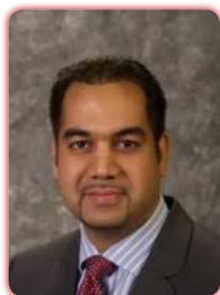


# 3<sup>RD</sup> WORLD KIDNEY CONGRESS

October 08-10, 2018 Dubai, UAE



## *S Nabil Babar*

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### **Interventional nephrology dialysis access care redefined**

**Introduction:** Subspecialty of nephrology involving endovascular procedures essential for maintenance and management of dialysis access. Vascular access (AVF, AVG, HD catheter) is proclaimed as the “lifeline” and “Achilles heel” for patients on hemodialysis Procedures, Vein Mapping (ultrasound+ contrast injection), Balloon assisted maturation. Endovascular coiling of accessory/collateral veins, Angioplasty of stenotic segment within or outside the conduit, Thrombectomy (de-clotting) of AVF/AVG, Stent graft placement, Tunneled catheter placement, exchange and removal, Peritoneal dialysis catheter placement, exchange and removal Pros and Cons of Interventional Nephrology

**Pros:** Expeditious care, Patient/physician familiarity, Smooth communication, Achieving superior

**Cons:** Limited training opportunities, Interventional “turf” issues Impact of VAC on hospitalize

**Impact of VAC on hospitalization & missed dialysis treatments:** Retrospective analysis of vascular access-related hospitalized days and missed outpatient dialysis treatments from 1995-2002 in 21 Phoenix dialysis facilities and 1275 Fresenius Medical Care North America (FMCNA) units within the U.S. to evaluate the impact of introduction of VAC in Phoenix, Decline in hospitalized days and missed treatments/patient year evident from 1997-2001 across all access types with a greater decline in Phoenix coinciding with creation of VAC in 1998 ,VAC development was associated with a significant decrease in vascular access-related hospitalization and missed outpatient dialysis treatments.

### **Biography**

Babar attended Medical School at the Deccan College of Medical Science, completed his Residency at Jersey Shore University Medical Center and his Fellowship at Robert Wood Johnson University in New Jersey. Board Certified in Internal Medicine and Nephrology, is also Certified by the American Society of Diagnostic and Interventional Nephrology and by the American Society of Hypertension as a Specialist in Clinical Hypertension.

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### **Notes:**