

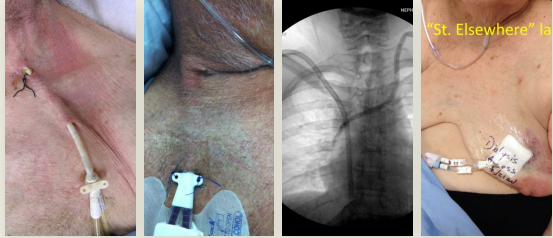


Catheters: *Could we have it all wrong?*

Long history of erroneous medical dogmas

All catheters are not created equal



Associations between Hemodialysis Access Type and Clinical Outcomes: A Systematic Review

"The risk for bias, especially selection bias, was high"

Ravani P, Palmer SC, Oliver MJ, Quinn RR, MacRae JM, Tai DJ, Pannu NI, Thomas C, Hemmelgarn BR, Craig JC, Manns B, Tonelli M, Strippoli GF, James MT. Associations between hemodialysis access type and clinical outcomes: a systematic review. *J Am Soc Nephrol.* 2013 Feb;24(3):465-73


<https://pubmed.ncbi.nlm.nih.gov/23431075/>

HD Venous Catheter vs. AV Access Comparative Outcome Data

Old studies	Retrospective	Uncontrolled	Adjustment for patient characteristics
Mixed temporary and permanent	Unspecified Catheter care	Unspecified Catheter insertion	No "ESKD Life Plan"

Initiation of hemodialysis: Patient Perspective

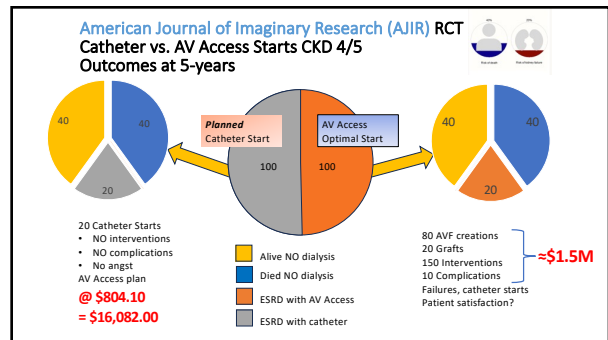
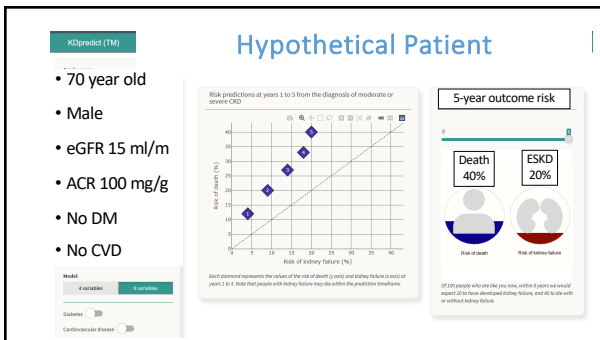
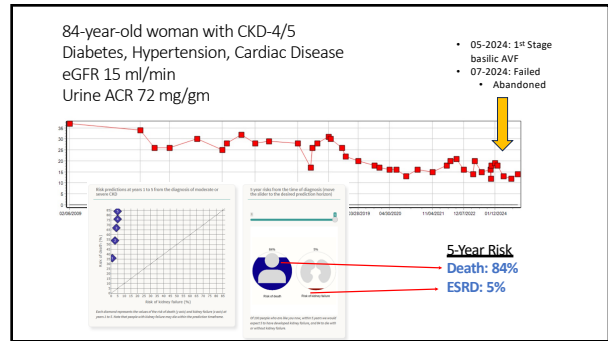
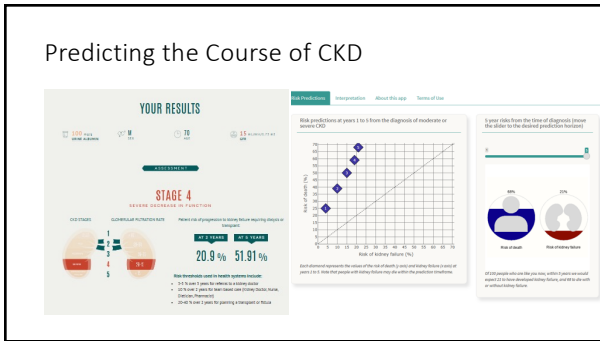
- Frightening
- Stressful
- Confusing
- Painful
- Disfiguring



Fiduciary Relationship with Patient

This patient is *entirely unaware* of physician/CKCC financial stake in attaining an "optimal start"

"As fiduciaries, doctors owe a duty of loyalty to their patient's interests that requires them to elevate their conduct above that of commercial actors."



The right access, for the right patient, for the right reasons

4 Ws

- There are four considerations an access planning – 4 Ws
 - Whether or not to create a vascular access and do dialysis
 - Which type of vascular access create
 - Where the vascular access should be placed
 - When a vascular access should be created

Slide credit Dr. Monnie Wasse