



Dialysis Access in the Transplant Recipient

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Disclosures

- No disclosures.



Objectives

Upon completion of this activity, participants will be able to:

- Discuss the needs of recipients with a failing transplant.
- Describe the needs of candidates with no access options.
- Identify how to approach patients with a functioning transplant who want access removed.
- Discuss when to ligate fistulas for transplant function.



Transplant Allograft Failure and Access

- Time to dialysis
- Cr level 4+
- Femoral Access
- Living Donor Options
- Always place fistula
- Coordinate with transplant nephrologist regarding timing.



End stage access and transplantation.

- Compassionate points.
- Coordinate with transplant center.
- Detailed letter to transplant program regarding lack of options.
- Direct communication with transplant nephrologist or surgeon.



End stage access and transplantation.

- Transplantation can occur within several months.
- New Kidney Allocation System dialysis time counts
- Patients with 3+ years on dialysis rapidly transplanted

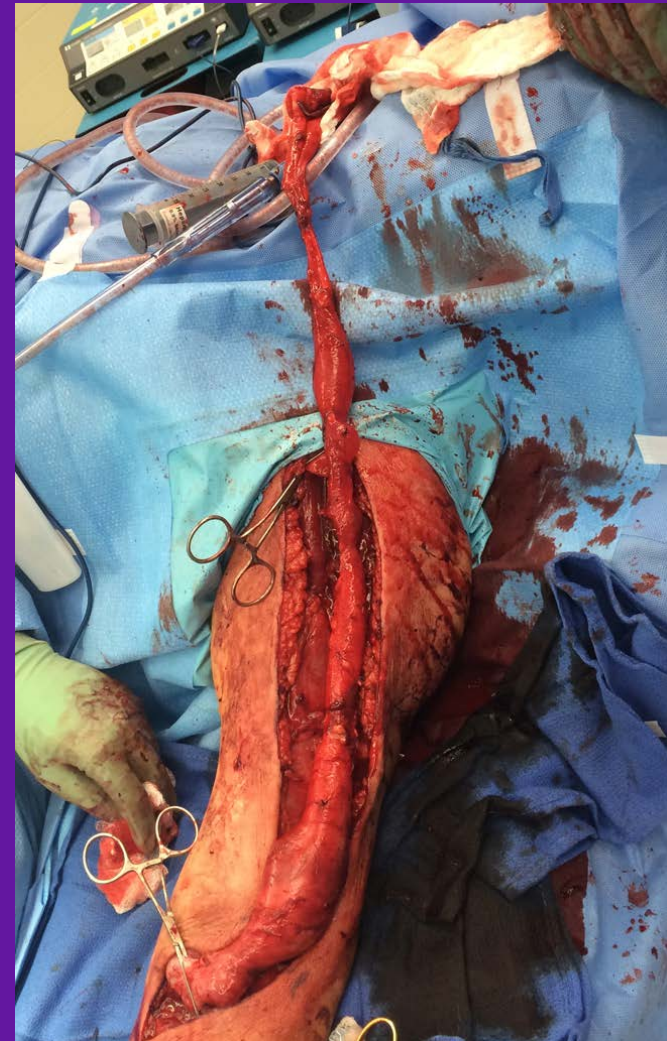


Removing Access after Transplant

- Always try to talk the patient out of removing access.
- Attempt moving the origin of a fistula from the wrist to the upper arm.
- Revise fistula to remove unsightly aneurysmal and redundant areas.



Aneurysmal and Redundant Fistula



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Ligating Fistula in the Immediate Post Transplant Period

- Venous Hypertension
- Back Pressure
- Femoral Grafts
- Upper Extremity Grafts with SVC occlusion



Case

- Case #1
 - 18 years on HD
 - Left Upper Arm Graft drained through collaterals in the abdominal wall to left iliac
 - Visible flow in left proximal iliac
 - DDRT 27 y/o female Cr .7



Case

- UO 15-25cc per hour post transplant Cr stabilized at 6
- Graft ligated POD #4
- UO increased to 65-100cc per hour
- Cr decreased over the following 4 days to 1.3



Questions?

