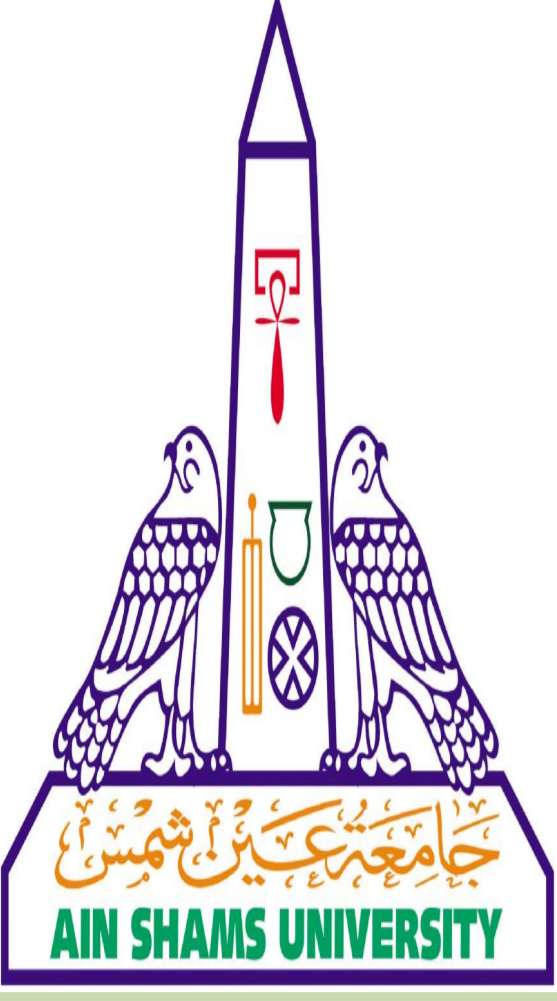


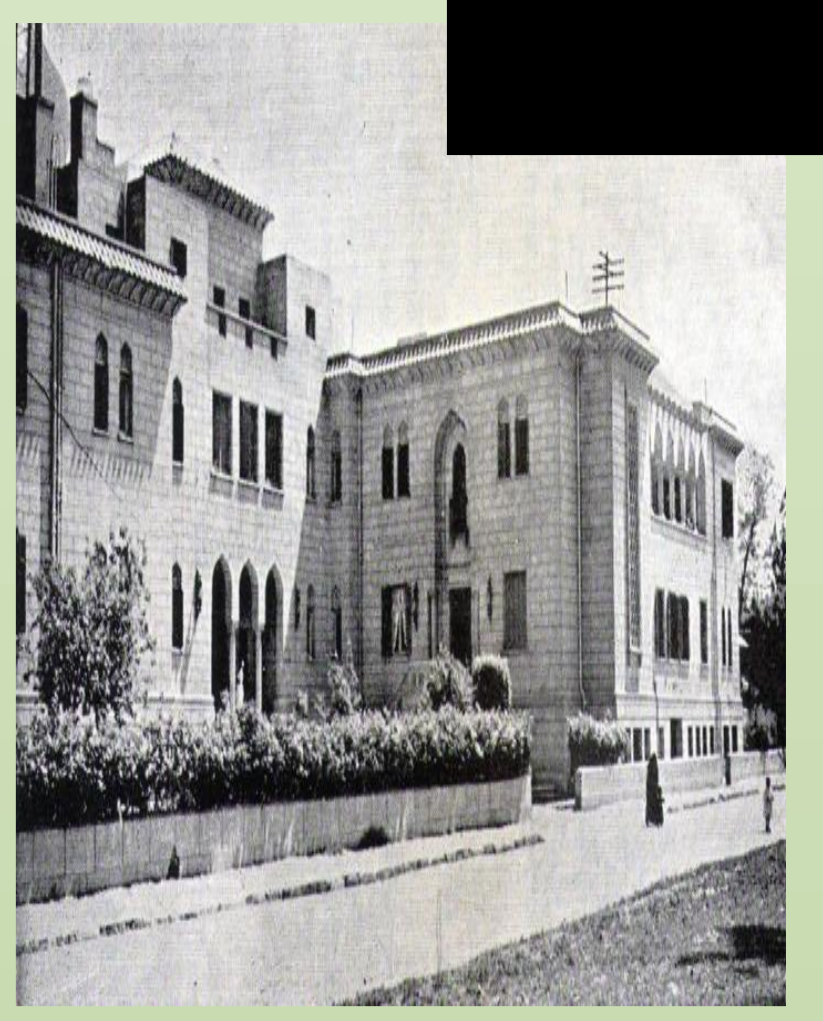
Current Status of Hemodialysis Access in Regular Hemodialysis Patients in Egypt



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OBJECTIVES

Studying current status of hemodialysis access and outcomes is mandatory for assessing current performance and future health planning in developing countries.

This study aimed to assess the current practice regarding hemodialysis access in all over Egypt as a part of a nationwide project that was initiated and managed by the nephrology department in Ain shams University.

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| Patients started HD with working AVF | 975 (5.8%) |
| Patients who has never used a catheter | 876 (5.2%) |

METHODS

This study was conducted between October 2012 and April 2015 by direct interview of the patients and collecting the data from the medical record in a specialized data collection sheet.

RESULTS

the study involved 241 hemodialysis centers from 19 Egyptian governorates, data of 16820 patients out of 23.981 patient investigated.

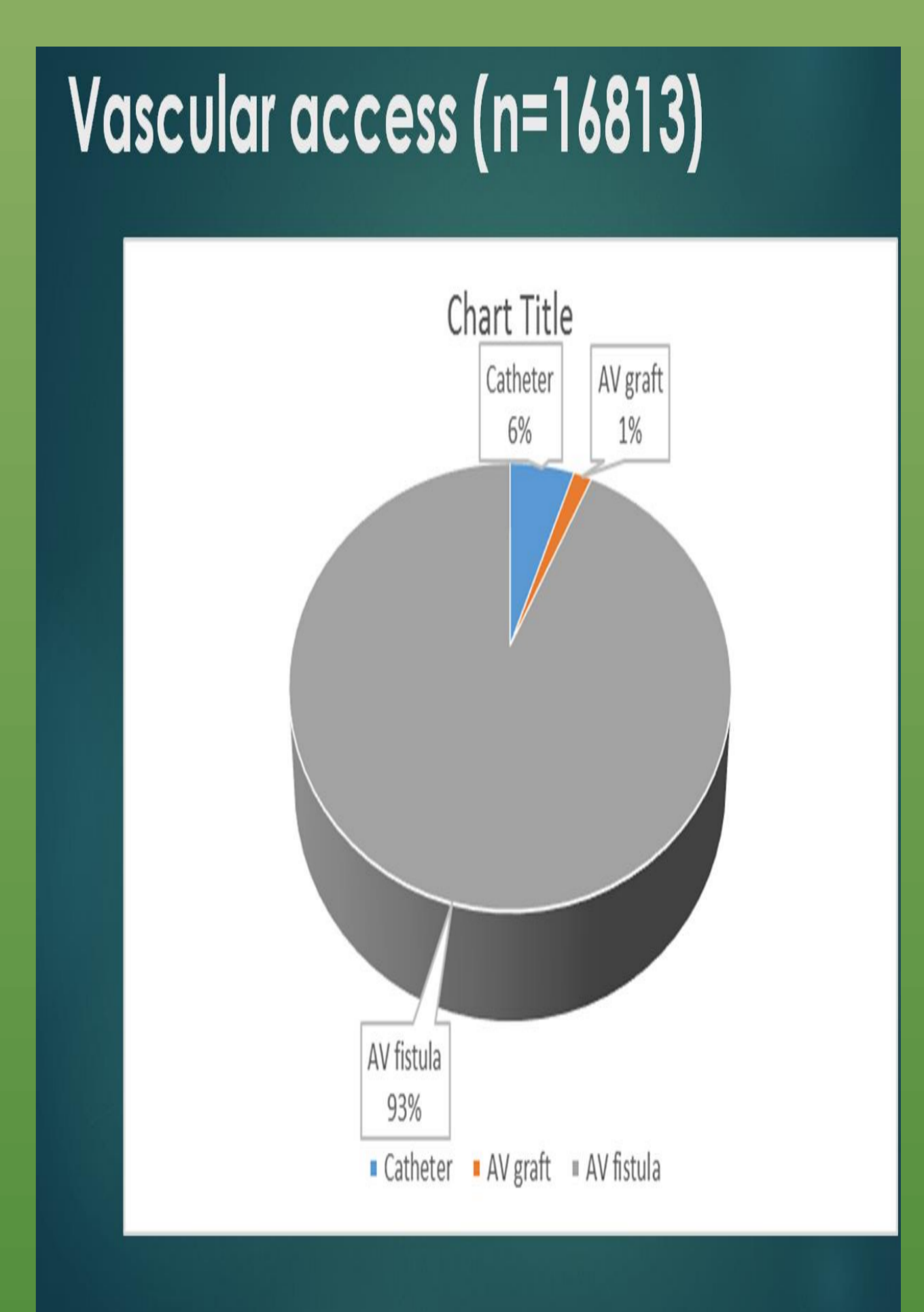
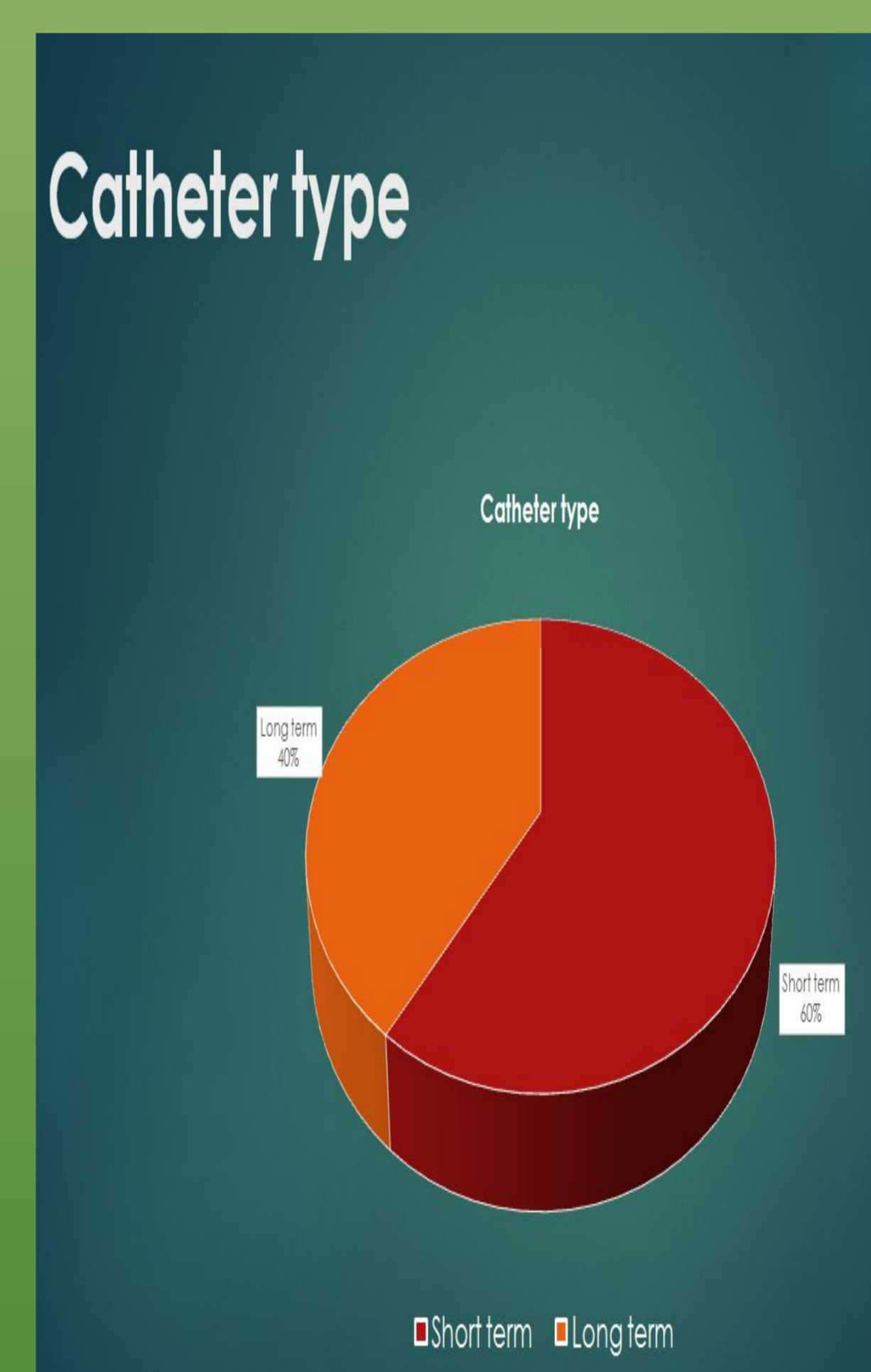
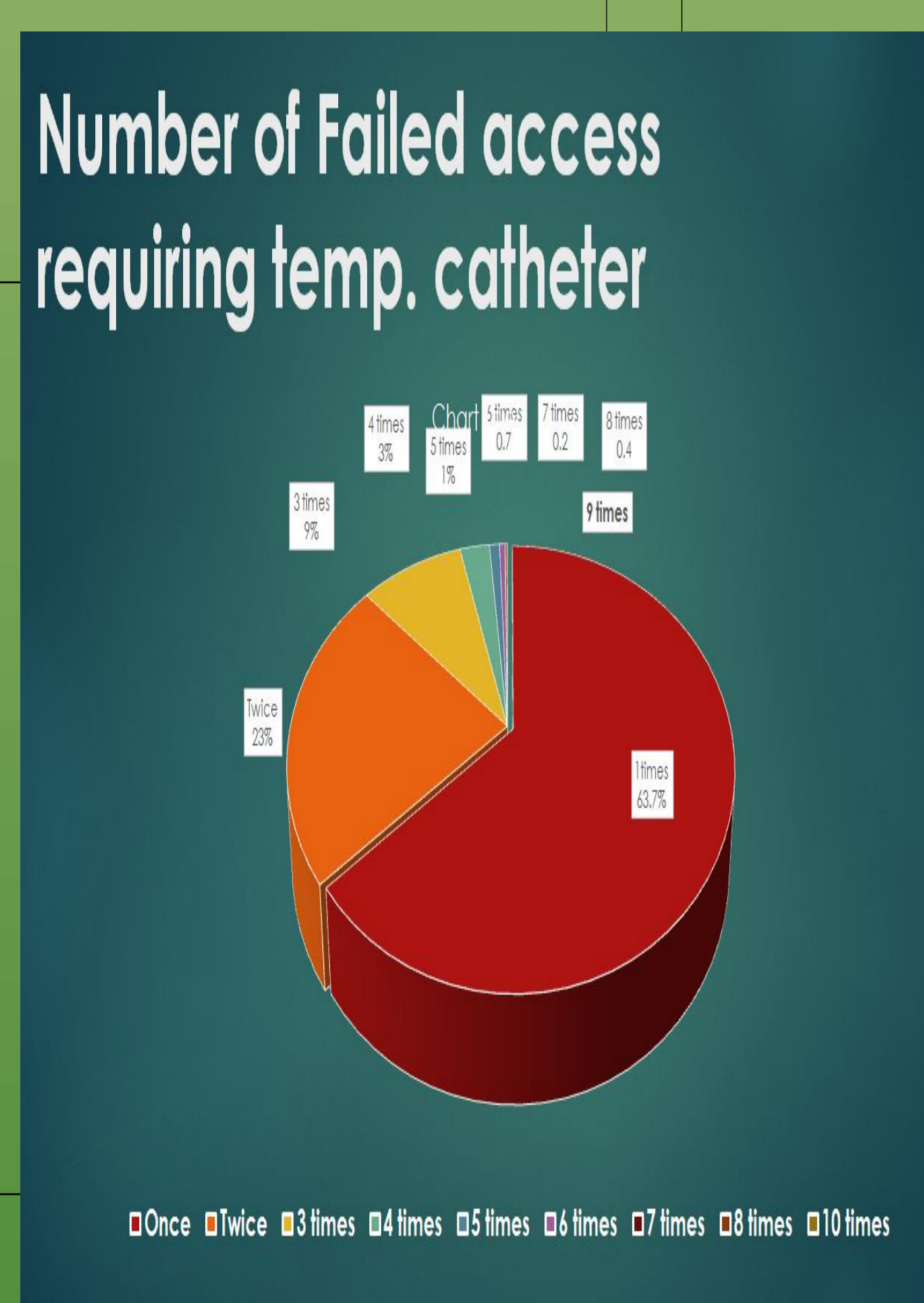
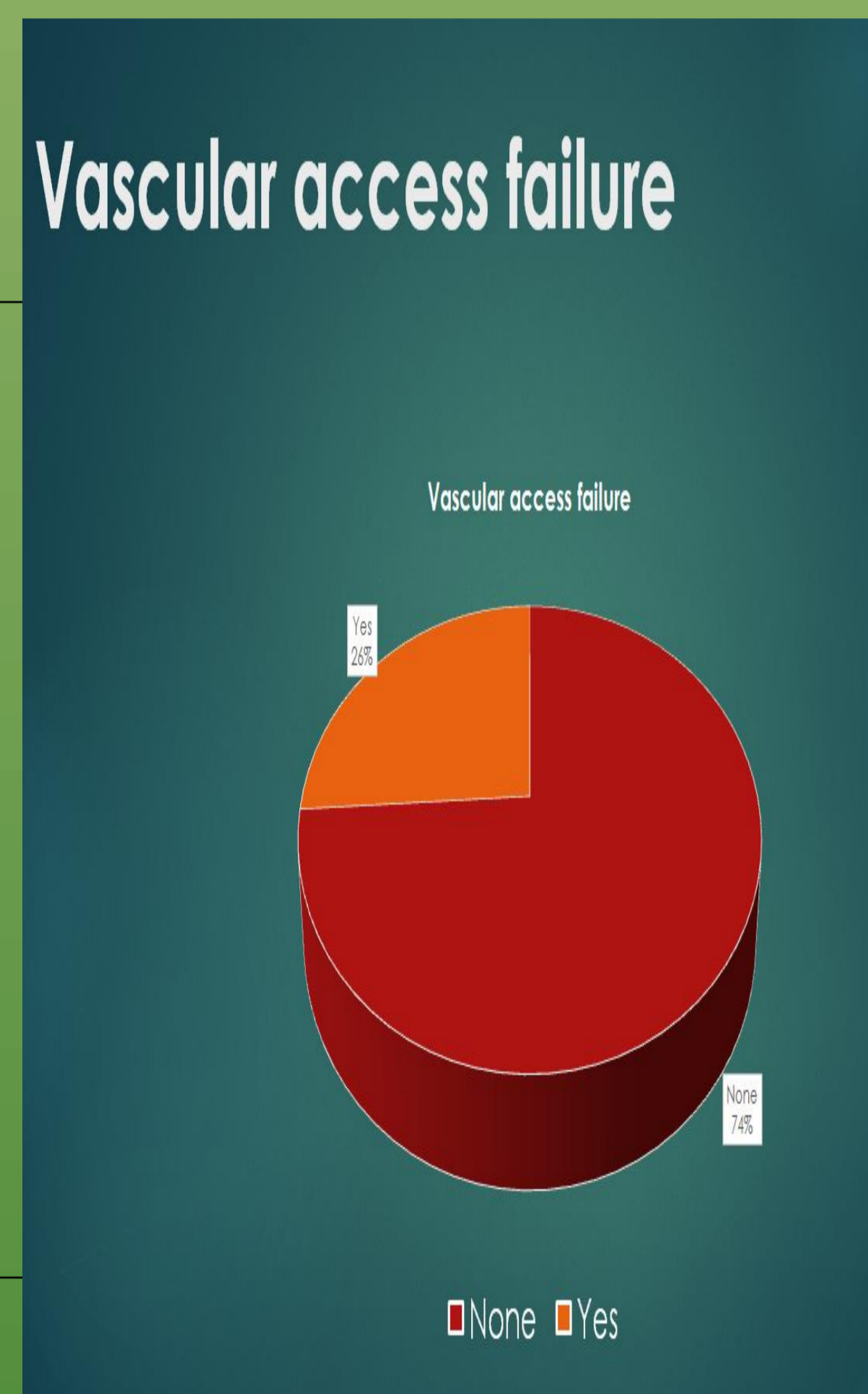
They were assessed by 49 field investigators.

Males were 60.8% of the studied patients with hypertension as the most common cause of ESRD (33.4%).

The vascular access data showed 92.7%of patients were using AVF, 1.6% using AVG, and 6.6% with catheters, of which short term catheters represent 59.6% of those with catheters and 40.4% with long-term catheters.

AVF failure rate is 25.9%. Only 0.052% of patients started HD has never used any catheter.

Many patients (36.22%) will have a catheters fixed more than once in their life, and up to 10% will have more than 3 catheters fixed.



CONCLUSIONS

current state of hemodialysis access in Egyptian showed most patients are using AVF.

Though this is a very good status, however there is still high AVF failure rates.

There is extensive use of short term temporary catheter with very high exposure rates and almost all patients are exposed to catheter fixation once and even more in their life.

Great efforts are needed to early initiate and maintain a working AVF, and to encourage the use of long term catheters instead of short term in patients with frequent failure of AVF, or patients with difficult AVF initiation.

