

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

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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