AB046. SOH21AS217. Fistula-first for haemodialysis access?—a retrospective audit of dialysis status at the time of fistula formation

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Background: Autologous upper-limb arteriovenous fistula (AVF) is the gold-standard for vascular access and should be created before commencing haemodialysis. The “Fistula First” initiative recommends that 66% of (ESRD) patients have an AVF at dialysis initiation. Our institution has a dedicated weekly theatre list for vascular access. We audited the percentage of ESRD patients already dialysing prior to AVF formation.

Methods: A retrospective review of all first-time AVF formation from January 2018 to August 2020 was performed. Data was collected from theatre logs and “eMed” dialysis database.

Results: One-hundred-and-ten AVF were formed during the study period, including 86 first-time vascular access procedures. Fifty-nine patients (69%) were male and 32 (37%) had diabetic nephropathy. Forty patients (46.6%) were already dialysing at AVF formation. Forty-six (53.4%) met the “Fistula First” target, of whom 35 (40.5%) subsequently started dialysis via AVF. When stratified by renal pathology, only one-third of Type 2 Diabetics patients (n=8/24) met the “Fistula First” target, compared to 57% of non-diabetic ESRD patients (n=31/54). We hypothesised T2DMs had a more unpredictable trajectory and often presented acutely unwell in need of emergency dialysis.

Conclusions: Our institution is only 53% compliant with best practice for dialysis access. Ring-fenced theatre access for ESRD patients is necessary to ensure improvement.

Keywords: Arteriovenous fistula (AVF); haemodialysis; VasCath; nephropathy; end stage renal dialysis (ESRD)

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Footnote

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