



Vascular access at first haemodialysis 2012

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On behalf of the Scottish Renal Registry

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Benefits of fistulas

- Well recognised that AVF offers the best form of vascular access
- Lowers risk of infection – lack of non-biological material & absence of external device
- Longer useable lifetime
- Requires fewer interventions



Risks of venous catheters

- Risks associated with venous catheters now well documented
- Observational data are clear that use of venous catheters increases risk
- DOPPS data reported an increased risk of death of 32% in patients with a venous catheter
- Vascular access is modifiable factor in haemodialysis patient care therefore an important measure of clinical care



Renal Association Guideline

We recommend that any individual who commences haemodialysis should do so with an AV fistula as first choice, an AV graft as second, a tunnelled venous catheter as third choice and a non tunnelled catheter as an option of necessity. (1B)

The service audit minimum standard

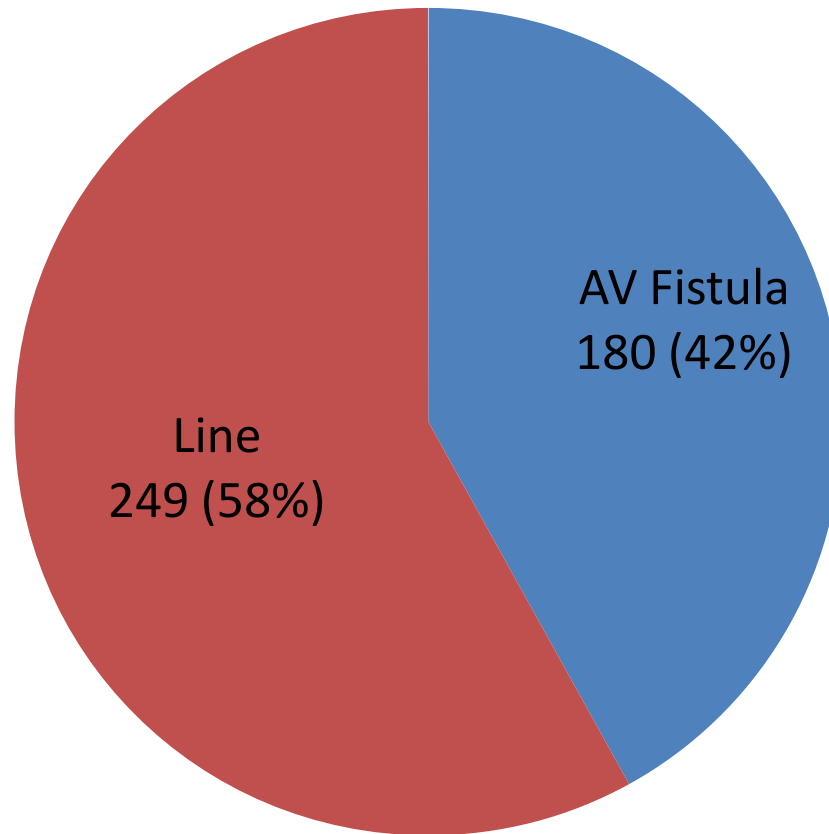
- *65% of all patients commencing haemodialysis should commence with an AV fistula*



- SRR started collecting data on access for first dialysis from January 2012
- 429 incident RRT patients started treatment in 2012
- Data 100% complete!
- Mean age 62 ± 14 years (median 64)

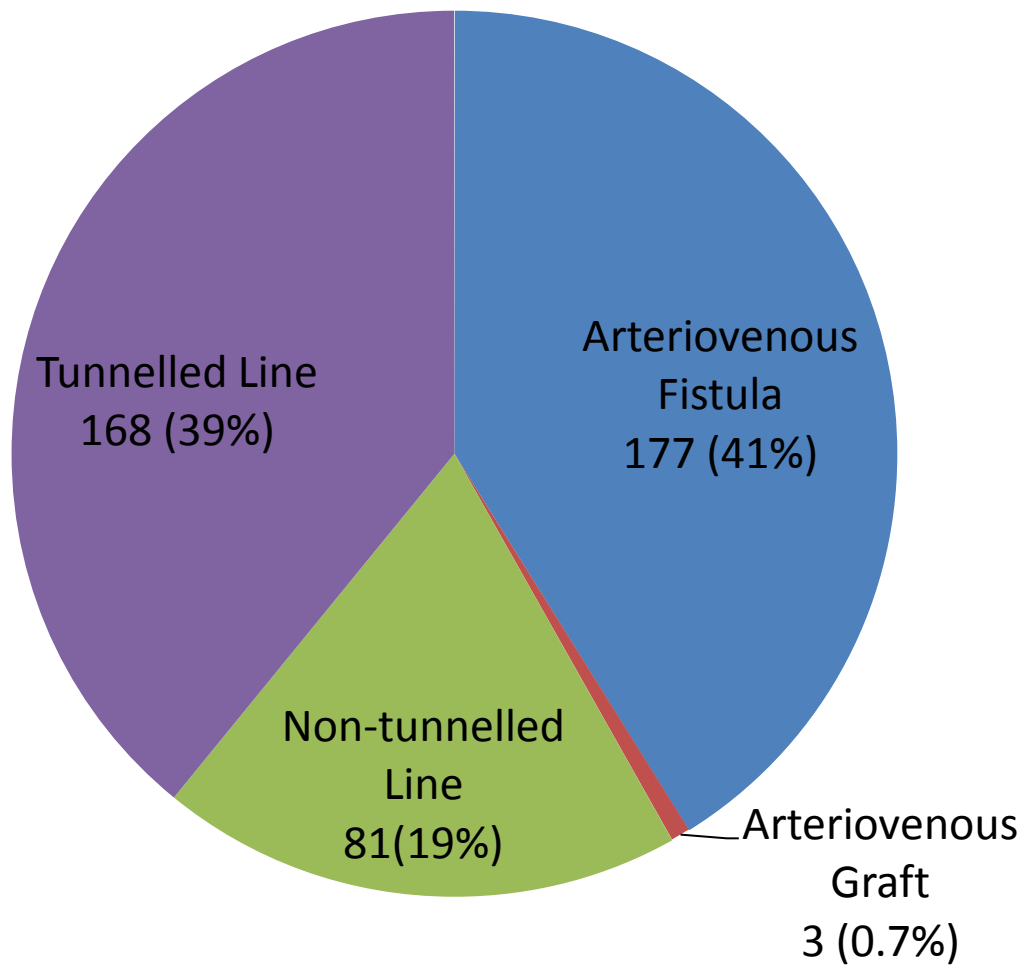


All patients



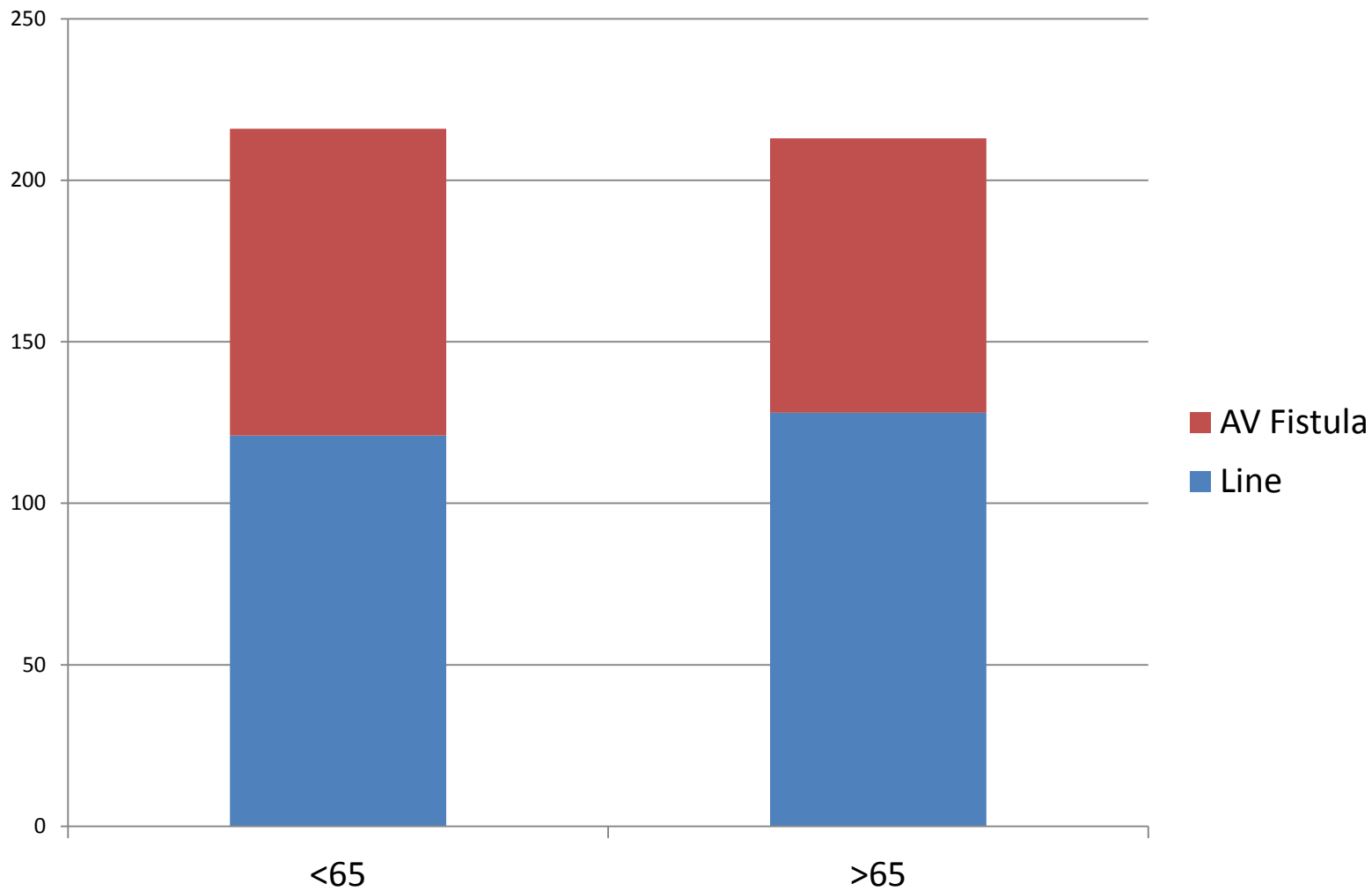


All patients



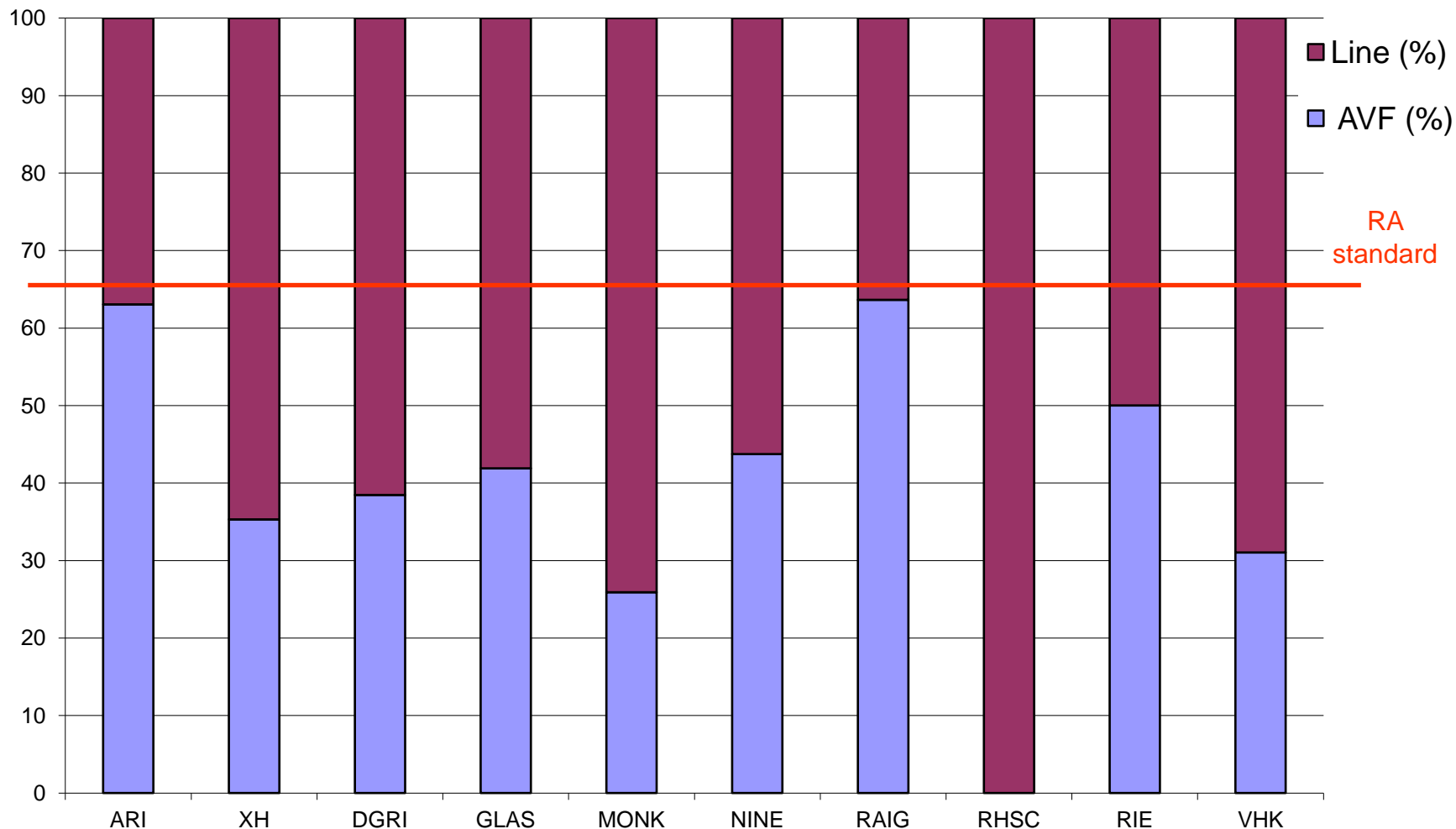


All patients by age



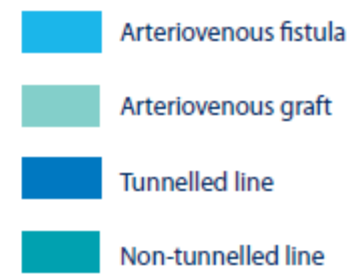
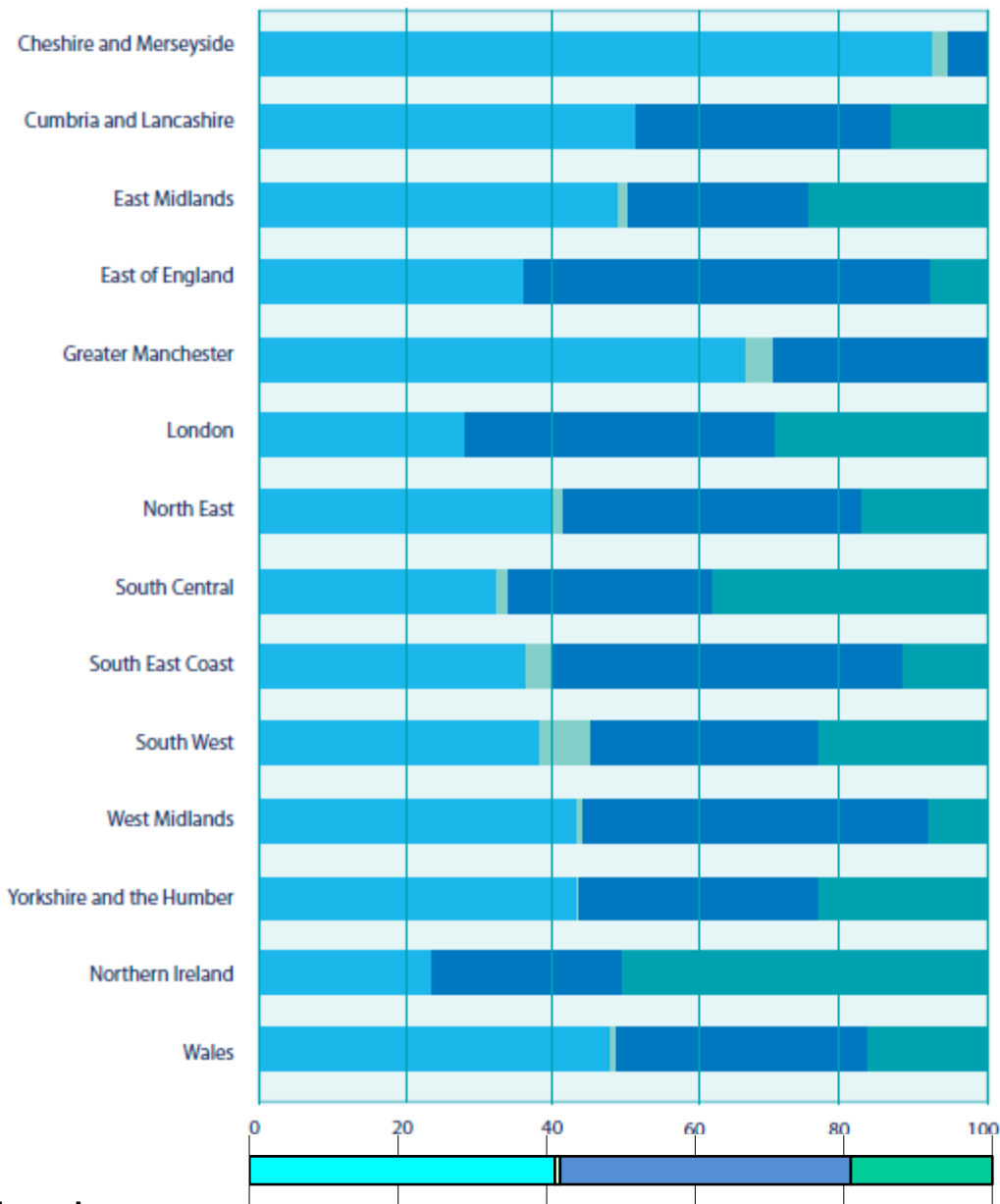


Access at 1st dialysis by Unit (01 Jan 2012 to 31 Dec 2012)





NHS Kidney Care 2012 Report



Scotland





Conclusions

- Scottish data: 42% AVF, 19% non-tunnelled line and 39% tunnelled line
- Rest of UK data (2011) 42.9% AVF, 21.3% non-tunnelled line and 35.8% tunnelled line
- All units failing to achieve RA audit standard (although Raigmore and Aberdeen very close)
- Problem of 'unplanned' starts & crash landers