NIPRO'S TOTAL SOLUTION:

Nipro is a global market leader with a wide range of products to prevent vascular access complications.

More choices mean more opportunities for success.

Nipro is also the only company to have a unique, patented BioHole™ stick for maturation of the tunnel. BioHole™ is available in standard needle, single needle and catheter needle.

ASEPTIC TECHNIQUES:

- 1. On-Off kit, customized on request
- 2. Prefilled syringes of 0.9% NaCl to minimize potential contamination
- 3. Nipro Safe Derm Fix IVN
- 4. PushbanTM











Prefilled syringe

CANNULATION TECHNIQUES:

- 5. BioHole needle & single needle
- 6. BioHole catheter needle
- 7. BioHole Buttonhole stick
- 8. AVF catheter needle











SURVEILLANCE OF VASCULAR ACCESS:

9. D.med NephroFlowTM assures adequate treatment by measuring recirculation and access flow



BECAUSE EVERY LIFE DESERVES AFFORDABLE CARE

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- 2. Stolic R. Med Princ Pract. 2013;22(3):220-8.
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"I love to play with my grandson, but I'm on dialysis with a fistula and he is afraid to touch my arm and potentially hurt me. GRANDFATHER ROBERT **FISTULA** CARE **VASCULAR ACCESS**



fully-functioning fistula is the main indicator of a successful hemodialysis, but complications in vascular access are a serious reality. These complications are the first cause of hospital admissions for dialysis patients.

\$ 571 TO \$ 12,740

PER EPISODE

COMPLICATIONS IN VASCULAR ACCESS HAVE A DIRECT IMPACT ON PATIENTS, PROFESSIONALS, AND HOSPITALS AT LARGE.

Vascular access complications have been associated with as much as 10-15% of all inpatient stays among hemodialysis patients.1

The most predominant complications of arteriovenous fistulas in hemodialysis are:²

- Thrombosis 17-25%
- Stenosis 14-42%
- Aneurysms 5-6%

Patients

- Increased pain the in area of the fistula
- Increased wait time due to bleeding
- Increased return visits for testing and treatment
- Recirculation and loss of vascular access
- Reductions in quality of life and survival rate

Healthcare professionals

- Increased workload because of testing, surveillance, and treatments
- Increased pressure to perform
- Increased stress and the potential for risks such as needlestick injuries

Hospitals

- Increased costs in medical products for interventional treatment
- Increased costs related to time, personnel, and risks associated with increased demands for care

WHAT ARE THE CONSEQUENCES & COSTS **ASSOCIATED?**

The following procedures are accepted as general practice:3

Monitoring vascular access

- Physical examination to detect early dysfunction
- Character of pulse and sound
- Presence and location of thrills
- Clinical parameters
- Swelling of arm
- Prolonged bleeding time
- Cannulation problem

Surveillance

10-15% OF ALL

INPATIENT STAYS

- Monitoring vascular access performance indicators
- Periodic measurements are required to make correct assessments
- Blood flow delivered
- Dialysis efficacy
- Recirculation analyses
- Bleeding time control
- Venous pressure measurements

Diagnostic testing

• If physical monitoring and surveillance indicators confirmed abnormalities, a Doppler Ultrasound or a Fistulography may be required

COSTS ASSOCIATED

Direct costs related to arteriovenous fistula complications vary from \$ 571 to \$ 12,740, depending on the severity of hospital intervention.^{4, 5}

The goal is to prevent complications, without worrying about the costs.

IS THERE A WAY TO PREVENT COMPLICATIONS?

Clinical Practice Guidelines recommend different procedures for the prevention of vascular access complications: 6-9

Aseptic techniques:

For manipulation, connection and disconnection

Cannulation techniques:

- Buttonhole technique
- Reduces pain
- Reduces aneurysms
- Lowers vascular access failure
- Facilitates access for self-cannulation
- Improves appearance of the fistula

Plastic fistula needles

- Safe cannulation during fistula maturation
- Decreases risk of perforation
- Allows higher mobility
- Better option for patients allergic to metal

Needle specifications

- Needle gauge depending on the blood flow rate
- Needle length adapted to any fistula depth
- Rotating hub allows rotation without moving the needle wings
- Back eye

Recommended needle gauge	Blood flow rate	Color
17 gauge	< 300 ml/min	
16 gauge	300-350 ml/min	
15 gauge	350-450 ml/min	
14 gauge	> 450 ml/min	

Surveillance of vascular access:

- KDOQI recommends surveillance, at least once a month, to diagnose and prevent the progression of stenosis or thrombosis
- Flow measurement
- Recirculation

BECAUSE EVERY LIFE DESERVES AFFORDABLE CARE