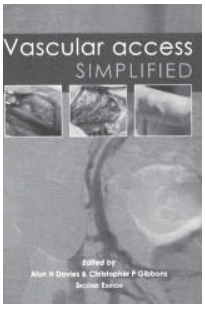

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Vascular Access Simplified

Editors: Alun H Davies & Christopher P Gibbons (Second Edition)
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High quality vascular access care is essential to improved outcomes of patients receiving dialysis and to reduce the perceived high level of complications. This comprehensive, well-written text claims to simplify vascular access. It does more than this as it contains essential in depth information that can easily be related to current renal clinical practice. The chapter authors, specialists including transplant surgeons, nephrologist, radiologists and nurse specialists, have done an excellent job of producing a text that is easily understood by clinicians. The chapter authors are mostly based in the United Kingdom, however they have referred to the worldwide research and literature throughout.

The initial chapters relate to early establishment of access and the minimal use of central venous catheters (CVC). Guidelines are introduced at this stage mostly the KDOQI (US) which relate to when best to prepare the patient with stage 3 to 5 chronic kidney disease (CKD). Quality rather than quantity is also discussed with arterio-venous fistulae (AVF) being the first choice over the ever requiring attention seeking synthetic alternative.

The chapter on primary access creation covers venograms, ultrasound mapping and observation for central venous and different types of native AVF. The rules are simple, start in the distal forearms where possible and work up to the larger upper arm veins using native vessels. Synthetic grafts were discussed as a necessary evil with the main emphasis on avoidance due to their high primary failure rate. Other options when standard choices of access fail were described in detail noting that radical surgery, although possible, was often associated with poor outcomes. Complications with access surgery were covered in detail from failed access maturation through to haemorrhage and thrombosis making important reference to size of vessels which have been chosen. There is an informative section addressing the challenges associated with steal syndrome with reference of up to 8% of brachial AVF's developing some form of "steal". Microsurgery was discussed in relation to long term access in children requiring haemodialysis.

The chapter on surveillance I found most interesting due to the inconsistent approach of Australia and New Zealand units towards this topic. As there is no "right or wrong" to this subject I was impressed how the writer put much of the emphasis back on the caring clinician, talking about venous distention, strong and weak thrills while also coving the essentials of dialysis adequacy, recirculation and access blood flow. Intervention to problem accesses can best be summarized to angioplasty as a short term fix but surgery gives the best long term outcomes. Recently appointed vascular nurse specialists in Australia and New Zealand involved in the coordination and planning associated with the access pathway will benefit from this section.

Peritoneal dialysis (PD) was touched on only with reference to why PD may become an option and the different types of catheters that are now available. Insertion techniques such as open, laparoscopic and the now more accepted "Y-Tec" using a peritoneal scope were reported.

The last two sections of the book were dedicated to the patient perspective which was written by an interventional radiologist who has been a patient for the past 20 plus years. This is a valuable and unique contribution to the body of knowledge in this area. The author stated that having nurse specialist working alongside nephrologists in the continual care had improved the service markedly.

Overall, this text was one that was read with great enthusiasm from the perspective of a renal vascular access nurse, but I am sure would be just as rewarding for any renal professional.

An essential for every renal library.