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The challenge how to improve post dialysis arterio venous puncture sites haemostasis: Is mozaik© device new solution?

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Prolonged post dialysis bleeding (PPB) of fistula needling sites is a frequent problem, which increases the hemorrhagic risk, deteriorates the quality of life of hemodialysis patients and represents a risk of blood spurts for the care givers. The increasingly ageing poly-vascular dialyzed patients, with proximal brachial AVF have raised tendency to bleed, anti-platelets and oral anti vitamin K dependent anticoagulants are often prescribed increasing the risk of bleeding. Also heparin infusions during the dialysis session exacerbate prolonged post dialysis bleeding (PPB). The state of hydration of the dialyzed patients who are often in overload status thins the blood made it more hypocoagulable. Oral antivitamin K dependent anticoagulants are the largest providers of prolonged post dialysis bleeding because they fluidize blood more than the anti-platelets. Skin status also plays an important role, because cutaneous ageing allows the appearance of wrinkles by rarefaction of the cornea layer and by disappearance of the dermic elastin fibers promotes weak closure of the channel crossed by the needle after its removal. New era for compressive devices; author patented new device Mozaik© to reduce significantly the time to clot of arterio venous puncture sites. In recent non published prospective study Guerraoui et al. demonstrated superiority of Mozaik to reduce by three time to clot versus conventional gauze and by half the time to clot versus calcium alginate. He also found high significant difference of re-bleeding episodes that happen in 33% of the patients with calcium alginate, 15% with conventional gauze and only 5% for Mozaik. Moreover in this study authors reported high frequency of re-bleeding episodes with calcium alginate in comparison with Gauze or Mozaik.

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