Use Fistulas First

It’s time to discuss a new national campaign

When it comes to choosing a means for providing vascular access to hemodialysis patients, arteriovenous fistulas (AVFs) are the gold standard, according to experts in the field. Now is the perfect time to learn more about AVFs and a new campaign to promote their use, called “Fistula First.”

The Fistula First campaign began in October 2003 with the goal to increase the use of AV fistulas in prevalent dialysis patients from the 29% national average to 40%. As a result of the implementation of several improvement strategies across the US, 42% of patients now receive dialysis using an AV fistula. To facilitate further improvement, the Centers for Medicaid and Medicare Services (CMS) has set a new goal to increase the use of AV fistulas to 66% nationally by June 2009. In South Dakota, as of March 2006, the rate is 49.7%.

The use of arteriovenous fistulas (AVFs) is considered the best option for many reasons:

1) They last longer than artificial catheters or grafts
2) They need less rework or repairs than catheters or grafts
3) They are less likely to result in infection, hospitalization, and death

The essence of the campaign focuses on this simple fact: AVFs are more likely to be placed and used if patients are referred to nephrologists for treatment before dialysis becomes urgently needed. If a patient presents at a hospital or emergency room with kidney failure, they are more often treated using catheters or grafts because of their need for immediate dialysis.

What You Can Do

There are a few simple steps any primary care physician can take to assure the best health outcomes for their patients with kidney disease. First, learn more about AVFs and their benefits at the Fistula First web site, www.fistulafirst.org.

Second, know how to calculate an adult GFR (a useful calculator tool is available at www.kidney.org/professionals/KLS/gfr.cfm) and refer patients to a nephrologist when they reach Stage 4 (GFR between 15 and 29).

Finally, educate patients about chronic kidney disease (CKD) and the self-care needed to delay the onset of kidney failure. Working together, primary care physicians, nephrologists, surgeons, and patients can ensure the best care possible for those with chronic kidney disease.