Tunnelled dialysis catheters – are they always necessary?

Background

Our trust has met the renal association (RA) standards for permanent vascular access for both prevalent and incident haemodialysis (HD) patients for over a decade and although that still is the case, we have noticed an increase in the number of patients receiving chronic HD via tunnelled dialysis catheters over the last 12 months. We were aware of a reduction in interventional radiology services at our trust as a contributory factor but sought to identify any other rectifiable factors.

Methods

We identified all patients who started HD and those who had a tunnelled dialysis catheter inserted for the purposes of chronic HD for a period of 12 months from January to December 2017 via the electronic renal database PROTON. We then carried out a root case analysis on episode to see if these could have been avoided.

Results

Over the study period, 85 patients commenced HD. We placed 83 tunnelled dialysis catheters in the same time period. 45 patients required these due to clotted access, fistula problems or failure of PD usually as a result of peritonitis. For these we feel that a tunnelled dialysis catheter was the only realistic option but in the remaining 38 patients options other than a tunnelled dialysis catheter could have been explored.

Conclusions

Just under half the tunnelled dialysis catheters in our centre over a 12 month period could have been avoided by offering patients an alternative such as urgent start peritoneal dialysis. We hope to explore this further by enhancing patient education to those who present late with established end stage renal disease. Tunnelled dialysis catheters can be avoided if due diligence is offered to options such as urgent start PD for almost half the patients at our centre