Fistula First Breakthrough Initiative
Surgeon Questionnaire

Name (Please print): _____ UPIN/NPI: _____

E-mail Address: _____ Phone: _____ Fax: _____

Hospital Affiliation(s): _____

_____

Section I:

1. Surgical specialty:
   ❑ General ❑ Vascular ❑ Transplant ❑ Urology Other: _____

2. Number of years performing hemodialysis vascular access procedures: _____

3. Preferred permanent vascular access placement:
   ❑ AV Fistula (any type) ❑ AV Graft

4. Approximate number of procedures you perform per year:
   a. AV Fistulas -
      a. Radial-cephalic (wrist) fistulas _____
      b. Brachial-cephalic fistulas _____
      c. Transposed vein fistulas _____
      d. Other native access fistulas _____
   b. AV Grafts _____
   c. Implantable Ports _____
   d. Tunneled cuffed Catheters _____
   e. Open Thrombectomies and/or revisions _____
   f. Endovascular Procedures (thrombectomies and/or PTA/ w or w/o stents) _____

5. From the time a new patient calls, how long, on average, does it take to be seen by you for initial evaluation?
   a. ❑ < 1 week
   b. ❑ 1-4 weeks
   c. ❑ > 4 weeks

6. How long, on average, does it take after you evaluate a patient to place an access?
   a. ❑ < 1 week
   b. ❑ 1-4 weeks
   c. ❑ > 4 weeks

7. When do you prefer to establish an autogenous AV fistula when seeing a patient with an impending need for dialysis (2-6 months)?
   a. ❑ As soon as possible
   b. ❑ When the Nephrologist believes dialysis is 6 weeks away
   c. ❑ At the same time dialysis is initiated with a catheter
   d. ❑ After patient is dialyzing with another form of access

8. What is your preferred method of access cannulation in autogenous AV fistulas?
   ❑ Rotating Site ❑ Button Hole (Same-site) ❑ Undecided

Section II:

1. Do you discuss the type of access with the patient's Nephrologist prior to surgery?
   ❑ Always ❑ Usually ❑ Sometimes ❑ Never

2. Do you discuss autogenous AVF options for access with the patient when planning surgery?
   ❑ Always ❑ Usually ❑ Sometimes ❑ Never

3. Do you use vessel mapping preoperatively for evaluation for fistula placement?
   ❑ Always ❑ Usually ❑ Sometimes ❑ Never

4. Do you have an established working relationship with an interventionalist (e.g., interventional radiologist, interventional nephrologist) for AV fistula placement/maturation issues/complications?
   ❑ Yes ❑ No

5. Do you currently have adequate coverage for access when you are not on call?
   ❑ Yes ❑ No
   If **Yes**, please list primary surgeons(s) providing coverage: _____

6. If you don't already do so, are you willing to make occasional visits to a dialysis facility where your patients dialyze?
   ❑ Already do so ❑ Yes ❑ No

Section III:

1. Are you aware of the National Kidney Foundation's *Kidney Disease Outcomes Quality Initiative (K-DOQI)* Guidelines for Vascular Access?
   ❑ Yes ❑ No

2. Are you aware of the National *Fistula First Breakthrough Initiative* aimed at increasing the rate of AV Fistula placement?
   ❑ Yes ❑ No

3. Are education and training on new hemodialysis access surgical procedures available to you?
   ❑ Yes ❑ No

4. Would you like a copy of the surgical training DVD on surgical and endovascular techniques for constructing and maintaining autogenous dialysis vascular access that was created under the *Fistula First Breakthrough Initiative?*
   ❑ Yes ❑ No

5. Would you be interested in attending a dinner meeting in your city with a nationally recognized speaker regarding dialysis access surgery?
   ❑ Yes ❑ No

6. Would you be willing to speak to a colleague about your experience and opinions on vascular access?
   ❑ Yes ❑ No
   If you mark "Yes," a Network representative will contact you to arrange for follow-up.

Please fax completed form to:

_____

You can find the National Kidney Foundation's Kidney Disease Outcomes Quality Initiative at:
<<www.kidney.org/professionals/kdoqi>>
Additional information about the Fistula First Breakthrough Initiative and the resources available regarding placement of AV Fistulas can be found at:
<<www.fistulafirst.org>>

Thank you for your time!