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TIMING FOR THE FIRST ACCESS AND FIRST DIALYSIS

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BACKGROUND

The criteria for the initiation of dialysis is the subject of much discussion. There are authors who advocate incremental HD as the best induction strategy.

METHODS

We analyzed the demographic, clinical and analytical data of the patients referred to our consult for pre-dialysis evaluation (n=104) during a period of 4 years. This consult is organized in a regular and semi-open manner. A subset of patients (n=44) were referred in this period, the remaining were already being followed up.

OBJECTIVES

✓ To analyze the patients survival after dialysis initiation (initiated only after the appearance of symptoms)

✓ To study the primary patency (PP) of the access (centered on the individual characteristics of the patient and based on eco-guided mapping).

RESULTS

- Cohort mean age was 67 (±16) years
- 65.4% were male
- Mean baseline eGFR was 11.6ml/min/1.73m
- Causes of renal failure: diabetes (n=32), unknown causes (n=30), chronic GN (13), AKI (6) and others.
- Four patients started peritoneal dialysis and 56 HD.
- Survival after HD initiation in 1.2 and 4.7 years was 91, 83 and 59% (Fig 1).
- 83% initiated dialysis with AVF, 9% with a CVC and 7% with prosthetic grafts.

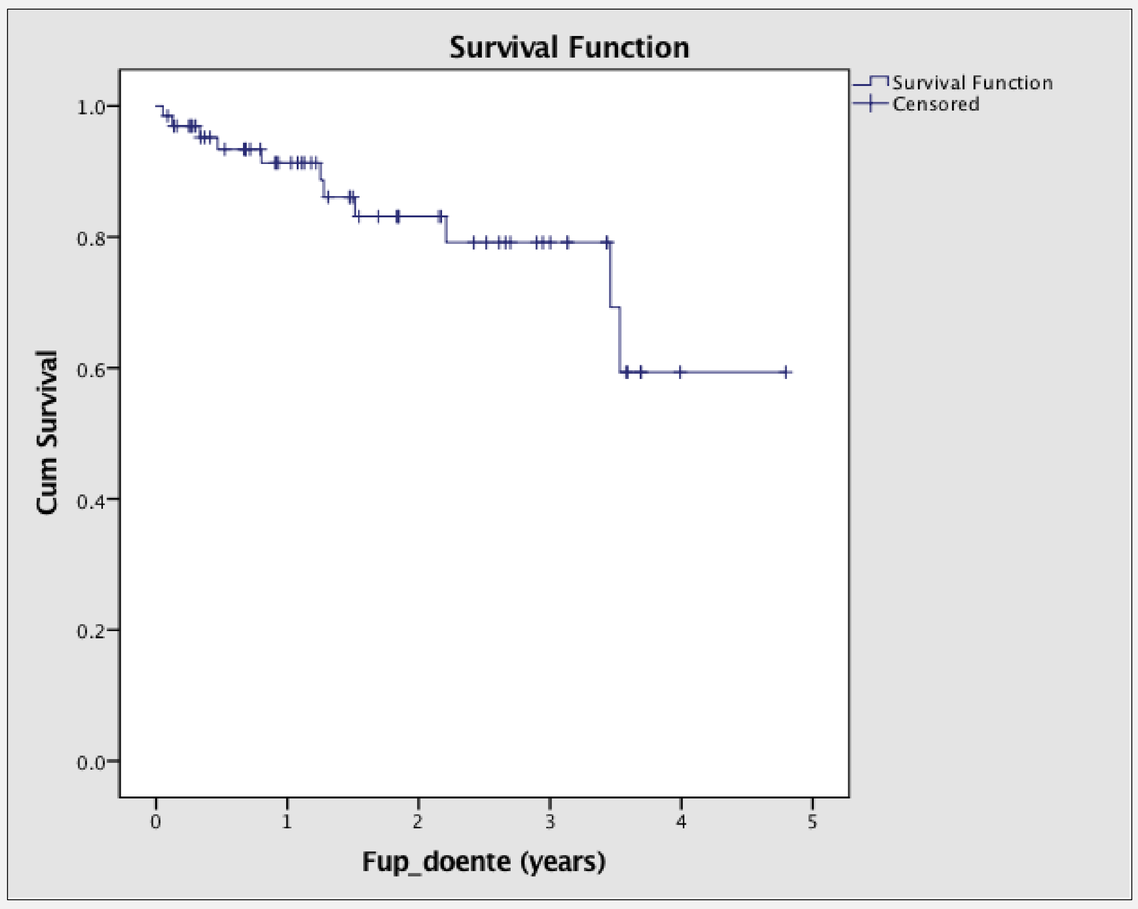

Figure 1. Patient suvival affter HD initation

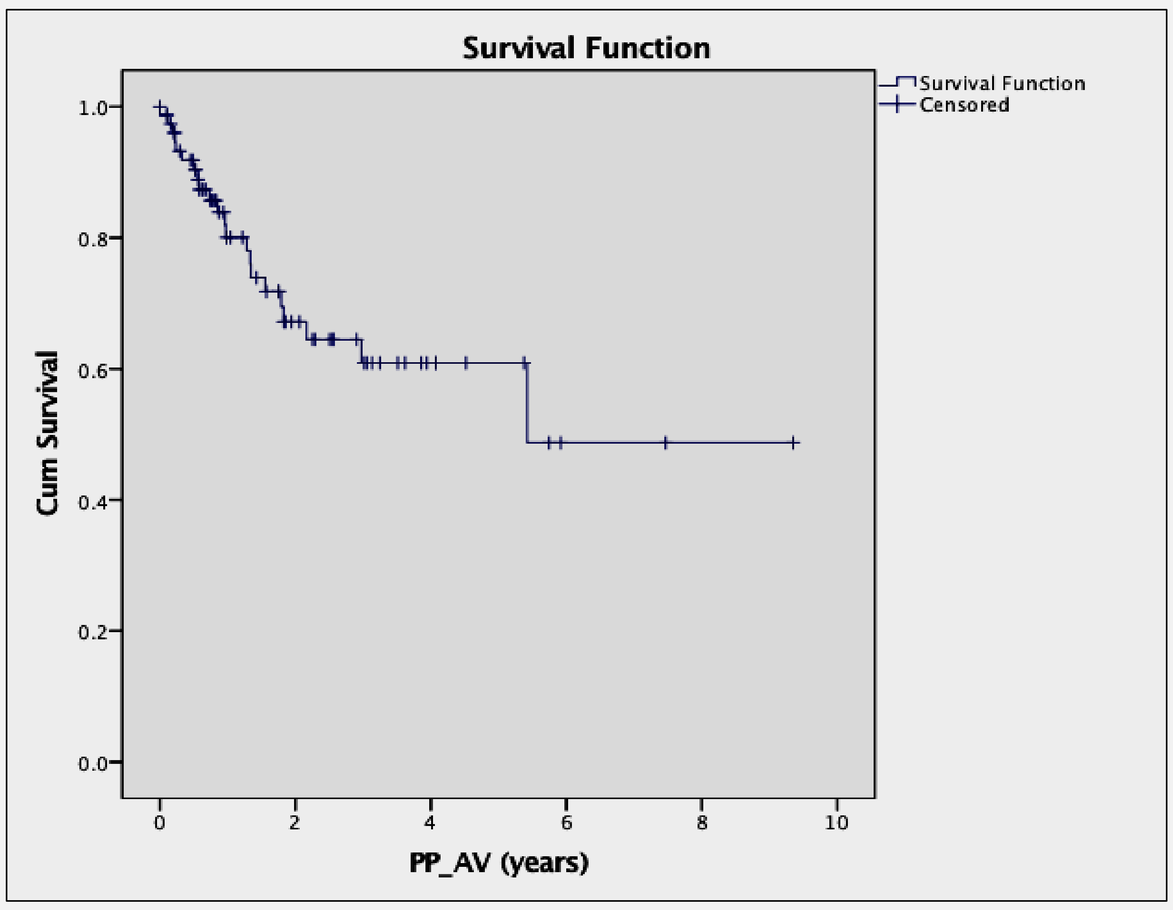

Figure 2. Vascular access survival

- In the 1st, 2nd and 4th year the survival (Fig 2) and PP of AFV, which was planned and built based on individual criteria was: 97, 89, 89% and 89, 67, 61%.

CONCLUSION

It is not possible to predict the need to initiate dialysis only by the GFR.

Compared to other studies, there was no lower survival when starting HD only after the first uremic symptoms.

Regular follow-up seems to be a good way of predicting a need to build access and avoiding creation of unnecessary autologous accesses.

When choosing an access with an individualized approach, the outcomes are remarkably good.

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