

A vascular access guideline update is changing chronic kidney disease (CKD) treatment for the better – and here's how



Dr. Charmaine Lok, senior scientist, Toronto General Hospital Research Institute; professor of medicine, University of Toronto; KDOQI vascular access guidelines chair

Dr. Charmaine Lok was not always a nephrologist. The clinician scientist and professor of medicine worked in the restaurant industry as a server – and remembers its physical demands. So years later, when she considered a treatment plan for a young server with kidney failure, she knew she needed to think differently.

“If you put a radiocephalic fistula in her forearm, she’s not going to be able to carry the plates and serving is her primary source of income,” Lok says. That in mind, Lok and the patient devised a treatment approach that would work better for her situation. The patient was a candidate for peritoneal dialysis, so instead of using a fistula and having hemodialysis, they chose a peritoneal dialysis (PD) catheter.

Later, when the patient changed professions and PD failed, she switched to a fistula and home hemodialysis – a modality that was

now more appropriate for her.

Lok says this is just one example of considering a patient’s life situation and what is important to them, in order to individualize their care, which is crucial to providing the best care possible. “Everybody’s circumstances are different,” Lok says. “I think every single patient – every single person – benefits from an individualized approach.”

The update

For decades, the National Kidney Foundation’s Kidney Disease Outcomes Quality Initiative, or KDOQI, has provided evidence-based guidelines to help physicians care for chronic kidney disease patients.

In 2019, the KDOQI Clinical Practice Guideline for Vascular Access was updated to highlight the importance of pursuing the right vascular access in the right patient at the right time for the right reasons, an update that was spearheaded by

Lok. Before the revision, the guidelines emphasized a standardized approach that called for accessing veins first through a fistula, which is not always best for each patient – as Lok saw with the young server.

height of the COVID-19 pandemic. At the time, physicians were investing their energy in trying to keep interventional suites and surgeries open to even perform vascular access at all. And in-person conferences,

care providers to practice the changes due to the magnitude of the update. Lok says shifting from a simple fistula-first, catheter-last approach to a more complex one that considers each individual patient can be a difficult – but essential – switch for physicians and other care providers.

“People might not be used to thinking about all of the different aspects of the patients and their comorbidities,” Lok says. “(The guideline update) is tough for clinicians.”

Despite requiring healthcare providers to approach vascular access in a different way, Lok says it’s important to constantly analyze evidence so practice can improve and keep making a difference for patients.

“I think (the guideline update) is really good for patients,” says Lok. “Hopefully it will change the patient’s life because we’re giving them the correct dialysis access for them and not forcing something on them that may or may not be appropriate.”

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“There are many variables to think about,” says Lok, who is chair of the KDOQI vascular access guidelines. “We need to look at everybody and their anatomy and their social, functional and medical situations individually to see what they really need in terms of their vascular access.”

Adopting the new guidance

Although the KDOQI vascular access guideline was updated in 2019, Lok says many healthcare providers don’t know about it because it was officially published in 2020 – at the

which Lok says give people opportunities to learn about and engage with topics such as the guideline update, were canceled or in formats not conducive to in-depth question and answer periods.

“There were efforts to bring (the guideline update) forward but not the interaction that was needed to really put it into practice,” Lok says. “I feel the impact of the updated guidelines will be delayed.”

In addition to the pandemic delaying awareness and adoption of the revised guideline, Lok says it might take “a long time” for health-

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