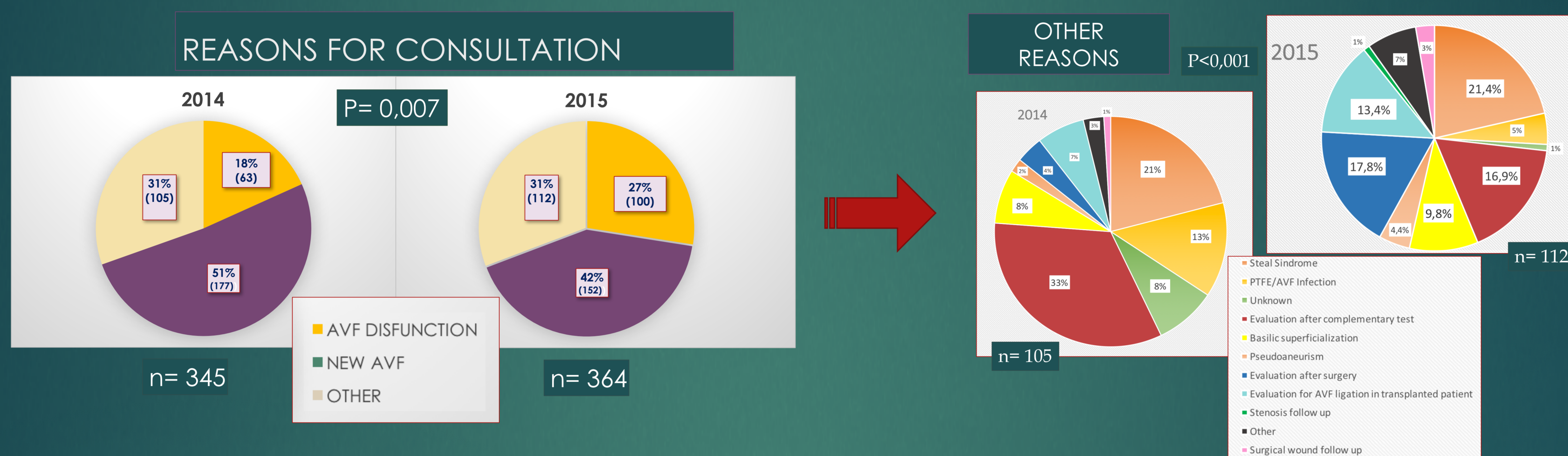
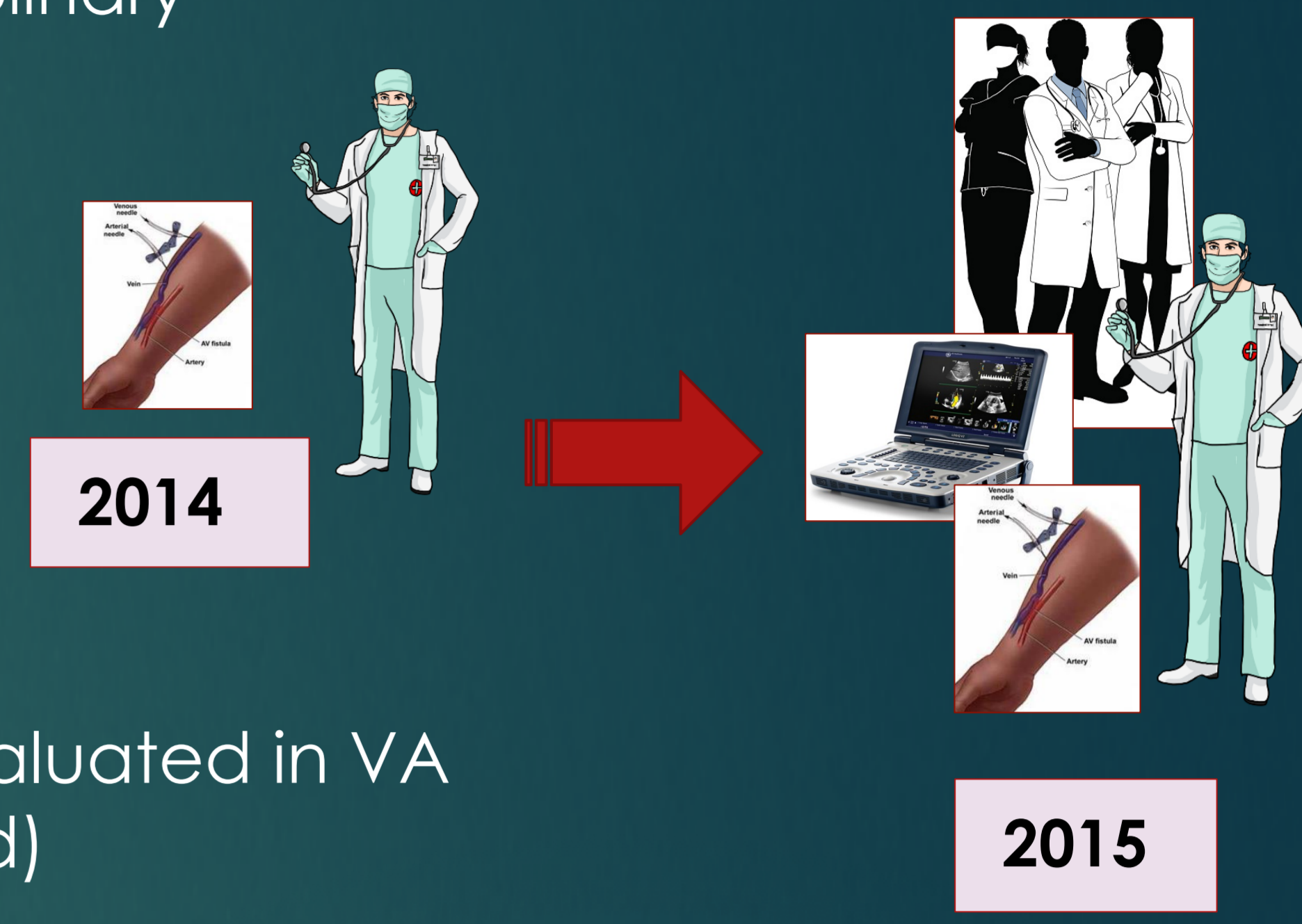




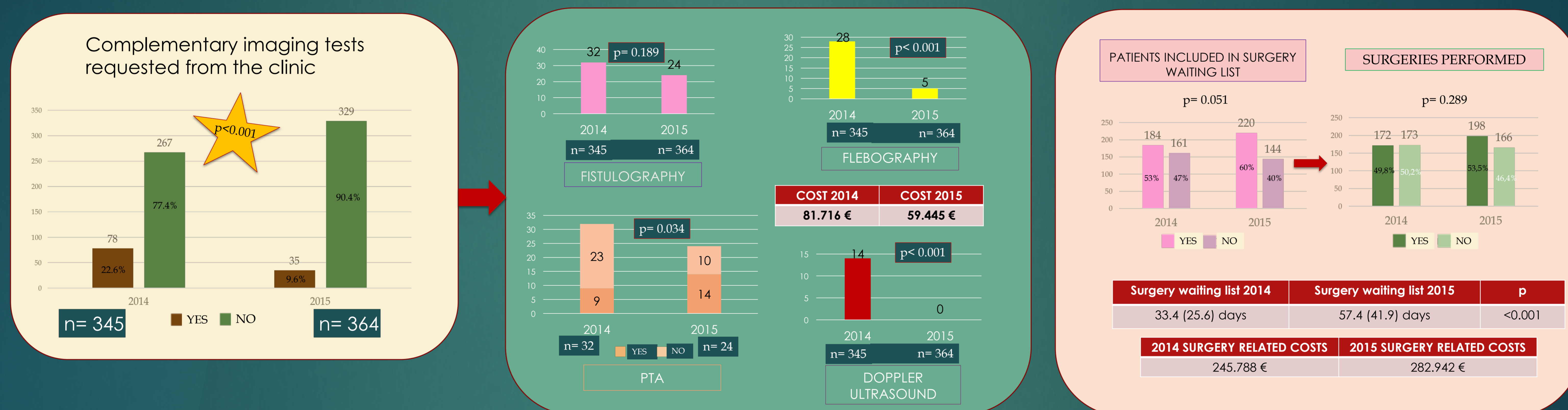
**Introduction and aims:** Vascular access guidelines recommend performing a non-invasive ultrasonography of upper extremity arteries and veins before vascular access creation as well as a multidisciplinary approach in both va creation and va dysfunction

**Methods:** We have evaluated the results of the VA clinic during 2014 and 2015, before and after implementation of a multidisciplinary team protocol which consists in a routine doppler ultrasound (DU) in both VA creation and VA dysfunction, performed by a vascular surgeon and a nephrologist.

**Results:** During 2014 (no routine DU-single vascular surgeon evaluation) 345 patients were evaluated in VA clinic compared to 364 patients throughout 2015 (multidisciplinary team protocol established)

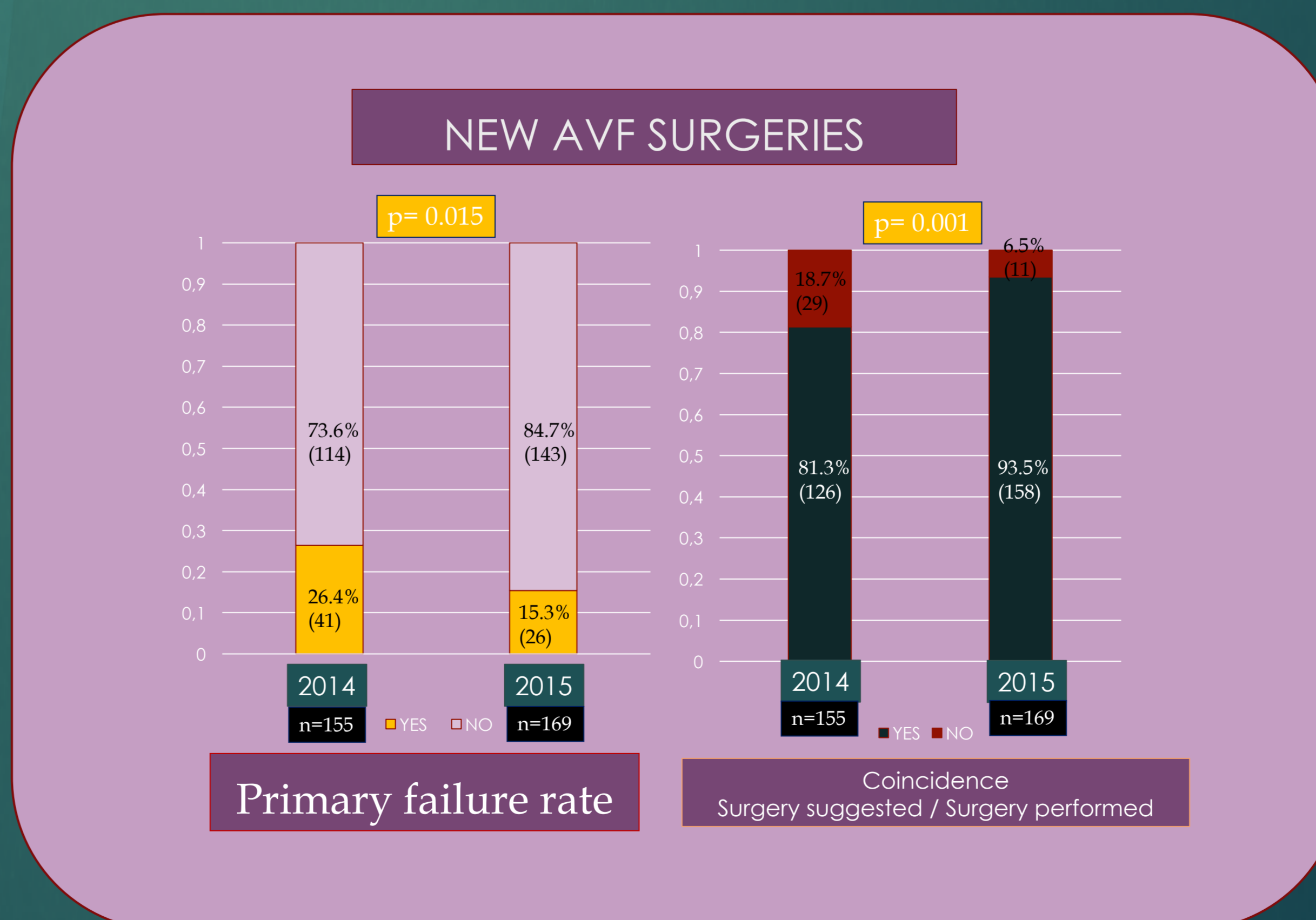
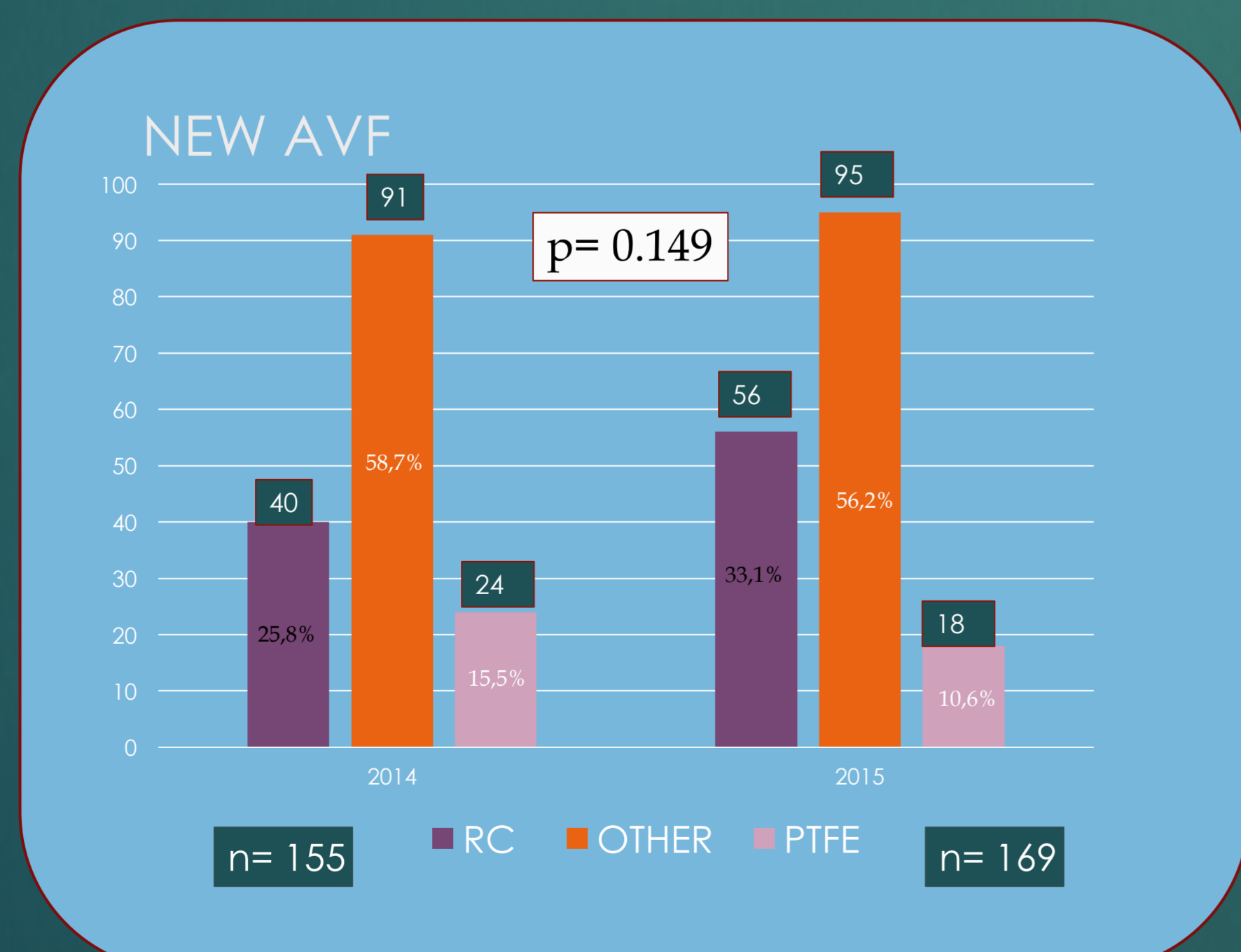


Throughout 2015 we found lower complementary imaging tests requested from the clinic, 35 imaging tests compared to 78 throughout 2014, (9,6% vs 22,6% of the patients evaluated, p<0,001)



In 2015, 169 new AVF were performed in comparison with 155 in 2014 (p=0,289) with significantly higher coincidence between the indication at clinic and the surgery performed (93,4 % vs 81,3% p=0,001).

Throughout 2015 we found a non significant increase in radiocephalic AVF performed 33,1% (n=56) vs 25% (n=40), p=0,149 and a lower primary failure rate in all new AVF performed 15,3% (n=26) vs 26,5% (n=41), p=0,015.



**Conclusions:** Multidisciplinary approach with routine DU can improve VA results, decreasing AVF primary failure and increasing the number of radiocephalic AVF. Despite the increase in the surgery waiting list, we were able to improve the concordance between the AVF indicated in the clinic and the AVF performed.