

USE OF TUNNELLED CATHETERS IN HEMODIALYSIS

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Use of tunneled catheters in hemodialysis patients can cause significant infection and mortality in dialysis patients. Recent concern regarding use of tunneled catheters leading to a legislation to tie it to the reimbursement of the dialysis unit is contemplated.

Despite its advantage to use in acute patients and during a bridge period between a permanent access, the use permacath is discouraged in hemodialysis patients. Regardless this effort a significant number of permacath are being used in dialysis unit. We decided to review the charts of patients regarding the use of permacath in our unit.

Among the 125 end stage renal disease (ESRD) patients, 24 patients (19.2%) have tunneled catheters currently being used as primary access for hemodialysis. Of those 24 patients 8 (33.3%) of them have a fistula in maturing, 5 (20.8%) of them have graft in maturing and 11 (45.8%) of them have only permacath with no other permanent access. Among the 11 patients who have only permacath, 4 patients have recent clotted access and waiting for surgery, 3 patients have new ESRD and waiting for surgery, 2 patients have multiple access failure and no permanent access can be created, 1 new End stage patient who is in recovering phase.

The tunneled catheter during dialysis is used only when it is needed. Unnecessary use of tunneled catheter is not a common practice. Delay in surgery may be the most common cause of prevalent tunneled catheters.