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Current state of vascular access in chronic hemodialysis patients in Algeria

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"*We believe that we can keep alive patients with uremia as long as the veins and arteries are in good condition*" - Willem Kolff, 1944

Despite all the progress made in the techniques of renal replacement therapy, hemodialysis (HD) survival depends in a large part on the quality of vascular access. In Algeria, a country with a population of 37.1 million inhabitants, more than 17,000 patients are on dialysis (98% HD) distributed in 275 hemodialysis centers across the country. We made a prospective study in order to identify what type of vascular access for hemodialysis is made on first intention and then realize a clinical expertise on the vascular access for dialysis in patients after a certain period of HD. Our study was multicenter and collated in 60 days (data collection and statistical study). 1029 chronic hemodialysis patients treated and supported in 21 hemodialysis centers (public and private center) located in the capital city of Algiers and neighboring towns. We found that sex ratio in our patients was identical and population is relatively young. Percentage of unknown nephropathy (30%) is important and alarming. The percentage of diabetic nephropathy and hypertensive join international datas. The catheter is still representing the first vascular access for HD. Despite 40% of AVF, it shows the needs of follows up and screening of patients with chronic kidney disease before the end-stage of renal disease. First seat of AVF is distal than proximal for just 50% and one patient in five has "a poor" vasculature at less than 10 years of HD. The vasculature of hemodialysis patients is vital. It is important to preserve it carefully by encouraging education of chronic uremic patients and nursing staff and realize a careful evaluation of where the anastomosis should be performed using radiological ways if necessary. Multidisciplinary planning seems essential to achieve this goal and improve the survival of patients on chronic hemodialysis.

Biography

Lydia Benhocine is MD, and Nephrologist. She received her medical doctorate from Medical School of Algiers in 2003 and completed her Residency in Nephrology with honor as an Assistant Professor in 2008. She worked on pediatric and adult renal transplantation and was trained for transplantation in Clinic Barcelona with Pr. Campistol. She is actually Head of Department of Hemodialysis in one of the biggest University Hospitals of Algiers. She has made numerous presentations at national and international scientific meeting and publications in national journals. She is member of the Algerian Society of Nephrology and also representative of North African Region for the Middle East Society for Organ Transplantation (MESOT).

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