WELCOME To the

2026 SYMPOSIUM

Problems and Initiatives in Vascular Access Care in Latin American Countries

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Disclosure of Conflicts of Interest

The speaker declares **no conflicts of interest** relevant to the content of this presentation.

No financial relationships with commercial entities producing products or services discussed.

The Scale of the Problem: CKD in Latin America

ISN Global Kidney Health Atlas 2023 — 22 countries, 96.5% of regional population

10.2%

Median CKD prevalence across Latin America (IQR 8.4–12.3%)

ISN-GKHA 2023

2×

CKD mortality in LATAM vs. global average — 5.25% vs. 2.53% in 2019

GBD 2019

9%

Countries in LATAM where ALL patients who need dialysis can actually start it (2 of 22)

ISN-GKHA 2023

INDICATOR	LATIN AMERICA	WESTERN EUROPE
Universal RRT access	**7 / 22 countries**	**Near universal**
>50% HD patients start with temporary catheter	**67% of countries**	**<5% of countries**
Free public funding for access creation	**27% of countries**	**88–91% of countries**

Catheter-First Dialysis: The Latin American Default

Mexico as a representative case study

MEXICO — HD ACCESS AT INITIATION

ACCESS TYPE	%
Non-tunneled temporary catheter	**65.0%**
Tunneled catheter	**10.5%**
AVF (arteriovenous fistula)	**20.5%**
AVG (arteriovenous graft)	**1.5%**
Catheter-dependent >1 month	**>90%**

13,373 patients, 23 HD units — García-Yañez et al. Front Nephrol 2023

8%

AVF prevalence in a national survey of **818 patients across 83 HD units** in Mexico

Tirado-Gómez et al. Salud Pública Méx 2010 (cited in García-Yañez 2023)

"This is not a fistula-first problem. This is a catheter-by-default reality."

Five Structural Barriers — A Systems Failure

Not a knowledge problem — a systems problem

⏰ Late Referral

Most patients arrive in uremic emergency — no time to create a definitive access. Pre-dialysis nephrology care remains suboptimal across the region.

🔗 Fragmented Care

Nephrology, vascular surgery, interventional radiology, and nursing rarely operate as a structured multidisciplinary team in most LATAM centers.

📊 No National Registries

Mexico has no national CKD or vascular access registry. We cannot improve what we do not measure. Data heterogeneity is itself evidence of the problem.

💰 Unequal Funding

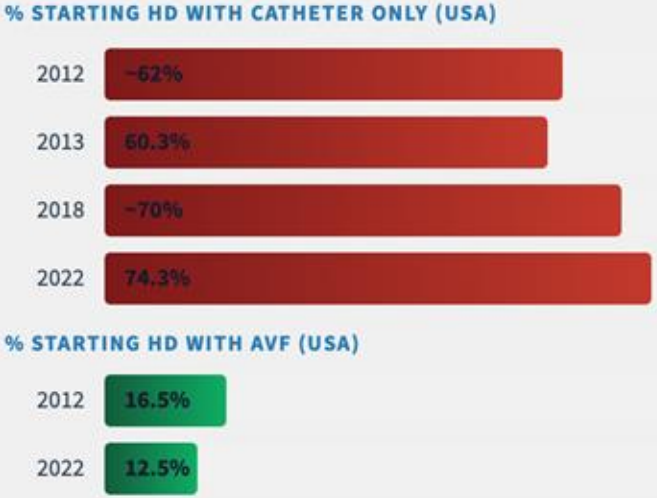
59% of LATAM countries rely on mixed public-private funding for catheter placement. Only 27% offer free public coverage — vs. 88–91% in Eastern and Central Europe.

📋 Regulatory Gap

Mexico's NOM-003-SSA03-2010 (official hemodialysis standard) does not contemplate vascular access for HD. No national guideline framework exists.

Vascular Access at HD Initiation: A Shared Global Challenge

USRDS 2024 — HD initiation access trends 2012–2022



84.7%

of all US HD initiations in 2022 involved a catheter (with or without a maturing permanent access)

USRDS 2024 Annual Data Report, Chapter 4

"Catheter-dependent dialysis initiation is a universal challenge — including in countries with robust guidelines and quality initiatives. Latin America has an opportunity to build systems that address this from the start."

What Works: Multidisciplinary Access Teams

Before vs. after implementing a structured VA team — single center, Portugal

OUTCOME	PRE-TEAM (2019)	POST-TEAM (2022)	P
Patients initiating HD with AVF	**37.5%**	**50.9%**	**0.011**
Time to AVF placement (catheter-starters)	**87 days**	**46 days**	**<0.001**
Time to cannulable AVF	**203 days**	**132 days**	**<0.001**
Cannulable AVFs at 180 days (catheter-starters)	**26.1%**	**38.6%**	**0.002**

> *The intervention was not new technology or new drugs. The intervention was* **structure, coordination, and protocol** *— available to any center willing to implement it.*

Figueiredo R et al. Nephrol Dial Transplant 2024;39(Suppl 1). Implementation of multidisciplinary VA team, 2021.

What Latin America Already Has

We are not starting from zero

Regional Societies

SLANH, Latin American Dialysis & Transplant Registry, ISN engagement since 2021

Working Groups

GIMEXAV (Mexico), groups in Peru, Brazil, Argentina — growing academic output 2022–2024

Evidence Base

KDOQI 2019 available in Spanish. Publications in Front Nephrol, BMC Nephrol, J Vasc Access

- **Mexican reference text:** Hinojosa Becerril CA et al. "Actions in Favor of Vascular Access for Hemodialysis in Mexico." ANMM 2019 — cited in international literature
- **ISN measurement:** Latin America included in ISN-GKHA 2023 with data from 22 countries — the region is being tracked globally
- **VASA presence:** Our region presenting data at this congress today is itself evidence that change is underway

A Latin American Vascular Access Initiative

Five concrete pillars — actionable today

PILLAR 01

Minimum Regional Registry

5 essential variables at every HD center: access type at start, pre-dialysis referral date, complications at 30 days, 1-year mortality. Adapt USRDS/ERA model via SLANH.

PILLAR 02

Pre-Dialysis Access Pathway

"Access-Plan-First": every patient with GFR <20 mL/min must have a documented access plan before starting dialysis. Mandatory pre-dialysis referral protocol.

PILLAR 03

Multidisciplinary Access Clinics

Minimum: nephrology + vascular surgery + access nursing. Ideally add interventional radiology and a dedicated access coordinator per center.

PILLAR 04

Structured Regional Training

Ultrasound mapping, surgical planning, superficialization, endovascular rescue, central stenosis management, ultrasound-guided cannulation.

PILLAR 05

Latin American VASA Network

Coordinate national working groups under a shared framework. Present regional data at international congresses. Publish in indexed journals. Build something that lasts.

Conclusions and Call to Action

The solution is infrastructure, measurement, and collaboration — starting now

1. Latin America has a **systems problem** — late referral, catheter default, absent registries, fragmented care, regulatory gaps.
2. In Mexico: **>80%** of patients start HD with a non-tunneled catheter. Only 8% of prevalent patients use an AVF in national surveys.
3. Even **high-income countries** with mature initiatives are losing ground — catheter use is rising globally, including in the USA.
4. Multidisciplinary access teams **demonstrably work**: AVF initiation +13%, time to cannulable fistula reduced by 71 days.
5. Latin America has regional societies, working groups, and growing evidence — we need **coordination and action**, not more papers.
6. The 5-pillar initiative — registry, pathway, clinic, training, network — is **feasible, necessary, and overdue**.

"We have the knowledge. We have the guidelines. What Latin America needs now is the infrastructure to act on them — together, measured, and sustained."