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 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

<table>
<thead>
<tr>
<th>Current KDOQI</th>
<th>New KDOQI</th>
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<tbody>
<tr>
<td>None</td>
<td>• Does not suggest use of</td>
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<tr>
<td></td>
<td>• Plavix</td>
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<td>• Vitamin D</td>
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<td>• Allogenic endothelial implants to improve outcomes</td>
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<td></td>
<td>• Fish oil or ASA for AVF’s</td>
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<td></td>
<td>• Anticoagulation/antiplatelet agents for CVC patency</td>
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AV access maintenance

Current KDOQI
• Preemptive PTA may be indicated in certain cases of abnormal physical findings

New KDOQI
• Does not recommend preemptive 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!

<table>
<thead>
<tr>
<th>Song</th>
<th>Artist</th>
<th>Year</th>
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<td>Nelly Furtado</td>
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<td>Ain't No Other Man</td>
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<td>SexyBack</td>
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<td>Gnarls Barkley</td>
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<td>Smack That</td>
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<td>Chasing Cars</td>
<td>Snow Patrol</td>
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<td>My Love</td>
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