



Vascular Access Society
of Britain & Ireland

VASBI ANNUAL MEETING 2026

24 & 25 SEPTEMBER 2026

Hilton Liverpool, address

MEETING PROGRAMME

info@vasbi.org.uk | vasbi.org.uk

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VASBI ANNUAL MEETING 2026

PRESIDENT'S STATEMENT

Dear Colleagues,

It gives me great pleasure, on behalf of VASBI Council, to open this year's Annual Meeting of the Vascular Access Society of Britain and Ireland, here in Liverpool.

Bournemouth last year set a new benchmark for VASBI, arguably the strongest meeting the Society has put on to date, and our task now is to carry that energy forward. It feels especially fitting to do so in Liverpool, my alma mater, where I hold extremely fond memories of medical school. Returning as President to the city where it all began feels like coming full circle, and I could not be more delighted to welcome you all here.

As VASBI continues to grow, both in membership and in reputation, our ambition remains for this annual meeting to become the highlight of the calendar for vascular access professionals, nationally and internationally.

The heart of this year's programme is collaboration across disciplines. Interventional radiologists, nurses, nephrologists, surgeons, patients and our industry colleagues will all be working shoulder to shoulder over the coming days, with patients remaining central to all we do. For the first time, we have carved out dedicated time to look at fistula needling, a subject we believe has not received the attention it deserves, and the wider programme has been shaped deliberately to give every part of the multidisciplinary team a genuine seat at the table.

None of this would be possible without the generosity of our industry sponsors, and I would ask everyone to take the time to visit their stands over the coming days. What is on show there says a great deal about how far collaboration between industry and clinicians has pushed this field forward and how important that relationship is.

This April, Alison Swain once again delivered a superb VASBI Nurses' Study Day, and the response from those who attended was overwhelmingly positive. The Society is enormously grateful to her for the energy and care she continues to put into this event.

To every member of faculty involved in this year's meeting, and particularly our international speakers, thank you for lending your time and expertise. I also want to single out Mr Nick Inston, who will be delivering this year's keynote address and for being the worthy recipient of the VASBI Gold Medal. I offer him my sincere thanks for the commitment and wisdom he has brought, and continues to bring, to this remarkable specialty.

Indeed, every member of VASBI Council contributes their time freely, driven by nothing more than a shared passion for this field, and that dedication does not go unnoticed. I would also like to welcome the newest faces on Council, whose fresh perspective is already proving valuable.

I hope the next few days prove both worthwhile and genuinely enjoyable for all of us. Thank you for being here, and here's to an excellent conference!

Jeremy Crane
VASBI President

VASBI ANNUAL MEETING 2026

DAY 1 - THURSDAY 24TH SEPTEMBER

(All sessions take place in the main plenary room unless otherwise stated)

TIME	SESSION TITLE & LOCATION	MODERATOR(S)* / SPEAKER(S)
08:00 - 09:00	Registration, Refreshments & Exhibition Opens	
09:00 - 09:10	Welcome Address	Jeremy Crane
	<u>Opening Plenary – Vascular access in 2026, are outcomes good enough</u>	Mel Field Paul Gibbs
09:10 - 09:25	Technical Failure in fistula creation: causes, Predictors and Prevention	Nick Inston
09:25 - 09:40	Shared ownership in vascular access, where does the responsibility lie in improving vascular access outcomes?	Charmaine Lok
09:40 – 09:55	Tools, technology and strategies to optimise surgical AVF outcomes	Karen Stevenson
09:55 - 10:10	Plenary first – Oasis Trial	Maarten Snoeij
10:10 - 10:30	Panel Discussion	
10:30 – 11:00	Coffee break – served in the exhibition areas	
11:00 - 12:00	Scientific Session One - Abstract Presentations	Ali Kordzadeh / Samuel Walker
12:00 – 12:30	<u>Whose choice is it anyway - the true value of the vascular access MDT and where does the patient sit?</u>	David Kingsmore Victoria Teodorescu
	Patient Renal Access Nurse Nephrologist Vascular Surgeon	Todd Lambert Rebecca Higgins Charmaine Lok Ramasubramanayan Chandrasekar
12:30 - 13:45	Lunch Served in the Exhibition Areas	
13:45 - 14:10	Sponsor Symposium – Gore AV Access Revisions: Evidence-Based Use of Stent-Grafts in Complex Lesions	Robert Jones Kate Steiner Ram Kasthuri

VASBI ANNUAL MEETING 2026

DAY 1 - THURSDAY 24TH SEPTEMBER

(All sessions take place in the main plenary room unless otherwise stated)

TIME	SESSION TITLE & LOCATION	MODERATOR(S)* / SPEAKER(S)
14:15-15:15	Practicum – Breakout Sessions (Delegates to choose 2 sessions)	
	Main Plenary Room: Cannulation and Point of Care Ultrasound	Jennifer Hanko Alison Swain Rebecca Higgins
	Room 1: Albert Suite 3 Interventional Radiology Case Discussions	Samira Rostampour Sam Walker
	Room 2: Albert Suite 4 & 5 Surgical tips and tricks – the aneurysmal fistula	Jeremy Crane Damian McGrogan Ali Kordzadeh
14:45 - 15:15	Refreshments Served in the Exhibition Areas	
15:15 - 16:15	Scientific Session Two - Abstract Presentations	Damian McGrogan / Peter Thomson
16:15-16:45	Keynote talk: How will the next 60 years of vascular access for dialysis differ from the last 60 years?	Jeremy Crane Nick Inston
17:00-17:30	Moderated Poster Session and Drinks Reception Exhibition Areas	
19:30-21:00	Dinner at Hilton Liverpool	
21:00-22:30	Quiz and Abstract Prize Giving	
22:30	Event Closes for Day One	

VASBI ANNUAL MEETING 2026

DAY 2 - FRIDAY 25TH SEPTEMBER

(All sessions take place in the main plenary room unless otherwise stated)

TIME	SESSION TITLE & LOCATION	MODERATOR(S)* / SPEAKER(S)
08:00 - 09:00	Registration, Refreshments & Exhibition	
08:15 – 08:40	<u>Getinge Industry Breakfast Symposium</u> Flixene in Focus: A Surgeon's Perspective on Long-Term Success	Nick Inston
09:00 - 09:05	Welcome to Day Two	Jeremy Crane
09:05 – 10:00	MEGA MDT	Jennifer Hanco Kate Steiner
10:00 – 10:20	<u>Trial Update</u> Access dashboards for Vascular Access Landmark Surgical trials in vascular access Landmark Interventional radiological trials in vascular access	David Kingsmore Liz Wallin Arun Pherwani Bynvant Sandhu Rob Jones
10:20 - 10:50	Refreshments Served in the Exhibition Areas <u>Morning Plenary – Current Climate</u>	Jennifer Hanco Victoria Teodorescu Charmaine Lok
10:50 – 11:00	The optimal timing of fistula creation in dialysis patients	
11:00 - 11:10	EndoAVF – Where are we?	John Aruny
11:10 - 11:20	Which interventional radiological adjuncts are creating the greatest outcome gains?	John Aruny
11:20 – 11:30	Which surgical adjuncts are creating the greatest outcome gains in vascular access?	David Kingsmore
11:30 - 11:45	Panel Discussion	

VASBI ANNUAL MEETING 2026

DAY 2 - FRIDAY 25 SEPTEMBER

(All sessions take place in the main plenary room unless otherwise stated)

TIME	SESSION TITLE & LOCATION	MODERATOR(S)* / SPEAKER(S)
11:45 – 12:45	Needling the Access; Competence, Training and Governance	Alison Swain Rebecca Higgins
11:45 – 11:55	History of buttonhole cannulation – The Swedish Experience	Karin Staaf
11:55 – 12:05	Is access cannulation an underestimated skill?	Miriam Mason
12:05 – 12:15	Individualising needling technique according to patient and access type	Julia Mearthy
12:15 – 12:25	Needling in paediatric vascular access and the role of shared care	Kate Sinnott
12:25 – 12:45	Panel discussion	
12:25 – 13:15	Refreshments Served in the Exhibition Areas	
13:15 - 13:40	Sponsor Symposium – KIMAL Enhancing AV Fistula Creation by Implementing VasQ Extravascular Support	Victoria Teodorescu
13:40 – 14:30	Refreshments Served in the Exhibition Areas	
14:30 – 15:10	<u>Question Time – Maintaining access longevity across the patient journey</u> Panel Discussion	Jeremy Crane Charmaine Lok John Aruny Nick Inston Todd Lambert Karin Staaf John Aruny
15:10 - 15:20	Presidential Handover and Closing Remarks	
15:20	Conference Closes	

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POSTER LIST

Back to the AVFuture. A case series that discusses strategies for re-establishing venous access after prior dialysis graft formation

Author: Karen Allsopp (North Bristol Trust and University of the west of England)

A qualitative feasibility study investigating the introduction of arteriovenous grafts for dialysis in Lilongwe, Malawi

Author: Emma Aitken (Queen Elizabeth University Hospital, Glasgow)

The highlight the importance of completing disclaimers if patient declines AVF creation

Author: Julieann Cummins (Glan Clwyd hospital, Bodelwyddan)

A Multi-Hospital Evaluation of Fistula Surgery: Collaborative Audit of United Kingdom Practice of Fistula Creation and Pathway

Author: Jeffrey Guevarra (University Hospitals of Birmingham QE)

Exploring the National Landscape of Vascular Access (VA) Surveillance across the UK

Author: Tamasin Stevenson (University Hospitals Birmingham NHS Foundation Trust)

Post-Validation Implementation of the Needling Patient Reported Experience Measure (NPREM), with a Multi-Centre Quality Improvement Programme

Author: Tamasin Stevenson (University Hospitals Birmingham NHS Foundation Trust)

Introduction of a Nurse-Led Vascular Access Clinic to Reduce Health Inequalities and Improve Patient Experience in Pre-Dialysis Chronic Kidney Disease

Author: Juliette Phillips (Queen Elisabeth Hospital)

A Patient-Centred Quality Improvement Initiative: Standardising POCUS-Guided AVF/AVG Needling Through SOP Implementation Across a Multi-Site Renal Ser

Author: Heidi Jimenez (University Hospital Birmingham NHS FT)

Exploring Shared Decision Making in Vascular Access Clinical Care

Author: Laura Martin (Queen Elizabeth University Hospital, Glasgow)

Evaluating the effect of reassessment and Re-education of haemodialysis nursing staff on AVF Cannulation and Haemodialysis Line Usage: Impact on Access

Author: Emmelaine Panagdato (Royal Sussex County Hospital, University Hospitals Sussex Foundation and NHS Trust and University of Brighton)

Complex Bilateral Aneurysmal AV Fistulae After Kidney Transplantation

Author: Hamzah Ul-Haq (Queen Elizabeth Hospital Birmingham)

Paradox: A Rare Case of Radiocephalic Arteriovenous Fistula Stenosis Due to Extrinsic Compression from a Fistula Warning Wristband

Author: Khaing Khant Oo (University Hospital of Wales)

Kidney Failure Risk Equation for dialysis prediction and vascular access planning in chronic kidney disease: a systematic review and meta-analysis

Author: Adeel Abbas Dhahri (University Hospitals Birmingham NHS Foundation Trust)

Innovative strategies to preserve native arteriovenous fistulas for patients who require lifelong haemodialysis access

Author: Timothy Beach (Guy's Hospital)

VASBI ANNUAL MEETING 2026

POSTER LIST

Improving Timely Cannulation and Surveillance of AV Access Across Lancashire & South Cumbria: A Regional Quality Improvement Project

Author: Wing Yin Leung (Lancashire Teaching Hospitals NHS Foundation Trust)

A review of the clinical effectiveness of banding procedures undertaken at University Hospitals Coventry and Warwickshire

Author: Ayomide Ekunola (Univeristy Hospitals Coventry and Warwickshire)

Transforming Haemodialysis Access Care: Impact of VA Nurse Unit Visits on Surveillance and Fistula Longevity

Author: Jesette Naval (University Hospital Birmingham Queen Elizabeth Hospital)

Timing of Arteriovenous Fistula Creation in Patients with Autosomal Dominant Polycystic Kidney Disease undergoing Native Nephrectomy

Author: Ben Edgar (Queen Elizabeth University Hospital)

Addressing Catheter Dependence in a Diverse Haemodialysis Population: Impact of a Dedicated Vascular Access Multidisciplinary Team

Author: Laveena Castelino (Manchester University Hospitals NHS Foundation Trust)

Knowing the fistula is not enough: Gaps in patient education and self-management of AVF care in heamodialysis

Author: Leah-Kate Butler (University Hospitals Birmingham)

Utilising minor operations theatre for Arterio-venous fistula (AVF) creation

Author: Leah-Kate Butler (University Hospitals Birmingham)

Bespoke Vascular Access learning – “education, education, education” will be key ...

Author: Alison Swain (Royal Berkshire Hospital)

A retrospective audit comparing effectiveness of on and off the table precision banding for management of high flow fistulas

Author: Charmaine Espinoza (Queen Elizabeth Hospital Birmingham)

Access Hot Clinic: Early Outcomes of a Rapid-Access Service to Reduce Dialysis Catheter Dependence and Improve Vascular Access Pathways

Author: Stephen Knight (QEUH)

Lokelma®: Streamlining Interventional Radiology Pathways, Avoiding Temporary Lines

Author: Jennifer Hanko (Belfast Health and Social Care Trust)

PRUNING AVF'S – DOES BRANCH LIGATION WORK?

Author: Julie Wishart (Belfast City Hospital)

The Final Access: Axillo-Axillary End-to-End Arterial Grafting in a Patient with Exhausted Dialysis Access Options

Author: Hussein Almasharqah (St George's Hospital)

Audit of acutely thrombosed vascular access and impact of time to intervention on long term outcomes

Author: Muhammad Saim Azam (Northern General Hospital Sheffield)

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POSTER LIST

Evaluation of Patient and Staff Experience with Cath Dry Dressing for Haemodialysis Catheters at Bognor Dialysis Centre: A Quality Improvement Project

Author: Claire Williams (Portsmouth Hospitals University Trust)

'Save Your Vein' patient-held alert tools for pre-fistula vein preservation: a pilot evaluation of comprehensibility, acceptability and feasibility

Author: Jiaxi Zhu (Imperial College Renal and Transplant Centre)

VASBI ANNUAL MEETING 2026

SCIENTIFIC SESSIONS - THURSDAY 24 SEPTEMBER

SCIENTIFIC SESSION 1, 11:00 - 12:00

Unique Code	Order	Session Title & Author
OP000391	1	The Anaesthesia Choice for Creation of Arteriovenous Fistula (ACCess) study: a randomised trial comparing regional versus local anaesthesia in arterio <i>Author: Emma Aitken</i>
OP000397	2	Economic Evaluation of Drug-Coated Balloon Therapy for Dysfunctional Arteriovenous Fistulae in the UK NHS Using IN.PACT AV Access Study Outcomes <i>Author: Sam Walker</i>
OP000435	3	Derivation and Validation of the REACT Score for Predicting Dialysis Initiation to Guide Vascular Access Planning <i>Author: Ben Edgar</i>
OP000438	4	To compare the outcomes after endovascular arteriovenous fistula (Endo-AVF) formation with surgical arteriovenous fistula (sAVF) creation <i>Author: Kate Steiner</i>
OP000394	5	Fistula Camp Malawi <i>Author: Emma Aitken</i>

VASBI ANNUAL MEETING 2026

SCIENTIFIC SESSIONS - THURSDAY 24 SEPTEMBER

SCIENTIFIC SESSION 2, 15:15 - 16:15

Unique Code	Order	Session Title & Author
OP000427	6	Initial AVF versus AVG strategy in patients at high risk of fistula failure: a target trial emulation with procedural microcosting <i>Author: Ben Edgar</i>
OP000401	7	Ultrasound-guided liposuction for superficialization of arteriovenous fistulas for enhanced needling: a case series <i>Author: Shabin Fahad</i>
OP000393	8	A qualitative, feasibility study examining barriers and enablers to establishing an adult peritoneal dialysis programme in Malawi <i>Author: Emma Aitken</i>
OP000420	9	Enhancing Cannulation Practice in Haemodialysis: The Role of Rope-Ladder Stencils <i>Author: Vanessa May Rodriguez</i>
OP000407	10	Exploration of Patient Experience and Decisional Conflict in Vascular Access Decision Making <i>Author: Laura Martin</i>

VASBI ANNUAL MEETING 2026

FACULTY LIST

John Aruny	The Dialysis Access Institute-Medical University of South Carolina
R Chandrasekar	Countess of Chester Hospital
Jeremy Crane	Imperial College Healthcare
Melanie Field	Queen Elizabeth Hospital, Birmingham
Jennifer Hanko	Belfast Health and Social Care Trust
Rebecca Higgins	Belfast City Hospital
Nick Inston	Queen Elizabeth Hospital, Birmingham
Rob Jones	Queen Elizabeth Hospital, Birmingham
Ram Kasthuri	Queen Elizabeth University Hospital
David Kingsmore	Queen Elizabeth University Hospital
Ali Kordzadeh	Mid & South Essex NHS foundation Trust
Todd Lambert	Microsoft Ireland
Charmaine Lok	University Health Network
Miriam Mason	UH Sussex/ Brighton
Julia McCarthy	Xtra-med
Damian McGrogan	Belfast Health and Social Care Trust
Arun Pherwani	University Hospitals of North Midlands NHS Trust, Keele University School of Medicine
Samira Rostampour	Imperial College NHS Trust
Bynvant Sandhu	Hammersmith Hospital
Kate Sinnott	B Braun Medical Ltd
Maarten Snoeijis	Maastricht University Medical Center
Karin Staaf	Department of Health, Medicine and Caring Sciences/Department of Nephrology
Kate Steiner	University Hospital Sussex
Karen Stevenson	Queen Elizabeth University Hospital
Alison Swain	Royal Berkshire Hospital NHS Foundation Trust
Victoria Teodorescu	Emory School of Medicine
Peter Thomson	Queen Elizabeth University Hospital
Sam Walker	Queen Elizabeth Hospital Birmingham
Elizabeth Wallin	Queen Elizabeth Hospital, Birmingham



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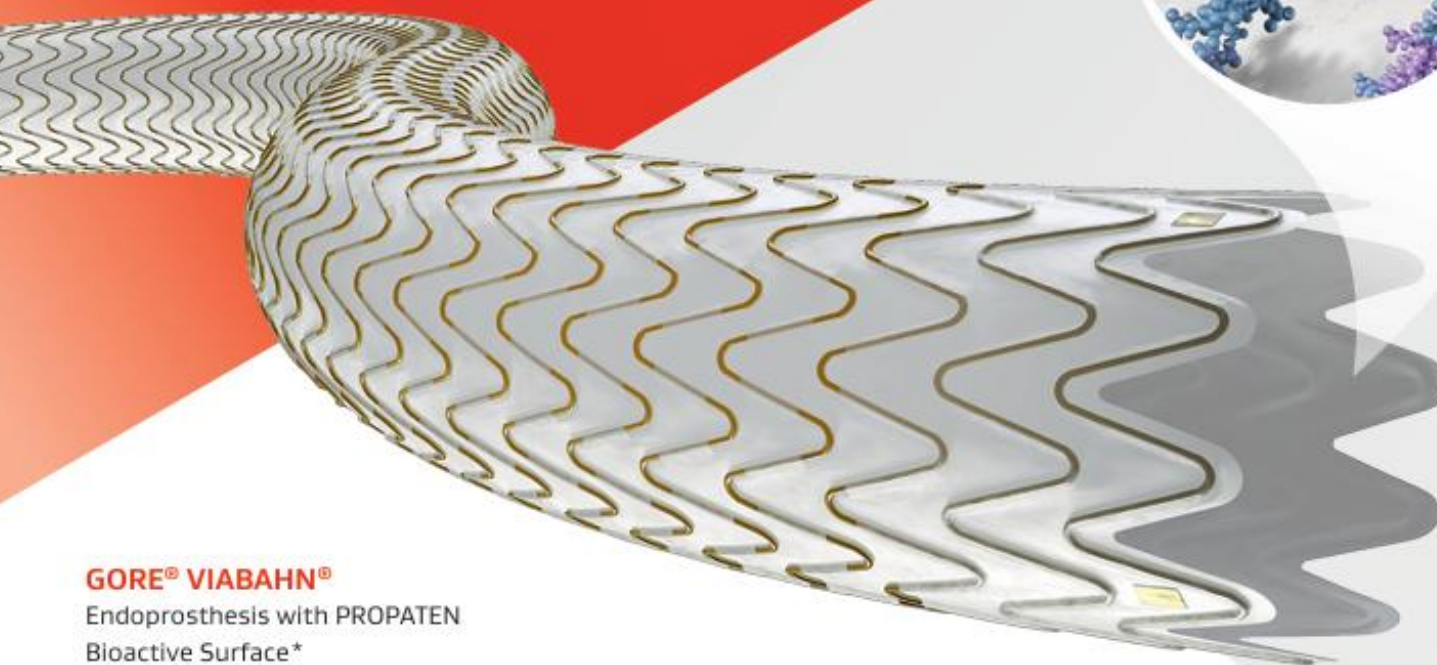
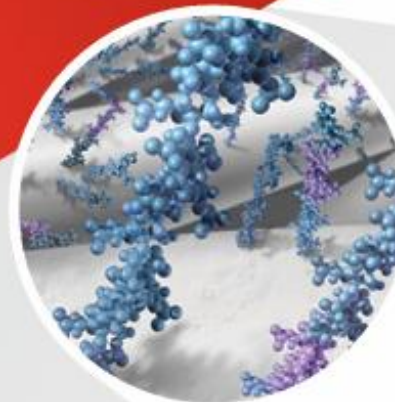
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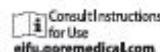
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ABSTRACTS

OP000391: THE ANAESTHESIA CHOICE FOR CREATION OF ARTERIOVENOUS FISTULA (ACCESS) STUDY: A RANDOMISED TRIAL COMPARING REGIONAL VERSUS LOCAL ANAESTHESIA IN ARTERIO

Category: Oral

Author 1: Emma Aitken, Queen Elizabeth University Hospital, Glasgow

Author 2: On behalf of the ACCess study collaborators Surgery, anesthesia, nephrology - Multiple

Aims: We aimed to definitively determine whether regional anaesthesia improved AVF outcomes compared to local anaesthesia.

Materials & Methods: An observer-blinded randomised controlled trial was performed at 20 UK centres. Adults undergoing radio-/brachio-cephalic fistula creation were randomly assigned 1:1 to receive either regional anaesthesia (RA) (brachial plexus block with 0.5% L-bupivacaine and 1% lidocaine with adrenaline) or local anaesthesia (LA) (0.5% L-bupivacaine and 1% lidocaine). The primary end point was unassisted functional patency at 12 months. Cost-effectiveness analysis was also performed. The study was funded by the National Institute for Health and Care Research (NIHR 130567). ISRCTN14153938.

Results: 571 patients were randomised. Unassisted functional AVF patency at 3 and 12 months was 60.3% (n=479) (RA 60.7% vs LA 60.0%, p=0.65) and 56.7% (n=420) (RA 58.9% vs LA 54.5%, p=0.30) respectively. Unassisted functional AVF patency in brachiocephalic fistulae was greater in the RA group compared to LA (66.3% vs 53.4%, p=0.04). There was no significant interaction in subgroups of vessel size (p=0.2). Mortality at 1-year was 10.1% (n=57) (RA 8.5% vs LA 11.7%, p=0.20). RA saved -£1,139 per patient compared to LA (95% CI: -£1,255 to -£1,021; p<0.001), driven by fewer dialysis costs and infections.

Conclusions: Both anaesthetic techniques are safe and efficacious. There was no clinical difference in fistula outcomes between the two groups. Regional anaesthesia proved cost-effective over a one-year time horizon when dialysis costs were excluded. Either technique continues to be appropriate for AVF creation.

OP000393: A QUALITATIVE, FEASIBILITY STUDY EXAMINING BARRIERS AND ENABLERS TO ESTABLISHING AN ADULT PERITONEAL DIALYSIS PROGRAMME IN MALAWI

Category: Oral

Author 1: Emma Aitken, Queen Elizabeth University Hospital, Glasgow

Author 2: Leigh Bainbridge, Queen Elizabeth University Hospital, Glasgow

Author 3: Maya Khomba, Kamazu Central Hospital, Lilongwe

Author 4: Emily Matola, Kamazu Central Hospital, Lilongwe

Author 5: Virginia Chapeta, Kamazu Central Hospital, Lilongwe

Author 6: Madalitso Connie Malambo, Kamazu Central Hospital, Malawi

Author 7: David Chando, Kamazu General Hospital, Lilongwe

Aims: Malawi is one of the poorest countries in the world. It has a rudimentary National Health Service that currently provides government-funded haemodialysis for approximately 100 patients. We explore the feasibility of establishing a peritoneal dialysis (PD) service.

Materials & Methods: Semi-structured interviews were conducted with 16 patients and 9 healthcare workers. Knowledge, understanding and opinions about dialysis, along with barriers and enablers to service provision were explored. A reflexive thematic approach was taken to analysis.

Results: Many nurses were trained in PD. Lack of surgical and community expertise; poor living conditions and risk of infections and availability of affordable consumables were identified as potential barriers. Patients were self-motivated and welcomed a home-based regimen, cost-savings in travel and a more flexible approach to dialysis. There was an acknowledgment that the current capacity for HD is insufficient (although a lack of accurate records makes the exact numbers impossible to determine). PD was viewed as an opportunity to expand dialysis provision, especially for those who live remotely.

Conclusions: There is need and willing to expand the renal service in Malawi. Accurate, transparent records of renal disease and allocation of dialysis provision are essential. This must be prioritised in plans to improve renal care. PD could provide an effective dialysis modality. Concerns regarding education, sanitation and consumables are not unsurmountable. Further exploration with policymakers is warranted to permit sustainable capacity building.

OP000394: FISTULA CAMP MALAWI

Category: Oral

Author 1: Emma Aitken, Queen Elizabeth University Hospital, Glasgow

Author 2: Leigh Bainbridge, Queen Elizabeth University Hospital, Glasgow

Author 3: Ryan Ghita, Queen Elizabeth University Hospital, Glasgow

Aims: Malawi is a small country in Southeast Africa. It is one of the poorest in the world. It has a NHS that is free at the point of delivery. However, the system is inefficient and resource deplete. Renal care is available in two of the public hospitals. Approximately 100 patients are on hospital HD nationally. There is no PD and no transplantation. In September 2024. Two surgeons and a vascular access nurse from Glasgow travelled to Lilongwe with the intention of creating arteriovenous fistula (AVF) and providing training and education for the local doctors and nurses.

Materials & Methods: A series of meetings allowed a collaborative network to be established between the surgical team in Glasgow and the surgical and renal teams in Kamuzu Central Hospital (KCH), Lilongwe. Two weeks were identified for to undertake the activity (one week for operating, one week for training). The staff in KCH organised theatre space, staffing and post-operative care. Local fundraising in Glasgow funded the trip and purchased medical equipment.

Results: 21 surgeries were performed with no significant complications, 5 by local surgeons. 15 AVF were created (the other 6 patients had no suitable vessels). One patient required re-exploration for localised haematoma. There was one minor wound infection, which responded to oral antibiotics. Three patients developed moderate limb swelling post-operatively (all previously had long-term ipsilateral lines). 80% of AVF were successfully cannulated within 6 weeks. This doubled the prevalent AVF rate in Lilongwe. Patient information was provided in Chichewa. Education was provided for nurses and doctors.

Conclusions: Malawi is an incredible country with dedicated and enthusiastic staff. Healthcare is limited and it is a difficult country in which to provide high-quality tertiary care. However, through collaboration good outcomes have been achieved with access creation and the development of education for nurses and doctors. The foundations of a good long-term working relationship have been established.

OP000397: ECONOMIC EVALUATION OF DRUG-COATED BALLOON THERAPY FOR DYSFUNCTIONAL ARTERIOVENOUS FISTULAE IN THE UK NHS USING IN.PACT AV ACCESS STUDY OUTCOMES

Category: Oral

Author 1: Sam Walker, Queen Elizabeth Hospital, Birmingham

Author 2: Nick Inston, Queen Elizabeth Hospital, Birmingham

Author 3: Rob Jones, Queen Elizabeth Hospital, Birmingham

Author 4: Aurangzaib Khawaja, Queen Elizabeth Hospital, Birmingham

Aims: Recurrent stenosis in arteriovenous fistulae (AVFs) for haemodialysis leads to frequent endovascular reinterventions, imposing substantial clinical burden, psychosocial impact, and healthcare

costs. Repeated hospital visits disrupt dialysis schedules and daily life. The IN.PACT AV Access study showed that drug coated balloons (DCB) reduce reinterventions compared with conventional percutaneous transluminal angioplasty (PTA). This study aimed to assess the potential economic impact of a DCB first strategy versus PTA within the UK NHS.

Materials & Methods: A 12-month cost comparison analysis was conducted using reintervention rates to estimate total costs for each strategy. Unit costs were taken from 2024/25 NHS National Cost Collection Day case prices. Hospital Episode Statistics data were used to estimate eligible patient population at Queen Elizabeth Hospital Birmingham using OPCS procedure code L74.3 (attention to arteriovenous shunt). Device costs were derived from NICE (GID-MT517).

Results: At 12 months, DCB first strategy was associated with fewer reinterventions than PTA (0.65 vs 1.05 per patient), a relative reduction of approximately 38%. Institutionally, this equated to 130 fewer reinterventions per year, generating total savings of –£236,178 and –£727 per patient. Assuming a one-hour procedure, this represents 130 hours of procedural time saved.

Conclusions: Despite higher upfront device costs, DCB-first strategy becomes cost saving within 12 months by reducing repeat interventions. Fewer reinterventions translate to reduced hospital visits, procedural burden, and dialysis disruption while better preserving vascular access. Beyond economics, DCB-first treatment may support more durable, less disruptive care and improve patient experience through fewer interruptions and greater continuity outside dialysis.

OP000401: ULTRASOUND-GUIDED LIPOSUCTION FOR SUPERFICIALIZATION OF ARTERIOVENOUS FISTULAS FOR ENHANCED NEEDLING: A CASE SERIES

Category: Oral

Author 1: Shabin Fahad, East and North Hertfordshire NHS Trust/ Lister Hospital

Aims: Deeply located arteriovenous fistula (AVF) vein is a common cause of cannulation failure among haemodialysis patients. Conventionally, surgical superficialization is done to address the issue but is invasive with high scar burden and bleeding complications. To mitigate this, we introduced liposuction as an alternative and less invasive way of superficialization. Since December 2025, we had performed this procedure in five patients and the outcomes are discussed.

Materials & Methods: Five patients with End Stage Kidney Disease on haemodialysis and a deeply located AV fistula underwent liposuction for superficialization between February 2025 to October 2025. All of them were referred for cannulation failure due to vein depth. All liposuction procedures were under ultrasound guidance. Cases were performed under general anaesthesia, regional block with or without conscious sedation. Liposuction was done (using standard cannula) in the region overlying the venous outflow segment of the AVF to reduce the subcutaneous tissue thickness. The procedures were done jointly by a plast

Results: All five patients underwent successful ultrasound-guided liposuction without intraoperative complications. The mean reduction in vein depth was from >1 cm pre-procedure to 3–6 mm post-procedure, enabling direct visualisation and successful cannulation in four patients. One patient has not yet initiated needling at the time of reporting. Brachial artery flow post-liposuction ranged between 1400–2000 ml/min, confirming maintained fistula patency. One patient developed symptomatic central venous stenosis unrelated to the liposuction site, which was successfully managed with venoplasty.

Conclusions: Ultrasound-guided liposuction offers a safe and effective minimally invasive option for superficializing deeply sited AVFs, avoiding open surgical revision. This technique facilitates successful needling and dialysis access maturation with minimal morbidity. Larger studies with longer follow-up are warranted to confirm durability and reproducibility of results.

OP000407: EXPLORING SHARED DECISION MAKING IN VASCULAR ACCESS CLINICAL CARE

Category: Oral

Author 1: Laura Martin, Queen Elizabeth University Hospital, Glasgow

Author 2: Peter Thomson, Queen Elizabeth University Hospital, Glasgow

Author 3: Leigh Bainbridge, Queen Elizabeth University Hospital, Glasgow

Author 4: Patrick Mark, Queen Elizabeth University Hospital, Glasgow

Author 5: Andrew Jackson, Queen Elizabeth University Hospital, Glasgow

Author 6: David Kingsmore, Queen Elizabeth University Hospital, Glasgow

Author 7: Karen Stevenson, Queen Elizabeth University Hospital, Glasgow

Aims: Decision making about vascular access (VA) for haemodialysis can be difficult for patients and clinicians. Published literature and guidelines advocate for a patient centred approach with shared decision making (SDM). No previous research has assessed SDM in VA care in real-time. This study aimed to quantitatively assess the extent to which clinicians involve patients in SDM during clinical consultations.

Materials & Methods: Patients referred to the VA clinic were eligible for participation. Consented participants and clinicians had the clinic appointment observed, audio recorded and a validated observational instrument (Option 12) questionnaire completed.

Results: Of 20 participants, 60% were male, 45% diabetic, 75% CKD 5 and 25% previously had VA created. 7 clinicians were observed. The mean transformed Option 12 score was 49/100 (25-91) with variation in consultation approach. Analysis of specific components of SDM identified in 75% of consultations patients expectations were explored; and in 75% the patient was given explicit opportunity to ask questions. However, in 95% of consultations the patients preferred approach to receiving information was not elicited and in 75% of cases, the patients preferred level of involvement was not ascertained.

Conclusions: There is marked variation in the extent to which clinicians involve patients in decisions and understanding the content and evolution of consultations is key to developing effective SDM. Understanding patient context and preference for information and discussion is an area for ongoing improvement and research.

OP000420: ENHANCING CANNULATION PRACTICE IN HAEMODIALYSIS: THE ROLE OF ROPE-LADDER STENCILS

Category: Oral

Author 1: Vanessa May Rodriguez, University Hospitals Sussex NHS Trust

Author 2: Ferdinand Bravo, University of Brighton

Aims: To evaluate the impact of implementing ropeladdering stencils on needling practices in a dialysis satellite unit, and to determine whether this approach optimises the use of the arteriovenous fistula (AVF) and improves staff adherence to ideal cannulation techniques.

Materials & Methods: Three patients with suitable AV fistulae were selected based on predefined criteria: a minimum of 8 centimetres of straight needling segment, absence of aneurysms, and consistent fistula depth. Fistulae were assessed and mapped using ultrasound, used as the basis for creating individualised rope-laddering stencils using laminates marked with numbered needling sites. Staff and patients were educated regarding appropriate stencil use and rotation of needling sites. Practice was monitored over six months, focusing on staff compliance and changes in needling patterns.

Results: Initial staff compliance with rope-laddering was varied but improved over time. Effective needling segments increased from approximately 4-5cm pre-intervention to at least 10 cm during stencil implementation, indicating improved utilisation of the AVF. Patients reported improved consistency in needling practice, and staff exhibited increased collaboration when planning cannulation. No aneurysm formation was observed during the study period, and one bleeding episode occurred due to suspected cluster-needling in the second month of implementation, attributed to initial compliance variances.

Conclusions: Introducing rope-laddering stencils maximised the use of the fistula length for all participant patients and improved adherence to recommended needling techniques. This simple

intervention supported standardisation of practice, enhanced staff-patient collaboration, and has the potential to contribute to reducing complications associated with poor cannulation practices, potentially improving access preservation. Ropeladdering stencils represent a practical and effective tool for improving vascular access care in haemodialysis settings.

OP000427: INITIAL AVF VERSUS AVG STRATEGY IN PATIENTS AT HIGH RISK OF FISTULA FAILURE: A TARGET TRIAL EMULATION WITH PROCEDURAL MICROCOSTING

Category: Oral

Author 1: Ben Edgar, Queen Elizabeth University Hospital, Glasgow

Author 2: Karen Stevenson, Queen Elizabeth University Hospital, Glasgow

Author 3: Emma Aitken, Queen Elizabeth University Hospital, Glasgow

Author 4: Andrew Jackson, Queen Elizabeth University Hospital, Glasgow

Author 5: Peter Thomson, Queen Elizabeth University Hospital, Glasgow

Author 6: Patrick Mark, Queen Elizabeth University Hospital, Glasgow

Author 7: David Kingsmore, Queen Elizabeth University Hospital, Glasgow

Aims: The optimal access strategy in patients with a high likelihood of arteriovenous fistula (AVF) failure remains uncertain. Arteriovenous grafts (AVG) are often perceived as more costly due to greater maintenance requirements, although existing evaluations are limited by imprecise costing methods and rarely consider the full trajectory of access-related care. We compared procedural costs and burden associated with initial AVF versus AVG strategies using target trial emulation and detailed microcosting.

Materials & Methods: We conducted a retrospective cohort study emulating a target trial in patients with pre-dialysis chronic kidney disease and high risk of AVF failure. Patients were assigned to initial AVF or AVG strategy at access decision and followed until death, transplantation, administrative censoring, or study end. Inverse probability of treatment weighting was used to balance baseline characteristics. Procedural costs were estimated using bottom-up microcosting and annualised per patient year. Secondary outcomes included procedural burden and catheter exposure.

Results: Eighty patients were included (AVF 43, AVG 37) and followed for a median of 1127 days. A total of 137 vascular access procedures were microcosted over 135 hours of direct observation. There were no significant differences in annual procedural costs ($p=0.34$), procedural burden ($p=0.41$), or catheter exposure ($p=0.23$) between groups. AVG was associated with greater use of endovascular interventions, but lower costs attributable to access creation or revision, resulting in comparable overall expenditure.

Conclusions: In patients at high risk of AVF failure, an initial AVG strategy was not associated with increased procedural costs or burden and may therefore represent a clinically and economically viable option in selected patients.

OP000435: DERIVATION AND VALIDATION OF THE REACT SCORE FOR PREDICTING DIALYSIS INITIATION TO GUIDE VASCULAR ACCESS PLANNING

Category: Oral

Author 1: Ben Edgar, Queen Elizabeth University Hospital, Glasgow

Author 2: Catrin Jones, Queen Elizabeth University Hospital, Glasgow

Author 3: Karen Stevenson, Queen Elizabeth University Hospital, Glasgow

Author 5: Peter Thomson, Queen Elizabeth University Hospital, Glasgow

Author 6: Patrick Mark, Queen Elizabeth University Hospital, Glasgow

Author 7: David Kingsmore, Queen Elizabeth University Hospital, Glasgow

Aims: Timely arteriovenous fistula (AVF) creation improves haemodialysis outcomes while minimising unnecessary surgery but predicting dialysis initiation remains challenging. Consequently, many AVFs are never used due to transplantation, death, or stabilisation of kidney function. We evaluated whether clinical data available at vascular access referral could predict short-term dialysis initiation while accounting for competing risks.

Materials & Methods: We conducted a retrospective cohort study of incident patients referred for AVF creation at a tertiary centre in Scotland (2010-2024). Patients with unplanned dialysis starts or alternative kidney replacement therapy plans were excluded. Predictors included eGFR, annualised eGFR decline, and the Kidney Failure Risk Equation (KFRE). The composite REACT (Renal Access Creation Timing) score was evaluated as a novel predictive tool. Cox and Fine & Gray competing risks regression identified predictors of dialysis initiation, while ROC analysis derived thresholds and assessed performance.

Results: Of 31,926 patients with eGFR <30 mL/min/1.73 m², 770 referred electively for vascular access met inclusion criteria, of whom 19% initiated haemodialysis within 6 months. eGFR, rate of decline, and KFRE independently predicted dialysis initiation. A REACT score ≥2 (eGFR ≥10, KFRE ≥55%, decline ≥7 mL/min/year) achieved an AUC of 0.81 and negative predictive value of 93%, outperforming KFRE-based threshold strategies for short-term dialysis prediction. Performance was maintained in external retrospective and prospective validation cohorts, with retained discrimination and good calibration.

Conclusions: The REACT score improved short-term prediction of dialysis initiation compared with KFRE thresholds alone and may support more individualised timing of vascular access creation, potentially reducing unnecessary surgery and improving timely access creation.

OP000438: TO COMPARE THE OUTCOMES AFTER ENDOVASCULAR ARTERIOVENOUS FISTULA (ENDO-AVF) FORMATION WITH SURGICAL ARTERIOVENOUS FISTULA (SAVF) CREATION

Category: Oral

Author 1: Kate Steiner, University Hospitals Sussex NHST

Author 2: Siva Ramanarayanan, East and North Hertfordshire NHST

Aims: To Assess the safety and efficacy of Endo AVF creation at our institution and to compare outcomes with upper arm surgical fistulas.

Materials & Methods: A prospective database recording data post Endo-AVF creation was used for data collection. All Endo-AVFs were created using the Ellipsys device under ultrasound guidance. Follow up was over 12 months. Patients were matched with a sAVF cohort using baseline demographics including age, gender and diabetic status. All surgical data was collected for upper arm fistulas. Data was collected on complications, primary failure, primary patency & secondary patency.

Results: The primary failure rate was higher in the sAVF group 9% (3/35) compared with 0% (0/37) in the Endo-AVF group. The complication rate was higher for the s-AVFs at 14% compared with 0% for the Endo-AVFs. Complications in the s-AVF group were; 1 haematoma, 2 wound infections and 1 case of steal. 100% of the s-AVFs were in use for dialysis compared with 97% of Endo-AVF. The primary patency rate at 12 months for the s-AVFs was higher at 73.5% compared with 40.0% for the Endo-AVFs. Secondary patency was 100% at 12 months for both groups.

Conclusions: The primary patency rate was significantly lower within the Endo-AVF cohort. However, secondary patency was equivalent within both groups at 100%.

Endo-AVFs at our institution compared favourably to s-AVFs in terms of primary failure and complications with no cases recorded.

POS000390: BACK TO THE AVFUTURE. A CASE SERIES THAT DISCUSSES STRATEGIES FOR RE-ESTABLISHING VENOUS ACCESS AFTER PRIOR DIALYSIS GRAFT FORMATION

Category: Poster

Author 1: Karen Allsopp, North Bristol Trust and University of the west of England

Author 2: Simon Daniel, North Bristol Trust

Author 3: Shakeeb Khan, North Bristol Trust

Author 4: Peter Mezes, North Bristol

Aims: Lack of vascular real estate can lead to life limiting complications. The regeneration of previously unsuitable veins can provide another option and prolong capacity to dialyse. We

present the case for re-assessment of ipsilateral vasculature after AVG formation and then failure rather than limb abandonment. This ascertains if vein diameter has improved to provide the opportunity to create native access options for dialysis patients that have limited vasculature. We aim to highlight the importance of ongoing preoperative vein mapping and to reconsider the option of going back to the fistula.

Materials & Methods: Pre-access mapping protocol for trust followed by the renal access nurse practitioner. Patients are referred for vascular access ultrasound mapping when eGFR <15 or dialysis may commence within 12-18 months and when current access has failed. Ultrasound mapping was repeated for 3 patients post AVG thrombosis/failure who on initial ultrasound mapping had no native access options. This demonstrated an increase in native vessel diameter on the limb ipsilateral to previous AVG. PACS, CRIS data base and renal proton used to detail past medical history, previous vein diameters and surgical plans,

Results: Three patients noted to originally have native vein diameters <2mm during pre-operative ultrasound assessment subsequently received an AVG as their primary dialysis access. Over time their vasculature improved to diameters suitable to create successful native access ipsilaterally. Median diameter increase was 3.6mm and mean diameter increase was 2.7mm SD +/- 0.9mm. Arteriovenous access was then created in the forms of brachial cephalic fistulae and a basilic vein transposition that were successfully used and continue to provide flows >600ml/min and dialysis adequacies >1.4 Kt/V respectively.

Conclusions: AVGs are typically only performed after all autogenous arteriovenous access in the arm has been exhausted. We present the case for re-assessment of ipsilateral vasculature after AVG formation, rather than abandonment to a permanent line. This will ascertain if vein diameter has increased to provide the opportunity to create further native access options for dialysis patients that have previously unsuitable vascular real estate. We are aware that a pilot study that involved more participants could help to make this hypothesis more robust but for now believe this is a positive outcome to share.

POS000392: A QUALITATIVE FEASIBILITY STUDY INVESTIGATING THE INTRODUCTION OF ARTERIOVENOUS GRAFTS FOR DIALYSIS IN LILONGWE, MALAWI

Category: Poster

Author 1: Emma Aitken, Queen Elizabeth University Hospital, Glasgow

Author 2: Leigh Bainbridge, Queen Elizabeth University Hospital, Glasgow

Author 3: Maya Khomba, Kamazu Central Hospital, Lilongwe

Author 4: David Chando, Kamazu Central Hospital, Lilongwe

Author 5: Virginia Chapeta, Kamazu Central Hospital, Lilongwe

Author 6: Madalitso Connie Malambo, Kamazu Central Hospital, Lilongwe

Author 7: Emily Matola, Kamazu Central Hospital, Lilongwe

Aims: Malawi is a small country in Sub-Saharan Africa. It has a rudimentary NHS which provides government-funded hospital haemodialysis for approximately 100 patients nationally. We wanted to explore the feasibility of establishing an AVG service.

Materials & Methods: Semi-structured interviews were conducted with 16 haemodialysis patients and members of staff (HCPs). Knowledge, understanding and opinions about dialysis and vascular access modalities were explored as well as attempts made to understand everyday life for patients and HCPs. We also explored existing service provision, barriers and enablers to service development. Interviews were translated from the native Chichewa and transcribed verbatim. A reflexive thematic approach was taken to analysis.

Results: HCPs were universally positive about the implementation of an AVG service. Bathing was reported to be particularly troublesome with a line, with only half of patients having running water in their homes. Patients were more sceptical of the unknown, with only 50% of patients having heard of AVG. Patients were concerned about cost; the need for upskilling and training; graft maintenance and infection from a foreign body. There was acknowledgement that there were many elements of the necessary infrastructure currently lacking. Capacity building is going to be essential

prior to implementation

Conclusions: There is a small cohort of patients in Lilongwe who may benefit from AVG; however the physical, economic and political infrastructure is not currently in place to make an AVG service sustainable. Major barriers include cost; lack of surgical expertise; suboptimal sterility within the operative environment and lack of ancillary services e.g. interventional radiology necessary to maintain good AVG outcomes.

POS000398: THE HIGHLIGHT THE IMPORTANCE OF COMPLETING DISCLAIMERS IF PATIENT DECLINES AVF CREATION

Category: Poster

Author 1: Julieann Cummins, Glan Clwyd Hospital, Bodelwyddan

Aims: To highlight the importance of completing disclaimer if patient declines AVF creation.

Documentation of informed refusal- aware of risks of not having AVF. Legal Protection - reducing liability for healthcare professionals if the patient experiences complications. Addressing concerns - the process of signing the form often highlights the patients' concerns, which leads to better education and maybe they will reconsider decision.

Materials & Methods: Disclaimer form Patient communication Patient Leaflets

Results: Bacteraemia rates of patients with CVC in 2025 and outcomes from our records. Did the discussion happen with patients and the disclaimers completed. What was the risk to patients. What were the reasons for refusal

Conclusions: Signing a disclaimer is crucial for ensuring the patient has been fully informed of the risks and that the medical team has legally documented the patient's autonomous decision.

The native AVF is recommended in most cases due to longer functional access, lower infection and complication rates. Resulting in a significant reduction in morbidity, mortality and healthcare costs.

POS000402: A MULTI-HOSPITAL EVALUATION OF FISTULA SURGERY: COLLABORATIVE AUDIT OF UNITED KINGDOM PRACTICE OF FISTULA CREATION AND PATHWAY

Category: Poster

Author 1: Jeffrey Guevarra, University Hospitals of Birmingham QE

Aims: * To Evaluate the success rates of AVF creation and maturation, as well as the incidence of common complications (e.g., thrombosis, stenosis and failed to mature) of the two hospitals.

* Determine factors influencing outcomes: Analyse patient demographics, co-morbidities, and procedural details to understand their impact on AVF patency and complication rates.

* Promote adherence to guidelines: Evaluate compliance with national and local guidelines for AVF creation, monitoring, and management.

* Inform quality improvement initiatives: Utilise audit findings to develop strategies

Materials & Methods: QE UHB Renal Vascular Access Data Base Tracker Outcome from Vascular Access Clinic and Surveillance Information from Intervention Radiology Reports

QE Renal Vascular Secretaries Data Base

Results: 34 Patients for fistula creation collected from two Hospital

*Two fistulas used at weeks' old post creation with Hospital A

*4 Line Insertion while waiting for the fistula to mature (12% of the total number)

Total :29 out of 33 fistulas had no reported issues/ had needling issues with VA help then moved to satellite after the creation (88%)

:4 out of 33 fistulas failed/had issues and needed intervention (12%)

Other: 1 Awaiting fistula maturation

Conclusions: Overall, Success Rate: The vast majority of AVFs are functioning successfully, with a 94% total utilization rate (32 out of 34) creations across two hospitals.

In total, 15 out of 34 AVFs (approximately 44 %) either failed, had reported issues, or required an early intervention, which included Interventional Radiology (IR) or early needling issues, following

their creation. Conversely, 18 out of 34 AVFs (approximately 53%) had no reported issues post-creation. While 1 out of 34 fistulas (approximately 3%) in this cohort is still waiting for maturation.

POS000403: EXPLORING THE NATIONAL LANDSCAPE OF VASCULAR ACCESS (VA) SURVEILLANCE ACROSS THE UK

Category: Poster

Author 1: Tamasin Stevenson, University Hospitals Birmingham NHS Foundation Trust

Author 2: Yimeng Zhang, New Cross Hospital, The Royal Wolverhampton NHS Trust

Author 3: Alison Swain, Royal Berkshire Hospital

Author 4: Dominique Brown, The University Hospital of Wales

Author 5: Phillipa Brown, Bradford Teaching Hospitals Foundation Trust

Author 6: Jyoti Baharani, University Hospitals Birmingham

Aims: Vascular access complications are the leading cause of access failure in haemodialysis (HD), resulting in emergency procedures and hospitalisation. UK Kidney Association guidance recommends systematic monitoring but does not prescribe specific protocols.

This study examined vascular access surveillance practices, staffing models, and implementation barriers across UK renal centres.

Materials & Methods: A cross-sectional questionnaire-based survey was distributed to all NHS renal units providing HD services. The structured questionnaire covered governance, surveillance practices, methods, intervention thresholds, workforce, and perceived challenges. Responses were analysed using descriptive statistics with thematic analysis of free-text data.

Twenty-two UK renal units responded.

Results: 55% had written protocols, but 86% followed adapted guidelines. Surveillance methods varied: physical examination (95%), recirculation studies (82%), blood flow monitoring (77%), ultrasound imaging (50%), and automated electronic systems (45%). 68% included all HD patients; 55% included pre-dialysis patients. Surveillance ranged from 3 times weekly to 3 monthly. 83% had trained HD nurses; 91% had dedicated vascular access teams. Median time from detection to intervention was 3 weeks (range 1-42 weeks). Median waiting times were 4 weeks for elective and 3 days for urgent interventions.

POS000405: INTRODUCTION OF A NURSE-LED VASCULAR ACCESS CLINIC TO REDUCE HEALTH INEQUALITIES AND IMPROVE PATIENT EXPERIENCE IN PRE-DIALYSIS CHRONIC KIDNEY DISEASE

Category: Poster

Author 1: Juliette Phililps, Queen Elisabeth Hospital

Author 2: Ben Lucas, Queen Elisabeth hospital

Aims: Vascular access is a critical component of safe, planned and effective dialysis preparation for patients with advanced chronic kidney disease. When patients approach dialysis, variation in access to timely, specialist-led vascular access services can contribute to inequalities in outcomes, care, experience and confidence in treatment planning. This quality improvement project describes the introduction of a locally delivered nurse-led vascular access clinic for chronic pre-dialysis patients, designed to reduce disparities in access and improve the patient journey and experience.

Materials & Methods: A one-stop nurse-led vascular access clinic was established within the Smethwick AKC service, located closer to patients, communities, including areas of high deprivation. The redesigned pathway integrated specialist vascular access assessment, consultant review, dietetic support, hepatitis B vaccination, and AKC clinician input within a single visit. Service activity and waiting-time data were reviewed following implementation.

Results: Since its launch on 6 June 2024, the clinic has improved access to specialist vascular access assessment and strengthened multidisciplinary coordination across the pre-dialysis pathway. Co-location with the dialysis unit and AKC team reduced travel burden, improved continuity of care, and streamlined the patient journey. Free parking and local delivery reduced barriers to attendance. Mean waiting times decreased from 2.52 weeks in 2024 to 1.52 weeks in 2025.

Conclusions: Previously, patients were required to attend a vascular access clinic at Queen Elizabeth Hospital, creating barriers including long travel distances, parking costs, reliance on NHS transport, high non-attendance and cancellation rates, and poor coordination between hospital vascular access services and the Smethwick Advanced Kidney Care (AKC) team. This locally delivered nurse-led vascular access clinic can reduce health inequalities, improve patient experience, and support earlier, coordinated vascular access planning for patients with advanced CKD.

POS000406: A PATIENT-CENTRED QUALITY IMPROVEMENT INITIATIVE: STANDARDISING POCUS-GUIDED AVF/AVG NEEDLING THROUGH SOP IMPLEMENTATION ACROSS A MULTI-SITE RENAL SER

Category: Poster

Author 1: Heidi Jimenez, University Hospital Birmingham NHS FT

Aims: To implement and evaluate a Standard Operating Procedure (SOP) for focused POCUS-guided needling of AVF/AVG using a Quality Improvement (QI) approach. This quality improvement (QI) initiative will develop and implement a patient-centred Standard Operating Procedure (SOP) for POCUS-guided AVF/AVG needling across a multi-site renal service, including hospital-based and satellite haemodialysis units.

Materials & Methods: The SOP will incorporate best practice evidence, multidisciplinary input, and local governance standards. It will define patient selection criteria, structured pre-needling ultrasound assessment, needling technique, and staff competency requirements.

Implementation will be supported by a structured education programme, competency framework, and clinical supervision. Evaluation measures will include staff compliance, first-pass cannulation success, complication rates (e.g., infiltration, haematoma), and patient-reported experience.

Results: The initiative is anticipated to improve standardisation of practice, enhance staff confidence and competence in POCUS-guided needling, and reduce needling-related complications. It is also expected to improve patient experience by reducing anxiety and discomfort associated with cannulation.

Conclusions: This patient-centred, planned QI initiative aims to standardise POCUS-guided AVF/AVG needling across a multi-site renal service, providing a scalable framework for enhancing vascular access care. Findings will assess the feasibility, acceptability, and clinical effectiveness of SOP-driven POCUS integration in routine haemodialysis practice.

POS000408: EXPLORATION OF PATIENT EXPERIENCE AND DECISIONAL CONFLICT IN VASCULAR ACCESS DECISION MAKING

Category: Poster

Author 1: Laura Martin, Queen Elizabeth University Hospital, Glasgow

Author 2: Peter Thomson, Queen Elizabeth University Hospital, Glasgow

Author 3: Leigh Bainbridge, Queen Elizabeth University Hospital, Glasgow

Author 4: Patrick Mark, Queen Elizabeth University Hospital, Glasgow

Author 5: Andrew Jackson, Queen Elizabeth University Hospital, Glasgow

Author 6: David Kingsmore, Queen Elizabeth University Hospital, Glasgow

Author 7: Karen Stevenson, Queen Elizabeth University Hospital, Glasgow

Aims: Decision making in vascular access (VA) is challenging. An individualised, person-centred approach is recommended but this can be hard to implement. Limited research has been undertaken to evaluate patient experience in the shared decision-making process. This study aimed to quantitatively assess the extent of patient reported decisional conflict and the patient experience of shared decision making (SDM) during clinical consultations.

Materials & Methods: Patients referred to the VA clinic were eligible for participation. Consented participants completed validated questionnaires - the Decision Conflict Scale (DCS) and the CollaboRATE tool following their appointment.

Results: 90% of recruited participants completed the questionnaires. 83% indicated that a fistula was

their preferred option. 72% indicated that every effort was made in answer to the questions in CollaboRATE, with scores ranging from 81-100. 50% of participants felt that the decision made was easy for them to make, whilst 11% strongly disagreed with this statement and 11% were unsure or disagreed. 44% of participants strongly agreed that they were clear about whether benefits or risks were more important to them. 11% of responses highlighted ambiguity in sureness and clarity of decision.

Conclusions: Participants reported positive experiences of the efforts made to consider their issues and priorities in decision making. A more varied response was observed in relation to decisional conflict. This exploratory work in decision making in VA highlights that despite positive efforts by clinical teams, patients can find VA decisions difficult and conflict about options exists.

POS000409: EVALUATING THE EFFECT OF REASSESSMENT AND RE-EDUCATION OF HAEMODIALYSIS NURSING STAFF ON AVF CANNULATION AND HAEMODIALYSIS LINE USAGE: IMPACT ON ACCES

Category: Poster

Author 1: Emmelaine Panagdato and Ferdinand Bravo, Royal Sussex County Hospital, University Hospitals Sussex Foundation and NHS Trust and University of Brighton

Aims: This pilot study aims to assess the effectiveness of a structured re-education programme for nursing staff in the management of arterio-venous fistulae (AVF) and haemodialysis tunnelled lines (HTL). The intervention focuses on enhancing clinical knowledge, technical skills, and adherence to best practice guidelines to optimise vascular access care. By improving staff competence and confidence, the study seeks to reduce complications such as infections, aneurysms, and thrombosis, which significantly impact patient safety and treatment outcomes.

Materials & Methods: Pilot educational intervention using pre- and post-assessment to evaluate impact.

Phase 1: Needs Assessment-stakeholder consultations, baseline KAB questionnaire.

Phase 2: Training Development-evidence-based AVF/HTL care, updated techniques.

Phase 3: Delivery-structured sessions+cascade training model. Phase 4. Evaluation-post-KAB, interviews, pre/post comparison. Phase 5. Recommendations: refine the long-term framework, and wider implementation.

Results:

1. Continuous Learning
2. Improved Clinical Competence
3. Increased Confidence
4. Enhanced Patient-Centred Care
5. Leadership and Team Culture
6. Real World challenges
7. Preference for Practical Training
8. Recommendations for future training. Suggestions included more case-based learning, expanded simulation access, stronger induction for new staff, and clearer standardised guidelines

Conclusions: The vascular access teaching session had a positive impact on the haemodialysis team, resulting in improved knowledge, greater confidence in cannulation practice, and reduced perceived challenges in vascular access management. Post-training findings demonstrated a more consistent understanding of vascular access monitoring and complications, suggesting enhanced standardisation of clinical practice. Overall, the programme proved to be an effective educational intervention that supports safer vascular access practice, promotes staff confidence, and improves the quality of patient care.

POS000410: COMPLEX BILATERAL ANEURYSMAL AV FISTULAE AFTER KIDNEY TRANSPLANTATION

Category: Poster

Author 1: Hamzah Ul-Haq, Queen Elizabeth Hospital Birmingham

Aims: To describe the staged surgical management of bilateral high-flow aneurysmal AV fistulae in a renal transplant recipient, and to evaluate the impact on limb function, cosmetic appearance, cardiac physiology and risk of life-threatening haemorrhage.

Materials & Methods: This case report describes a 41-year-old man with end-stage renal failure secondary to reflux nephropathy, who commenced haemodialysis in July 2013 and underwent deceased donor kidney transplantation in January 2016. Following successful transplantation, redundant upper limb fistulae progressively enlarged. Pre-operative assessment included echocardiography, coronary angiography and duplex ultrasound. By 2025, he had massively aneurysmal bilateral brachiocephalic AV fistulae (up to 15 cm diameter; combined flow 5-7 L/min). These were associated with pain, arm swelling, paraesthesia, impaired hand function, reduced exercise tolerance, significant cosmetic deformity and features of high-output cardiac physiology.

Results: In April 2025, he underwent excision of a left arm aneurysmal megafistula with concurrent excision of a brachial artery aneurysm. Recovery was satisfactory, with improvement in symptoms, exercise tolerance and limb appearance, although temporary oedema persisted. In January 2026, staged excision of the right brachiocephalic megafistula was performed. A postoperative antecubital seroma/haematoma required washout 2 weeks later. Follow-up demonstrated preserved distal perfusion, improving wound healing, transient neuropraxia and marked symptomatic improvement. Renal transplant function remained

Conclusions: Persistent high-flow aneurysmal AV fistulae after transplantation can result in significant morbidity including cardiac strain, cosmetic burden and risk of catastrophic bleeding. Staged surgical excision is safe and effective, improving haemodynamics and symptoms while preserving graft function.

POS000413: PARADOX: A RARE CASE OF RADIOCEPHALIC ARTERIOVENOUS FISTULA STENOSIS DUE TO EXTRINSIC COMPRESSION FROM A FISTULA WARNING WRISTBAND

Category: Poster

Author 1: Khaing Khant Oo, University Hospital of Wales

Author 2: Clare Porter, University Hospital of Wales

Author 3: Leanne Walker, University Hospital of Wales

Author 4: Rhys Morris, University Hospital of Wales

Author 5: Adel Ilham, University Hospital of Wales

Aims: Arteriovenous fistula (AVF) stenosis is commonly attributed to neointimal hyperplasia and haemodynamic factors. Fistula warning wristbands are routinely used to alert healthcare professionals to protect vascular access from potential harm, including blood pressure cuff application and venepuncture. Although they serve as an important visual safeguard, incorrect sizing or placement may result in unintentional extrinsic compression and potentially overlooked AVF dysfunction. We report a rare case of early radio-cephalic AVF stenosis caused by external compression from a fistula warning wristband.

Materials & Methods: A 68-year-old right-handed male with end-stage renal disease secondary to graft-versus-host disease underwent uncomplicated formation of a left radio-cephalic AVF in June 2025. Initial postoperative surveillance demonstrated satisfactory maturation with venous outflow of 348 mL/min. Repeat duplex ultrasound in August 2025 identified a focal cephalic vein stenosis approximately 5 cm from the anastomosis, corresponding to the site of a tight elastic fistula warning wristband. The patient underwent successful fistuloplasty with improved access flow and satisfactory post-intervention findings.

Results: Extrinsic compression is an uncommon but preventable cause of AVF stenosis and recurrent access dysfunction. Reliance on imaging alone may overlook simple mechanical causes identifiable on careful clinical examination. These lesions may mimic intrinsic stenosis and can recur despite angioplasty if the underlying external compression is not addressed. Fistula warning wristbands undeniably have an important protective role in preventing inadvertent blood pressure measurement or venepuncture on the access arm.

Conclusions: Constrictive wrist accessories, including fistula warning wristbands, should be

considered in the differential diagnosis of focal AVF stenosis. In the UK, wristband sizes are often limited (commonly 18 - 24 cm depending on the provider or charity), which may predispose to unintended compression if incorrectly fitted or positioned. Appropriate sizing, positioning, patient education, and correct use are essential to maximise their protective benefit while minimising access-related complications.

POS000414: KIDNEY FAILURE RISK EQUATION FOR DIALYSIS PREDICTION AND VASCULAR ACCESS PLANNING IN CHRONIC KIDNEY DISEASE: A SYSTEMATIC REVIEW AND META-ANALYSIS

Category: Poster

Author 1: Adeel Abbas Dhahri, University Hospitals Birmingham NHS Foundation Trust

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Author 3: Amr Saad, University Hospitals Birmingham NHS Foundation Trust

Author 4: Jyoti Baharani, University Hospitals Birmingham NHS Foundation Trust

Author 5: Indranil Dasgupta, University Hospitals Birmingham NHS Foundation Trust

Author 6: Mohammed Elsabbagh, University Hospitals Birmingham NHS Foundation Trust

Author 7: Amro Elboushi, University Hospitals Birmingham NHS Foundation Trust

Aims: To evaluate the performance and clinical utility of the Kidney Failure Risk Equation (KFRE) for predicting dialysis initiation and informing vascular access planning in adults with chronic kidney disease (CKD).

Materials & Methods: A PRISMA-compliant systematic review and meta-analysis (PROSPERO CRD420251247998) searched MEDLINE, Embase, Scopus, Web of Science and the Cochrane Library from inception. Studies evaluating the 4-variable or 8-variable KFRE in adults with CKD stages G3-G5 were included. The primary outcome was dialysis initiation. Discrimination was pooled by random-effects meta-analysis, with calibration and clinical utility assessed narratively.

Results: Fourteen studies involving 130,055 participants were included. The pooled AUROC for dialysis prediction was 0.829 (95% CI 0.761-0.880; $I^2=37.1\%$). A secondary analysis of composite KRT outcomes yielded a pooled AUROC of 0.859 (95% CI 0.813-0.893; $I^2=96.8\%$). Calibration varied across populations. Nine studies incorporated competing-risk methods and five evaluated clinical utility. A predicted two-year kidney failure risk of 40-50% was most consistently associated with dialysis preparation and vascular access referral.

Conclusions: The KFRE demonstrates good discrimination for predicting progression to kidney failure. However, calibration and implementation vary across settings. Current evidence suggests that KFRE-guided risk stratification may support dialysis preparation and vascular access planning, although prospective validation is required.

POS000417: INNOVATIVE STRATEGIES TO PRESERVE NATIVE ARTERIOVENOUS FISTULAS FOR PATIENTS WHO REQUIRE LIFELONG HAEMODIALYSIS ACCESS

Category: Poster

Author 1: Panayiotis Papatheodorou, Guy's Hospital

Author 2: Timothy Beach, Guy's Hospital

Author 3: Medha Urval, Guy's Hospital

Author 4: Kaushal Kundalia, Guy's Hospital

Author 5: Nicholas Barnett, Guy's Hospital

Aims: To preserve venous capital and optimise lifelong haemodialysis access in patients with recurrent focal segmental glomerulosclerosis (FSGS) following kidney transplantation.

Materials & Methods: This retrospective case series describes the long-term haemodialysis (HD) access management of two young male patients, aged 36 and 38, whose renal allografts failed due to recurrent FSGS (at 2 years and 6 months respectively). Both patients had commenced HD prior to transplantation via a left radiocephalic fistula (RC AVF). Following graft failure, one patient switched to PD for 2 years before returning to HD, while the second returned directly to HD. Both returned to using their original AVF. Data on individual preservation strategies were collected from electronic

records until May 2026.

Results: The first patient had an infected thrombus, with emergency ligation of the AVF. After treatment of the infection, subsequent proximalisation and surgical thrombectomy of the remaining vein was performed. The second patient has had multiple procedures including: two fistula vein revisions, fistuloplasties, thrombectomies, innovative cannulation of collateral and branch veins, emergency excision of button-hole needling sites (at impending risk of rupture) and reconstruction of fistula vein. Both patients remain on HD (for 3 and 11 years respectively) without any operations beyond the forearm.

Conclusions: Innovative access planning, surgical revision, and cannulation strategies are essential to preserve native AVFs and optimise lifelong HD access in patients unsuitable for transplantation, such as young patients with recurrent FSGS.

POS000418: IMPROVING TIMELY CANNULATION AND SURVEILLANCE OF AV ACCESS ACROSS LANCASHIRE & SOUTH CUMBRIA: A REGIONAL QUALITY IMPROVEMENT PROJECT

Category: Poster

Author 1: Wing Yin Leung , Lancashire Teaching Hospitals NHS Foundation Trust

Aims: To improve timely review and cannulation of arteriovenous fistulae (AVF), enhance surveillance, and reduce tunnelled line (TNL) dependence across Lancashire & South Cumbria (L&SC), where variation in practice, delayed review, and limited staff confidence were identified.

Materials & Methods: A regional QI programme using PDSA cycles was implemented. Baseline data demonstrated delays in first AVF review, inconsistent surveillance and limited staff training. Interventions included a vascular access (VA) nurse network with monthly link nurse meetings; a weekly nurse-led VA clinic to facilitate early post-operative assessment and provide hands on training; stethoscopes for all dialysis staff with AVF examination training; and a standardised PatientPass referral pathway. Outcome measures were time to first AVF review (≤ 6 weeks), TNL removal, and AVF utilisation.

Results: System-level changes across multiple units improved infrastructure, staff engagement and access to early review. Several units demonstrated early local improvements: one reduced delays from an 18-week wait for first AVF review to timely link-nurse reviews < 6 weeks, while another achieved 100% review within 6 weeks. Across sites, 62-75% met the 6-week target, though variation persisted. Despite these improvements, no consistent regional improvement in TNL removal or surveillance was seen yet, reflecting incomplete implementation, staffing pressures and inconsistent data capture.

Conclusions: This project demonstrates that regional pathway redesign and workforce development are feasible and can deliver meaningful local improvements. While system-wide outcome improvements are not yet evident, early successes highlight the potential for impact with sustained implementation, improved data quality, and continued staff training.

POS000419: A REVIEW OF THE CLINICAL EFFECTIVENESS OF BANDING PROCEDURES UNDERTAKEN AT UNIVERSITY HOSPITALS COVENTRY AND WARWICKSHIRE

Category: Poster

Author 1: Ayomide Ekunola, University Hospitals Coventry and Warwickshire

Author 2: James Hunter, University Hospitals Coventry and Warwickshire

Aims: To evaluate the clinical effectiveness of banding procedures performed within the Vascular Access Department at University Hospitals Coventry and Warwickshire (UHCW) by assessing symptom improvement, re-intervention rates, and changes in brachial artery flow following intervention.

Materials & Methods: A retrospective audit was conducted of all patients who underwent banding procedures following arteriovenous fistula (AVF) creation at UHCW between January 2018 and December 2024. Data were collected from electronic patient records and operative notes, including pre-, intra-, and post-operative flow measurements, timing of symptom onset, clinical presentation,

and relevant comorbidities such as diabetes mellitus, hypertension, and peripheral Vascular disease.

Results: 27 patients underwent banding during the study period. Indications included ischaemic hand symptoms in 23 patients and high-output cardiac failure in 4. Twenty patients had high-flow AVFs (>1500 mL/min) and seven had low-flow AVFs (<1500 mL/min); true flow reversal was identified in seven patients. At follow-up, 22 patients (81.5%) reported symptomatic improvement, including complete resolution in 18 (66.7%) and partial improvement in four (14.8%). Four patients (14.8%) had persistent symptoms, two of whom subsequently required fistula ligation. Repeat banding was required in two patients (7.4%)

Conclusions: Banding is an effective treatment for symptomatic AVF-related steal syndrome and high-flow access complications, providing symptomatic improvement in the majority of patients while maintaining access patency. Peri-operative duplex ultrasonography facilitates targeted flow reduction and may improve outcomes, particularly in patients presenting with steal symptoms despite lower AVF flow rates.

POS000425: POST-VALIDATION IMPLEMENTATION OF THE NEEDLING PATIENT REPORTED EXPERIENCE MEASURE (NPREM), WITH A MULTI-CENTRE QUALITY IMPROVEMENT PROGRAMME

Category: Poster

Author 1: Tamasin Stevenson, University Hospitals Birmingham NHS Foundation Trust

Author 2: Alin- Petru Ivan, University Hospitals Birmingham NHS Foundation Trust

Author 3: Anna Tonolet, University Hospitals Birmingham NHS Foundation Trust

Author 4: Bernard Barrios, University Hospitals Birmingham NHS Foundation Trust

Author 5: Floriano Ombajin, University Hospitals Birmingham NHS Foundation Trust

Author 6: Jesette Naval, University Hospitals Birmingham NHS Foundation Trust

Author 7: Jezner Gamos, University Hospitals Birmingham NHS Foundation Trust

Author 8: Johanna Sanchez, University Hospitals Birmingham NHS Foundation Trust

Author 9: Shonia Jacob, University Hospitals Birmingham NHS Foundation Trust

Author 10: Jyoti Baharani, University Hospitals Birmingham NHS Foundation Trust

Author 11: Currie Moore, University of Salford

Aims: Cannulation-related pain affects 12-80% of haemodialysis patients and needle fear up to 47%, yet needling scores among the lowest domains in UK national kidney care patient experience data consistently. NPREM v1.0 (Moore et al., Clinical Kidney Journal 2025) is the first validated needling-specific tool, sensitive to variation between centres.

We report its use across a UK haemodialysis network, including:

- (i) benchmarking across five satellite units,
- (ii) a six months before-and-after QI cycle at one unit, and
- (iii) QI action plans at all sites.

Materials & Methods: NPREM was administered to prevalent HD patients receiving AVF/G cannulation across 5 HD units within UHB, 6 domains were assessed with some exclusion of participants were in place. Mean domain and total NPREM scores were calculated per unit. A QI cycle was completed at 1 unit (June and December), with a targeted review of cannulation practice conducted between surveys. Following baseline results action plans were developed at all sites, incorporating pain management strategies, staff education, USS-guided needling protocols, and psychological support measures.

Results: Across five units, NPREM scores ranged 5.43-6.92 (mean 5.68). Interpersonal domains (Working Together 6.20; Communication 6.04) scored highest, while Personal Experience (4.94) and Needling (4.97) were lowest, with greatest variation in needling (3.60-5.45). One unit improved overall (+3.8%) following QI, with gains in Steps in Needling (+10%). Network-wide actions included USS-guided needling, pain management, staff and patient education, and psychological support, with early repeat cycles showing targeted improvements.

Conclusions: NPREM demonstrates dual utility as a network-level benchmarking tool and responsive QI measure. Strong interpersonal care coexists with poorer technical cannulation experience, identifying personalised care and needling technique as key priorities. Dissociation between domains

in one unit, and improvement in another following targeted intervention, confirms sensitivity to service-level change. A structured, NPREM-informed QI programme-incorporating USS-guided needling, pain management, staff education and psychological support-offers a replicable model for patient-centred vascular access care.

POS000428: TRANSFORMING HAEMODIALYSIS ACCESS CARE: IMPACT OF VA NURSE UNIT VISITS ON SURVEILLANCE AND FISTULA LONGEVITY

Category: Poster

Author 1: Jesette Naval, University Hospital Birmingham Queen Elizabeth Hospital

Aims: High-quality vascular access care is vital for safe hemodialysis. Complications with fistulas, grafts and central venous catheters cause morbidity, treatment disruption and hospital admissions. To improve outcomes, the Renal Vascular Access Team introduced unit visits in Birmingham to support staff in monitoring access and detecting issues early. This proactive approach reduces infection risk, prevents admissions, cuts clinic visits and helps preserve fistula life, but its impact requires evaluation.

Materials & Methods: From January 2025, the audit evaluated the impact of VAT unit visits using a standard post-visit form. VAT carried out planned 3-monthly visits across Birmingham haemodialysis centres, offering specialist support in access surveillance, early dysfunction detection, staff education and escalation guidance. After each visit, staff completed evaluation forms capturing outcomes on safety, early recognition of complications and confidence in access management. Forms were analysed descriptively with suggestions for service improvement.

Results: Analysis of the completed evaluation form demonstrated the Renal VAT unit visit was consistently perceived as highly valuable, preventative, supportive and educational in promoting proactive access care. This was also seen as continuity of dialysis access care and enhanced patient satisfaction, safety and experience.

Staff reported increased confidence in managing haemodialysis access alongside early recognition of and escalation of access-related complications. This has also improved the collaboration between the dialysis unit staff and VAT.

Conclusions: The post-visit evaluation form provides a meaningful, practical and reliable way to assess the impact of VAT unit visits. It supports dialysis staff by strengthening their capability and commitment to improving patient access. Regular VAT visits clearly contribute to preventing complications, enhancing quality of care and promoting safe, effective haemodialysis.

POS000429: TIMING OF ARTERIOVENOUS FISTULA CREATION IN PATIENTS WITH AUTOSOMAL DOMINANT POLYCYSTIC KIDNEY DISEASE UNDERGOING NATIVE NEPHRECTOMY

Category: Poster

Author 1: Ben Edgar, Queen Elizabeth University Hospital

Author 2: Ananya Thorpe, University of Glasgow

Author 3: Karen Stevenson, Queen Elizabeth University Hospital

Author 4: Peter Thomson, Queen Elizabeth University Hospital

Author 5: David Kingsmore, Queen Elizabeth University Hospital

Aims: Patients with autosomal dominant polycystic kidney disease (ADPKD) may require native nephrectomy prior to kidney transplantation. When nephrectomy is performed before dialysis initiation, vascular access planning is challenging. Pre-emptive arteriovenous fistula (AVF) creation may permit timely dialysis access but is often deferred due to concern regarding perioperative thrombosis, resulting in reliance on tunneled central venous catheters (TCVCs). Evidence to guide access strategy in this setting is limited.

Materials & Methods: We conducted a retrospective cohort study of adults with ADPKD undergoing native nephrectomy at a tertiary transplant centre between 2011 and 2025. The primary outcome was access thrombosis within 30 days among those with clinically patent access at surgery. The secondary outcome was success of vascular access strategy among patients undergoing

nephrectomy prior to dialysis initiation, defined by subsequent AVF use or avoidance of catheter dependence.

Results: Sixty-five patients were included (median age 58 years, 54% male). Forty-four patients had clinically patent vascular access at nephrectomy and were assessed for the primary outcome.

Perioperative access thrombosis occurred in 2 patients (4.5%), both in the immediate postoperative period. Seventeen patients underwent nephrectomy prior to dialysis initiation, all of whom subsequently required dialysis at a median of 7 days. Among patients with pre-existing AVFs, 90% initiated dialysis using their fistula, whereas 86% without pre-existing access required TCVCs.

Conclusions: Perioperative AVF thrombosis following native nephrectomy in ADPKD is uncommon. Pre-emptive AVF creation may facilitate successful dialysis initiation while reducing catheter dependence and should be considered as part of multidisciplinary pre-transplant planning.

OP000430: ADDRESSING CATHETER DEPENDENCE IN A DIVERSE HAEMODIALYSIS POPULATION: IMPACT OF A DEDICATED VASCULAR ACCESS MULTIDISCIPLINARY TEAM

Category: Poster

Author 1: Laveena Castelino, Manchester University Hospitals NHS Foundation Trust

Author 2: Iqra Ibrar, Manchester University Hospitals NHS Foundation Trust

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Author 4: Alaa Eleyan, Manchester University Hospitals NHS Foundation Trust

Author 5: Zia Moinuddin, Manchester University Hospitals NHS Foundation Trust

Author 6: Rajinder Pal Singh, Manchester University Hospitals NHS Foundation Trust

Aims: To evaluate the impact of a dedicated Vascular Access Multidisciplinary Team (VA-MDT) on progression through the vascular access (VA) pathway in a large ethnically diverse haemodialysis (HDx) population. Specifically, we sought to identify barriers to arteriovenous fistula (AVF) formation, assess rates of patient acceptance and referral for definitive vascular access, and determine whether coordinated multidisciplinary review (MDT) and pathway oversight could help address ongoing catheter dependence.

Materials & Methods: A retrospective service evaluation was undertaken in a large HDx population following introduction of a monthly VA-MDT. The VA-MDT comprised VA coordinators, nephrologists, dialysis specialist nurses, VA surgeons and advance care practitioners. All prevalent HDx patients were reviewed and categorized by VA status, suitability for intervention and reasons for catheter dependence. Outcomes included referral progression, patient acceptance, and barriers to definitive vascular access.

Results: Of 740 prevalent HDx patients, 400 (54%) were CVC dependent. CVC prevalence was highest in Blacks (21/32, 66%), compared with South Asians (42/81, 52%) and Whites (306/576, 53%). VA-MDT review identified 280 CVC dependent patients suitable for definitive VA, of whom 125 (45%) declined intervention, compared with 20/38 (53%) in the non-VA-MDT cohort. Since VA-MDT introduction, 35 additional patients entered the VA pathway, equating to five extra referrals per month. Urdu counselling done for 7 cases resulted in all agreeing, but final compliance was noted in 2 only due to delay in pathway.

Conclusions: A dedicated VA-MDT, led by VA co-ordinators enabled identification of complex VA cases requiring targeted approach to refer to dedicated VA surgeons, identify and overcome barriers for VA access and improved progression through the VA pathway in a large, ethnically diverse HDx population. Catheter dependence was highest among Black patients, highlighting potential challenges. Dedicated VA pathway oversight increased referrals, reduced attrition and facilitated MDT decision-making. Role of multilingual language approach in improving VA acceptance was also explored with modest success.

POS000431: KNOWING THE FISTULA IS NOT ENOUGH: GAPS IN PATIENT EDUCATION AND SELF-MANAGEMENT OF AVF CARE IN HAEMODIALYSIS

Category: Poster

Author 1: Leah-Kate Butler, University Hospitals Birmingham

Aims: Arteriovenous fistulae (AVF) remain the gold standard vascular access for haemodialysis, offering significantly superior outcomes compared to catheters. Patients using AVF at dialysis initiation have better survival rates, lower infection rates and reduced morbidity including stenosis and thrombosis. However, many patients still experience preventable complications. Patient knowledge and self-management skills are critical determinants of access longevity. Limited health literacy affects approximately 25% of CKD patients and is associated with reduced self-management skills and poorer clinical

Materials & Methods: A cross-sectional audit surveyed 165 haemodialysis patients across four units in Birmingham, UK. Participants completed a structured questionnaire capturing knowledge of AVF care (including thrill checking and protective measures), understanding of AVF benefits, awareness of precautions, previous education exposure, previous access complications, and patient preferences for education delivery. Descriptive statistics were used to quantify knowledge and identify gaps.

Results: 73% reported knowing what an AVF is, 58% recalled receiving practical instruction on how to care for their AVF, 59% reported receiving some form of formal education from the kidney team. 42% reported previous AVF problems. Understanding of AVF benefits was variable. Most patients knew to check for the thrill, but approximately 1 in 8 did not check their access at all. day-to-day protective advice was less consistently understood. Patients who had not received AVF education or practical instruction demonstrated greater uncertainty regarding AVF benefits, self-monitoring, and day-to-day care.

Conclusions: Significant gaps exist between basic vascular access awareness and practical self-management knowledge in haemodialysis patients. While foundational awareness is present for many, education appears fragmented, delivered at different stages, and lacking standardisation, more structured and standardised educational approach, delivered early, tailored to individual needs, and aligned with patient preferences for one-to-one and written support has the potential to reduce preventable access complications and improve long-term vascular access outcomes.

POS000432: UTILISING MINOR OPERATIONS THEATRE FOR ARTERIO-VEINOUS FISTULA (AVF) CREATION

Category: Poster

Author 1: Leah-Kate Butler, University Hospitals Birmingham

Author 2: Tamasin Stevenson, University Hospitals Birmingham

Author 3: Heidi Jimenez, University Hospitals Birmingham

Aims: The aim of this study is to see if utilising a minor operations theatre for radial cephalic and brachial cephalic Arterio-venous fistula (AVF) creations, reduces waiting list times.

A key objective for this study is to see whether utilising the minor operations theatre for AVF creations reduces cancellations because of emergency cases.

Materials & Methods: The minor operations theatre started in July 2023, data was gathered using excel spreadsheet over the year (July 2023-July2024). The data was reviewed frequently throughout the year. Data inputted into this spreadsheet included date, number of patients booked, number of patients completed, number of patients not completed, number of patients cancelled by hospital, number of patients cancelled by patients, reason for cancellation. Data was also collected via the teams, 'access list' excel spreadsheet which includes information such as procedures completed and cancelled.

Results: Prior to the minor operations theatre list being set up 229 patients were booked for theatre, to have a radial cephalic or brachial cephalic AVF. 147 AVF's were created, and 82 patients were cancelled. 28 patients from this cohort were cancelled due to emergency cases taking priority. Looking at the minor operations theatre data alone from July 2023- July 2024 105 patients had their

AVF created, and 34 patients were not completed. From main theatres in this cohort 4 patients were cancelled due to emergency cases.

Conclusions: Utilising a minor operations theatre dedicated to radial cephalic and brachial cephalic AVF creations has been effective in reducing cancellation rates.

Since utilising the minor operations theatre there has been a reduction in cancelled theatres due to emergency cases which in turn has improved patient satisfaction and waiting list times.

It was also found that those patients that were cancelled from surgery whilst utilising minor operations theatre were not due to emergency cases.

POS000434: BESPOKE VASCULAR ACCESS LEARNING – “EDUCATION, EDUCATION, EDUCATION” WILL BE KEY...

Category: Poster

Author 1: Alison Swain, Royal Berkshire Hospital

Aims: Renal vascular access continues to be a crucial topic. Preservation of vascular access will also be key in order to assist with the forthcoming exponential growth of renal patients. (Kidney Disease - A UK Public Health Emergency, 2023) The assessment of educational needs of renal nurses was surveyed.

Materials & Methods: A VASBI Nurses Education day, held annually for the last four years, has been open to both Vascular Access nurses and dialysis Nurses. In total 285 nurses have attended the days. The survey aimed to identify what would be most relevant for the future. Nurse education is becoming increasingly difficult to source, in the environment of stricter Hospital financial controls. Education delivered has to ensure that it is practical, relevant, appropriate, and above all, evidence based.

Results: Feedback has identified that nurses really welcome this opportunity to network with other colleagues and to share their knowledge and experiences. The days offered an opportunity to keep up to date with current practices and innovations. Practical training and hands-on workshops were amongst other sessions highlighted as desirable learning opportunities. Learning about psychological care, complex vascular access and vein preservation strategies were other relevant topics. These responses will be vital in planning future education events.

Conclusions: Renal patients of the future more than ever, need their nurses to provide dialysis care and treatment that is skilled, supportive, and expert, enabling them to achieve improved outcomes with greater longevity of their access, whilst preserving their future options. Bespoke training and learning will help deliver this goal.

POS000437: A RETROSPECTIVE AUDIT COMPARING EFFECTIVENESS OF ON AND OFF THE TABLE PRECISION BANDING FOR MANAGEMENT OF HIGH FLOW FISTULAS

Category: Poster

Author 1: Charmaine Espinoza, Queen Elizabeth Hospital Birmingham

Author 2: Aurangzaib Khawaja, Queen Elizabeth Hospital Birmingham

Author 3: Thomas Nieto, Queen Elizabeth Hospital Birmingham

Aims: Flow reduction banding of high flow arteriovenous fistulas (AVF) is a well-established procedure used to manage patients with symptoms such as steal. The use of conventional ultrasound scan (USS) either on table or pre and post banding can be variable but may provide precision in operative decision making and subsequent follow up management.

Materials & Methods: A retrospective audit was conducted on AVF banding from 2023-present. Patients were arranged in groups based on table procedure USS. Outcomes included flow rates, improvement of symptoms and requirement for further intervention. Patients were followed up for 12 months.

Results: Total of 29 patients were included, median age 64yrs, male to female ratio 1.2:1. Majority of access were brachiocephalic. Average pre-banding flow rates were 2.8ltrs/min (range 1.9-4ltrs/min), measured inflow brachial artery. Having on table USS showed more precise flow adjustment and

consistently lower flow rates at post-procedure clinic follow up. Flow rates increased by 300-500mls (~20%) within the 3-4-week clinic review in keeping with previous published literature. Most patients (76%) had improved symptoms. Procedures performed without USS had technical failures and further intervention.

Conclusions: The use of on table USS during a banding procedure improves procedural accuracy, reduce risk of early technical failure and hence improve patient symptom resolution. Absence of USS had higher rates at subsequent follow up suggests this should be mandated to reduce risk of suboptimal outcomes and need for re-intervention.

POS000439: ACCESS HOT CLINIC: EARLY OUTCOMES OF A RAPID-ACCESS SERVICE TO REDUCEDIALYSIS CATHETER DEPENDENCE AND IMPROVE VASCULAR ACCESS PATHWAYS

Category: Poster

Author 1: Stephen Knight, QEUEH

Author 2: Karen Stevenson, QEUEH

Author 3: David Kingsmore, QEUEH

Author 4: John Asher, QEUEH

Author 5: Andrew Jackson, QEUEH

Aims: Dialysis central venous catheters are associated with significant morbidity, including catheter-related bloodstream infection and Staphylococcus aureus bacteraemia (SAB). Dysfunctional vascular access often presents in an unscheduled fashion, with prompt clinical review within an agile yet defined service can minimise line utilisation. The Access Hot Clinic was established to provide rapid and reactive multidisciplinary assessment of urgent vascular access problems, improve service efficiency, facilitate timely intervention, and reduce reliance on dialysis catheters.

Materials & Methods: A twice-weekly Access Hot Clinic was introduced within existing renal service infrastructure. The clinic was specialist registrar-led and delivered by a multidisciplinary team comprising vascular access surgeons, nephrologists, vascular access nurses, advanced nurse practitioners, and peritoneal dialysis nurses. Patients were reviewed through virtual, outpatient, or inpatient pathways according to clinical need. Following an audit of access referral pathways, a formal two-week pilot evaluated service activity, intervention rates, and avoidance of dialysis catheter insertion.

Results: During the formal pilot period, 25 patients underwent rapid clinic review. Six patients were identified as requiring semi-urgent vascular access procedures, improving theatre utilisation and streamlining patient pathways. Of 15 patients considered at risk of requiring a dialysis catheter, insertion was avoided in 12 (80%). These interventions reduced potential catheter exposure, expedited definitive access planning, and enhanced multidisciplinary coordination.

Conclusions: The Access Hot Clinic demonstrates that a registrar-led multidisciplinary model can deliver timely vascular access assessment using existing resources. Early outcomes suggest improved pathway efficiency, and substantial reductions in dialysis catheter use, supporting its potential role in reducing SAB risk and improving patient outcomes.

POS000440: LOKELMA®: STREAMLINING INTERVENTIONAL RADIOLOGY PATHWAYS, AVOIDING TEMPORARY LINES

Category: Poster

Author 1: Niamh McCaughley, Belfast Health and Social Care Trust

Author 2: Rebecca Higgins, Belfast Health and Social Care Trust

Author 3: Julie Wishart, Belfast Health and Social Care Trust

Author 4: Agnes Masengu, Belfast Health and Social Care Trust

Author 5: Daniel Conroy, Belfast Health and Social Care Trust

Author 6: Willie Loan, Belfast Health and Social Care Trust

Author 7: Jennifer Hanco, Belfast Health and Social Care Trust

Aims: Lokelma® (sodium zirconium cyclosilicate) is an oral potassium binder used to manage hyperkalaemia. We assessed its role in peri-operative management of interventional radiology (IR) dialysis access procedures at our unit.

Materials & Methods: All dialysis access-related IR procedures at a tertiary level centre were included from January to December 2025. The electronic patient records were searched for any use of Lokelma® in the three days prior to, day of, or day after the procedure.

Results: There were 211 procedures in 133 patients. 65% of patients were male, median age 62 years (range 18-89). There were 136 fistuloplasties, 6 AV access, 'salvages', 62 catheter procedures, and 7 other. Twenty-seven (13%) patients received Lokelma® peri-operatively; 5 were chronic prescriptions. Of those who received Lokelma® acutely, 10 patients had a potassium level >6 mmol/l and 2 a level ≥5.5 mmol/l, 7 missed dialysis sessions prior to IR procedure, and 3 no indication documented. Only 1 patient required temporary dialysis line insertion (IR procedure cancelled as Apixaban not stopped).

Conclusions: Lokelma® played a role in the management of 13% of interventional radiology dialysis access procedures over the course of a year at our centre. Only one patient required an unplanned temporary access procedure. Lokelma® is a useful adjunct to streamline IR peri-operative management and minimise emergency temporary access.

POS000441: PRUNING AVF'S - DOES BRANCH LIGATION WORK?

Category: Poster

Author 1: Julie Wishart, Belfast City Hospital

Aims: Branch ligation is important to aid needlable length and improve flow in Arterio-venous fistulas (AVFs). A retrospective study was undertaken to examine AVF outcomes in our centre.

Materials & Methods: In June 2026, a retrospective study reviewed the number of AVF branch ligations in a regional vascular access creation centre from January 2023 - May 2026. Using electronic patient records, thirteen patients were identified that underwent branch ligation.

The following were assessed:

1. Indication for branch ligation
2. Technique: Surgery or Interventional Radiology (IR)
3. Needling outcomes
4. Additional procedures required pre/post branch ligation
5. Success of each intervention with failure defined as abandonment or thrombosis of AVF.

Results: Summary of Procedures, Indications, Interventions, and Outcomes (n = 13)

Needling issues / low-flow AVF 11 Venous compression 1

Venous hypertension 1 Surgical branch ligation 12 IR branch coiling 1

Angioplasty (≥1 procedure) 13

3 angioplasties 1

2 angioplasties 4

1 angioplasty 2

Banding 3

Repeat banding 2

Superficialisation 1

Procedures successful 13

AVF failure due to ligation/coiling 0 CVC required for HD 0

Venous compression & Venous hypertension Both successfully treated

AVFs successfully needled 11

AVFs not used due to transplantation 2 CVC avoided 11

Conclusions: We have demonstrated that, for carefully selected patients there is a significant benefit of branch ligation for successful AVF needling. Branch ligation may also improve cases with venous compression and venous hypertension. Further studies are required to compare the efficacy of IR coiling versus surgical branch ligation.

POS000442: THE FINAL ACCESS: AXILLO-AXILLARY END-TO-END ARTERIAL GRAFTING IN A PATIENT WITH EXHAUSTED DIALYSIS ACCESS OPTIONS

Category: Poster

Author 1: Hussein Almasharqah, St George's Hospital

Aims: To describe the use of an axillo-axillary arterial graft as a salvage haemodialysis access option in a patient with exhausted conventional vascular access and recurrent thrombosis secondary to an unexplained hypercoagulable state. This technique is rarely performed, with very limited published literature describing its use as a haemodialysis access option.

Materials & Methods: A patient with end-stage renal disease secondary to hypertension presented with recurrent thrombosis of central venous dialysis catheters, a previously created radiocephalic arteriovenous fistula, and multiple major venous territories despite therapeutic anticoagulation. Extensive haematological investigations failed to identify an underlying cause. Ultrasound assessment demonstrated no upper limb veins of adequate calibre for further fistula creation. An axillo-axillary arterial loop graft was therefore performed using a 7 mm Acuseal graft.

Results: An end-to-side axillo-axillary arterial graft using a 7 mm Acuseal graft was created but thrombosed within 24 hours despite satisfactory intraoperative flow. Revision surgery identified fresh thrombus within the graft, with preserved native axillary artery flow suggesting competitive flow as the likely cause of failure. Following surgical thrombectomy, the graft was converted to an end-to-end configuration by ligating the intervening axillary artery segment. Although graft flow improved, the patient subsequently developed recurrent thrombosis requiring multiple surgical and radiological thrombosis

Conclusions: Axillo-axillary end-to-end arterial grafting is a rare salvage procedure that may be considered when all conventional haemodialysis access options have been exhausted. Although it can provide temporary dialysis access, it carries substantial risks, including recurrent thrombosis, dependence of limb perfusion on graft patency, and the need for repeated intervention. Careful patient selection, multidisciplinary decision-making, and close postoperative surveillance are essential.

POS000443: AUDIT OF ACUTELY THROMBOSED VASCULAR ACCESS AND IMPACT OF TIME TO INTERVENTION ON LONG TERM OUTCOMES

Category: Poster

Author 1: Muhammad Saim Azam, Northern General Hospital

Author 2: Muhammad Ahmed, Northern General Hospital

Author 3: Gladys Gesage, Northern General Hospital

Author 4: Alexander Adamec, Northern General Hospital

Author 5: Stephen Goode, Northern General Hospital

Author 6: Amit Deshpande, Northern General Hospital

Author 7: Dinesh Manohran, Northern General Hospital

Author 8: Yousef Shahin, Northern General Hospital

Author 9: Victoria Burrows, Northern General Hospital

Author 10: Nicholas Fardon, Northern General Hospital

Author 11: A Kumar, Northern General Hospital

Aims: Timely intervention is considered critical in the management of thrombosed arteriovenous fistulas (AVFs), with the assumption that early intervention improves technical success and long-term patency. The aim is to identify the time taken for radiological intervention for acutely thrombosed vascular access. Find the relationship between time to radiological intervention and outcomes following arteriovenous fistula (AVF) declotting.

Materials & Methods: A retrospective review of 20 consecutive thrombosed vascular access between the time of 1st Jan 2025 to 31st December 2025. Data collected included demographics, access type, time from procedure request to intervention, immediate clinical/radiological success and patency at 6-months.

Results: The mean age of 66 years with 65% male and most accesses were autogenous fistulas 12 (90%) & graft fistulas were 2 (10%). Mean time from procedure request to intervention was 1.8 days (range 0-5 days), with 70% of interventions performed within 48 hours. None required immediate surgical intervention. Initial procedural success was achieved in 8 cases (40%) and 12 were unsuccessful (60%) with 11 patients (55%) requiring tunneled line insertion. Of the 8 successful cases, 4 remained patent at 6 months follow-up without further intervention, while 4 developed restenosis or re-thrombosis.

Conclusions: Successful declotting was achieved despite modest delays and wait times up to 3-4 days did not appear to adversely affect outcomes. Furthermore, 6-month patency did not demonstrate a clear dependence on earlier intervention within this successful cohort. These findings suggest that outcomes are likely influenced more by underlying fistula characteristics than by small differences in procedural timing.

POS000446: EVALUATION OF PATIENT AND STAFF EXPERIENCE WITH CATH DRY DRESSING FOR HAEMODIALYSIS CATHETERS AT BOGNOR DIALYSIS CENTRE: A QUALITY IMPROVEMENT PROJECT

Category: Poster

Author 1: Claire Williams, Portsmouth Hospitals University Trust

Aims: Evaluation of Patient and Staff Experience with Cath Dry Dressing for Haemodialysis Catheters at Bognor Dialysis Centre: A Quality Improvement Project

Materials & Methods: Prospective quality improvement was conducted over a two-month period. Ten patients with central venous catheters were switched from the standard dressing to Cath Dry, a waterproof dressing. Patient experience was assessed using a feedback questionnaire regarding comfort and clinical outcomes from data including frequency of dressing changes, incidence of skin irritation and catheter related infections. Data and questionnaire responses were collected every dialysis session for the period of the service evaluation.

Results: During the two-month period the Cath Dry dressings were well tolerated by patients and only 2 out of ten patients wanted to go back to the standard dressing regime, this was mainly to do with the Cath Dry dressing not adhering to the skin and falling off.

Three patients presented with wet dressings identified by the moisture indication ring. Eight dressing failures occurred during the time; however, some of these events might have contributed to user error as they happened early in the 2-month period. There were no cases of skin irritation or catheter related infections observed.

Conclusions: Cath Dry dressings were well tolerated by most patients with central venous catheters, not only were they comfortable to wear they also aided normal day-to-day activity such as showering. There was no increase in skin complications compared to the standard dressing regime or catheter related infections. A further 10 patients have been added to the evaluation to increase the sample size and to further evaluate the dressing impact on quality of life and catheter related complications. The data from the addition 10 patients being added to the evaluation will be added to the final abstract.

POS000447: SAVE YOUR VEIN' PATIENT-HELD ALERT TOOLS FOR PRE-FISTULA VEIN PRESERVATION: A PILOT EVALUATION OF COMPREHENSIBILITY, ACCEPTABILITY AND FEASIBILITY

Category: Poster

Author 1: Jiayi Zhu, BSc, Imperial College Renal and Transplant Centre,
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Author 2: Jeremy Crane, MD FRCS, Imperial College Renal and Transplant Centre,
Imperial College Healthcare NHS Trust, Hammersmith Hospital

Aims: Vein preservation is critical for successful arteriovenous fistula creation in patients with chronic kidney disease (CKD) approaching haemodialysis. Patient-held alert tools, such as the Save

Your Vein campaign, aim to promote vein preservation practices among patients and clinicians; however, their effectiveness and real-world usability remain untested.

Materials & Methods: A single-timepoint, post-intervention pilot evaluation was carried out using two parallel anonymous surveys. The comprehensibility (5-item knowledge assessment with 2 critical items), acceptability (AIM) and feasibility (FIM) of alert tools were evaluated in a convenience sample comprising 25 adult pre-fistula CKD patients and 40 specialist nursing staff.

Results: Critical knowledge was achieved by 72.0% of patients (n=18) compared to 52.5% of nursing staff (n=21). Among nursing staff, 20.0% (n=8) incorrectly selected the wrist cephalic vein as an initial venepuncture site, and 22.5% (n=9) selected unnecessary escalation to specialist teams when considering site rotation between venous access procedures. Patient-reported acceptability and feasibility were high (median AIM 20/20, IQR 17–20 and median FIM 19/20, IQR 16–20). Staff-reported feasibility was broadly positive (FIM 17/20, IQR 16–19). The most cited barrier was concern that patients would fail to carry or present the alert tools (n=26, 65.0%).

Conclusions: The Save Your Vein alert tools demonstrated strong comprehensibility, acceptability and feasibility among both patients and nursing staff. Knowledge gaps among nursing staff, particularly wrist cephalic vein preservation and unnecessary specialist escalation, highlight the need for targeted staff education components. These findings support wider implementation and larger multicentre evaluation.

VASBI ANNUAL MEETING 2026

FACULTY BIOGRAPHIES



Jeremy Crane

Consultant Transplant and Vascular Surgeon
Honorary Clinical Senior Lecturer
Imperial College Healthcare
VASBI President

Jeremy Crane is a Consultant Transplant (Kidney and Pancreas) and Vascular Surgeon at Hammersmith Hospital, Imperial College Healthcare NHS Trust, London, where he has practised since 2011. He is an Honorary Senior Lecturer at Imperial College and remains closely involved in complex vascular access surgery, having set up Imperial's Vascular Access surgical programme in 2011, the first of its kind in West London.

His practice spans kidney and pancreas transplantation, dialysis access surgery, and vascular surgery including varicose vein surgery, alongside a sub-specialist interest in the diagnosis and management of complex wounds; he is Medical Director and primary clinician at The Wound Clinic, London. He is President of the Vascular Access Society of Britain and Ireland (VASBI).

Melanie Field

Consultant Surgeon
Queen Elizabeth Hospital, Birmingham

Paul Gibbs

Surgeon
QAH, Portsmouth

Nick Inston

Renal Transplant and Vascular Access Surgeon
Queen Elizabeth Hospital Birmingham

Dr Nicholas Inston FRCS PhD is a Consultant Surgeon in the department of Renal Surgery and Transplantation at Queen Elizabeth Hospital Birmingham. He has a specialty interest in surgery related to kidney diseases. In addition, he is active in clinical research studies and trials on vascular access and transplantation.

He is National Clinical Lead for Organ Utilisation (Kidneys) in the UK and current President Elect of the Vascular Access Society.





Charmaine Lok
Nephrologist
University Health Network

Dr. Lok is a Professor of Medicine at the University of Toronto, Senior Scientist and medical director (CKD and hemodialysis programs) at the University Health Network, Toronto, Canada.

She is a clinical trialist with a special research interest in innovation in CKD and dialysis management, with a focus on vascular access and cardiovascular events prevention. She was the Chair of the recent KDOQI Vascular Access Guidelines and is actively involved in international and local research and educational initiatives.

She has been the recipient of several international awards for her research contributions including from the US National Kidney Foundation, Vascular Access Society of Britain and Ireland and Vascular Access Society, and others.

Karen Stevenson
Consultant Surgeon
Queen Elizabeth University Hospital, Glasgow



Maarten G.J. Snoeijs
Vascular Surgeon
Maastricht University Medical Center

I have been the clinical lead of the vascular access program at the department of vascular surgery of Maastricht University Medical Center since 2018. I organized and implemented several innovations (endovascular arteriovenous fistulas, biodegradable vascular grafts, external support stents for flow reduction, impermeable covered stents, hybrid graft-catheter devices) with a multidisciplinary network of vascular surgeons, nephrologists, interventional radiologists, and dialysis nurses. Introducing these surgical innovations has expanded treatment options for patients with vascular access problems referred to Maastricht University Medical Center and has strengthened our position as the national referral center for vascular access surgery.

My research is focused on vascular access for hemodialysis treatment and includes the following themes:

- Pragmatic multicenter randomized controlled trials. This research theme has immediate impact on vascular access care. The OASIS trial studies the best type of vascular access for elderly patients starting hemodialysis treatment, and the FLOW trial studies the best strategy for follow-up and treatment of vascular access stenosis.
- Biology of vascular remodeling. This research theme intends to understand the biology of venous outward remodeling and intimal hyperplasia after arteriovenous fistula creation using human tissue and mouse models. This research is done with the department of pathology at MUMC+ and the departments of nephrology and surgery at LUMC.

- Hemodynamic consequences of arteriovenous fistulas. This research theme intends to study the hemodynamic consequences of vascular access surgery by computational modelling. Patient-specific hemodynamic modelling is used to create digital twins that support decision making in vascular access creation (Shunt Simulation Study) and thrombosis prevention (ThromboRisk doctoral network). This research is done with the department of biomedical engineering at TU/e and MUMC+.

In addition to my clinical and scientific work, I am involved in educational activities to promote vascular access care. I am the chair of the educational committee of the international Vascular Access Society, the course director of the vascular access programme of the annual European Vascular Course, and I am leading the vascular access surgery theme of the national training and assessment course for vascular surgery residents. As co-applicant of the N-PATH project funded by ERASMUS+, I was involved in developing and executing the Renal Expert in Vascular Access and Renal Expert in Peritoneal Dialysis Courses. Finally, I contribute to several national and international clinical practice guidelines on vascular access surgery.

Victoria Teodorescu
Emory School of Medicine

Dr. Teodorescu received her MD from NYU School of Medicine and completed both her general surgery and vascular surgery residencies at Mount Sinai Medical Center. During her general surgery training, she did a year of research in the divisions of liver transplant and vascular surgery, which encompassed assisting in the development of computer data bases, evaluating the use of hypothermia and exsanguination to reduce blood loss during liver transplants, and evaluating the role of venous wall compliance in the development of chronic venous stasis.



After training, Dr. Teodorescu became chief of vascular surgery at the Bronx VA Medical Center, where she instituted a diabetic foot clinic in cooperation with the podiatry and endocrinology services to combat emergency amputations for foot infection. Five years later, she joined the vascular surgery faculty of Mount Sinai Medical Center and served as medical director of the vascular laboratory from 1998-2003 and Program Director of the vascular surgery residency. As program director, she led Mount Sinai in becoming one of the earliest sites of the Integrated Vascular Surgery Residency training where residents may begin the study of vascular surgery directly out of medical school. As her main clinical interest was in dialysis access, Dr. Teodorescu prospectively maintained an institutional database of ESRD patients, their co-morbidities and all their access-related procedures done at the Mount Sinai Medical Center.

In 2010, Dr. Teodorescu received an MBA in Healthcare from George Washington University. She was a member of the Fistula First Catheter Last Workgroup Coalition, helping to create various tools for both dialysis patients and the professionals who care for them.

Dr. Teodorescu moved to Emory Healthcare, Atlanta, GA, in 2016 to first work at Grady Hospital, a Level I trauma center. She initiated a Renal Vascular clinic there where ESKD patients are seen by both nephrologists and vascular surgeons for the creation and maintenance of their access. This clinic is still operating, although Dr. Teodorescu has since moved to Emory University Midtown where she has been named Program Director of the Vascular Surgery integrated and Independent training programs as well as maintaining a busy clinical practice with a heavy focus on dialysis access.

Dr. Teodorescu was named to the divisional and medical review boards of Network 6 (also known as the Network of the South Atlantic) of IPRO's End Stage Renal Disease (ESRD) Network in 2016. Board members are responsible for administering rules and regulations related to the quality and appropriateness of care delivered to ESRD patients as determined by the Centers for Medicare & Medicaid Services (CMS) and the legislative requirements of Congress. Network 6 encompasses dialysis patients and providers in Georgia, North Carolina, and South Carolina, and includes over 44,000 dialysis patients.



Todd Lambert

Senior Site Reliability Engineer
Microsoft Ireland

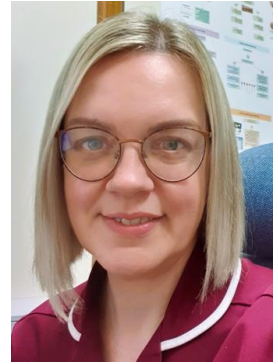
My name is Todd Lambert and I'm a 49-year-old husband and father of two amazing boys. I live and work in Ireland for the past 21 years, but I am originally from New Hampshire. Despite the universe trying to throw me as many curveballs as it can, I enjoy an amazing life with my family and friends. I love to cook, I enjoy doing charity work, recently started to get into darts, and am a huge Star Wars fan.

Diagnosed with IgAN while in university in 1998, I have been successfully living with kidney disease for 28 years. I received my first living-donor transplant from my brother in 2003. Unfortunately, lost the kidney in 2008 due to rejection after contracting pneumonia and had a nephrectomy. Went in the hospital at 68kg and came out at 47kg and as a haemodialysis patient. Received an aortic valve replacement in 2009 after my valve calcified. Discovered I had an unknown bleeding disorder. Joined the home-haemodialysis program as soon as it was available. Received a living-donor transplant from my sister in 2013 that unfortunately didn't take. Had another nephrectomy and was placed back on dialysis. Joined the nocturnal home haemodialysis program when it was available.

After the birth of my second son in 2015, my left native kidney burst and had severe bleeding, spent several months in hospital, had a few complications (perforated bowel, bowel repair, and ileostomy). Eventually, had the ileostomy reversed. Unfortunately lost my fistula due to a deep vein thrombosis and then had the bright idea to develop an app to monitor my newly formed looped graft.

On April 15th, 2025, was fortunate enough to have an amazing brother-in-law who willingly donated his kidney as part of the paired kidney exchange in Belfast City Hospital. Thanks to the amazing medical and support staff there have been enjoying my newfound life and the freedom away from dialysis ever since. Honoured to be able to discuss my experience at this year's VASBI conference and hope that I can continue to help others in the future.

Rebecca Higgins
Renal Access Nurse
Belfast City Hospital



I qualified in 1999 and commenced work in Belfast City Hospital renal department in 2000, starting in the general nephrology ward before completing the renal course and moving into Haemodialysis.

During my time there I developed a love for vascular access and was fortunate enough to be able to join the Renal access team in Belfast in 2015.

It has been a pleasure to get to know colleagues from across the UK and Ireland which has led to being involved in various projects, studies, research and education development within vascular access.



Ramasubramanayan Chandrasekar
Consultant Vascular Surgeon
Countess of Chester Hospital

Chandra is a Vascular surgeon in the South Mersey Arterial Centre, with Vascular Access being one of his sub-specialty interests. The South Mersey Arterial Centre is one of the two vascular units in the North West providing training in AV access to vascular trainees in the region.

He has established a surveillance programme for AV fistulas, both predialysis and those that are being used for dialysis, because of which the incidence of unexplained thrombosis is low.

Dr Rob Jones
Consultant Interventional Radiologist
Queen Elizabeth Hospital Birmingham



Consultant Interventional Radiologist at Queen Elizabeth Hospital Birmingham with an interest in Vascular Access intervention and research. Previous VASBI president (2022-24).



Dr Kate Steiner MRCP FRCR

Consultant Interventional Radiologist
University Hospital Sussex
VASBI Treasurer

Dr Kate Steiner is a consultant interventional radiologist at University Hospital Sussex. She has a subspecialty interest in AV access and vascular intervention.

She had been a VASBI council member for many years and is currently the treasurer for the society. She is a member of the Charing Cross Executive Committee and co-chairs the Vascular Access Masterclass.

She is a research active clinician maintaining a research portfolio.

Dr. Ram Kasthuri

Consultant Interventional Radiologist
Queen Elizabeth University Hospital, Glasgow



Dr. Ram Kasthuri trained in Manchester and was appointed Consultant Interventional Radiologist in Glasgow in 2007. He is a general interventional radiologist with a particular interest in renal/vascular access and embolotherapy. As a consultant, he has been active in research and has contributed to numerous trials and studies within his areas of interest, resulting in multiple presentations and publications. He has also organised local and national courses in interventional radiology for radiology trainees, nurses, and radiographers. Dr. Kasthuri has served in various committees of the British Society of Interventional Radiology and is the current Treasurer of the society. He also enjoys his role as an educational supervisor to IR trainees in the West of Scotland training scheme.



Alison Swain

Renal Vascular Access Sister
Royal Berkshire Hospital NHS Foundation Trust

Alison Swain is the Renal Vascular Access Sister & Home Haemodialysis Manager for the Berkshire Kidney Unit, Royal Berkshire Hospital in Reading. Originally trained at the Nightingale School of Nursing, at St Thomas's Hospital, London, Alison has spent most of her career working in dialysis.

She is a founding member of the BRS/VASBI Special Interest Group, whose work has included the development and production of the National Clinical Practice Recommendations for Needling of Arteriovenous Fistulae and Grafts for Haemodialysis. This group also produced the Staff E-learning module on cannulation and Staff Clinical Competencies for Vascular Access Workbook.

This project continued, in conjunction with KQuIP, as MAGIC (Managing Access, Generating Improvements in Cannulation), with which Alison continues to be involved, providing guidance and educational support.

Alison is the nurse representative on VASBI Council and within that role, she organises and contributes to the annual VASBI Nurses Education Day.

Within Home Haemodialysis, Alison is passionate about growing the programme and increasing the opportunities for patients to care for themselves at home, thus improving their quality of life

Samira Rostampour

Consultant Interventional Radiologist
Imperial College NHS Trust



Sam Walker

Consultant Interventional Radiologist
Queen Elizabeth Hospital, Birmingham

Dr Sam Walker is a Consultant Interventional Radiologist in the West Midlands.

He graduated from the University of Nottingham in 2011 and completed foundation training within the Royal Free Hospital group in London, before undertaking radiology training in the West Midlands, including higher subspecialist training in advanced interventional radiology at the Queen Elizabeth Hospital, Birmingham.

Sams main areas of expertise are interventional oncology (including tumour embolisation, thermal ablation, complex vascular access and advanced biopsy techniques), dialysis access intervention and embolotherapy.

He also maintains a broad diagnostic/cross-sectional imaging skillset and provides expert radiological support to UHB's regional Uro-Oncology Service.

Damian McGrogan

MD FRCS Consultant Transplant and Vascular Access Surgeon
Belfast City Hospital



Damian was appointed to the renal transplant and vascular access service at Belfast Trust in 2022.

He qualified from Queen's University Belfast and completed his research into vascular access outcomes whilst working in Queen Elizabeth Hospital, Birmingham. He complemented his clinical training in Northern Ireland with subspecialty training in Manchester Royal Infirmary.

Ali Kordzadeh

Consultant Vascular, Endovascular & Renal Access
Mid & South Essex NHS foundation Trust

Dr Jennifer Hanko

Consultant Nephrologist
Belfast City Hospital
VASBI Vice President



Jennifer has been a consultant nephrologist at Belfast Health and Social Care Trust since 2011. She qualified from Queen's University Belfast and did her postgraduate training in Northern Ireland and at Vancouver General Hospital where she developed her special interest in dialysis vascular access particularly vascular access ultrasound assessment. In her clinical role and as a council member of VASBI, she enjoys the collaborative multidisciplinary approach to improving vascular access for our patients.



Liz Wallin

Consultant Nephrologist
Queen Elizabeth Hospital, Birmingham

Liz Wallin is a Consultant Transplant Nephrologist at the Queen Elizabeth Hospital in Birmingham, part of University Hospitals Birmingham NHS Foundation Trust. She has a strong interest in vascular access, both from an interventional nephrology training perspective but also cardiovascular risk management post-transplant.

Arun Pherwani

Consultant Vascular Surgeon, Hon Professor
University Hospitals of North Midlands NHS Trust
Keele University School of Medicine



Professor Arun Pherwani is Hon Professor at Keele University School of Medicine and Consultant Vascular Surgeon at the University Hospitals of North Midlands NHS Trust. He is Joint Clinical lead for the National Consultant Information Programme (NCIP) for Vascular Surgery NHS England and Chair of the Specialised Services Devices Programme (SSDP) for Vascular NHS England. Professor Pherwani has been Clinical Lead for the National Vascular Registry (NVR) & Chair of the Audit and Quality Improvement Committee for the VSGBI and has served on the Executive of the VSGBI. He is the UK's representative on the VASCUNET collaboration and the International Consortium of Vascular Registries (ICVR) and the VASCUNET representative on the European Research Hub (ERH). He is a Member of the Board of Examiners for Vascular Surgery Joint Committee for Intercollegiate Exit Examinations (JCIE). Professor Pherwani is a recognised expert on Vascular Registries, coding, data and outcome reporting in vascular surgery to drive quality improvement and safety in patient care. His clinical and academic interests are in aortic aneurysmal disease, aortic dissection thoracic outlet conditions and vascular access.

Bynwant Sandhu

Consultant Transplant and Access Surgeon
Hammersmith Hospital

John Aruny

Vascular & Interventional Radiologist
Dialysis Access Institute -The Regional Medical Center



Dr. John E. Aruny is a Vascular & Interventional Radiologist who has been in practice for over 30 years.

Originally from New York City he attended Cornell University as an undergraduate. After college he worked as a Radiographer spending considerable time in Nuclear Medicine. He began medical school at The Autonomous University of Guadalajara and finished in the New York University Program in Queens, N.Y. Following a Medical internship at New York Hospital, Queens, then Booth Memorial Medical Center he completed a residency in Diagnostic Radiology with New York Medical College. During residency he rotated through Lincoln Hospital in the South Bronx, Metropolitan Hospital in Manhattan and Westchester County Medical Center in Valhalla, NY. Dr Aruny served as Chief Radiology Resident during his third year.

Following Residency, he spent two years as a Harvard Fellow in Vascular & Interventional Radiology at the Brigham and Women's Hospital (BWH) Boston. Following fellowship, he spent a year on staff at BWH. It was here that he performed the first endovascular salvage of a dialysis graft at the BWH using thrombolysis and angioplasty.

Dr Aruny was in private practice as a member of Hampton Roads Radiology Associates. He was there for 7 years, serving 3 years as Director of Radiology at Virginia Beach General Hospital and a voluntary faculty member at Eastern Virginia Medical School. He returned to full-time academic interventional radiology at Yale University where he spent 20 years achieving the rank of Associate Professor. 6 years were spent as section chief of Vascular & Interventional Radiology.

At the invitation of the Regional Medical Center and Dr. John Ross he moved to South Carolina to become part of the Dialysis Access Institute (DAI). When the Medical University of South Carolina took ownership of DAI he was made a Clinical Professor of Radiology.

Dr Aruny has published and presented internationally with a focus on hemodialysis access. He collaborated on a journal article: "Clinical and economic benefits of stent grafts in dysfunctional and thrombosed hemodialysis access graft circuits in the REVISE randomized trial". This paper was awarded the prize for Best Clinical Paper in JVIR 2020. He was the director of the group that published the first clinical guidelines for dialysis grafts in the Journal of Vascular & Interventional Radiology.

He was honored to be the Keynote lecturer. Ali Bakram Annual Lecture. Vascular Access Society of Britain and Ireland (VASBI) September 2023. Birmingham, UK. In addition, he worked collaboratively with Yale Vascular Surgeons to treat diabetic vascular disease, thoracic and abdominal aortic disease with various endografts.

A member of The American College of Radiology, The Southeastern Angiographic Society, The Society of Interventional Radiology and The Vascular Access Society of the Americas (VASA). He is a past-president of VASA. Dr. Aruny is married with 4 older children and lives on Daniel Island near Charleston, S.C.

**David Kingsmore**

Consultant Surgeon – Vascular and Renal Transplant Surgery
Queen Elizabeth University Hospital, Glasgow

Prof Kingsmore is a consultant vascular and renal transplant surgeon in Glasgow.

Graduated 1992, and appointed consultant surgeon in Glasgow in 2005. My interest in vascular access has come through the experience of seeing the complete complex journey of renal failure, and the realisation that vascular access can be the biggest problem for patients. We have focused for 15 years in not only delivering the best care we can, but also training and in using research to improve procedures, increase options, make better decisions, and optimise the processes for patients. I believe that clinical research is the foundation for delivering optimal care.

Karin Staaf

RN, MSc, PhD

Department of Health, Medicine and Caring Sciences (HMC)
Linköping University

Department of Nephrology
University Hospital Linköping
Region Östergötland



More than twenty years of experience in haemodialysis and vascular access as a nurse/specialist nurse in Department of Nephrology in Motala and Linköping, Sweden and

PhD at Department of Nephrology, and Department of Health, Medicine and Caring Sciences, Linköping University with research focus on haemodialysis, vascular access and preventing complications.

**Miriam Mason**

Vascular Access Nurse
University Hospitals Sussex NHS Foundation Trust

Miriam Mason is the Renal Access Lead Nurse at the Sussex Kidney Unit, University Hospitals Sussex NHS Foundation Trust. Following 18 years in haemodialysis nursing, she joined the Renal Access Team in 2017 and moved into her current leadership role in 2025.

Miriam co-led the South East MAGIC project through KQuIP in 2022 and has a particular interest in vascular access preservation, cannulation competency, ultrasound-guided assessment, and quality improvement. (She is passionate about staff education, evidence-based practice, and improving vascular access outcomes and patient experience for people receiving haemodialysis.)

Julia McCarthy
Clinical Nurse Specialist
Xtra-med

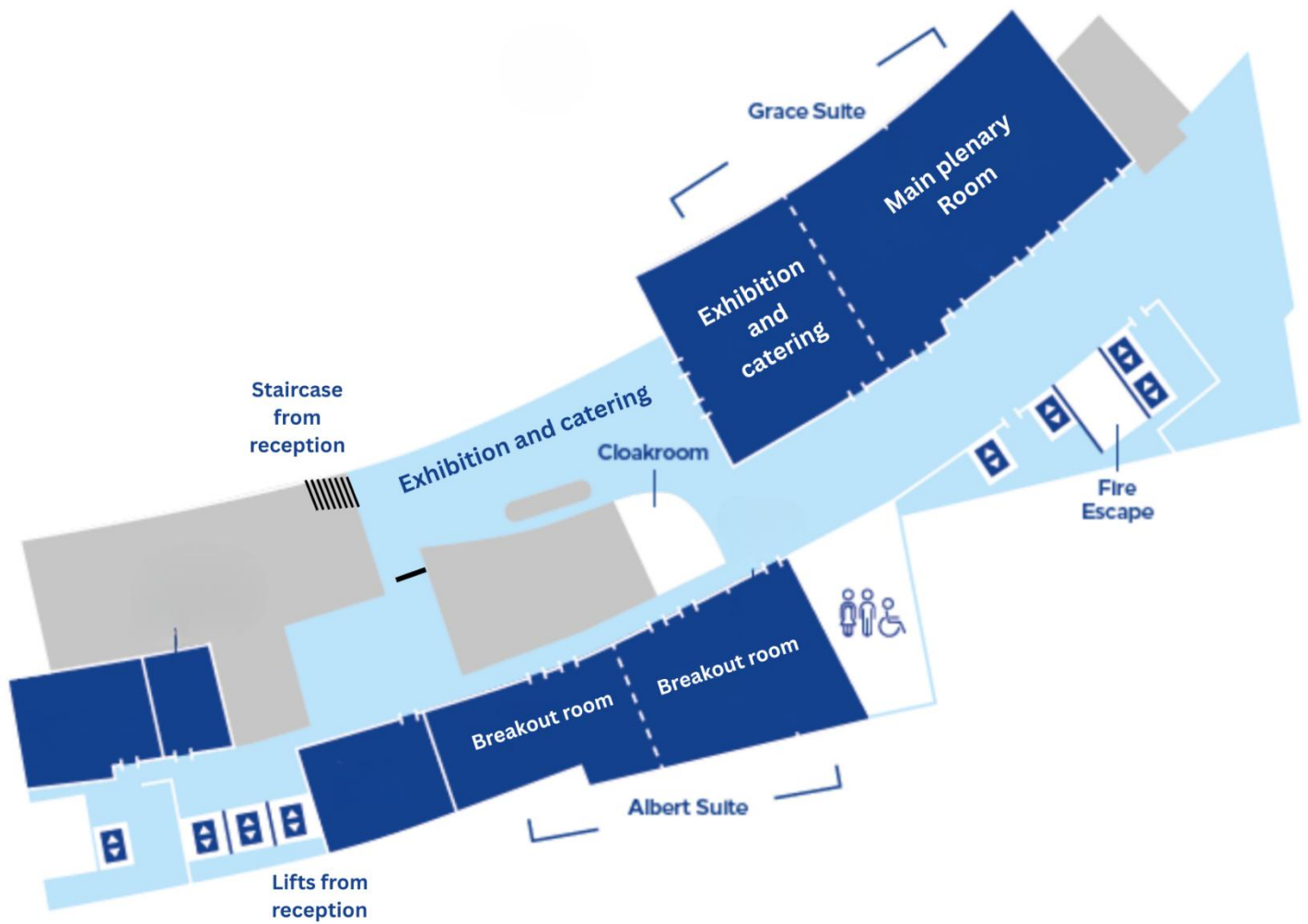


I am Julia McCarthy. I have been a renal nurse the whole of my qualified nursing career. I trained at St Bartholomew's Hospital (Barts), London and started my career as a staff Nurse on the male Renal Medical ward before moving to work on the Vascular ward where the transplants were looked after post operatively. My passion for renal was well and truly embedded, and I left Barts to embark on the ENB136 Renal Course at Addenbrooke's Hospital in Cambridge. Here I had the opportunity to work alongside an amazing number of excellent Doctors who I must thank for the knowledge and practical skills they taught me. CUHFT was to be where I spent the next 27 years, moving through the various renal roles, including Acute Dialysis Sister, Renal Unit Manager and then moving to open and manage a satellite Dialysis Unit under the management of Fresenius after the birth of my 2 children. I completed my Degree at the age of 48 and then went on to be a Predialysis Nurse Specialist. I decided to move to Bradford to take up the role as Renal Clinical Nurse Educator for Bradford Teaching Hospitals NHS Trust, as I wanted to give back to the NHS some of the skills and knowledge that I had been fortunate enough to acquire throughout my career. Having retired from fulltime employment, I am now in the enviable position of working back on the shop floor influencing day to day patient treatments and mentoring new staff.

Vascular Access has always been my passion throughout my renal career. Getting access right from the very beginning is so important to the patient and greatly influences how they cope and accept renal replacement therapy. Nurturing staff to realise that access is the patients' lifeline and needs to be treated with respect and care every time it is assessed and accessed, has become my mission. I am fortunate to now work part time for Xtra-med as their Clinical Nurse Specialist– a company that aims to improve the patient experience by providing a range of needles, ultrasounds and staff education, to ensure that everyone has the knowledge and skills to assess and monitor vascular access, using appropriate techniques and surveillance mechanisms to increase vascular access longevity.

Kate Sinnott
Sales Specialist
B Braun Medical Ltd

VASBI ANNUAL MEETING 2026 LAYOUT OF HILTON LIVERPOOL





**Vascular Access Society
of Britain & Ireland**

MEETING ANNOUNCEMENT

VASBI ANNUAL MEETING 2027

23 & 24 SEPTEMBER 2027

Venue to be confirmed

info@vasbi.org.uk | vasbi.org.uk



To receive Certificate of Attendance please complete
evaluation form at VASBI ASM 2026 meeting page.

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