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P169 -Vascular access in a district general hospital kidney unit: An 18 year experience

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Aim: Continuous audit of our vascular access experience against UK Renal Association standards and published practice

Method: A retrospective (2000-2003) and prospective (2004-2018) review of patient electronic records

Results: The haemodialysis (HD) population increased from 66 patients in 2000 to 312 in 2018. Our 10 year experience 2000-10 was reported at UKKW, 2011. From 2010 we introduced buttonhole cannulation following our randomised controlled trial (peer publication 2013); our 2010-18 experience is summarised in Table 1. The % stock HD population with a functioning AVF has risen from 39% (2000) to 68% (2018); % starting with AVF has risen from 17% (2000) to 63% (2018). 1 year primary patency was 69% (2000-9 cohort) and 72% (2011-18). 1 year secondary patency was 76% (2000-9) and 91% (2011-18). AVF survival rate is significantly better with buttonhole cannulation and with fewer interventions needed to maintain patency. There was no significant difference in infection rate; MSSA bacteraemias remain a concern for all access.

Conclusion: Establishment of a consultant nephrologist vascular access lead (from 2003), a vascular access nurse (from 2006), focused pre-dialysis care, regular monitoring of access with Transonic QC™ (from 2006) in parallel with responsive and accessible interventional radiology and vascular access surgical services have all contributed to our rise in HD stock AVF in the face of an expanding HD population. In addition, buttonhole cannulation is associated with an AVF survival advantage. Although infection rates are in line with published figures, our efforts are concentrated on understanding reasons for the rise MSSA bacteraemias across all dialysis access.