

시술자에 따른 Tunneled hemodialysis catheter 삽입에 관련한 시술 지연 및 결과비교

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Comparison of Treatment Delay Associated with Tunneled Hemodialysis Catheter Placement between interventionists

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Background: Fragmented care in nephrology can cause treatment delays. Nephrologists are qualified to perform vascular access-related procedures because they understand the pathophysiology of renal disease and perform physical examination for vascular access. We compared treatment delays associated with tunneled dialysis catheter (TDC) placement between interventional radiologists and nephrologists.

Methods: We collected data by radiologists from January 1, 2011 through December 31, 2011 and by nephrologists from since July 1, 2012 through June 30, 2013. We compared the duration from the hemodialysis decision to TDC placement (D-P duration) and hemodialysis initiation (D-H duration), catheter success and the complication rate, and the frequency and the usage time of non-tunneled hemodialysis catheters (NDC) before TDC placement.

Results: The study analyzed 482 placed TDCs: 280 TDCs placed by radiologists and 203 by nephrologists. The D-P duration was 319 min [180-1,057 min, interquartile range (IQR)] in the radiologist group and 140 min (0-792 min, IQR) in the nephrologist group. Additionally, the D-H durations were 415 min (260-1,091 min, IQR) and 275 min (123-598 min, IQR), respectively. These differences were statistically significant ($p=0.00$). The TDC success rate (95.3 % vs. 94.5%, respectively; $p=0.32$) and complication rate (16.2% vs. 11%, respectively; $p=0.11$) did not differ between the groups. The frequency (24.5 vs. 26%, respectively; $p=0.72$) and the usage time of NDC (8,451 vs. 8,416 min, respectively) ($p=0.91$) before TDC placement were not statistically significant.

Conclusions: Trained interventional nephrologists could perform TDC placement safely, minimizing treatment delays.

Key Words: 혈액투석, 중재신장학, 중재영상학

Hemodialysis, Interventional nephrology, Vascular access