

# VASCULAR ACCESS IN DIALYZED PATIENTS OVER 70 YEARS OLD

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## INTRODUCTION

The dialysis population has dramatically changed in recent years: the incidence of old patients (pts) increased in the western world, accounting for 20-25% over 75 and 40-44% over 65 years old. Because of their several comorbidities, such as arteriosclerosis and diabetes, the arteriovenous fistula on native vessel creation is often difficult to perform. However the AVF is recommended as first access in all patients, because the associated lower mortality rate. The aim of our study is to evaluate the vascular access (VA) in elderly pts

## METHODS

we reviewed the VA performed in incident dialyzed pts over 70 years old from January 2007 to December 2011. We compared the cumulative patency rates at 12, 48 and 60 months of distal (DVA), middle arm (MAVA) and upper arm (UAVA) fistula. We evaluated the number and the type of VA, the use of central venous catheters (CVC) and the mortality rate in three different groups: A 70 to 75 yrs old, B 76 to 80 yrs old and C over 80 yrs old.



## RESULTS

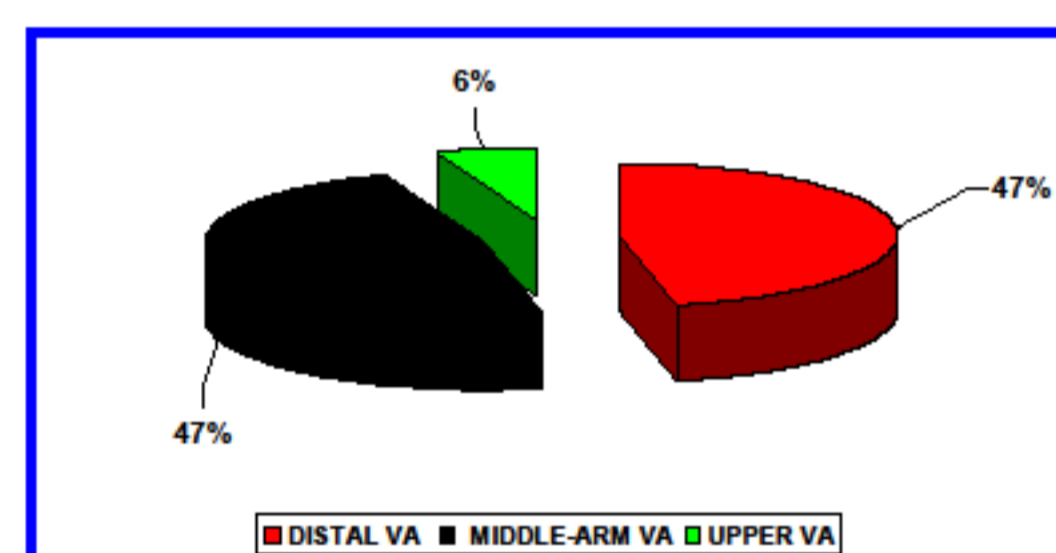
•We studied 88 (M 61, F 27) patients over 70 yrs old.

- Group A: 39 pts (44,4%)
- Group B: 28 pts (31,8%)
- Group C: 21 pts (23,8%)

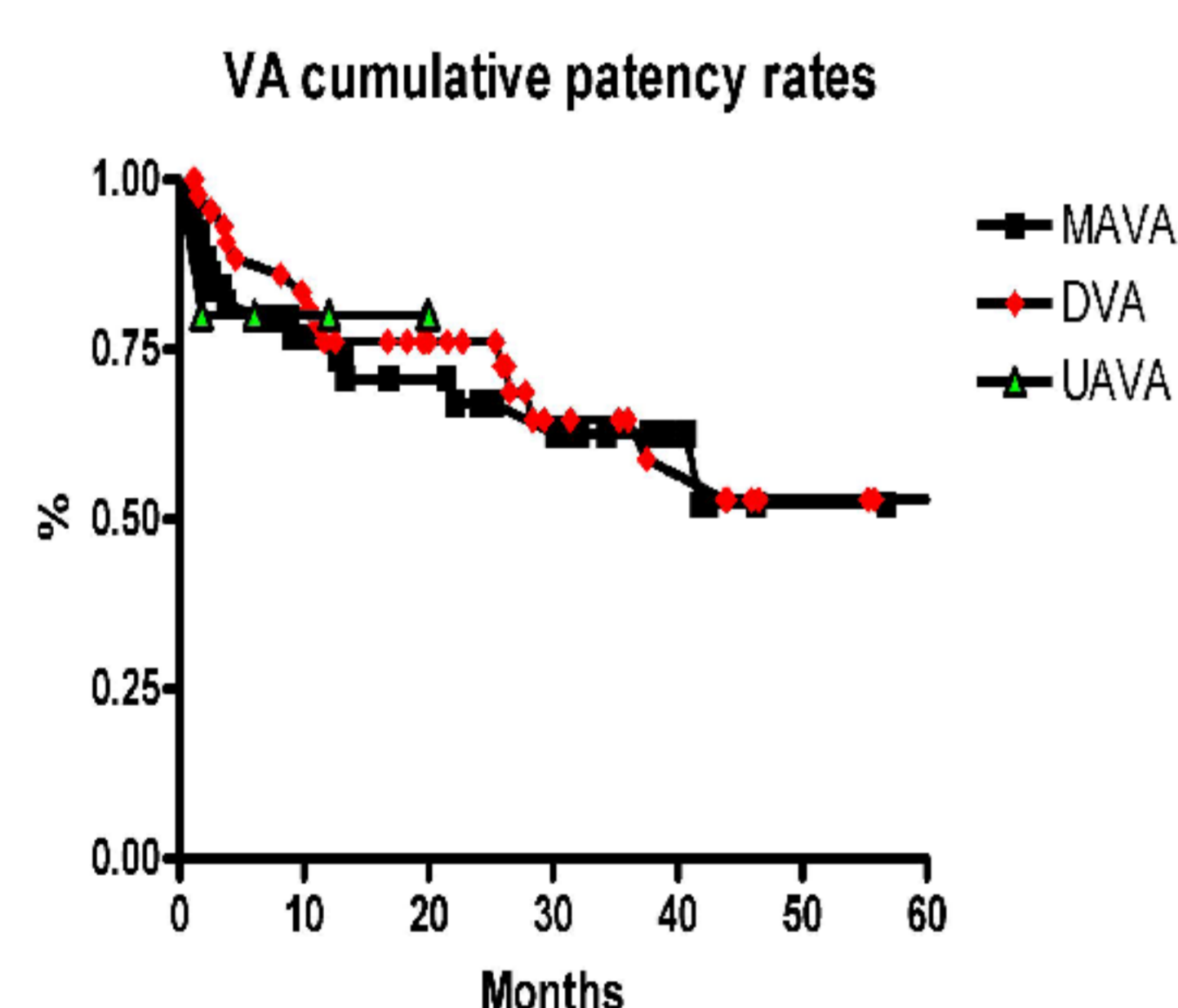
•2 graft and 101 native VA were created during considered time.

VA 2007-2011

DISTAL VA	MIDDLE ARM VA	UPPER ARM VA
N° 47	N° 48	N° 6



•Primary fistula failure was 10.8 % in DVA, 14 % MAVA, 16 % UVA.



DVA	12 months	48 months	60 months
	76.1%	64.6%	52.9%

MAVA	12 months	48 months	60 months
	76.9%	62.5%	52.1%

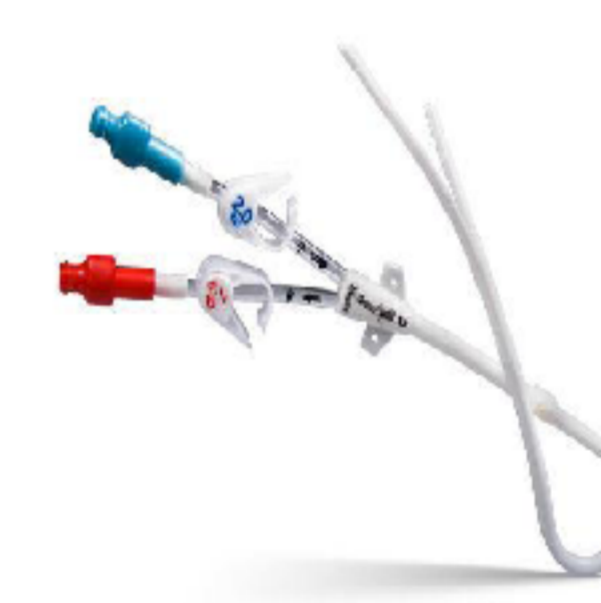
UAVA	12 months	24 months
	80%	80%

Type of VA in the three groups:

GROUP	WRIST VA	MIDDLE ARM VA	UPPER ARM VA
A	38.3%	51%	10.7%
B	53%	43%	3%
C	55%	45%	0%

## CVC

GROUP	Permanent CVC	Temporary CVC/pts
A	12	0.77
B	9	0.78
C	8	0.9



GROUP	temporary CVC as first av	NEVER CVC
A	23%	36%
B	43%	28,5%
C	38%	28,5%

## OUTCOME

At the end of follow up 35.9% in A, 42,8% in B and 33% in C died.

## CONCLUSION

Our study demonstrates that the age could not be considered a limit for the creation of AVF on native vessels and the "fistula first policy" must be recommended for elderly too. In addition, the distal and middle-arm AVF shows a similar good outcome. Surprisingly, the mortality rate also is not different among the three groups and the risk of death in very old pts is becoming similar to the general population.

