CHOOSING THE RIGHT ACCESS FOR THE RIGHT PATIENT

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Disclosures
I do not have any conflicts of interest

DO THE RIGHT THING
DIALYSIS ACCESS MISSION STATEMENT

Do the right thing for your fellow human being—at the right time, in the right amount, for the right reason, within the framework of your conscience, skills, and knowledge, modeled by the culture and societal laws in which you live.

J Vasc Access, 2007; 8:59-68; Table II

THE TEXTBOOK HAS SIX ESRD TREATMENT OPTION ALGORITHM

Dialysis Access
- > 27 access Surgical Sites
- > 20 Patient variables
  Age, diagnosis, smoker, CVD, vascular anatomy, social history, eyesight, etc.

>300 Surgical Treatment Options

HOW SURGEONS WORK/THINK
THE ANSWER IS SELECTION

20 Surgical Sites/25 Patient Variables = 300 Options

History & Physical Exam
“Blink” = 5 Options

Confirm with Ultrasound = 1-2 Workable Solutions
(It should be PD in about 40%)

THE SELECTION PROCESS
LIFE LONG PLANNING

- No dialysis access is “better” than others. (PD, AVF, Grafts, IJ)
- Choosing the right access for every patient at all times
- Then, every access is optimal for the specific patient at the time
- The Key to success is selection - judgment
- Plan 2-3 accesses ahead
- Ask the Patient: What is it that you want from me?
COMMON CHOOSING SCENARIOS
MUCH ABOUT HOW SCARED YOU ARE OF CATHETERS

Choices to be Made
- PD vs. HD
- Native vein AVF vs. Graft
- Forearm Loop Graft vs. Upper arm AVF
- Upper arm BC AVF vs. BVT
- Leg Graft vs. a HeRO

Influence Forces
- The Informed Patient
- Anatomy
- Patient Co-morbidity
- Life expectancy
- Team Knowledge and skill
- Patient Wishes

GRAFT CHOSEN
MANY OPTIONS
- Ringed, stepped or tapered
- Suture-less
- Early Cannulation
- Heparin Bonded

HEPARIN BONDED GRAFTS
20 % INTERVENTION FREE BENEFIT

- Stretch e-PTFE 42.4%
- Heparin Bonded 65.4%

Diastat
- Vectra
- Flixene
- Acuseal

CHOOSING TOOLS
A MATTER OF PERSONAL CHOICE?
- Sutures
- Tunnelers
- Instruments
- Atraumatic

CHOSE THE WAY YOU COMMUNICATE
WHEN STAKES ARE HIGH
- Words we use
- Tone of Voice
- Body language
- Face reading
- It’s about being “safe”
- How to say NO
- Delivering Bad News

HUMAN FACTOR IN DAILY COMMUNICATION.
RED TALK / GREEN TALK
- Reinforces
- Embarrasses
- Discourages
- Punishes
- Thanks for backing me up.
- I didn’t know you were an instructor?
- I heard you the first time.
- I’m already aware of it. Are you looking for my job?

0 2 4 6 8 10 12
0 .0 0 .2 0 .4 0 .6 0 .8 1 .0
Estimate Probability
Propaten, n = 73
Non-Propaten, n = 75
Logrank p-value =0.008
Months

DIALYSIS ACCESS UT DALLAS CAMPUS  
(AUG 1 - DEC 31, 2012)

1. Peritoneal Dialysis N=81 (33%)
2. Hemodialysis N=166 (67%)
3. AVF N=108 (65%)
4. PTFE N=59 (35%)

Total new Access Cases N=247

ACCESS SURVIVAL
DIALYSIS ACCESS AT UT SOUTHWESTERN DALLAS, TX. 2012

0 2 4 6 8 10 12
0 .0 0 .2 0 .4 0 .6 0 .8 1 .0

Wrist AVF 65%
UA/FA BVT 86%
UA BC AVF 87%

Functional Survival by AV Fistula Type 2012
Time to Move Upper Arm

1. Peritoneal Dialysis (ISPD) 70%
2. e-PTFE 50%
3. AVF (DAC study) 40%

Systems are in constant drifts into failure of success
With no oversight or plan, people tend to cut corners and drift into failure
Planning and using Human Factor concepts favor drift into success

SUMMARY

1. Dialysis access decision making is complex
2. The complexity of selection explains the Center Effect phenomenon
3. The philosophy of selecting best access is associated with optimally achieved outcome, and may explain the Center Effect phenomenon
4. Systems are in constant drifts into failure of success
5. With no oversight or plan, people tend to cut corners and drift into failure
6. Planning and using Human Factor concepts favor drift into success
Two close too call!!!

THANK YOU
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CHOOSING THE RIGHT ACCESS

VEITH SYMPOSIUM
Connecting the Vascular Community