


FistulaFirst

Secondary A-V Fistulae in A-V Graft patients

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FFBI (“FistulaFirst”)
11 key Change Concepts*

1. Routine CQI review of vascular access
2. Timely referral to nephrologist
3. Early referral to surgeon for “AVF only”
4. Surgeon selection
5. Full range of appropriate surgical approaches
6. **Secondary AVFs in AVG patients**
7. AVF evaluation/placement in catheter patients
8. Cannulation training
9. Monitoring and Maintenance
10. Continuing education
11. Outcomes feedback

*A Change Concept is an approach to change proven to be successful, which is intended to stimulate specific strategies relevant to implementation of that Change Concept.

CC #6: Secondary AVFs in AVG patients
Expanded Definition

Any AVF constructed following an AVG:

- Conversion of an existing AVG outflow vein to a direct AVF where feasible
- or**
- Exam & Vessel Mapping for alternate options when outflow vein is not suitable

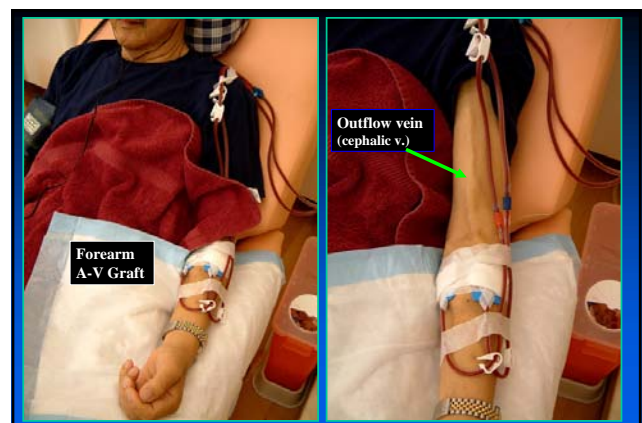
CC #6: Secondary AVFs in AVG patients
GOAL

- To transition from an AVG to an autogenous AVF in all patients where appropriate & feasible -- ideally prior to permanent graft loss
- “every patient should be re-evaluated for construction of an autogenous A-V fistula after failure of every dialysis A-V access”-- K/DOQI guideline 29
- A powerful AVF *prevalence* strategy

CC #6: Secondary AVFs in AVG patients
Fistula First Definition

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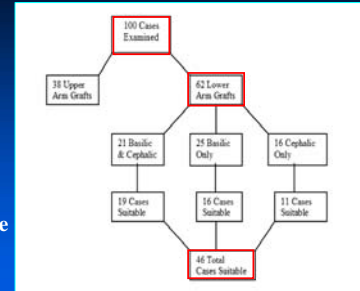
Identification of 2° AVF Candidates

Candidates for secondary fistulas can be identified by:

- Angiogram (fistulogram) - at time of AVG intervention
- Ultrasound
- Physical examination in dialysis facility (“Sleeves Up” exam)

Identification of Secondary AVF Candidates

- 100 consecutive patients with upper extremity grafts
 - Referred for angioplasty or thrombectomy
- Utilized only the studies routinely performed for the procedures being done



Beathard GA. Seminar Dial 17:230-233, 2004

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Identification of 2° AVF Candidates: “Sleeves Up” exam



“Sleeves Up” exam
Assisted by compression



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CC #6: Secondary AVFs in AVG patients

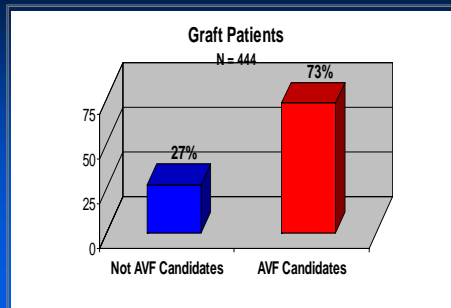
- Exam & Vessel Mapping for alternate options when failing graft's outflow vein is not suitable



New transposed Basilic vein AVF—planned & constructed prior to loss of left forearm AVG

Recurrent failure of forearm loop graft following multiple PTA's & revisions. Fistulogram revealed unsuitable outflow veins.

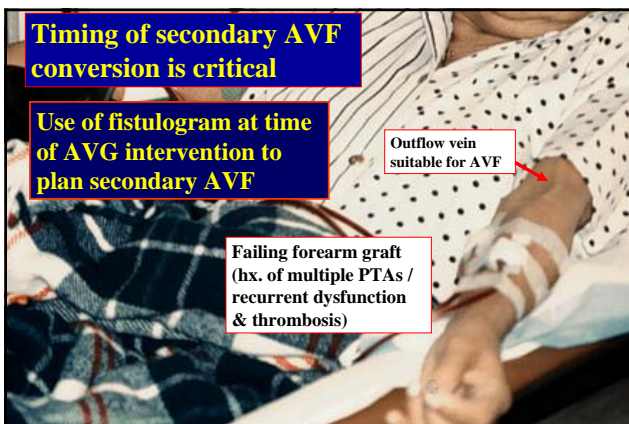
AVF Candidates in Prevalent Graft Patients



Sands et al NKF 2001

Timing of secondary AVF conversion is critical

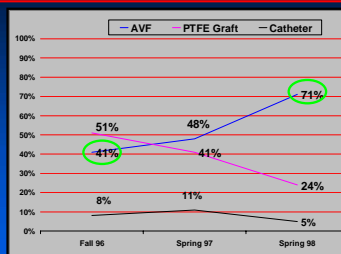
Use of fistulogram at time of AVG intervention to plan secondary AVF



Outflow vein suitable for AVF

Failing forearm graft (hx. of multiple PTAs / recurrent dysfunction & thrombosis)

Secondary Fistulas in Prevalent Graft Patients



AVF increased to 71% by replacing failing grafts with AVF

Vo Nguyen et al: ASN 1999 ABS. A1085

6. Secondary AVFs in AVG patients

Fistula First recommendations:

- Dialysis facility staff and/or rounding nephrologist examine outflow vein of all AVG patients monthly ("sleeves up")
- Nephrologists evaluate every failing AVG patient for possible secondary AVF/ consult with interventionalist regarding outflow veins/ need for mapping
- Nephrologists refer to surgeon for evaluation and placement of secondary AVF before recurrent failure/loss of AVG

Strategies for 2^o AVF Conversion

Protocol for Thrombosed or Dysfunctional AVG

- Staff (VAC) schedules Intervention
- Staff notifies nephrologist & surgeon of record
- Interventionalist previously instructed to visualize outflow vein(s) and provide details in report for all AVG procedures—report to surgeon as well
- Surgeon reviews study and schedules app't. to see patient
- Surgeon discusses plan and timing for AVF with nephrologist--while AVG still functioning.



For questions related to the
FistulaFirst initiative, please contact
your local ESRD Network at:

<http://www.esrdnetworks.org/>

AND

visit the **FistulaFirst** Website:

FistulaFirst.org

