

Vascular access for haemodialysis

Abstract:

In a fifteen month period (August 1987 to November 1988) forty patients requiring haemodialysis had 83 angioaccess procedures performed. Arteriovenous (AV) shunts and arteriovenous fistulae were the commonest procedures, comprising 56 (67%) and 20 (24%) of the patients respectively. Subclavian catheters and artificial grafts were used less frequently. Nephrologists and senior house officers attached to the Renal Unit were responsible for fashioning A-V shunts and inserting subclavian catheters while the A-V fistulae were fashioned by the urologists and vascular surgeons. The commonest complication of A-V shunts were clotting, occurring in 31 (55.4%) followed by bleeding in 14 (25%). Eight (32%) of the A-V fistulae never functioned from the beginning. It is noted that we are still very dependent on A-V shunts for vascular access in end stage renal disease (ESRD) patients and this is associated with an unacceptable level of complications. This dependency on A-V shunts in ESRD patients should be stopped or phased out. A-V fistulae should be used more frequently. Their constructions should be well thought out, executed and supervised by the few surgeons who are versed in them together with their follow-ups