

Provincial wait time targets for dialysis access: percutaneous catheters

Hemodialysis is a life-sustaining treatment for individuals with end-stage kidney disease. A permanent arterio-venous fistula (AVF) is the preferred access; however, when an AVF isn't available or suitable, hemodialysis must be administered using a percutaneous catheter — either a temporary 'un-cuffed' catheter or a semi-permanent 'cuffed' catheter.

Care Standards

- Hospitals designated as a Primary Renal Management Centre including hemodialysis services must provide the placement of semi-permanent/cuffed catheters in a timely manner, in accordance with need for dialysis.
 - Within 48 - 72 hours for urgent indications including chronic dialysis patients with no functional vascular access **or** SVC syndrome
 - Within 7 days for non-urgent indications
- Semi-Permanent/cuffed catheters are recommended for chronic hemodialysis patients to prevent endovascular damage impeding future AVF functionality. They also reduce risks of bacteremia, reduce hospital discharge delays, and ensure stable catheter function for adequate dialysis delivery.
- Temporary/non-cuffed catheters should only be used for emergent cases requiring immediate hemodialysis. They should **NOT** be used for chronic hemodialysis patients or for patients who are anticipated to require hemodialysis for longer than 14 days, such as patients with end stage kidney disease initiating hemodialysis. Patients with temporary catheters must remain as inpatients until a semi-permanent catheter can be placed as it is unsafe for patients to be discharged with a temporary catheter.
- Inability to meet the target for semi-permanent/cuffed catheters and emergent/urgent AVF radiologic interventions should trigger an urgent triage within the local health authority to ensure the procedure can be done in an alternate facility within the recommended timeline.
- These practices should be monitored locally as a quality indicator for Interventional Radiology services.

This BC Renal guideline/resource was developed to support equitable, best practice care for patients with chronic kidney disease living in BC. It promotes standardized practices and is intended to assist renal programs in providing care that is reflected in quality patient outcome measurements. Based on the best information available at the time of publication, this guideline/resource relies on evidence and avoids opinion-based statements where possible.

Developed by: BC Renal Medical Advisory Group, with medical director representation from all health authority renal programs, and the Provincial Hemodialysis Committee. **The intent of the position statement is to support regional/local discussions between renal and radiology programs.**

Approved by: BC Hemodialysis Committee, BC's Renal Medical Directors and BC Renal Senior Leadership Team

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