

# UNUSUAL VASCULAR ACCESS FOR HEMODIALYSIS, AN IMPORTANT RESOURCE.

Domenico Ferrara\*, S. Scamarda\*, L. Bernardino\*, M.C. Lorito\*, F. Incalcaterra\*, L. Visconti\*, G.Visconti\*, F. Valenza°, F. D'Amato°, Luisa Amico\*

\*Nephrology, Hospital Villa Sofia-Cervello, Palermo, ITALY - °Radiology, Hospital Villa Sofia-Cervello, Palermo, ITALY.

## OBJECTIVES

The vascular access for hemodialysis sometimes presents complications that may affect its functionality and patency and these are being quite frequent.

The increase in average age of the hemodialysis population is probably major cause of the loss of the most common sites for vascular access.

In these patients it is necessary to select insertion sites for access tunneled CVC that are usually unfamiliar to the nephrologist, as iliac veins, inferior vena cava.

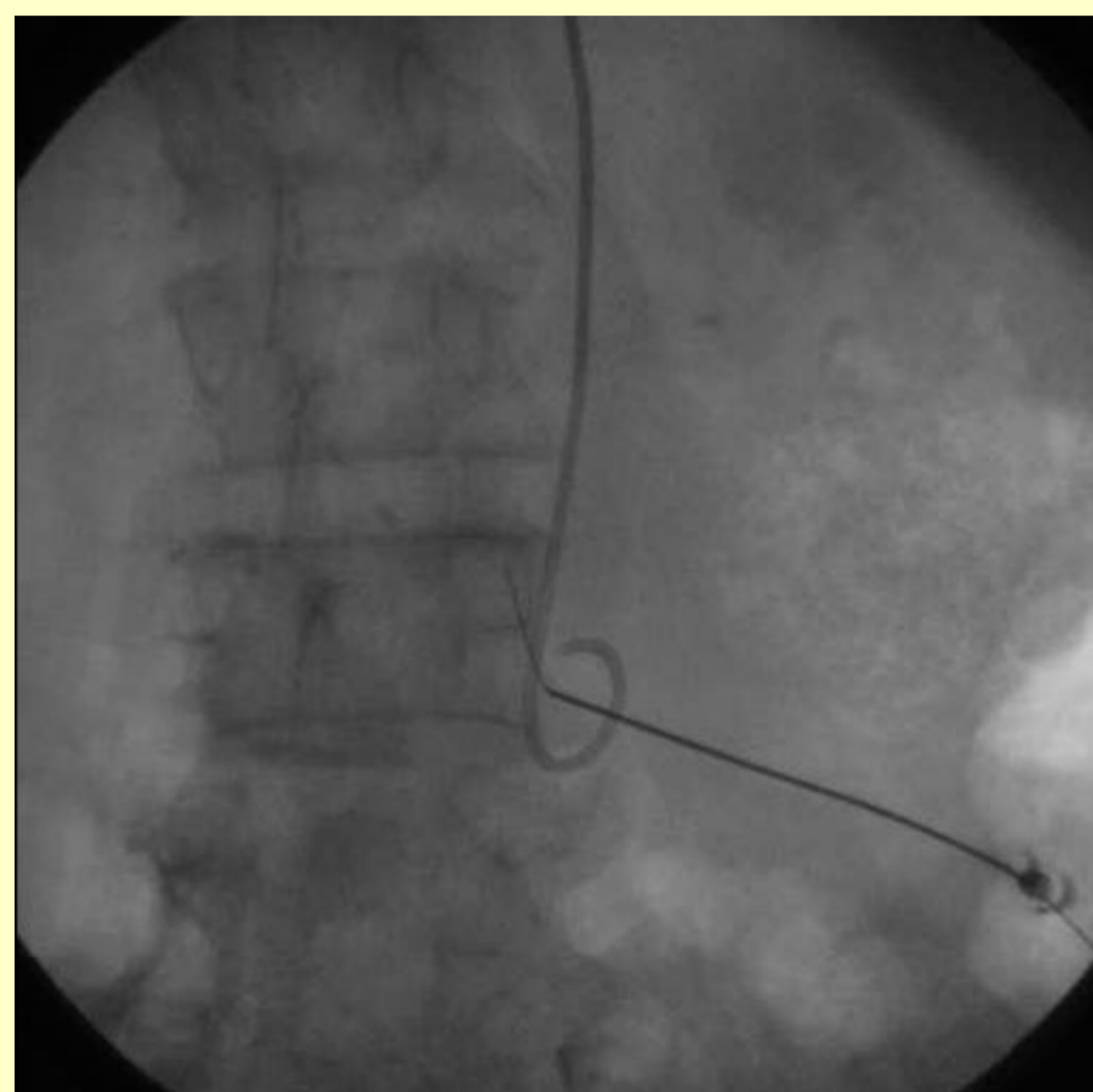
## METHODS

In a few patients referred to our center over the past two years, vascular accesses became worn out, for several reasons (FAV thrombosis, vein thrombosis, CVC thrombosis).

In these circumstances we have excluded to switch to peritoneal dialysis, and opted instead for cannulation sites such as the large caliber abdominal veins.

Nephrologists do not usually make use of such sites.

Our experience consists of four patients, to whose were positioned tunneled CVC (only one Tesio catheter) in the abdominal veins, the iliac vein and the translumbar inferior vena cava, because it was impossible to use the circulation of the superior vena cava.



## RESULTS

The average age of the four patients was 70 11 years, the average age of dialysis was 3.4 years, the distribution of cannulation sites was: 75% in the right iliac vein (3 patients), 25 % in the inferior vena cava via right trans-lumbar (one patient).

The large abdominal vessels were cannulated with CVC which were tunnelled in the angiography suite with the help of interventional radiologists.

After twenty months (20 5) of follow-up the tunnelled CVCs are well-functioning and do not show complications such as thrombosis and infection.

## CONCLUSIONS

These data confirm that in the complex cases the option of unusuallly cannulation sites for tunnelled CVC, like inferior vena cava and iliac veins, is an important resource.

These sites are also safe and long lasting, as demonstrated by the follow-up (20 months) and the absence of complications.

