

FUNCTIONAL PROFILE, THROMBOSIS RATE AND CUMULATIVE PATENCY OF ARTERIOVENOUS FISTULAS (AVF) VERSUS GRAFTS (AVG) FOR HEMODIALYSIS (HD): A FIVE-YEAR PROSPECTIVE STUDY

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INTRODUCTION AND AIMS

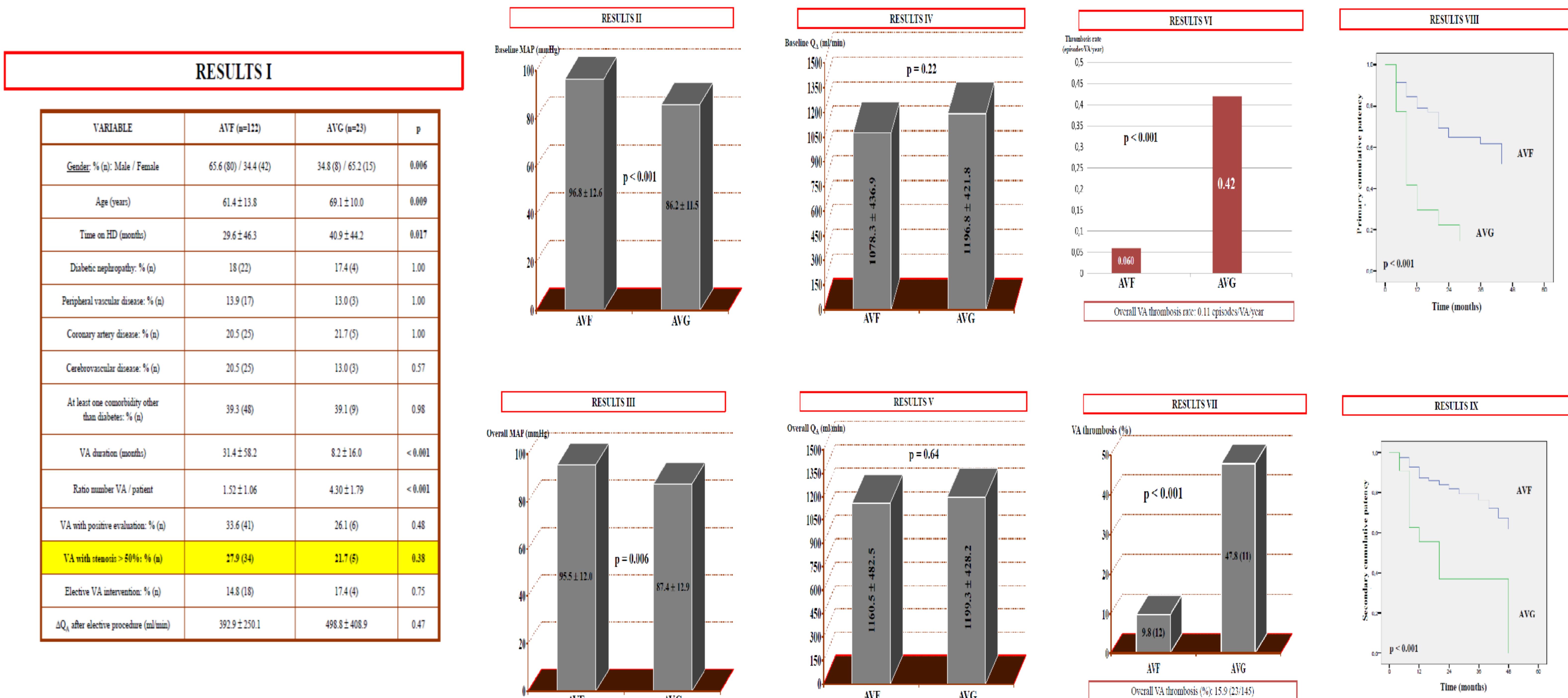
The arteriovenous access (AVF, AVG) is the preferred vascular access (VA) in front of a central venous catheter. The aim of this study is to compare the blood flow rate (Q_A), the incidence of thrombosis and the cumulative survival between AVF and AVG in prevalent HD patients undergoing VA surveillance for stenosis.

METHODS

We prospectively recorded the Q_A in 122 AVF (63.9% radiocephalic and 36.1% brachial artery-based AVF) and 23 AVG (39.1% upper and 60.9% lower limb AVG) during HD of 131 patients (age 62.6 ± 13.5 yr; 19.1 % diabetic nephropathy) over 5 year period.

The Q_A was measured, at least every 4 months, within the first hour of the HD session by the Delta-H method using the Crit Line III monitor; the mean arterial pressure (MAP) was recorded simultaneous with the Q_A . Baseline Q_A was measured from two consecutive HD sessions (both values were averaged). All VA with absolute $Q_A < 700$ ml/min or decreased $> 20\%$ from baseline over time met the positive evaluation criteria and were referred for angiography and subsequent elective intervention by angioplasty or surgery if there was a significant stenosis (luminal narrowing $> 50\%$).

RESULTS



CONCLUSIONS

- 1) The type of arteriovenous access (AVF or AVG) did not influence on the functional profile (Q_A).
- 2) The differences in blood pressure can help to explain the differences in thrombosis rate between AVF and AVG.
- 3) The VA survival was related to the type of arteriovenous access.