

2018 Vascular Access for Hemodialysis Symposium

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Access Emergencies: Are You and Your Patients Prepared?

John F. Lucas III, MD, FACS



Access Emergencies

- Bleeding
 - Needle hole
 - Thin area
 - Anticoagulation
 - Outflow stenosis or occlusion
 - Incision from recent access creation especially graft insertion
 - Think infection
 - Aneurysm
- Thrombosis
 - Emboli to brachial artery

Aneurysms

- High Flow
- High Pressure
 - High flow
 - Outflow stenosis or obstruction
- Weak area from cannulation
- False aneurysm













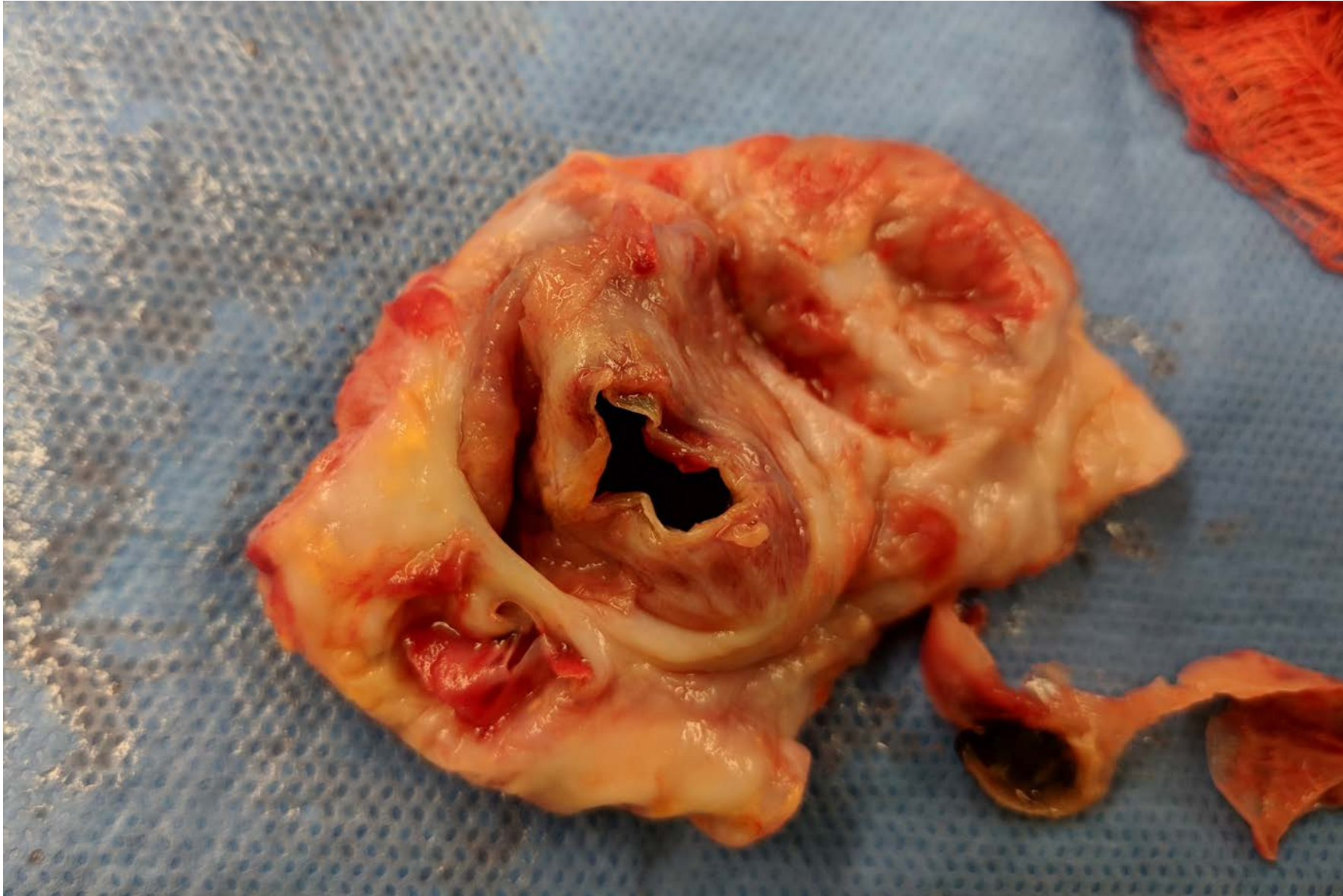


















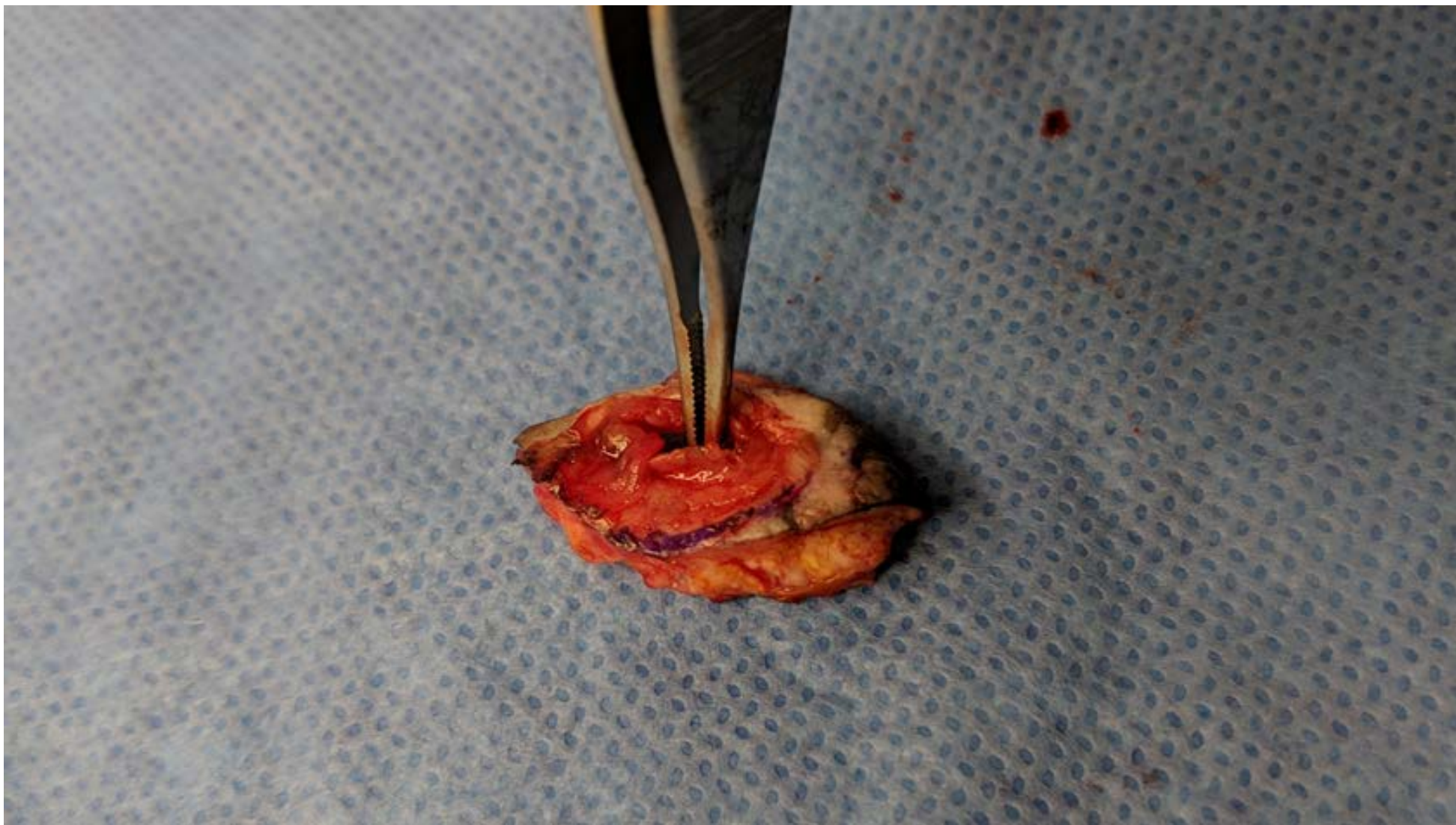






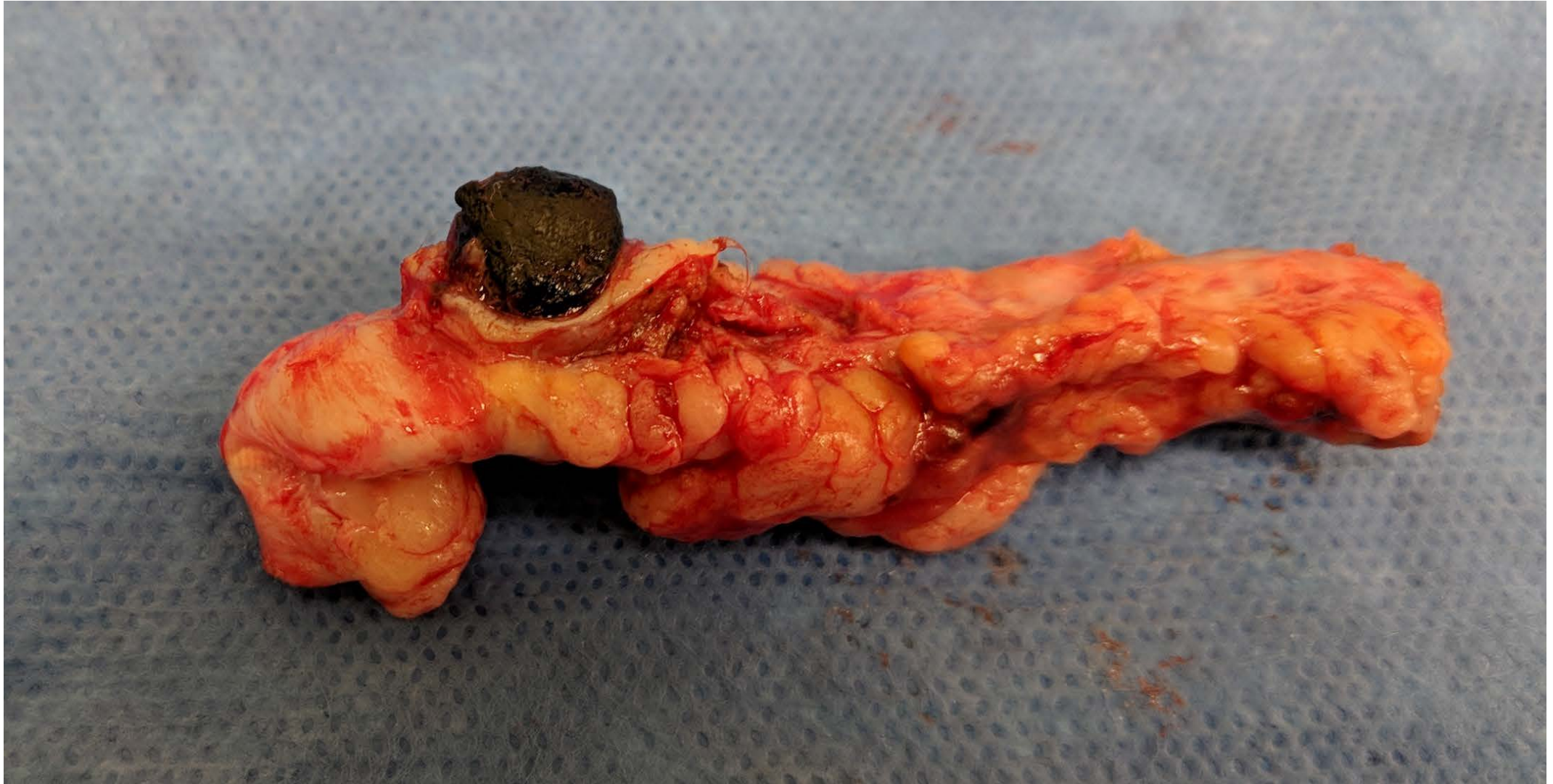


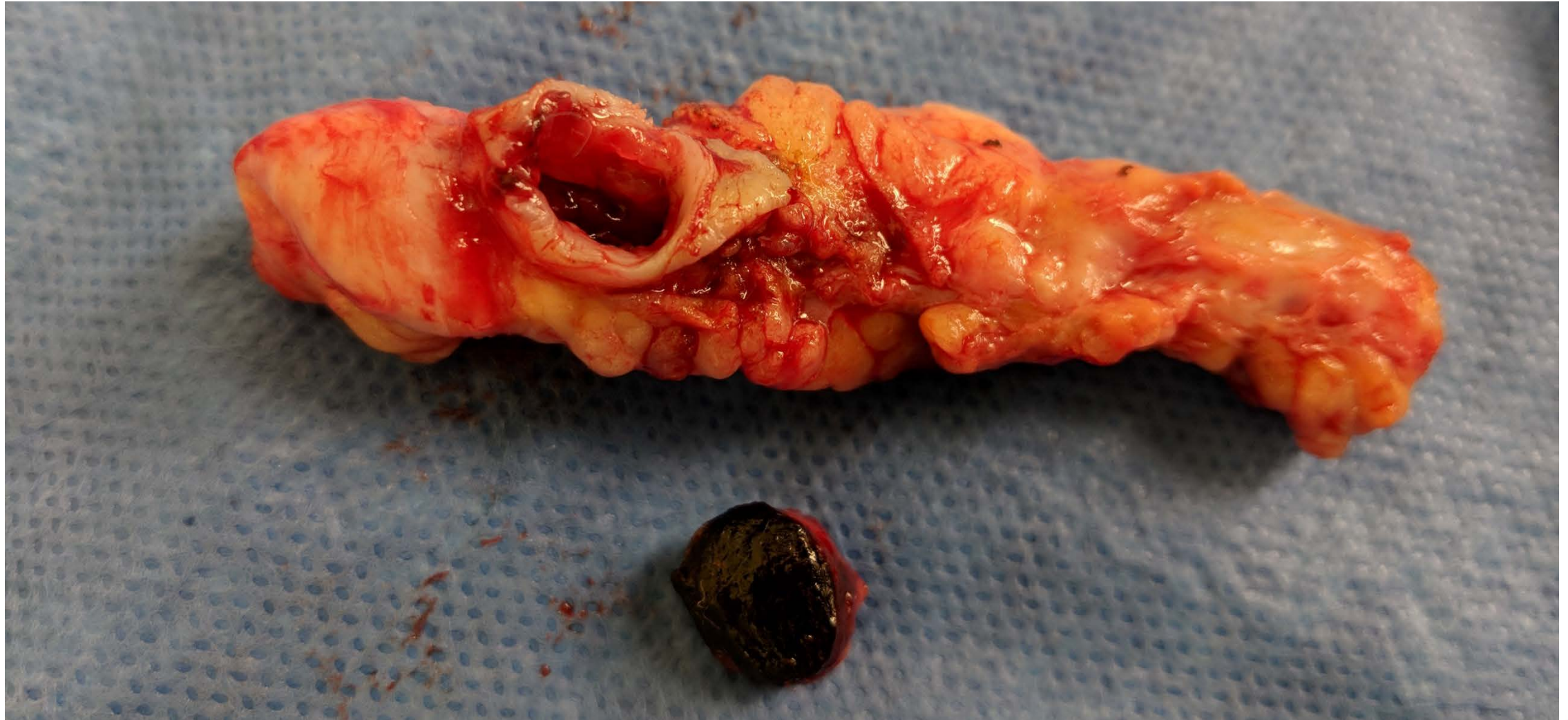




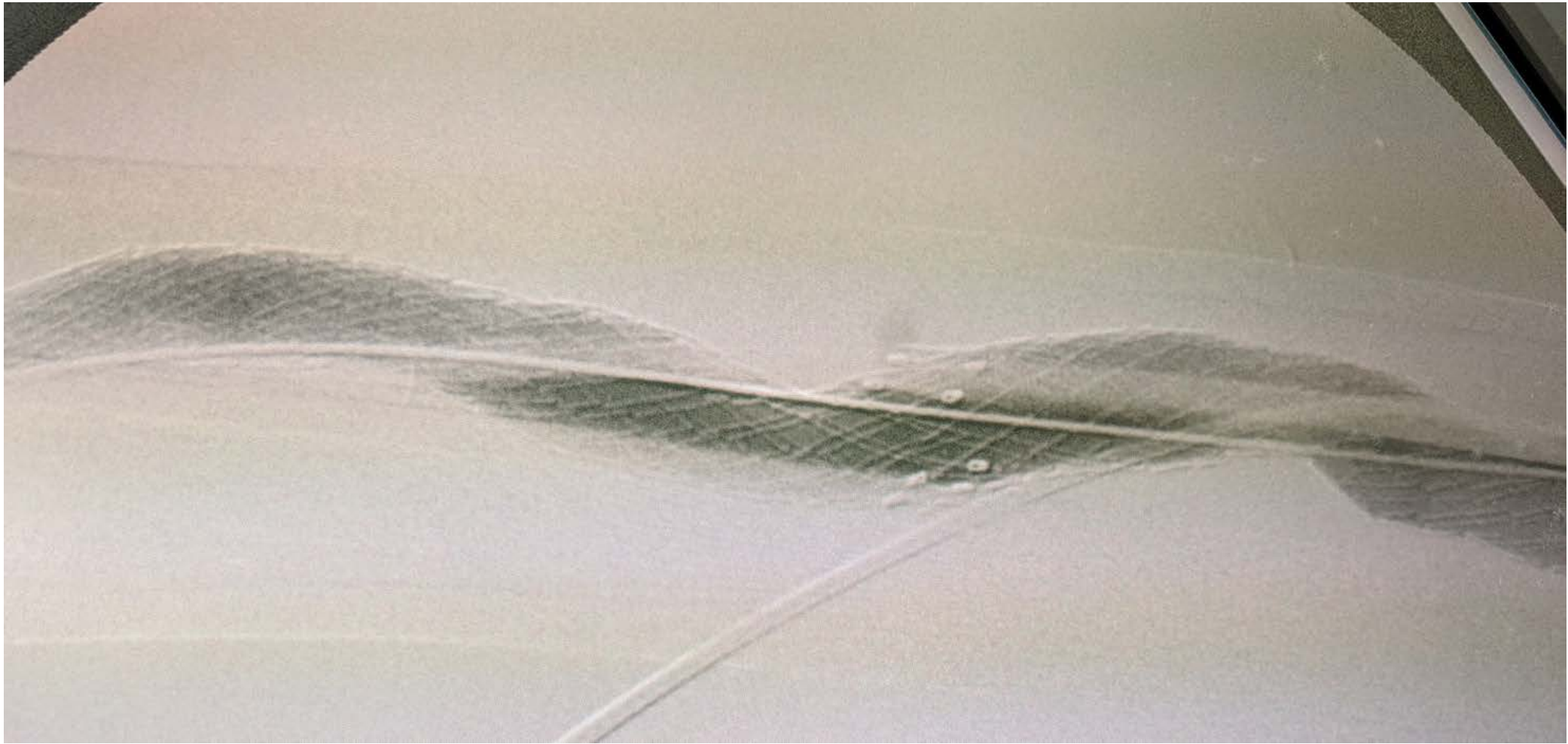




















How to Stop the Bleeding

- Know where the anastomosis is
- One gloved finger over the opening
- Bulky gauze dressings only soak up the blood
- Have a tourniquet nearby
- Sutures will not hold in an aneurysm that has bleed
- Recognize problems before they become dangerous

Conclusion

- Rotate sites
- Avoid thin areas
- Avoid areas with fixed skin
- Avoid sticking in a circular pattern
- Refer patients for evaluation for
 - Pulsatile aneurysms
 - Areas of eschar
 - Any excessive bleeding