IPRO Improving Healthcare for the Common Good

arteriovenous FISTULA FIRST AVF – The first choice for hemodialysis

"Epicardial First"

Physicians caring for patients with chronic kidney disease (CKD) should seek to protect patients' potential for optimum vascular access. Central venous obstructions caused by ancillary procedures required to treat comorbidities are a major problem. These obstructions expose patients -- many of whom have a life expectancy of several decades -- to serious morbidity and life-threatening complications. The high incidence of cardiovascular disease in this population has resulted in a rapidly increasing use of cardiac rhythm devices (CRD). The transvenous leads associated with these devices have been shown to cause significant central venous stenosis, with an incidence approaching 50%. This creates the paradoxical situation of devices designed to prolong and enhance the quality of life actually doing the opposite for a substantial number of hemodialysis patients.

Epicardial cardiac rhythm devices offer a promising alternative to the transvenous approach. Dialysis patients with ESRD, or those who are likely to advance to this stage of CKD, should be managed in a way that protects the potential for optimum vascular access when a CRD is required. Physicians should consider the indications for CRD carefully in this patient population. And, epicardial leads should be considered first when a CRD is either placed or exchanged.

The "Epicardial First" approach offers the best opportunity for prolonging and enhancing the quality of life for patients dependent on arteriovenous vascular access.

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