WELCOME *To the*

2026 SYMPOSIUM

ESKD Life Plan and Access Plan

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Disclosures

None


arteriovenous
FISTULA FIRST
AVF — The first choice for hemodialysis

ESKD Life PLAN

A strategy for living with ESKD that considers the patient's current and anticipated medical and life circumstances and preferences.

The Life-Plan should start in the predialysis period and maximize ESKD modality choices.

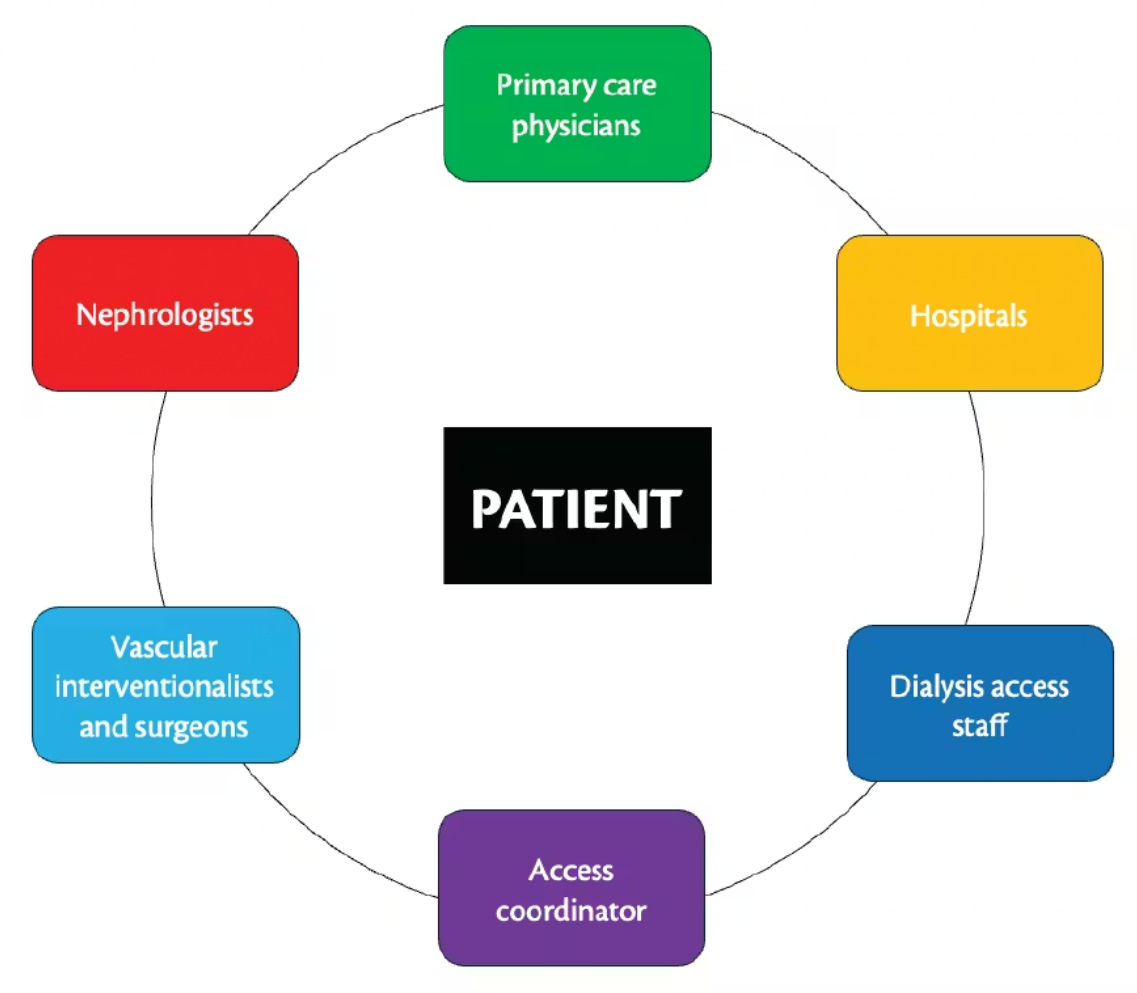
The Life-Plan should be regularly re-evaluated given expected changes in a patients life circumstances.

ESKD Life PLAN

Patient **L**ife-Plan First

then **A**ccess **N**eeds

ESKD Life PLAN Team



Workflow to create ESKD Life-Plan



Patient sees multiple providers



PCP refers patient to the Nephrologist

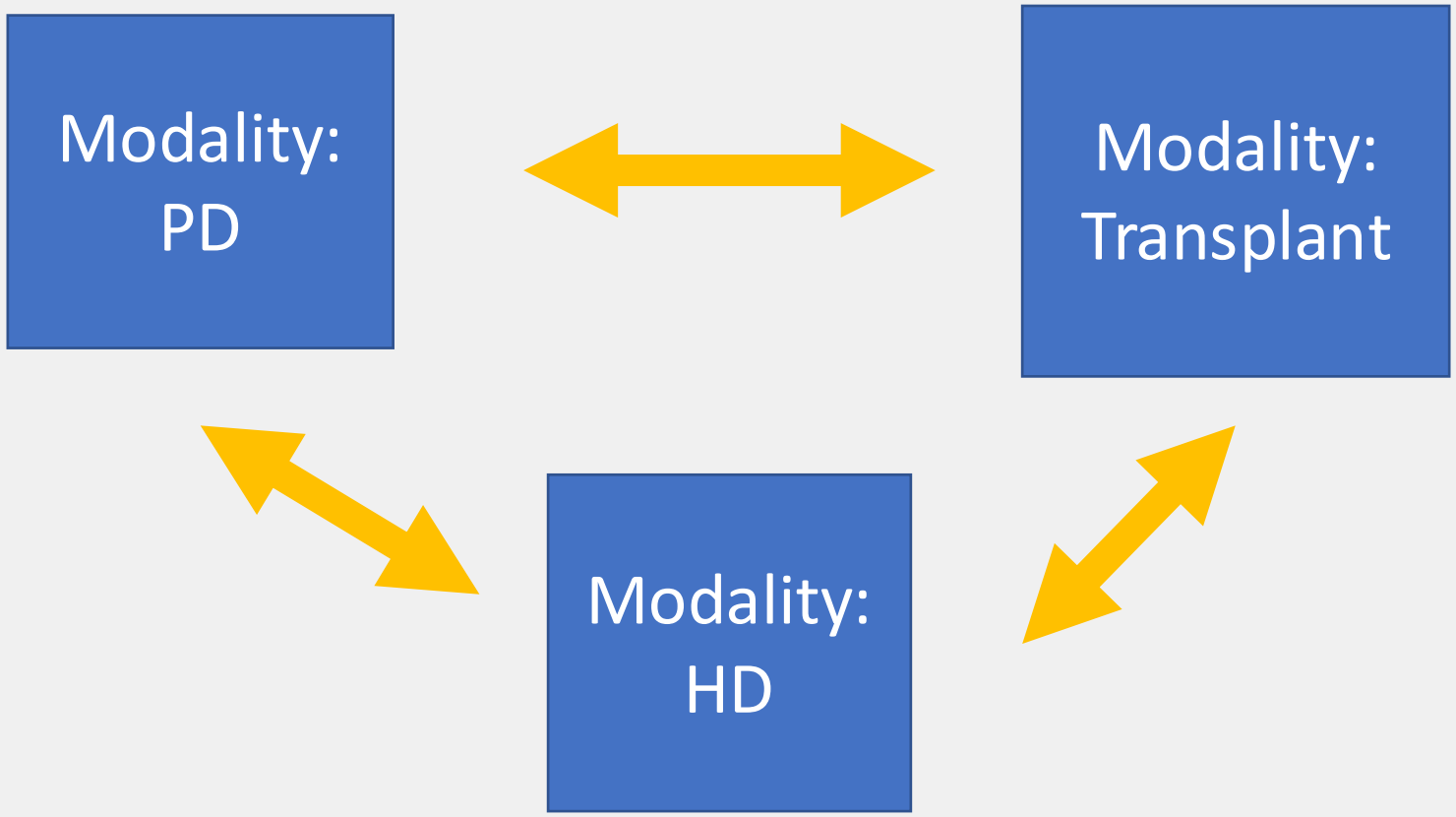


Nephrologist sees the patient before acute dialysis starts



Surgeon/IR/IN evaluates dialysis access options for current/future modalities

Modality Plan

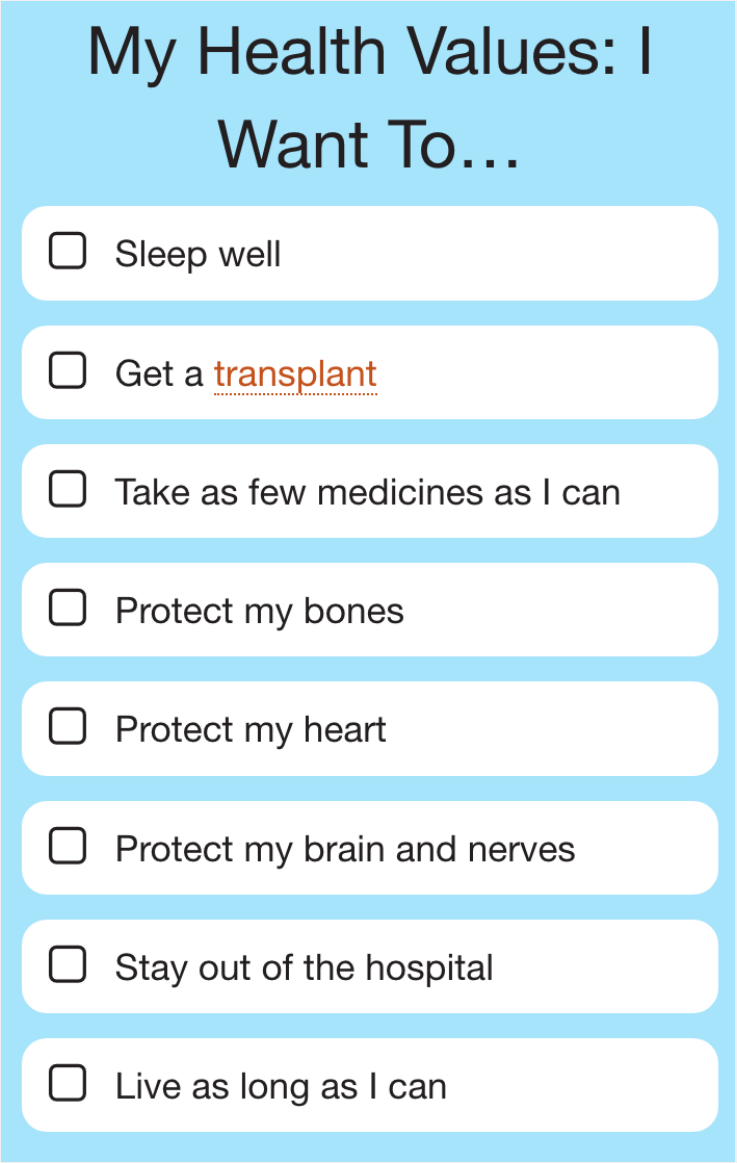


Modality Selection: Life Style Values

My Lifestyle Values: I Want To…

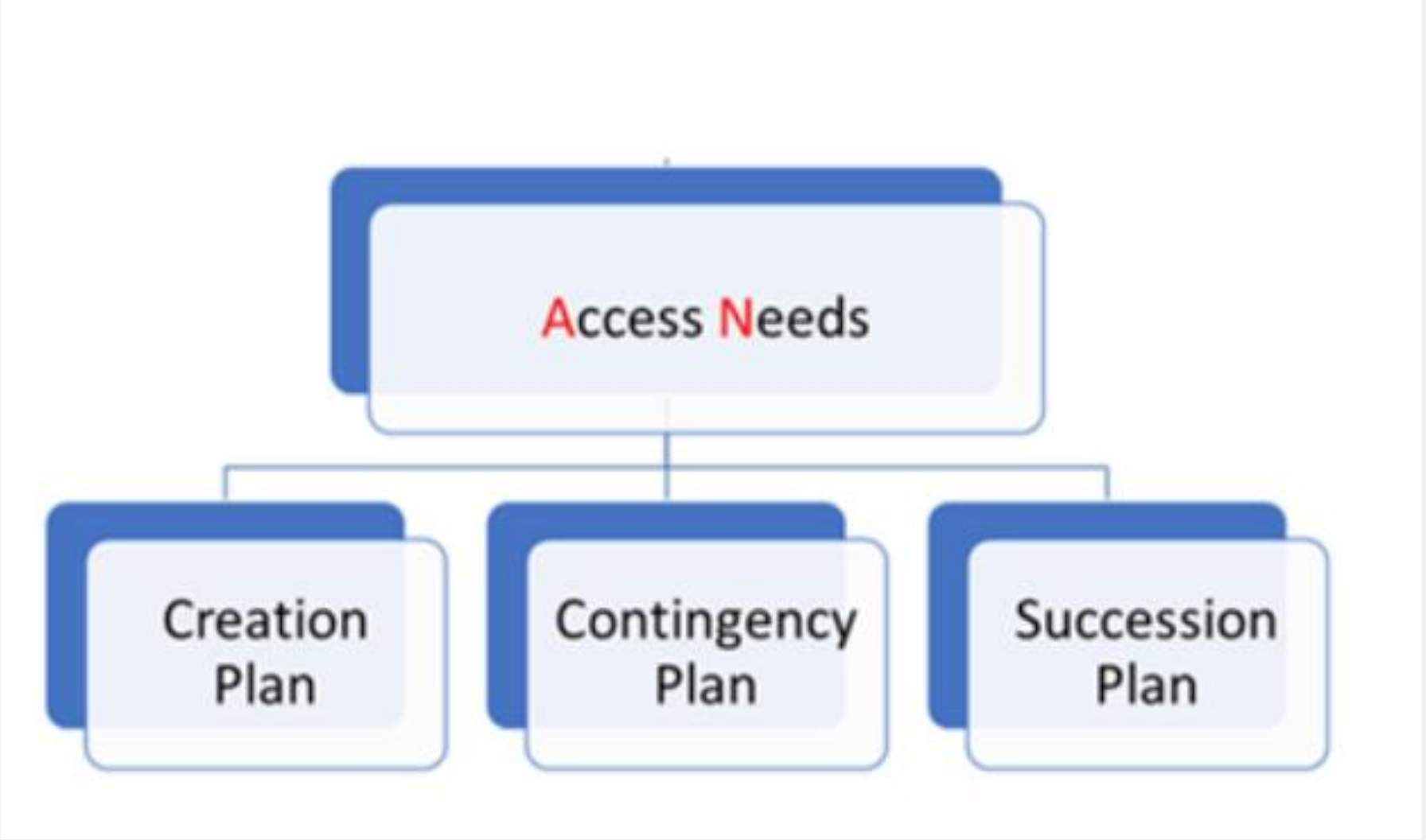
- [ ] Work or go to school
- [ ] Travel
- [ ] Eat and drink what I like
- [ ] Swim and/or take tub baths
- [ ] Have my pets
- [ ] Feel well from day to day
- [ ] Afford my care
- [ ] Feel in control of my time and life
- [ ] Not turn my home into a clinic
- [ ] Avoid needles

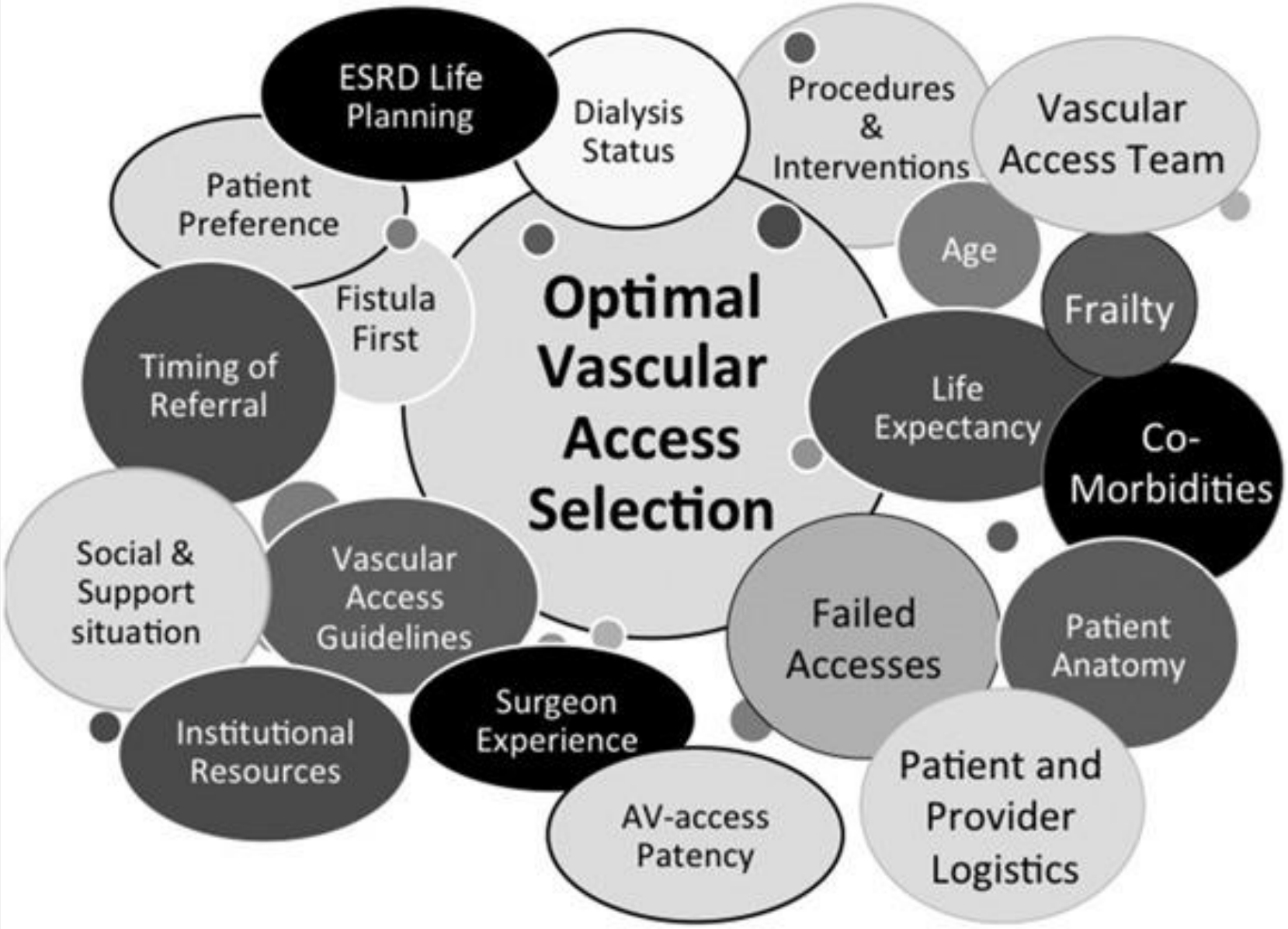
Modality Selection: Health Values



Modality Selection: Family & Partner Values




Access Needs
Creation Plan
Contingency Plan
Succession Plan


ESRD Life Planning
Dialysis Status
Procedures & Interventions
Vascular Access Team
Patient Preference
Age
Frailty
Fistula First
Optimal Vascular Access Selection
Timing of Referral
Life Expectancy
Co-Morbidities
Social & Support situation
Vascular Access Guidelines
Failed Accesses
Patient Anatomy
Surgeon Experience
Institutional Resources
Patient and Provider Logistics
AV-access Patency

Access Planning

- Dialysis dependence

Access Planning

- Dialysis dependence
- Sex

Dialysis Fistulae Patency and Preoperative Diameter Ultrasound Measurements

E. Korten,[1*] I.M. Toonder,[1] Y.C. Schrama,[2] W.C.J. Hop,[3] A.C. van der Ham[4] and C.H.A. Wittens[4]

Kidney International, Vol. 63 (2003), pp. 346–352

Gender differences in outcomes of arteriovenous fistulas in hemodialysis patients

CHRISTOPHER D. MILLER, MICHELLE L. ROBBIN, and MICHAEL ALLON

Access Planning

- Dialysis dependence
- Sex
- Age/frailty
  - Life expectancy, likelihood of associated comorbidities, age-related personal goals
  - 12-month survival rates of patients with ESRD >/= 75 or 45-64 are 62 vs 86%, respectively
  - Patients ages >65 years old have been reported to have an increased risk of AVF maturation failure with a relative risk of 1.7 compared with patients <65 years old

  - In a study of octogenarians that had AVFs created, 32% died before needing to start dialysis, 57.5% died within 18 months of starting dialysis and of these patients who died, 55.5% died within 6 months of starting dialysis: 70% of them had AVFs created, but none of the AVFs matured to allow for cannulation before the patients died

Access Planning

- Dialysis dependence
- Sex
- Age/frailty

- Associations between race, diabetes yield disparate outcomes
- Obesity may make AVF creation more complicated, but not prohibitive

Goals

Tailor each plan to each unique patient's needs to customize their care

Confirm agreement between patient and care team leading to more appropriate care

Coordination of care to prevent loss of future access options

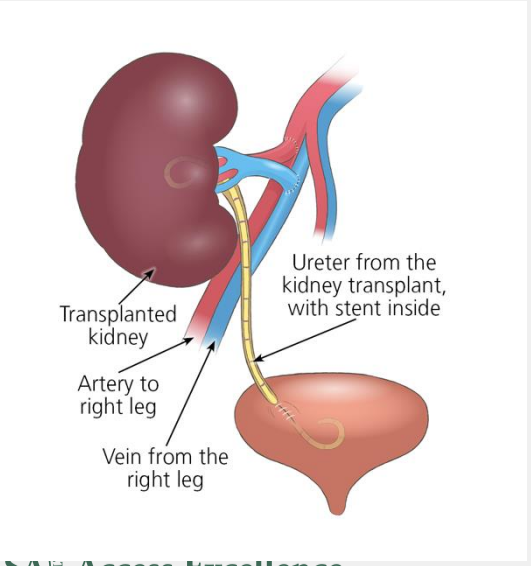
Decrease patient waiting times and wasted time with an organized plan

Facilitates team communications with require annual update or after any changes in the patients dialysis access

Right access, in the right patient, at the right time, for the right reasons



The best access is the one that matches the patients ESKD Life Plan



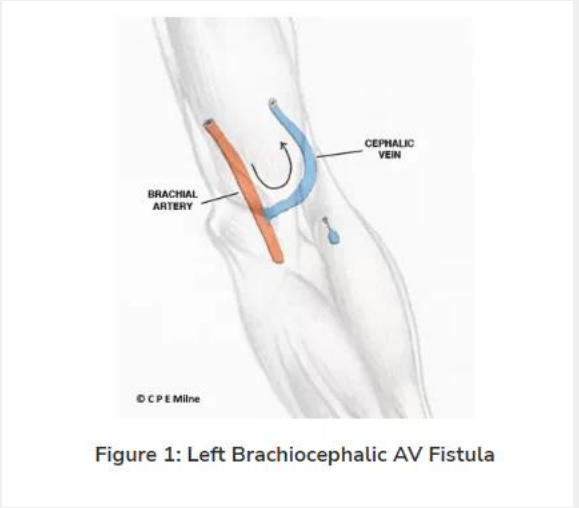
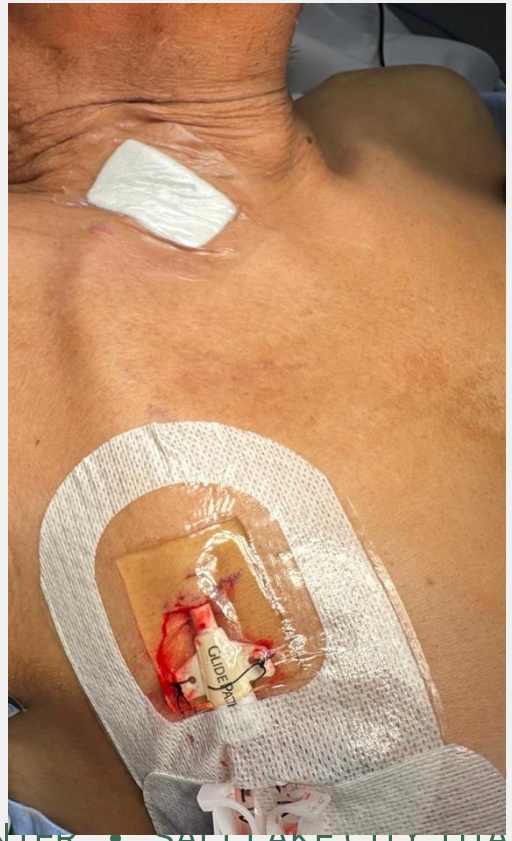


Figure 1: Left Brachiocephalic AV Fistula





Conclusion

Forming an individualized, comprehensive plan in conjunction with the patient's treatment and life goals is the objective

Once an access has been placed, further discussions should hinge on contingency plans for anticipated problems and a succession plan should the access ultimately fail

Plans need to be updated regularly