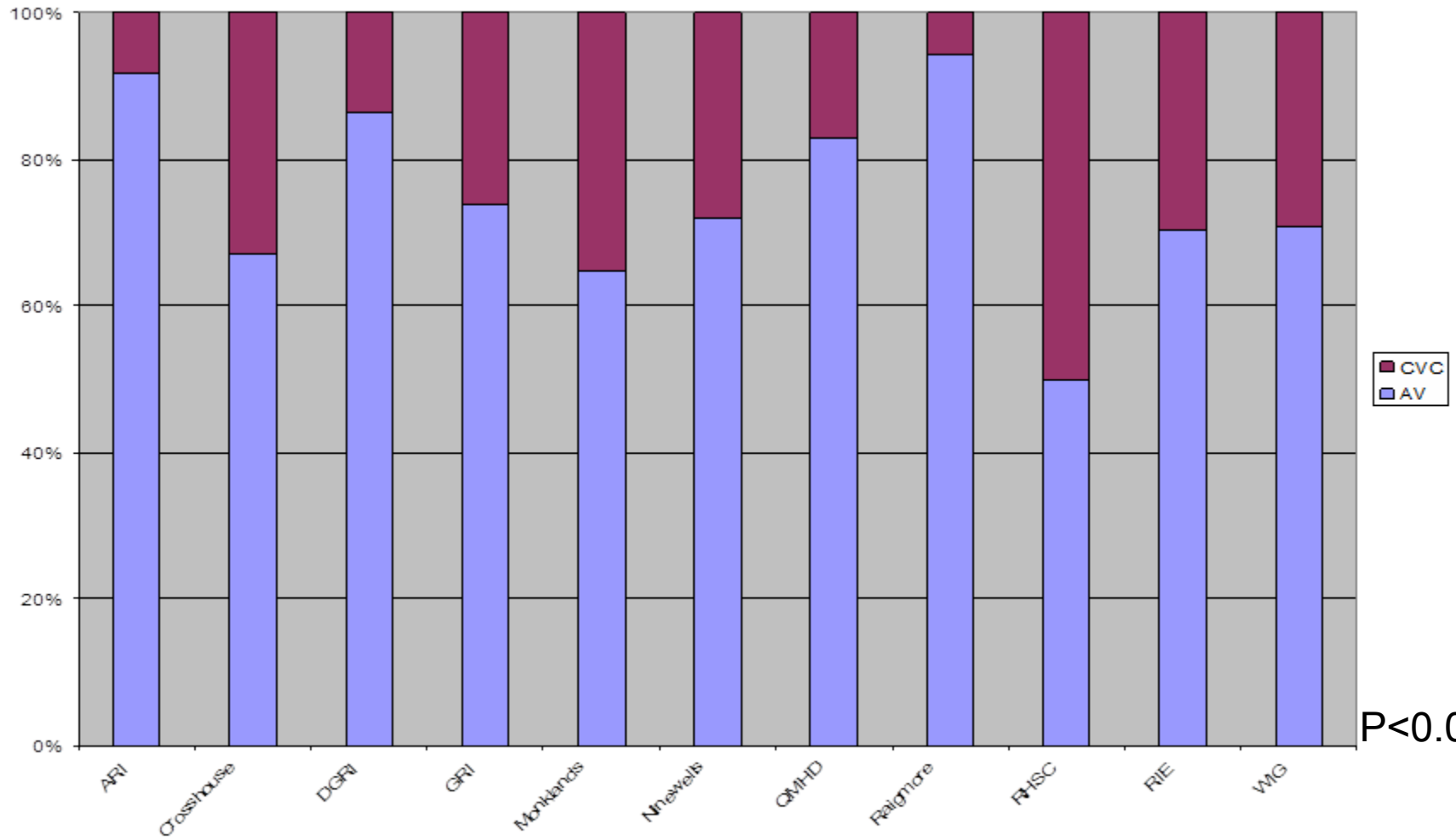
Compared with those starting RRT more than 360 days before census:

Those starting less than 90 days, and those starting 90-180 days, before census, significantly less likely to have AV access ($p < 0.001$)

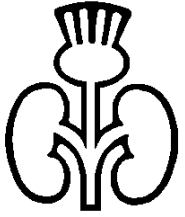
Those starting 180-360 days before census, no less likely to have AV access ($p > 0.05$)



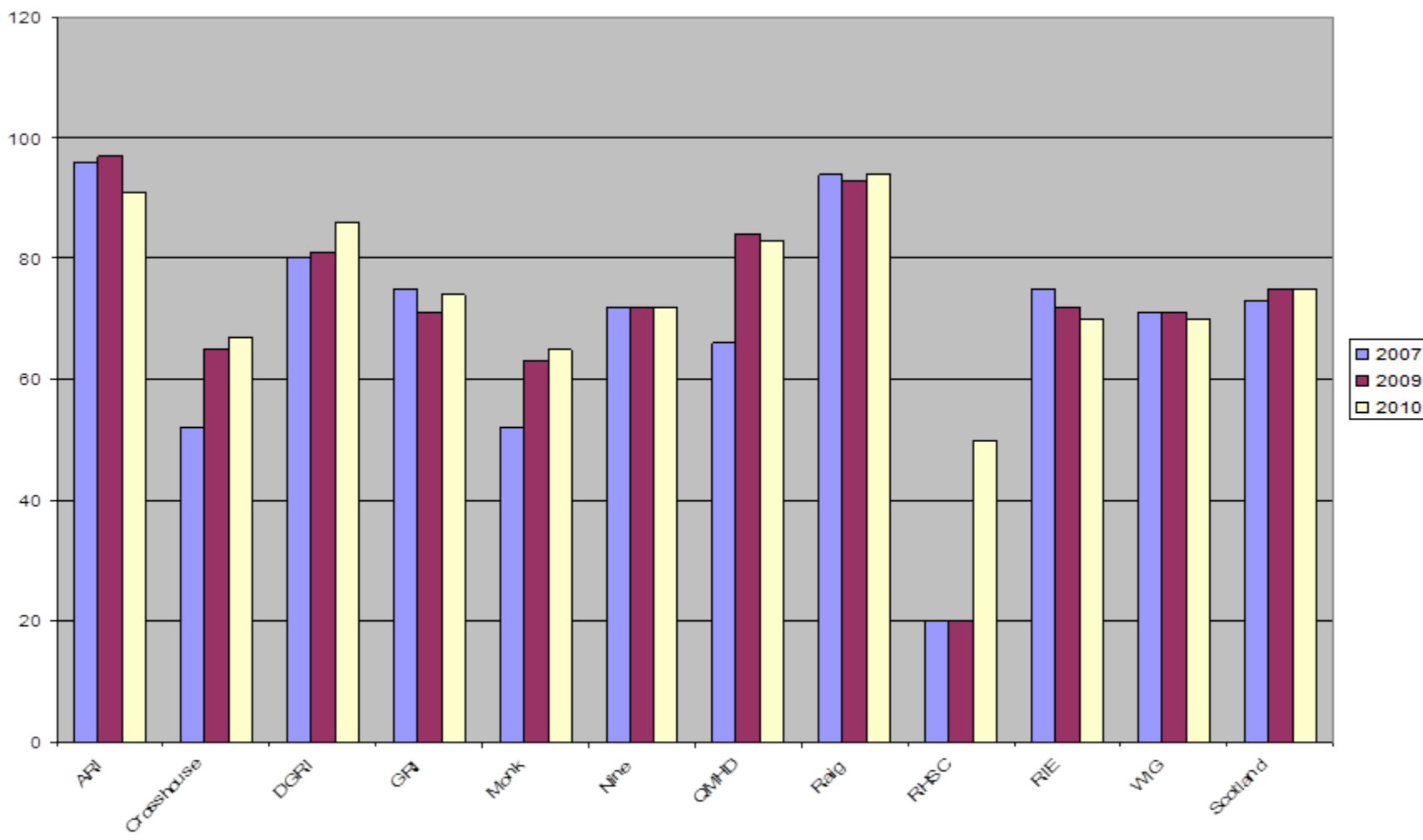
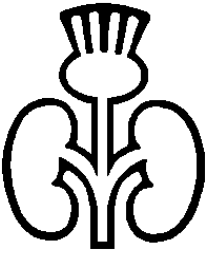
Access by unit

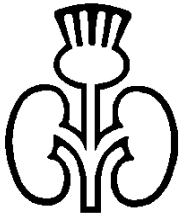


P<0.001

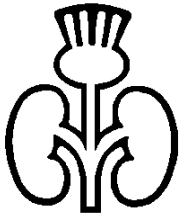


- Access data previously collected in 2006, 2007 and 2009





- Three units with the lowest prevalence of AV access in 2007 (Monklands, Crosshouse and QMHD) all showed substantial improvement by 2009
- Improved levels maintained in 2010



Conclusions

- Overall, prevalence of AV access in Scotland has remained stable at 73-76%
- However, units with the lowest levels of AV access have improved
- Some evidence that delay in achieving functioning AV access has been reduced