

# Common problems and pitfall in actual practice

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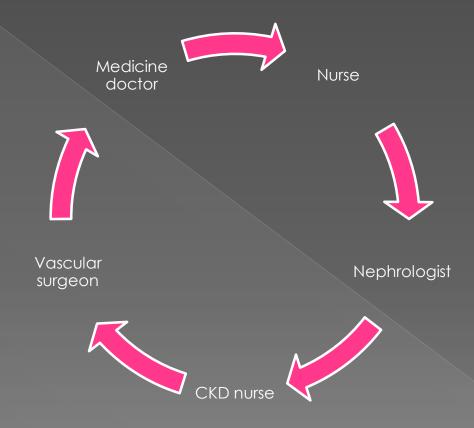


Common problems and pitfall in actual practice

- 1. Pre-operative problems
- 2. Intra-operative problems
- 3. Post-operative problems

- 1. Poor co-operation with CKD team
- 2. Lack of vein preservation
- 3. Inappropriate time for AVF creation

#### 1. Poor co-operation with CKD team



#### Develop multidisciplinary kidney team

### Poor co-operation with CKD team

#### • CKD stage 3

- Send patient to CKD clinic
- > Develop by medicine doctor and nurse
- > At primary or secondary hospital

### Poor co-operation with CKD team

### • CKD stage 4,5

- > Refer patient to Nephrologist
- > Advice modes of RRT
- > If Hemodialysis is choosed
  - Consult Vascular surgeon for AVF planning
  - Planning by Ultrasound

### 2. Lack of vein preservation



### • CKD stage 3 or more

- > Preserve arm veins
  - Routine
  - Planning by ultrasound
- > Venipuncture in veins
  - Of either arm
  - On the dorsum of the hand

### 3. Inappropriate time for AVF creation

- ESVS guideline 2018
  - Created 3-6 months before the expected start of HD
- > CMU
  - CKD stage 5
  - Operative list ~ 2 months

# Intra-operative problems



## Principle of access creation

- The RC AVF is recommended as the preferred vascular access.
  - > Distal to proximal site
- When vessel suitability is adequate, the non-dominant extremity should be considered
- Do not create AV access at same site with CVS/central catheter
- Upper > Lower extremity site
- AVF > AVG > catheter

# Intra-operative problems

- 1. Mode of anesthesia
- 2. Intra-op operative technique

### Intra-operative problems

#### 1. Mode of anesthesia

- Regional anesthesia should be considered in preference to local anesthesia
- Possible improvement in access patency rate

Schmidli J, Widmer MK, Basile C, de Donato G, Gallieni M, Gibbons CP, et al. Editor's Choice - Vascular Access: 2018 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS). 2018;55(6):757-818.

# Regional anesthesia

 Regional anesthesia
 Vasodilatation
 Increased fistula flow
 Reduced maturation time
 Increased early patency
 Increased patency at 3 months



# Intra-operative problems

# 2. Intra-op operative technique

- Length of Anastomosis
  - 15-20 mm (Radial a base)
  - 8-10 mm (Brachial a base)
- > Adequate exposure
- No tension/torsion
- Less trauma to vessels



No standard UE exercise program
 Use the old criteria for AVF maturation

#### 1. No standard UE exercise program



- > After wound healed
- Increase outflow vein diameter and access flow
- Increase AVF maturation

Salimi F, Majd Nassiri G, Moradi M, Keshavarzian A, Farajzadegan Z, Saleki M, et al. Assessment of effects of upper extremity exercise with arm tourniquet on maturity of arteriovenous fistula in hemodialysis patients. J Vasc Access 2013;14:239e44.

### 1. Elbow Flexion-Extension



2 sets of 10 repetitions every day

Fontsere N, Mestres G, Yugueros X, Lopez T, Yuguero A, Bermudez P, et al. Effect of postoperative exercise program on arteriovenous fistula maturation: A randomized controlled trial. Hemodial Int 2016;20:306e14.

### 2. Wrist Flexion-Extension



2 sets of 10 repetitions every day

Fontsere N, Mestres G, Yugueros X, Lopez T, Yuguero A, Bermudez P, et al. Effect of postoperative exercise program on arteriovenous fistula maturation: A randomized controlled trial. Hemodial Int 2016;20:306e14.

### 3. Hand Open-Close



2 sets of 25 repetitions every day

Fontsere N, Mestres G, Yugueros X, Lopez T, Yuguero A, Bermudez P, et al. Effect of postoperative exercise program on arteriovenous fistula maturation: A randomized controlled trial. Hemodial Int 2016;20:306e14.

2. Use the old criteria for AVF maturationThe rule of 6s

- > Diameter  $\geq$  6 mm
- > Blood flow  $\geq$  600 ml/min
- > Its depth is < 6 mm</p>
- > Discernible margins

Gilmore J. KDOQI clinical practice guidelines and clinical practice recommendations-2006 updates. Nephrology Nursing Journal. 2006;33(5):487.

The NEW criteria for AVF maturation
Pre-cannulation definition

- Can cannulate with 2 needles
- > Deliver sufficient blood flow for HD

Schmidli J, Widmer MK, Basile C, de Donato G, Gallieni M, Gibbons CP, et al. Editor's Choice - Vascular Access: 2018 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS). 2018;55(6):757-818.

The NEW criteria for functional AVF
Post-cannulation definition

- Can cannulate with 2 needles
- > At least 6 HD sessions, during a 30 days period
- > Achieve adequate HD

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# Conclusions



Adjust and correct the problems to improve the access outcome
Share your problems

