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## **Native Fistula Should Remain the First Choice of Vascular Access for Elderlies**

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The aging population in developed countries has led to a parallel increase in the age demographic of dialysis patients, presenting a complex challenge in vascular access (VA) selection, particularly among the elderly. Clinical practice guidelines (GL) often lack specific recommendations for this population, making the choice of VA more intricate. While arteriovenous fistulas (AVFs) offer benefits such as decreased morbidity and mortality, their suitability for older patients must be carefully weighed against increased risks of failure to mature, complications, and reduced patency rates. Data from the Dialysis Outcomes and Practice Patterns Study (DOPPS) reveal that AVF constitutes the majority of VA types in Japan, predominantly located in the lower arm. This paper examines the fundamental question of whether AVFs should be placed in older hemodialysis patients, with insights from guidelines by the KDOQI and the Japanese Society for Dialysis Therapy (JSDT), which stress the importance of individualized decision-making based on the patient's End-Stage Kidney Disease (ESKD) Life-Plan. Key factors to consider in VA planning include predicted life expectancy, baseline functional status, patient preferences, vascular biology, likelihood of successful AVF maturation, and the impact on quality of life for both patients and their families. International studies suggest that AVF placement does not significantly increase mortality or compromise patency rates in elderly patients, including octogenarians. Thus, this presentation concludes by advocating for the recommendation of AVF for all ESKD patients, including octogenarians. By critically evaluating the available evidence and guidelines, this review aims to provide clarity and guidance for clinicians faced with the complex task of VA selection in aging dialysis populations.

**Keywords:** dialysis access, AVF, elderly