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Prolonged Catheter Use as a Bridge to AVF or AVG Does Not Affect Patient's Survival

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Objectives : Catheter use as a permanent vascular access for hemodialysis is known to be associated with the poor patient's outcomes. However, the effect on patient's outcome by prolonged catheter use prior to AVF or AVG has not known yet.

Methods : Total 36963 HD patients with AVF or AVG as their permanent vascular access from Korean Society Nephrology registry were analyzed in the current study. The group with prolonged catheter use (>1 year) prior AVF or AVG and without it were compared.

Results : In baseline characteristics, Compared with the other group without prolonged catheter use (n=36860), the prevalence of HDF (vs. HD) in the group with prolonged catheter use (n=103) was lower (8.7 vs. 20.0 %; p =0.004), but AVG prevalence as the final vascular access was higher (22.3 vs. 15.3 %; p =0.05), otherwise unremarkable. The patient survival between these two groups were comparable (p =0.21). These two groups were compared again after propensity score matching for the precise comparison. Even after matching, the patients' survival in the group with prolonged catheter use prior to AVF or AVF was comparable compared with the other group without it (p =0.11).

Conclusions : Our study suggests that AVF or AVG placement should be considered strenuously anytime in the hemodialysis patients dependent on catheter for prolonged time.

Keywords : Catheter, AVF, AVG, hemodialysis