



CONTROVERSES ET ACTUALITES EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 23-25 2020



MARRIOTT RIVE GAUCHE & CONFERENCE CENTER | PARIS | FRANCE

How Will Your Practice Be Impacted By The New K-DOQI Guidelines?

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Disclosure

Consulting: Avenu Medical, BD



Last updates to KDOQI
Vascular Access Guidelines
were in 2006

Patient first

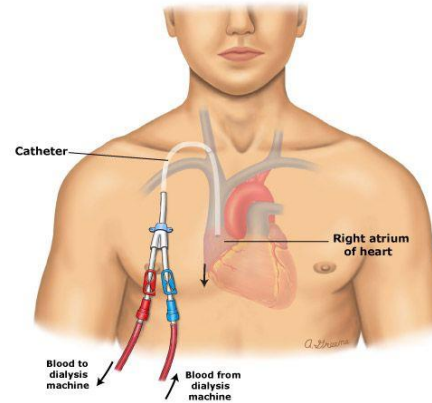
Current KDOQI

- Fistula First

New KDOQI

- ESKD Life-Plan
- Annual review & update of patient's individualized plan
- Minimum quarterly review of vascular access access functionality, complications risks, access options

Catheter use



Current KDOQI

- Catheter last
- Avoid long-term catheters if possible

New KDOQI

- Reasonable in valid circumstances to use tunneled CVC for short or long-term duration

Modality education

Current KDOQI

- Patients with a glomerular filtration rate (GFR) less than 30 mL/min/1.73 m² (CKD stage 4) should be educated on all modalities of kidney replacement therapy (KRT) options, including transplantation, so that timely referral can be made for the appropriate modality and placement of a permanent dialysis access, if necessary.

New KDOQI

- Adult & pediatric patients w/ GFR ≤ 30 mL/min & **progressive** decline in kidney function (**including failing transplant/ PD**) should be educated on all modalities of kidney replacement therapy

Timeline for dialysis access creation

Current KDOQI

- AVF should be placed at least 6 months before anticipated HD start

New KDOQI

- In non-dialysis CKD patients, AVF should be created 6-9 months before anticipated HD start

Pre-operative evaluation

Current KDOQI

- Vascular mapping should be performed in all patients before placement of an access



New KDOQI

- **Selective** pre-operative ultrasound in patients w/ **high risk** of AV access failure rather than routine vessel mapping in all patients
- **No absolute criteria for minimal vessel diameter** that prohibits AVF creation

AV access type & location

Current KDOQI

- AVF are preferred; wrist>elbow>transposition
- Then, AVG: forearm loop>upper arm AVG>necklace AVG or LE
- Avoid long-term catheters if possible

New KDOQI

- AVF or AVG consistent with patient life-plan & overall goals of care
- Site dependent on patient life-plan/ anticipated duration of HD
 - > 1 year
 - Forearm AVF/Forearm AVG/Upper arm AVF
 - < 1 year
 - Forearm AVG/Upper arm AVG
 - Urgent Start
 - Early cannulation AVG or CVC

Post-operative creation

Current KDOQI

- None

New KDOQI

- Does not suggest use of
 - Plavix
 - Vitamin D
 - Allogenic endothelial implants to improve outcomes
 - Fish oil or ASA for AVF's
 - Anticoagulation/antiplatelet agents for CVC patency

AV access maintenance

Current KDOQI

- Preemptive PTA may be indicated in certain cases of abnormal physical findings

New KDOQI

- Does **not** recommend pre-emptive angioplasty of AV access with stenosis in absence of clinical indicators

Balloon angioplasty



Current KDOQI

- Balloon angioplasty is indicated for significant stenosis

New KDOQI

- High pressure balloon PTA as primary treatment for AVF/AVG stenosis
- Inadequate evidence for DCB or cutting balloons
- Inadequate evidence for balloon inflation time

Surveillance

Current KDOQI

- Physical exam
- AVG: Intra-access flow, static venous pressure, duplex ultrasound
- AVF: Direct flow measurement, duplex ultrasound

New KDOQI

- Does not suggest routine AVG surveillance by measuring access flow, pressure monitoring or imaging
- Inadequate evidence to support AVF surveillance beyond physical exam
- Monitoring is primary—surveillance is supportive

Don't get stuck in 2006!



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Ain't No Other Man
Christina Aguilera · 2006



SexyBack
Justin Timberlake · 2006



Crazy
Gnarls Barkley · 2006



Dani California
Red Hot Chili Peppers · ...



Smack That
Akon · 2006



Chasing Cars
Snow Patrol · 2006



My Love
Justin Timberlake · 2006

