



VASBI ANNUAL MEETING

28TH & 29TH SEPTEMBER 2023

MEETING PROGRAMME

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80 Cambridge Street, Birmingham, B1 2NP

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VASBI ANNUAL MEETING 2023

PRESIDENT'S WELCOME

I am very pleased to welcome you to Birmingham for VASBI 2023, the society's 14th annual meeting. With its strong road, rail and air links, the city is the ideal central location for this year's conference which is set to be the society's largest to date.

VASBI continues to be the only UK based multi-disciplinary organisation dedicated to the promotion of care of dialysis access patients and the past year has been busy. In April the all-new nurses study day was well attended and a huge success and no doubt will continue to be an annual feature in the calendar. David Kingsmore continues to drive the research collaborative forward and introduced a research meeting in London in April. Sid Ahmed organised a very well attended VASBI session at the annual UK Kidney Week meeting in Newport in June. Members of VASBI council have also contributed to important international meetings such as VAS and the Hamburg Dialysis Access symposium.

This year's meeting has a fresh structure, which is essential for the society's evolution. The program is packed with shorter, more focussed talks and we are pleased to have such a great faculty again this year. Robert Shahverdyan from Hamburg and long-time friend of the society will be here again and we welcome Matteo Tozzi from Italy. Both are on the VAS council and we are pleased that we can continue this longstanding association with our counterpart society in Europe. John Aruny, Interventional Radiologist, joins us from South Carolina, USA and will deliver the annual Ali Bakran lecture, sharing his experiences of a career in vascular access. The Question Time session is a new concept this year, with the intention of providing an open forum for discussion and we welcome input here from our psychology colleagues, who provide essential support to our patients and who's input is often overlooked. As an interesting twist, Steve Powell, past VASBI president, now a fully-fledged entrepreneur, is on faculty and will provide us with insights into business aspects and debate whether the UK is ready for stand-alone vascular access centres.

We are immensely grateful to all our faculty for the time and effort they invest in this meeting. Also, our gratitude extends to our industry partners for their ongoing and relentless support which is essential for the society to exist.

In a year's time, I will be handing over to Jeremy Crane and this will coincide with some restructuring of council with the need for new members, so please come forward and register your interest.

Welcome to Birmingham and enjoy the conference!

Dr Rob Jones on behalf of VASBI Council



VASBI ANNUAL MEETING 2023 - DAY 1

THURSDAY 28TH SEPTEMBER

(Please note: All lectures take place in the Kingston Lecture Theatre)

TIME	SESSION TITLE & LOCATION	CHAIR(S)* OR SPEAKER(S)
08:00-09:00	Registration (IET Atrium)	
09:00-09:15	President's Welcome	
09:15-10:00	Vascular Access Headlines; what's the latest news? <ul style="list-style-type: none"> Interventional Radiology Surgery Nephrology UKKA VA guidelines 2023, what is new here? 	Kate Steiner* & Hiren Mistry* Sam Walker Nick Inston Paul Cockwell Damien Ashby
10:00-11:00	Tools of the trade <ul style="list-style-type: none"> PROMS in VA – a necessary tool or not? Dialysis catheters in paediatrics EndoAVF in paediatrics – is this really feasible? Thrombectomy – are there too many devices? Exotic Dialysis catheters The scalpel and the suture in the 21st century 	Rob Jones* & Robert Shahverdyan* Melanie Field James Bennett Simon McGuirk Andrew Wigham Andrew Willis David Kingsmore
11:00-11:30	Refreshments & Exhibition Posters (Waterside Room)	
11:30-12:30	Scientific Session Please see page 7 for oral presenter list & page 12 full abstracts	Andrew Willis* & Damian McGrogan*
12:30-14:00	Lunch & Exhibition Posters (Waterside Room)	
13:00-13:30	WL Gore Symposium An MDT approach to AV revision decision making.	Peter Thomson, Ram Kasthuri & Leigh Bainbridge
14:00-15:30	Practicum – Hands on Sessions (Please book at Registration - Booking Form on page 21) <ul style="list-style-type: none"> POCUS (point of care ultrasound) (Faraday) Cannulation of vascular access (Boulton) Endovascular AVF formation (Lodge 1) Thrombectomy, Fistuloplasty and Stents & Dialysis Catheters (Lodge 2) 	Sid Ahmed, James Andrews & Zaib Khawaja Margaret Aitken & Alison Swain Ounali Jaffer & Umer Salati Andrew Wigham, Sam Walker & Asra Karim
15:30-16:00	Refreshments & Exhibition (Waterside Room)	
16:00-16:30	Ali Bakran lecture: A career in Vascular Access; the good, the bad and the ugly	John Aruny
16.30	Welcome Reception (Waterside Room)	
	Conference Dinner Hosted By VASBI - Please book separately Please collect your Dinner Ticket from Registration	

VASBI ANNUAL MEETING 2023 - DAY 2

FRIDAY 29TH SEPTEMBER

(Please note: All lectures take place in the Kingston Lecture Theatre)

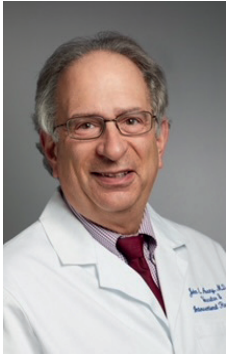
TIME	SESSION TITLE & LOCATION	CHAIR(S)* OR SPEAKER(S)
09:00-10:15	Mega MDT: Panel discussion Panel: John Aruny, Peter Thompson, Robert Shahverdyan	Jennifer Hanko* & Kate Steiner*
10:15-10:45	Challenges & Update Potpourri <ul style="list-style-type: none"> Does the UK need stand-alone vascular access treatment centres? PACE 2 Trial. AVG update 	Jeremy Crane* & Liz Wallin* Steve Powell Michael Robson Matteo Tozzi
10:45-11:15	Refreshments & Exhibition Posters (Waterside Room)	
11:15-12:15	“Question Time”: Open forum for questions & debate Panel: Peter Thompson, Ouni Jaffer, Karen Stevenson, Gillian Chumbley, Karen Tullett, Jen Hanko & Paul Joseph	Jeremy Crane*
12:15-14:00	Refreshments & Exhibition & Posters	
12:30-13:00	Merit Medical Symposium - Merit Medical treatment options for AV access; a U.K. approach <ul style="list-style-type: none"> The HeRO® Graft solution for central venous stenosis Merit WRAPSODY™ Cell-Impermeable Endoprosthesis in treating challenging AV dysfunctions Q & A discussion and other UK centers experience alignment with guidelines. 	Rob Jones Matthew Gibson
13:15-13:45	Medtronic Symposium - Endo AVF Service At East & North Hertfordshire NHS Trust	Dr Kate Steiner
14:00-14:45	VA: The past, present and future <ul style="list-style-type: none"> The history of vascular access in 7 minutes Stent Assisted pAVF; a new device Wearable devices, where are we in 2023? An App for VA decision making 	Matthew Gibson* & Sid Ahmed* Alison Swain Robert Shahverdyan Rajesh Sivaprakasam Karen Stevenson
14:45-15:30	Research Update <ul style="list-style-type: none"> Axess AVG trial ACCess trial VaSQ UK Validation project StaFF and PAVia 	Zaib Khawaja* & Mel Field* Matteo Tozzi Emma Aitken Nick Inston David Kingsmore
15:30	Close of Meeting & Feedback	

(12 Category 1 RCR CPD Points - Evaluation & CPD Certificates Available at vasbi.org.uk)

VASBI ANNUAL MEETING 2023

ALI BAKRAN LECTURE & FACULTY LIST

ALI BAKRAN LECTURE 2023 - John E. Aruny, M.D.



Dr. Aruny completed a residency in Diagnostic Radiology at New York Medical College. Then became a fellow in Vascular & Interventional Radiology at Harvard Medical School-Brigham and Womens Hospital. He remained on staff for one year then joined a private radiology practice in Virginia Beach, Virginia. There he was Chairman of Radiology at Virginia Beach General Hospital until 1999. He returned to full time academics at Yale University and attained the rank of Associate Professor. He was the section chief in Interventional Radiology for 6 years. In 2018, he accepted an invitation from Dr. John Ross to join the Dialysis Access Institute in Orangeburg, South Carolina. He is currently a Clinical Professor of Vascular & Interventional Radiology at The Medical University of South Carolina in Charleston and Orangeburg.

Dr Aruny is currently the immediate past president of the Vascular Access Society of the Americas (VASA). Listed in New York Magazine Best Doctors Issue 2009-2014. He gave the first Shari Ullman Gold Medal Lecture for the Association of Vascular & Interventional Radiographers (AVIR) in 2009. Dr. Aruny has given multiple lectures and performed several workshops for the Society of Vascular & Interventional Radiology annual meeting and other venues both national and internationally. He has authored 39 peer review publications, 7 case and technical reports and 8 chapters and reviews.

Dr. Aruny enjoys photography and sailing and racing his Beneteau sailboat "Sonic Boom".

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Ms Gillian Chumbley, Reading
Ms Karen Tullett, Birmingham
Miss Emma Aitken, Glasgow

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SCIENTIFIC SESSIONS - THURSDAY 28TH SEPTEMBER

SCIENTIFIC SESSION 1, 11:30-12:30

Unique Code	Order	Title	Name
OP000210	1	Vascular access surgery training in England is currently perceived (by trainees) to be inadequate	Thomas Richards
OP000214	2	Describing the UK unmet training in Interventional Nephrology	Khalid Rashid
OP000225	3	Did stopping ultrasound surveillance during COVID-19 result in an increase of the dialysis access thrombosis rate?	Karen Allsopp
OP000237	4	The Making of a Vascular Access Multi-Disciplinary Team	Rebecca Higgins
OP000240	5	'Optimal' versus 'suboptimal' haemodialysis start with a line	Michael Corr
OP000246	6	The use of nurse led ultrasound to assist with needling of vascular access for haemodialysis in the UK.	Mick Kumwenda
OP000252	7	Measuring needling experience: Preliminary results from the validation phase of the Needling Patient Reported Experience Measure (NPREM)	Currie Moore
OP000253	8	Preprocedural vein mapping and Ultrasound follow up of EndoAVF created using the Ellipsys device: A single centre experience	Kate Steiner
OP000254	9	Preliminary data on cannulation practices and development of cannulation pathway amongst patients dialysing through the percutaneous AVF (pAVF)	Ryan Villanueva
OP000238	10	Revisiting Vein Preservation	Damian McGrogan

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POSTER LIST

POS000211

Kidney failure risk score or the rate of decline in renal function as predictors for the optimal time of arteriovenous fistula formation?

Helen Pearce

POS000213

A proposal for the implementation of the VASQoL PROM within vascular access maintenance surveillance improve quality and provide patient-centred care

Leigh Bainbridge

POS000215

**Advanced Kidney Care-Education Service Redesign
Juliette Phillips**

POS000222

Creating a Dialysis Vascular Access Resource Platform

Clare Porter

POS000223

Infected Vascular Access Post scan: A re-audit.

Simon Daniel

POS000224

Compliance towards prescribing skin decolonisation for haemodialysis patients at CVC insertion

Leah-kate Butler

POS000226

Secondary patency rates following salvage of thrombosed arteriovenous access – is it worth the effort?

Charlotte Hogg

POS000227

Access blood flow Surveillance for Home Haemodialysis (HHD) Patients Using Twister Reverse Flow Device: A single Centre Experience

Marissa Irasga

POS000228

Rescuing a Haemodialysis with reliable outflow (HeRO) graft: Axillary Necklace graft insertion following removal of locally infected brachial graft

Dr Adam Lloyd

POS000231

Removal of tunnelled dialysis line requiring cardiopulmonary bypass and repair of great veins

Drit Gashi

POS000233

Meeting clinical needs – diversifying the Renal Nursing workforce.

Alison Swain

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POSTER LIST

POS000235

Procedure Room Fistulas

Hannah Magowan

POS000239

Making Fistula Follow up Formal

Rebecca Higgins

POS000241

Does the type of dialysis access contribute to depression in haemodialysis patients?

Tamasin Stevenson

POS000242

A Haemodialysis Link Nurse Development Programme

Justine Dodson

POS000243

Dialysis access formation in the Octogenarian - experience from one UK centre

Tamasin Stevenson

POS000244

Safety and efficacy of primary treatment of DCB of vascular stenosis

Giuditta Tassi

POS000247

Update of Assess Access Monitoring via Dialysis Machine Data

Mick Kumwenda

POS000249

Vascular Access Multi-Disciplinary Team approach to solving increase in number of spontaneous tunnelled haemodialysis catheters falling out at home

Julie Wishart

POS000250

Ultrasound guided peripheral cannulation training for foundation doctors: an unmet need?

Dr Stephen Bell

POS000255

Perception of scar among haemodialysis patients with arteriovenous fistula

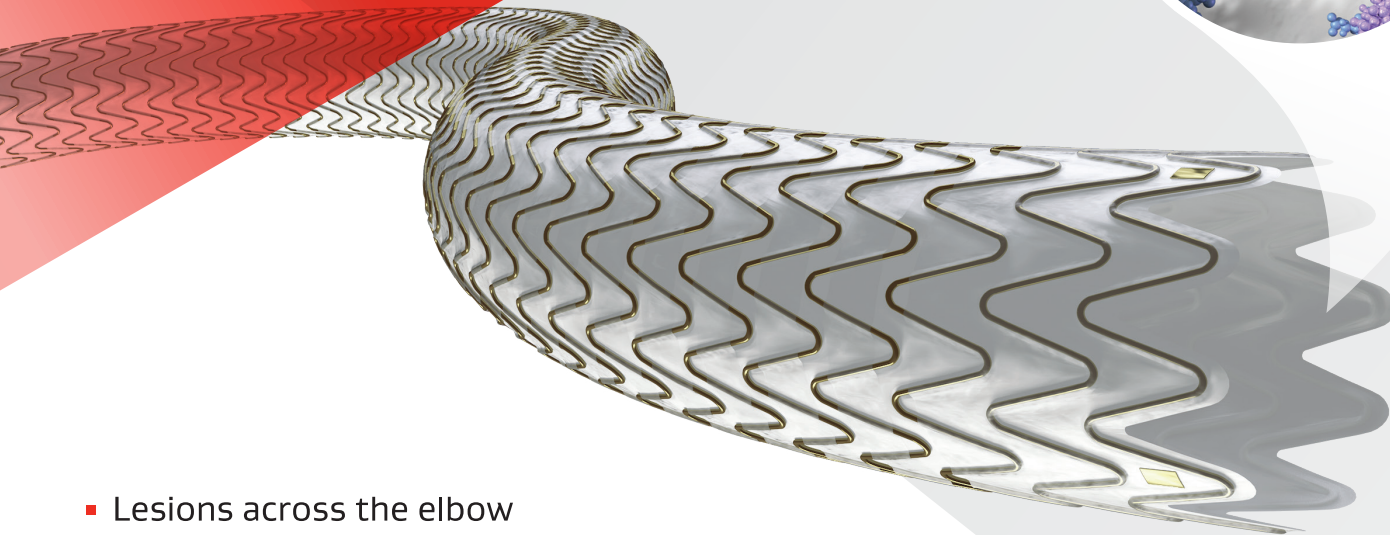
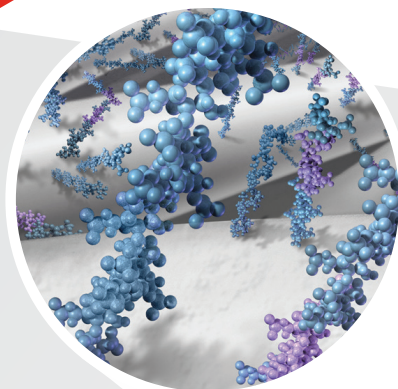
Mahmoud Tolba

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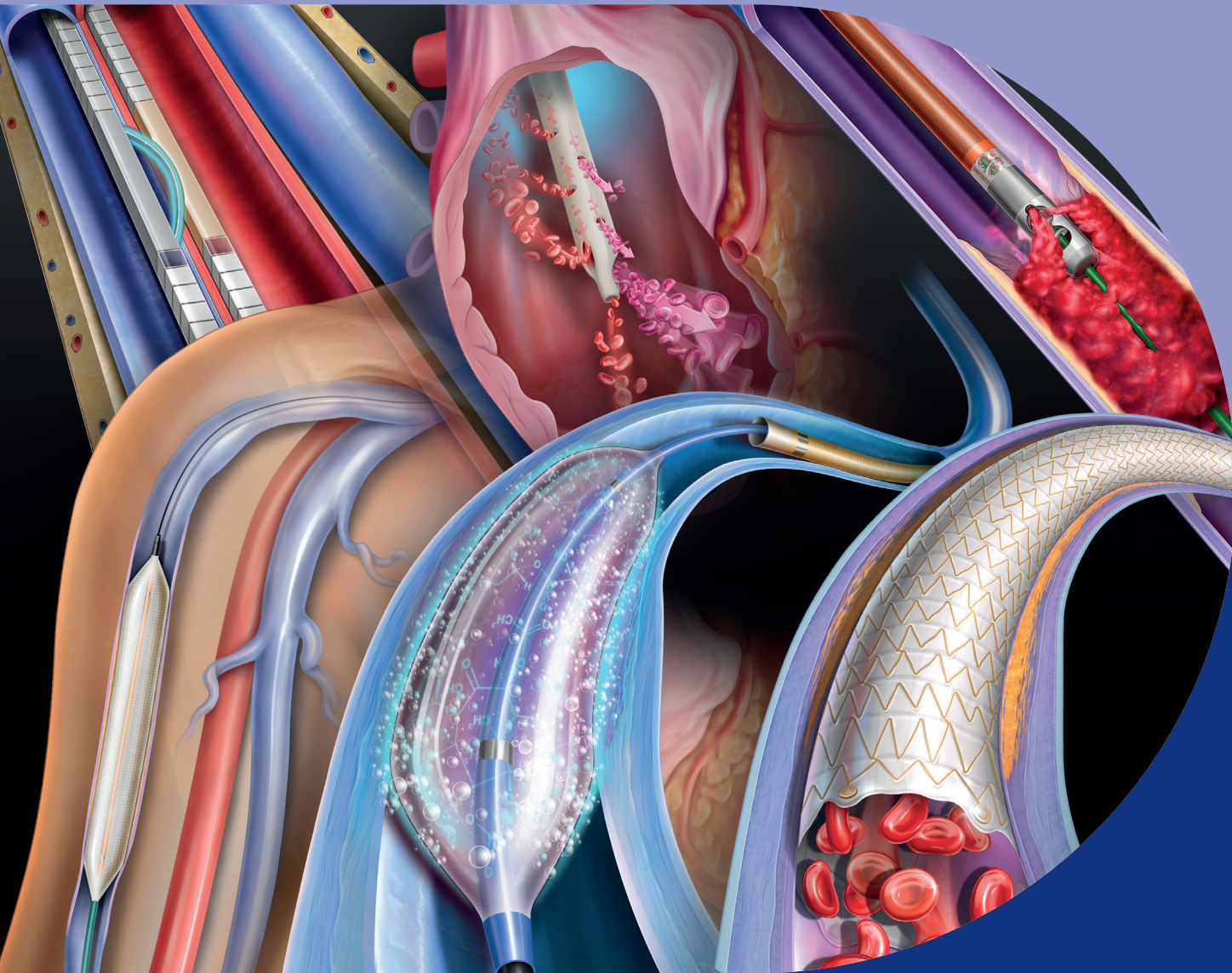
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VASBI ANNUAL MEETING 2023

ABSTRACTS

OP000254 PRELIMINARY DATA ON CANNULATION PRACTICES AND DEVELOPMENT OF CANNULATION PATHWAY AMONGST PATIENTS DIALYSING THROUGH THE PERCUTANEOUS AVF (PAVF)

Category: Oral

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Aims: To show the improvements in cannulation outcomes amongst patients who are on percutaneous arteriovenous fistula (pAVF) with change in practices in the first year of implementation of the pAVF programme at the East and North Hertfordshire NHS Trust.

Materials & Methods: First 15 patients who underwent pAVF were selected from our pAVF database which is a prospectively recorded database containing clinical, radiological and cannulation parameters of patients undergoing pAVF. Cannulation parameters including interval between pAVF creation and start of successful needling as well as interval between start of successful needling and line removal were stratified according to the dialysis unit and time of pAVF creation (first 6 months of pAVF programme initiation versus last 6 months when cannulation pathway was well established).

Results: The median interval between pAVF creation to successful needling was 65 days (28-201days). The median interval between successful needling to line removal was 43 days (2-145days). Median interval between pAVF creation to successful needling was shorter in the later 2nd half compared to 1st half of the programme (65 vs 90 days). Median interval between successful needling to line removal was shorter in the later 2nd half compared to the 1st half of the programme (31 vs 53 days). The days of pAVF creation to needling in our main unit was shorter as compared to our satellite units (59 vs 95 days)

Conclusions: Our analysis reflects steep learning curve in pAVF cannulation with regular training. The cannulation pathway that we have developed has shown a significant improvement not only in decreasing the numbers of days in initiating pAVF cannulation but also in early removal of tunnelled haemodialysis lines.

OP000253 PREPROCEDURAL VEIN MAPPING AND ULTRASOUND FOLLOW UP OF ENDOAVF CREATED USING THE ELLIPSYS DEVICE: A SINGLE CENTRE EXPERIENCE

Category: Oral

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Author 5: Jeannete Cloran Renal medicine, East and North Herts NHST, jeannete.cloran@nhs.net

Aims: To examine the findings at pre procedural ultrasound vein mapping and follow up of endoAVF using the Ellipsys device at our institution. Examining whether proximal radial artery (pRA), anastomotic diameter or perforator diameter correlated with volume flow (VF) measured within the ipsilateral brachia! artery post procedure. Examine whether pre-procedural ultrasound measurements of cephalic vein (CV) or median basilic vein (MBV) can predict flow dominance.

Materials & Methods: Pre-procedural vein mapping and follow up duplex ultrasound examinations performed at 1, 4 and 8 weeks post endoAVF creation were examined for 13 patients who completed ultrasound follow up. All examinations were performed by a consultant interventional radiologist using a 12-15 Mhz probe. VF with the ipsilateral brachia! artery, medial cephalic (MCV), cephalic vein (CV), medial basilic vein (MBV) , brachia! veins (BV), anastomotic diameter, perforator diameter and outflow vein diameter were recorded at follow up. Flow was assessed as either CV/MBV/BV dominant or split flow according to VF.

Results: Using Spearman rank correlation; preprocedural RA diameter did not correlate with VF, there was a moderate positive correlation between anastomotic diameter and VF and weak correlation for perforator diameter and VF neither of which were statistically significant. Using ultrasound criteria for maturation 11/13 (85%) endoAVF were mature at 4 weeks, 6/13 (46%) at 1 week. In 12/13 patients VF < 90 mls/min was seen in the brachia! veins. Dominance was 5/13 (38%) CV, 4/13 (31%) MBV, 4/13 (31%) split (CV/MBV) and 1BV (8%) dominant. Pre-procedural CV/MBV size did not appear to predict flow dominance.

Conclusions: Pre-procedural RA diameter did not correlate with VF post procedure suggesting that a RA at the lower limit of size threshold does not predict a lower flow endoAVF. Pre-procedural ultrasound measurements of CV and MBV diameter do not appear to predict flow dominance which was fairly evenly split. Maturation rates at 1 & 4 weeks were high possibly predicting early cannulation opportunities. Continued follow up with larger numbers of patients is needed to fully assess the role of pre-procedural vein measurements predicting flow dominance and to further assess maturation rates.

OP000252 MEASURING NEEDLING EXPERIENCE: PRELIMINARY RESULTS FROM THE VALIDATION PHASE OF THE NEEDLING PATIENT REPORTED EXPERIENCE MEASURE (NPREM)

Category: Oral

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Aims: People on haemodialysis require needles to be inserted into their arteriovenous fistulae or grafts, or Aoneedling,Ao, to enable safe effective dialysis. Research indicates needling experience to be sub-optimal. MAGIC identified a need to measure this experience but lacked a valid measure. This study aimed to develop the Needling Patient Reported Experience Measure (NPREM) to measure needling experience. This abstract presents finding from the validation phase.

Materials & Methods: Seven centres recruited adults on haemodialysis with a working fistula or graft. Between February-April 2023, participants completed questionnaires (NPREM, VASQoL, EQ5D-5L, PAM), with a sub-set completing a follow-up (NPREM only) 2-4 weeks later. Preliminary analysis included evaluation of psychometrics and dimensionality.

Results: 468 people participated (sample characteristics: male 66%, mean age 66 years (SD 14), White 75%, access via fistula 95%, first access 76%), of which 99 completed the follow-up. Overall, the NPREM showed good internal consistency (Cronbach,Aos alpha = 0.94) and moderate to strong inter-item correlations. The factor analyses indicated that needling experience was a unidimensional construct, with one strong, main factor. The research team reviewed all items reaching a consensus on items included, resulting in the validated NPREM (v 1.0).

Conclusions: Our preliminary results indicated that the NPREM offers a needling specific tool to measure patient experience. It addresses a gap by offering a way for kidney care providers to assess needling experience, which may facilitate meaningful service improvements. When finalised, the NPREM will be publicly available and free to use.

OP000246 THE USE OF NURSE LED ULTRASOUND TO ASSIST WITH NEEDLING OF VASCULAR ACCESS FOR HAEMODIALYSIS IN THE UK.

Category: Oral

Author 1: Mick Kumwenda Renalmedicine, Glan Clwyd Hospital
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Aims: The British Renal Society Special Interest Group published Clinical Practice Recommendations for Needling of Arteriovenous Fistulae and Grafts for Haemodialysis in 2018. One of the recommendations was the use of nurse led ultrasound to assist with needling to reduce access repeated punctures and access damage in needling of difficult AV access. The aim of the study was to identify compliance with the implementation of the recommendations and what barriers were faced in preventing further progress.

Materials & Methods: Questionnaires were sent to 69 dialysis units via email in England, Wales, Scotland, and Northern Ireland to determine:

- Whether they had nurse led ultrasound guided cannulation before 2018 recommendations.
- Whether their compliance improved after the recommendations.
- What barriers they faced in the to achieve full implementation of this recommendation.

Results: Preliminary results: 28 centres responded (41% response rate). 60.7% of main and 50% of satellite centres were now utilising nurse led ultrasound, compared to 46.4% of main and 39.3% of satellite centres prior to the 2018 recommendation. Barriers to implementation included competing priorities for time for training, shortages of nurses to cover study leave, lack of trainers, lack of funding for ultrasound machines, high turnover of dialysis nurses, lack of cost effectiveness data and lack of or inadequate numbers of vascular access nurses.

Conclusions: Whilst there has been an improvement in the use of nurse led ultrasound guided cannulation of dialysis access since the recommendation were published, there were several barriers to overcome to achieve further improvement in guidance compliance. There is need for regular audit at a national level to raise awareness and encourage compliance with such an important guidance to reduce the risk of access damage and dysfunction from repeated punctures. The shortage of vascular access nurses remains a major contributor to poor compliance with national dialysis access guidelines.

OP000240 'OPTIMAL' VERSUS 'SUBOPTIMAL' HAEMODIALYSIS START WITH A LINE

Category: Oral

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Aims: Measuring patients starting haemodialysis (HD) with central venous catheter (CVC) is used to assess quality of an access service. However, this misses the increasing nuance and complexity of vascular access planning. We aimed to understand whether commencing HD with a CVC represented an ,Aoptimal,A6 or A6suboptimal,A6 outcome.

Materials & Methods: From a prospective clinical database, patients known to nephrology >90 days initiating HD as first ever renal replacement therapy (2011-2020) were included. Statistical analyses were completed using SPSS Statistics. 158/254 patients started HD with a CVC, 96 with arteriovenous fistula (AVF).

Results: For 91 patients the CVC was deemed ,A6optimal,A6 care- most commonly due to unpredictable deterioration in renal function (n=41) and inadequate veins for AVF creation (n=24). For 67 patients the CVC was ,A6suboptimal,A6- most commonly due to no/late referral to access assessment (n=25) and delays in AVF creation (n=13). Two-year mortality was 53% ,Aooptimal,Ao eve, 37% ,Aosuboptimal,Ao eve and 30% AVF start. There was no difference in mean survival between AVF and ,A6suboptimal,A6 groups (2.53 vs. 2.21 years p= 0.31).

Conclusions: Understanding whether CVC is ,Aooptimal,Ao or ,Aosuboptimal,Ao allows more nuanced analysis of service provision. High mortality in the ,A6optimal,A6 group suggests a frailer cohort where CVC is potentially best care. Meanwhile. appreciating many ,A6optimal,A6 CVC patients had unsuitable veins for AVF creation prompted review of our vein preservation strategy. Finally, studying ,Aosuboptimal,Ao eve starts helps identify practice and system issues preventing ,Aooptimal,Ao care.

OP000238 REVISITING VEIN PRESERVATION

Category: Oral

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Aims: Vein preservation is a priority recognised in the KDOQI Clinical Practice Guidelines for Vascular Access, ERBP Guidelines and the UK campaign ,AoSave The Vein,Ao. Anecdotally we saw poor vein preservation practices at both inpatient and outpatient settings. We sought to improve our vein preservation practices locally.

Materials & Methods: Using the IHI Model for Change methodology we ran an audit of our low clearance clinic. We asked patients where their blood was taken from, how many attempts were required and whether they were satisfied with their care. We used this data to drive an education programme in our outpatient department. Following the education programme we ran a weekly audit of patients asking the same questions. The results were demonstrated in run chart format.

Results: Feedback from our staff training day saw an improvement in self reported knowledge of vein preservation from satisfactory(33%) or good(66%) to good (20%) or excellent (80%). Over 20 weeks we collected data on 380 patient episodes. We saw a dramatic reduction in the percentage of patients having blood taken from the antecubital fossa from 77% at first audit, to 19% at best, with a line of best fit at 40%. We maintained a 90% single attempt from blood sampling.

Conclusions: IHI Model for Change methodology works extremely well in this setting. We saw a significant improvement in vein preservation practices without sacrificing patient and staff satisfaction. Significant challenges were addressed during the project. An acceptance of ,Aogood,Ao results allowed the team to continue to collect data and break down barriers to success to achieve excellent outcomes. The team has recently received charitable funding for implementation of the same project on a Northern Ireland wide basis.

OP000237 THE MAKING OF A VASCULAR ACCESS MULTI-DISCIPLINARY TEAM

Category: Oral

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Aims: The regional vascular access (VA) unit in Northern is in based in the Belfast Trust. This team are responsible for the creation and maintenance of all vascular access in the province. The team has been slowly growing due to demand however, following VASBI 2022 it became apparent that a more formal approach is required.

Materials & Methods: Using the Scottish Haemodialysis Vascular Access Appraisal scorecard as a model, a fortnightly vascular access multidisciplinary meeting was convened. The meeting is led by an access surgeon with access lead nephrologists and renal access nurses as the main core group. Radiology involvement is by onward referral to the formal transplant/ access MDT meeting.

Results: A review of 2022 case load identified 493 separate inpatient episodes related to dialysis access interventional radiology and surgical procedures. 230 interventional procedures have been carried out with the vast majority being fistulograms(132). Only eight salvage procedures were carried out. 223 vascular access procedures have been coordinated by the vascular access MDT with the majority being primary vascular access creation (143).

Conclusions: The caseload coordinated by the VA team is significant. It requires a formal dedicated team to successfully manage it. The Scottish Haemodialysis scorecard offers a useful framework to appraise current service provision and identify areas for change. Team morale, documentation of patient plans and communication across the region has improved as a result of this work.

OP000225 DID STOPPING ULTRASOUND SURVEILLANCE DURING COVID-19 RESULT IN AN INCREASE OF THE DIALYSIS ACCESS THROMBOSIS RATE?

Category: Oral

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Aims: Purpose: The COVID-19 pandemic resulted in cessation and subsequent reduction of routine care including the outpatient ultrasound surveillance of AVF. This un-planned service disruption allowed evaluation of effectiveness of US surveillance in reducing AVF/AVG thrombosis.

Materials & Methods: This study was a secondary data analysis of monthly access patency for all in-centre patients receiving haemodialysis using an AVF or AVG over a 2-year period (April 2019-March 2021). The study included 298 patients with age, access type, patency and COVID status measured as variables. Thrombosis rates for the 12 months prior to COVID-19 and then during the first 12 months of the pandemic were also measured. Statistical analysis to assess mean and standard deviation for relevant variables was used. A p value of <0.05 was deemed significant

Results: At the end of the study an increase in thrombosis rate(%) in the non-surveillance year was observed ((1.20) thrombosis/patient/year in the surveillance group vs (1.68) thrombosis/patient/year in the non-surveillance group). Monthly mean of thrombosed access during surveillance (M = 3.58, 95% CI 2.19, Ai4.98, SD = 2.193) and non-surveillance (M = 4.92, 95% CI 3.52, Ai6.31, SD = 2.19); $t(7148) = 2.051, p = 0.038$.

Conclusions: Reduction in routine Ultrasound surveillance following the COVID-19 pandemic was associated with a significant increase in access thrombosis rate. Further research is needed to unpick whether the associations seen were directly due to service changes, associated with COVID-19 or other factors during the pandemic. This association was independent of SARS-CoV-2 infection status. Clinical teams should consider alternative service delivery options including out-reach, bedside surveillance to balance risks of access thrombosis versus reducing the risk of nosocomial infection with hospital visits

OP000214 DESCRIBING THE UK UNMET TRAINING IN INTERVENTIONAL NEPHROLOGY

Category: Oral

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Aims: To assess the procedural competency levels of the participants in an interventional nephrology hands-on workshop. To analyze the feedback and suggestions of the course participants.

Materials & Methods: Data was collected using a questionnaire to measure the competence of the course participants in ten different nephrology procedures. Each procedure was given a score of one, and a cumulative score was calculated for each participant. Each participant was scored from 0-10. Additionally, the feedback was analyzed using Both quantitative and qualitative methods(thematic analysis).

Results: The course was attended by 41 participants including 10 Renal SPRs, 7 ST6, 7 ST4, 6 ST5, 6 ST?, 1 Clinical fellow, 1 research fellow, and 1 consultant from 11 regions of the UK. The evaluation of competencies revealed a mean score of 2 \pm 1.39. 29 participants were competent in performing Native and Transplanted Kidney biopsies. Only 1 participant was trained to perform Vein Mapping. No participant was trained in advanced procedures like AVF/AVG thrombectomy, Central Vein Angioplasty, and fistuloplasty. The analysis of feedback comments identified 12 themes representing participant experiences.

Conclusions: There is a need for more frequent Interventional nephrology courses to train nephrologists to perform complex interventions. Interventional nephrology training allows nephrologists to contribute effectively to the Multidisciplinary team(MDT) to manage complex renal patients. The majority of participants regarded the workshop as valuable and informative. Common feedback themes included “Excellent Course”, “Valuable and Informative” and “Enriching Hands-on Experience”.

OP000210 VASCULAR ACCESS SURGERY TRAINING IN ENGLAND IS CURRENTLY PERCEIVED (BY TRAINEES) TO BE INADEQUATE

Category: Oral

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Aims: Vascular Surgery specialist training includes a wide variety of surgery, of which vascular access (access) is one. Access can be seen to be less important than aortic, lower limb, and carotid surgery in the vascular surgery curriculum, but is an expanding specialisation that requires specific training. In England, there is currently only one access surgery fellowship accredited by the Royal College of Surgeons. We aimed to establish the experience and perceived competence in access surgery of senior vascular surgery trainees.

Materials & Methods: A short questionnaire (SurveyMonkey) was used to survey all senior (ST6-ST8) vascular surgery trainees in the Health Education England (HEE) vascular surgery training programmes. The survey asked trainees to report their:

- Training grade
- Training deanery
- Experience of access surgery
- Whether senior trainees thought they would be able to independently undertake primary access surgery post-completion of training (post-CCT). The survey was circulated via HEE deaneries and the vascular surgery trainees’ society: the Rouleaux Club.

Results: 28 senior (ST6 - ST8) vascular surgery trainees responded to the survey. 30% were at ST6 level ; 33.3% ST7; 37% ST8. Deanery response was evenly spread; although London was over represented (37.0%). 29% had been involved in <10 cases, 36% in 10-25 cases, and 36% in >25 cases. 54% of senior vascular surgery trainees believed they would not be able to undertake independent primary access surgery once they had completed training.

Conclusions: Competence in access surgery is an increasing requirement of a consultant vascular surgeon. More formalised training is required to adequately train the next generation of vascular surgeons.

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References:

1. Lookstein RA, et al. Drug-Coated Balloons for Dysfunctional Dialysis Arteriovenous Fistulas. *N Engl J Med* 2020;383:733-42. DOI: 10.1056/NEJMoa1914617. Highlighted results reported at both 180 and 210 days.
2. Trerotola SO, Saad TF, Roy-Chaudhury P; Lutonix AV Clinical Trial Investigators. The Lutonix AV Randomized Trial of Paclitaxel-Coated Balloons in Arteriovenous Fistula Stenosis: 2-Year Results and Subgroup Analysis. *J Vasc Interv Radiol*. January 2020;31(1):1-14.e5.
3. Holden A. The IN.PACT AV Access Study: Results through 36 Months. Presented at Charing Cross 2022.

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These will be 30 minutes duration, choose a maximum of 3

POCUS (POINT OF CARE ULTRASOUND)

14:00-14:30

14:30-15:00

15:00-15:30

CANNULATION OF VASCULAR ACCESS

14:00-14:30

14:30-15:00

15:00-15:30

ENDOVASCULAR AVF FORMATION

14:00-14:30

14:30-15:00

15:00-15:30

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14:00-14:30

14:30-15:00

15:00-15:30

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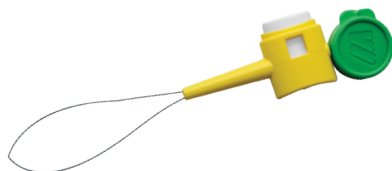
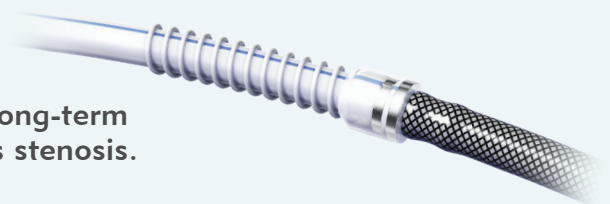


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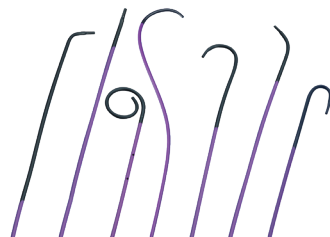
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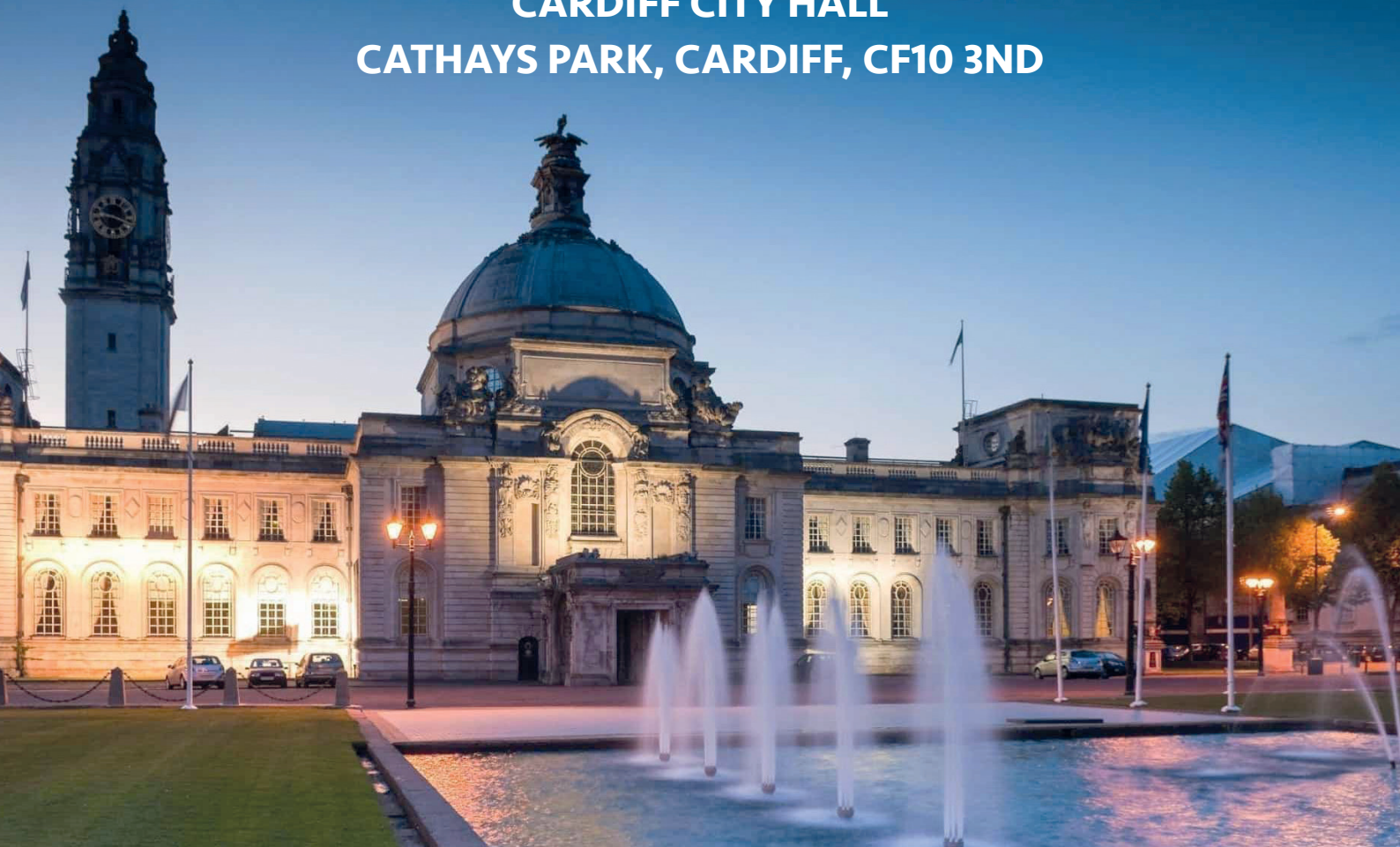


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