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Editorial Open Access

Concerning the Vascular Access of CKD-5 Patients

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Editorial

The regular treatment of ESRD patients started in March 1960 with the Shunt of Scribner and Quinton. Whenever *this* was a poor access, it worked. In 1967 the classical Cimino Fistula in end-to-side technique had been created. THIS was the important improvement to treat chronic ESRD patients with Dialysis. The invention of the Cimino Fistula had deserved by rights the Nobel Price as it was a tremendous invention. Large numbers ESRD patients had treated successful with this Shunt, but this invention had not very much esteemed. So James Cimino switched after several years to Oncology . . .

In 1987 Francis (Royal Free, London) had built the first tunnelled Catheter, a combination between the catheters of Shaldon with the top of a Peritoneal Catheter in order to treat a patient attending living donor transplantation for six month.

The problem of today is the overwhelming abuse of these tunnelled catheters in the US (> ~ 70 % USRDS Data Base 2014, 69 % DOPPS report). This abuse of catheters contradicts to the KDOQI / NKF Clinical Practice Guidelines; they recommend the Cimino Fistula as the primary access. Why is this problem?

Narender Goel (New York) had made an evaluation of his Centre to reach a Vascular Access.

The result: Starting with 221 patients in state of CKD-4, 127 (=57.5 %) were not referred to a Vascular Surgeon by the Nephrologist. And THIS is the problem!

Morbidity and mortality concerning Dialysis catheters in CKD-5 patients are well known. The sepsis is threatening even for very old patients as well as for tumour patients with limited future.

So the CEO's of the big Dialysis providers as well as the Senior Consultants of the Dialysis Centres will be asked to improve the Quality of Treatment by striving for a Dialysis Shunt. By rights, this had done because of Ethical Reasons from the doctors herself. When *this* is not working, the Economic Reasons for the providers are clear: If the most patients had supplied with a Fistula, they will have the sepsis problem very seldom. So the mortality will reduce (very simple).

It is a great pleasure for me, to introduce **Prof. Gerhard Krönung**. Since forty years, he is doing Vascular Access Surgery for ESRD patients as his profession. He is working in a Special Centre for Shunts in Germany (DKD Wiesbaden, near Frankfurt / Main). He published many detailed problems of Shunt Surgery for 30 years. Abdominal Surgery or Bone Surgery you can learn with *staying power*. For Shunt Surgery however facilities and skill are absolute necessary. Gerhard Krönung had helped big numbers of CKD-5 patients with big Vessel Problems in order to reach a personal future for their life. He will describe this big theme with his own words.

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