

血液透析通路護理研討會

2023 • 10 • 22

歡迎
參加

時間 08:30-12:00

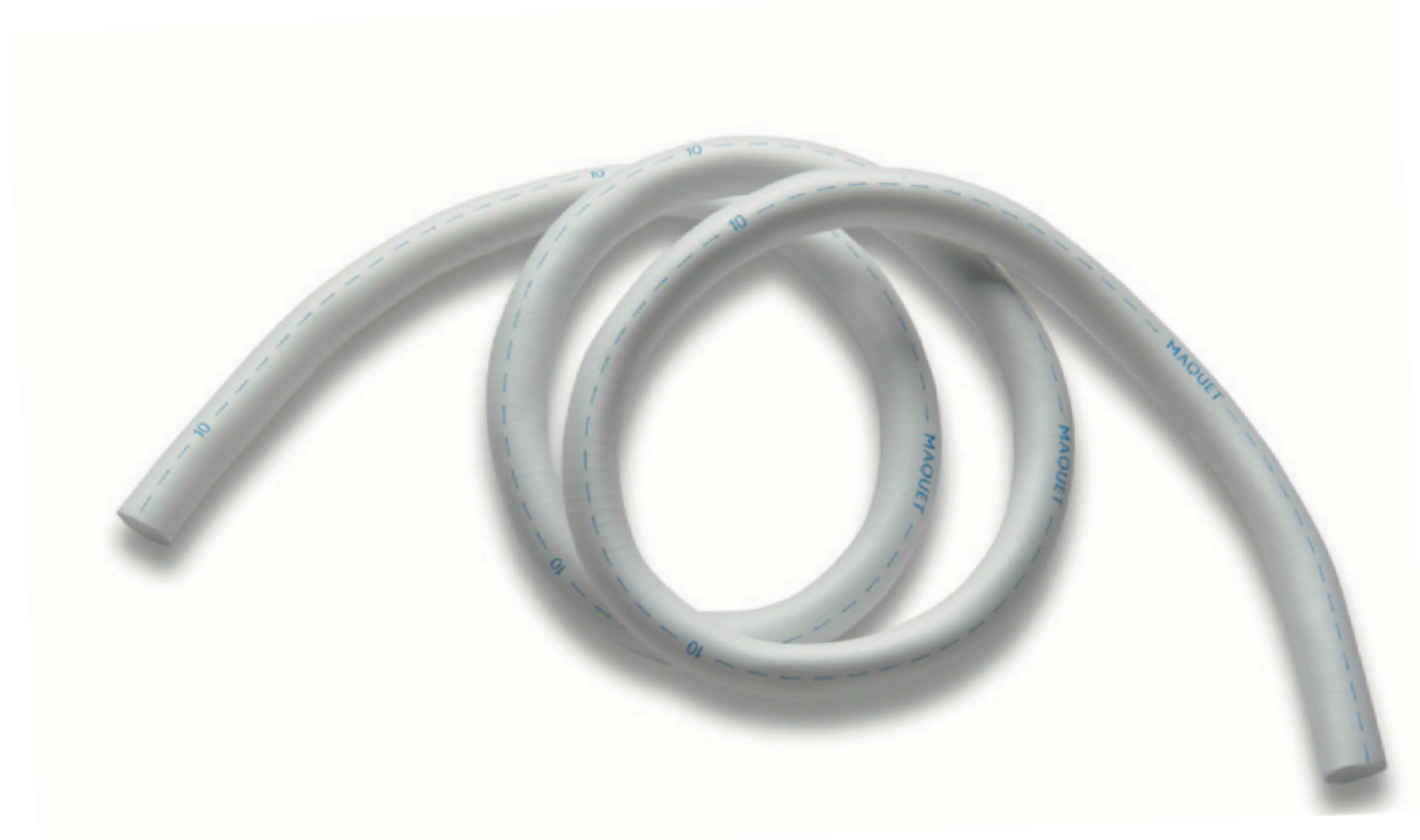
地點 桃園婦女館(桃園市桃園區延平路147號)

主辦單位:台灣血管外科學會、長慎醫院血管中心
協辦單位:台灣腎臟護理學會、台灣基層透析協會

本課程學分:護理(師)人員教育積分、台灣腎臟醫學會醫師教育積分、
台灣腎臟護理學會透析人員繼續教育積分

時間	主題	講師
08:30-08:50	報到	
08:50-09:00	主持人致詞	長慎醫院血管中心 蘇大維主任
09:00-09:40	血液透析腎友的臨床照護	長慎醫院 腎臟內科 林世杰醫師
09:40-10:20	低磷飲食衛教與磷結合劑之介紹	佑安內科診所 腎臟科 張維文醫師
10:20-10:30	Break	
10:30-11:10	血管外科醫師與透析室的交會	德仁醫院 血管外科 馮品超醫師
11:10-11:50	即穿刺洗腎人工血管	長慎醫院血管中心 蘇大維主任
11:50-12:00	會後討論	長慎醫院血管中心 蘇大維主任





Flixene 福立心 即穿刺人工血管介紹與臨床經驗分享

蘇大維 血管外科醫師



即穿刺人工血管

即穿刺血管從字面上來看就是能夠在手術完後短時間內下針穿刺洗腎的人工血管

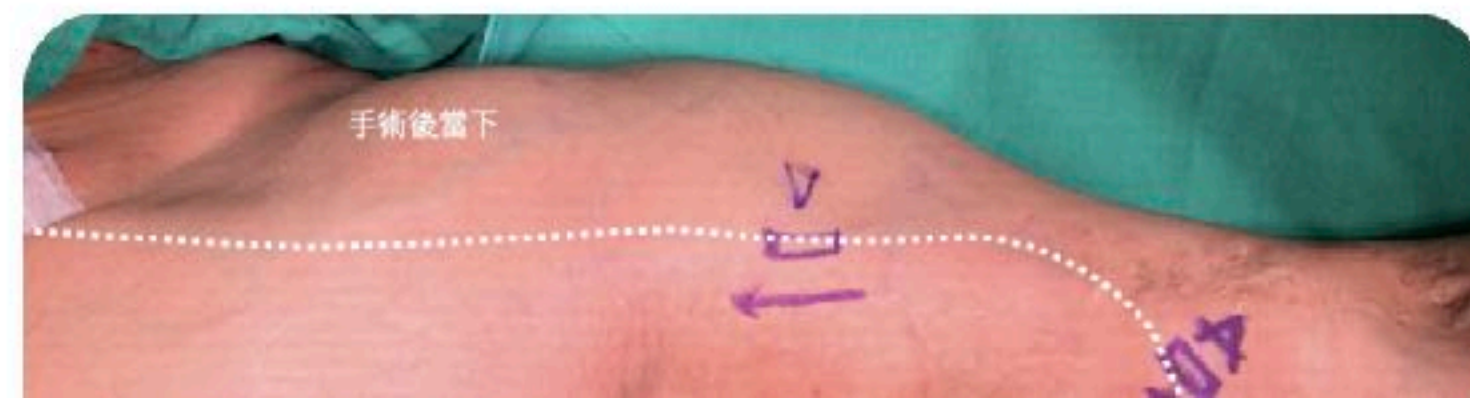
通常能在手術後24-72小時內順利下針洗腎

這樣腎友就能直接跳過置放洗腎導管的步驟 減少置放導管的併發症

這類新型的即穿刺人工血管不同於傳統的人工血管 它有三層的結構 能加強血管穿刺後孔洞的密合 減少滲血

目前健保有給付這類新型的即穿刺人工血管(Flixene 福立心) 腎友無需自費

從多篇國際發表的醫學研究文獻來看 是一款穩定的即穿刺人工血管



洗腎血液透析通路 ▾

血液透析的概念

自體瘻管 & 人工血管 ▾

即穿刺人工血管

如何自我照護血管

常見洗腎血管問題 ▾

血管狹窄 / 阻塞

血管瘤

血管感染

血管表淺化

中心靜脈狹窄 / 阻塞

竊血症候群

如何維持血管順暢

腎友飲食指引



大小

tawaisu.com



新消息 ▾

顯影劑過敏的 CO2二氧化碳血管攝影

2023 血液透析通路研討會(桃園) 第二場

2023 血液透析通路護理研討會(桃園) 第一場 精彩

2023 血液透析通路研討會(桃園) 第一場

第31屆新光醫院學術會議/ 2023 台灣血管治療 TV

國際獅子會 蘇大維醫師專題演講

關於蘇大維醫師 ▾

學經歷

專長

榮譽

學術演講/研究

媒體報導

STW Logo

專業服務@長庚血管中心

洗腎血液透析通路 ▾

現場多位洗腎室護理長/師 包括安慎診所溫玉嬌執行長 也積極參與討論 分享無菌技術的經驗和觀點



今年研討會非常榮幸能邀請到台灣營養學會常務理事暨腎臟小組召集人陳淑子老師 談談“洗腎透析飲食及生活指引” 陳老師用非常活潑生動的方式 分享她多年來照護腎友營養的寶貴經驗：如何正確有效的提升營養, 該吃什麼, 怎麼吃...等等 相當生活化的課題 這主題也吸引了大家的興趣以及廣泛的討論



感謝陳老師的分享上課的講義 供血液透析照護者參考

血液透析營養治療2023血液透析通路護理20230917

下載

第三個主題 邀請到了前林口長庚醫院血管外科 現任德仁醫院馮品超醫師 來談談如何加強血管外科醫師與血液透析室之間的

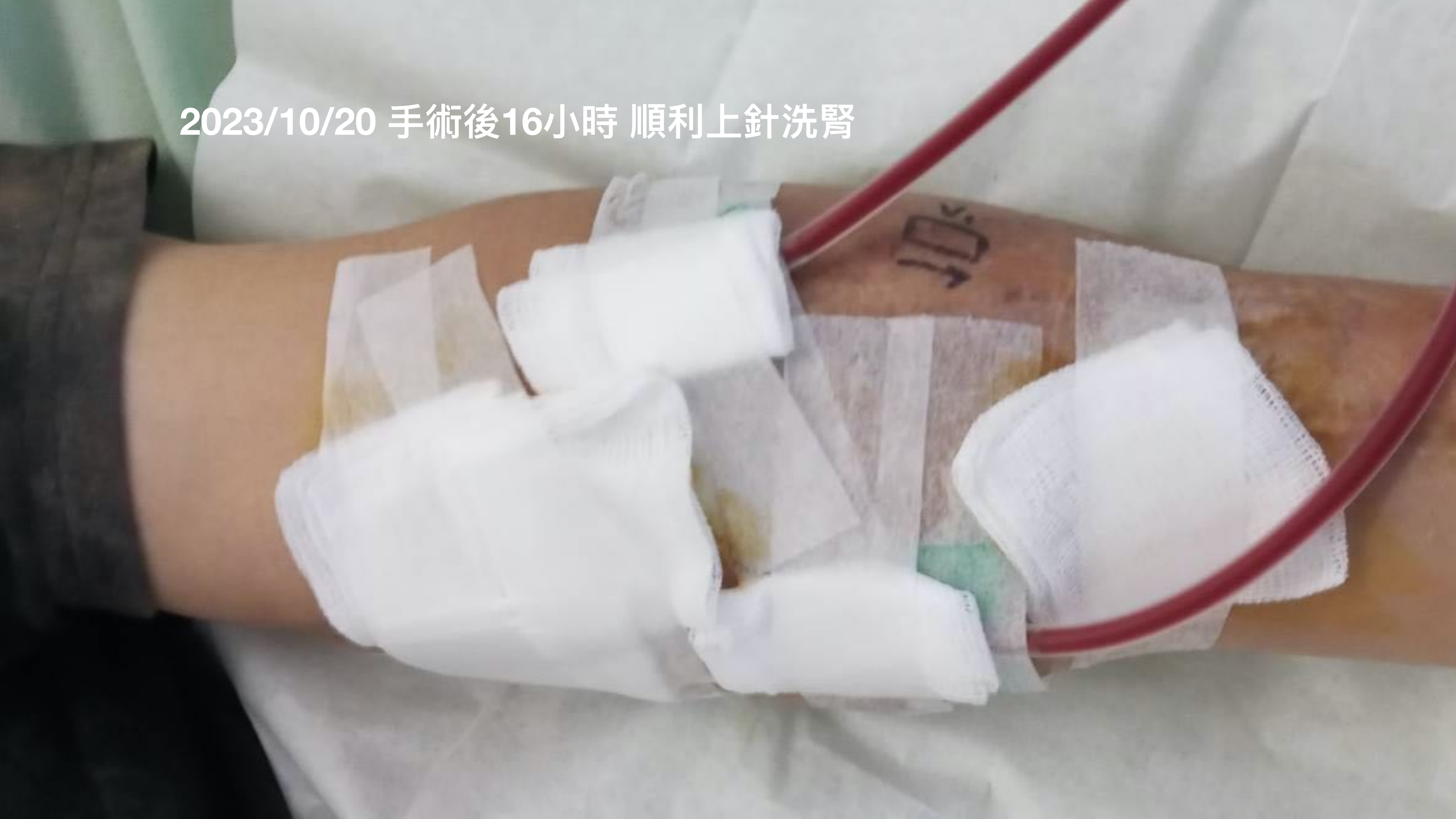
2023/10/19 手術前

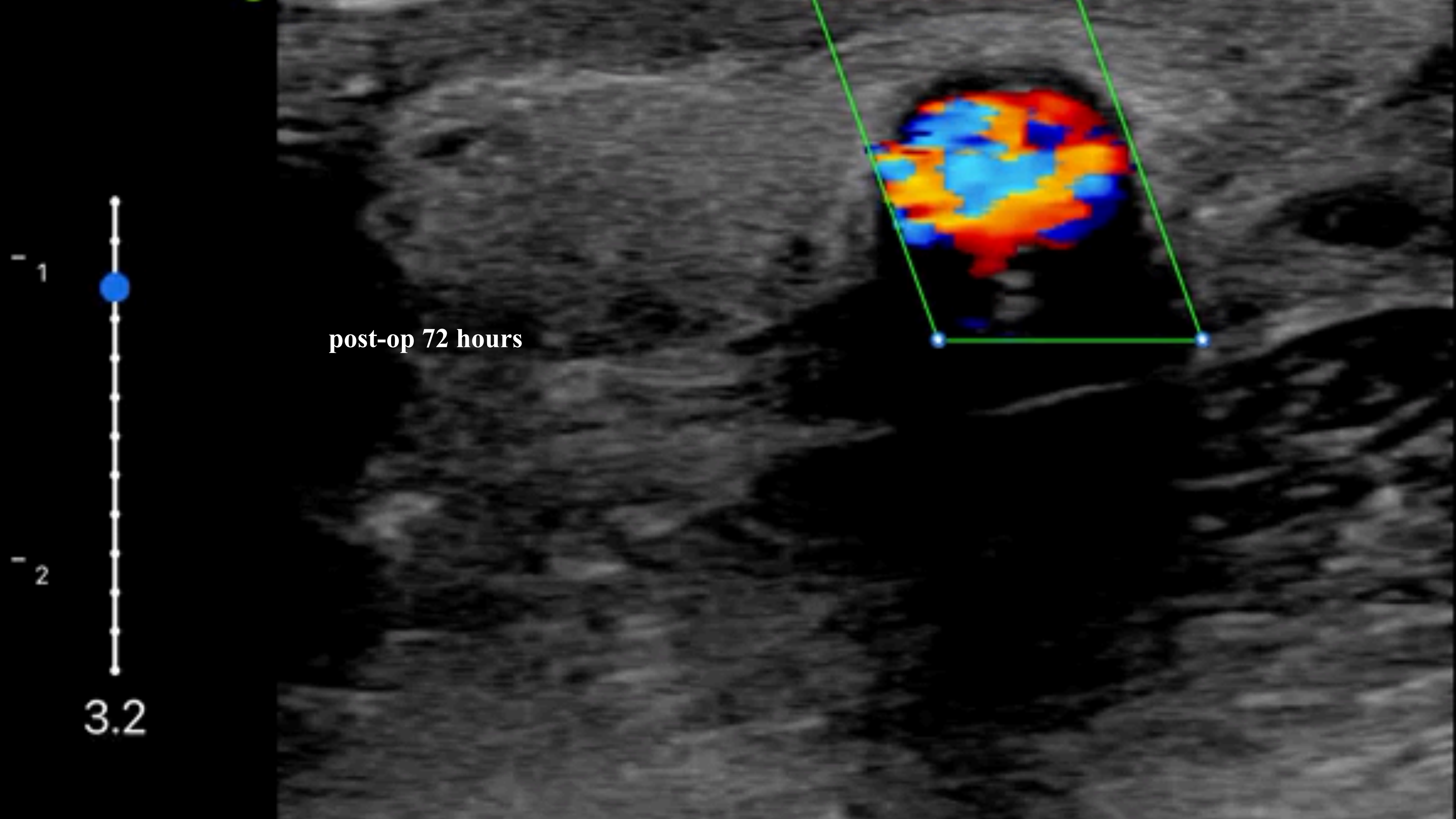


2023/10/19 手術完成

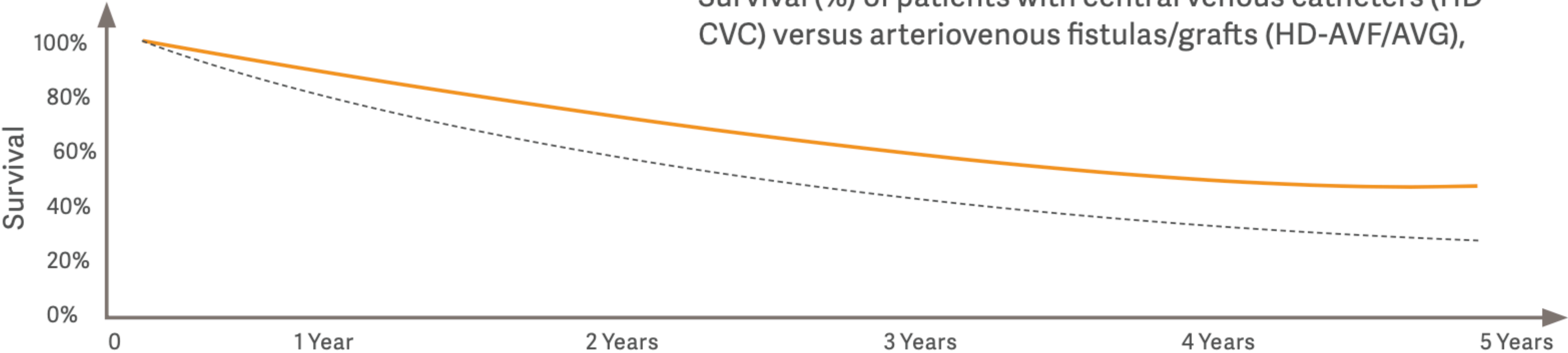


2023/10/20 手術後16小時 順利上針洗腎





Survival (%) of patients with central venous catheters (HD-CVC) versus arteriovenous fistulas/grafts (HD-AVF/AVG),



Patient at risk (N)
 HD-CVC [-]
HD-AVF/AVG [-]

Time Point	HD-CVC (N)	HD-AVF/AVG (N)
0	24,437	-
1 Year	15,620	6,663
2 Years	10,320	5,114
3 Years	6,541	3,663
4 Years	3,961	2,480
5 Years	2,167	1,564
5 Years	-	945

Vascular Access: 2018 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS) *Eur J Vasc Endovasc Surg* (2018) 55, 757-818

減少 HD-CVC

及早轉介 預先準備”長期洗腎通路AVF/AVG”

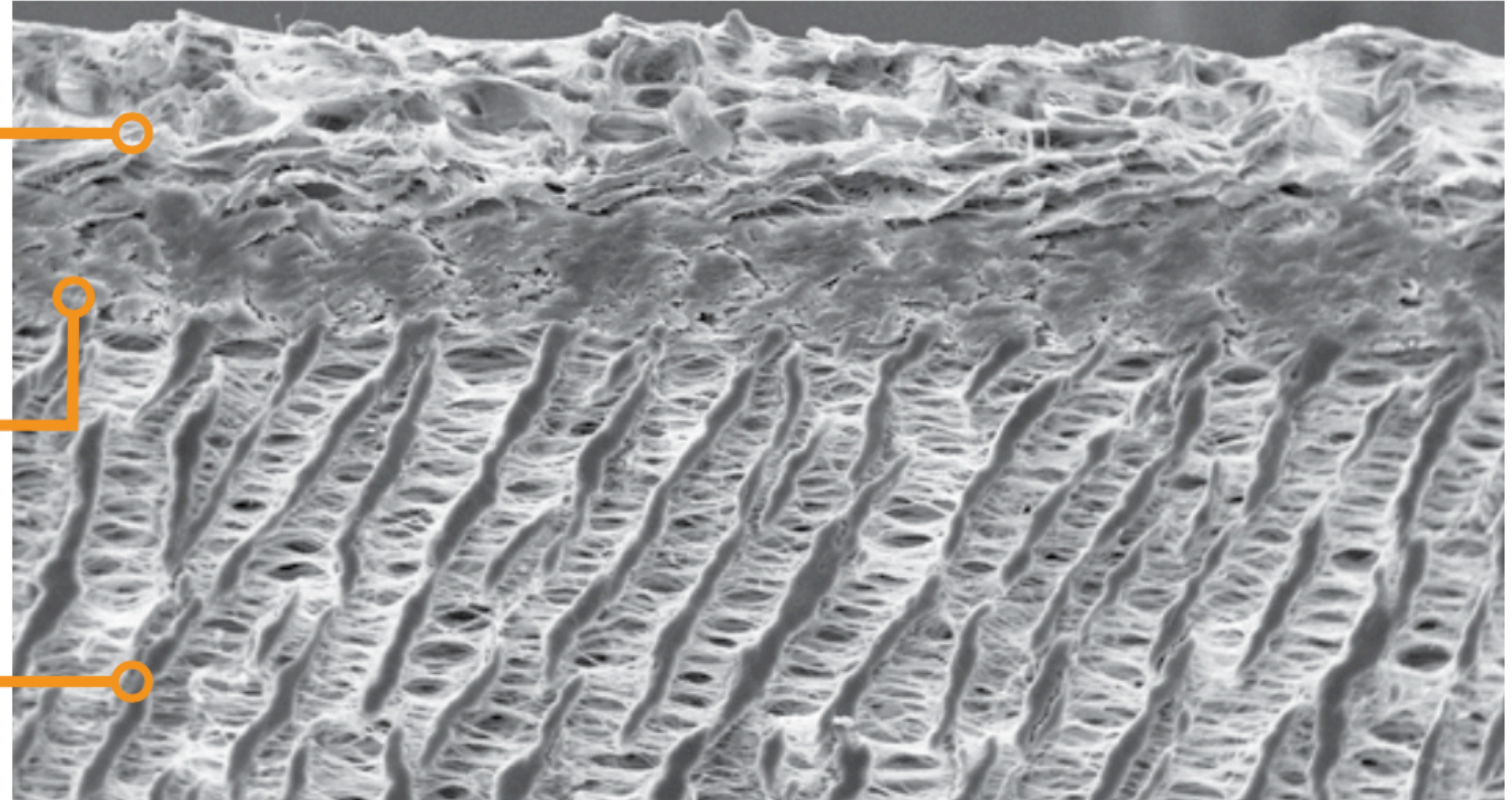
AVG 即穿刺洗腎人工血管 (the elderly)

3 Layer ePTFE graft

Large pore (nominal 60 μm)
surface layer, more receptive
to tissue ingrowth¹

Middle layer, reinforcing wrap
for increased support¹⁰

Small pore base layer, inner graft
surface porosity of nominal 20 μm ¹



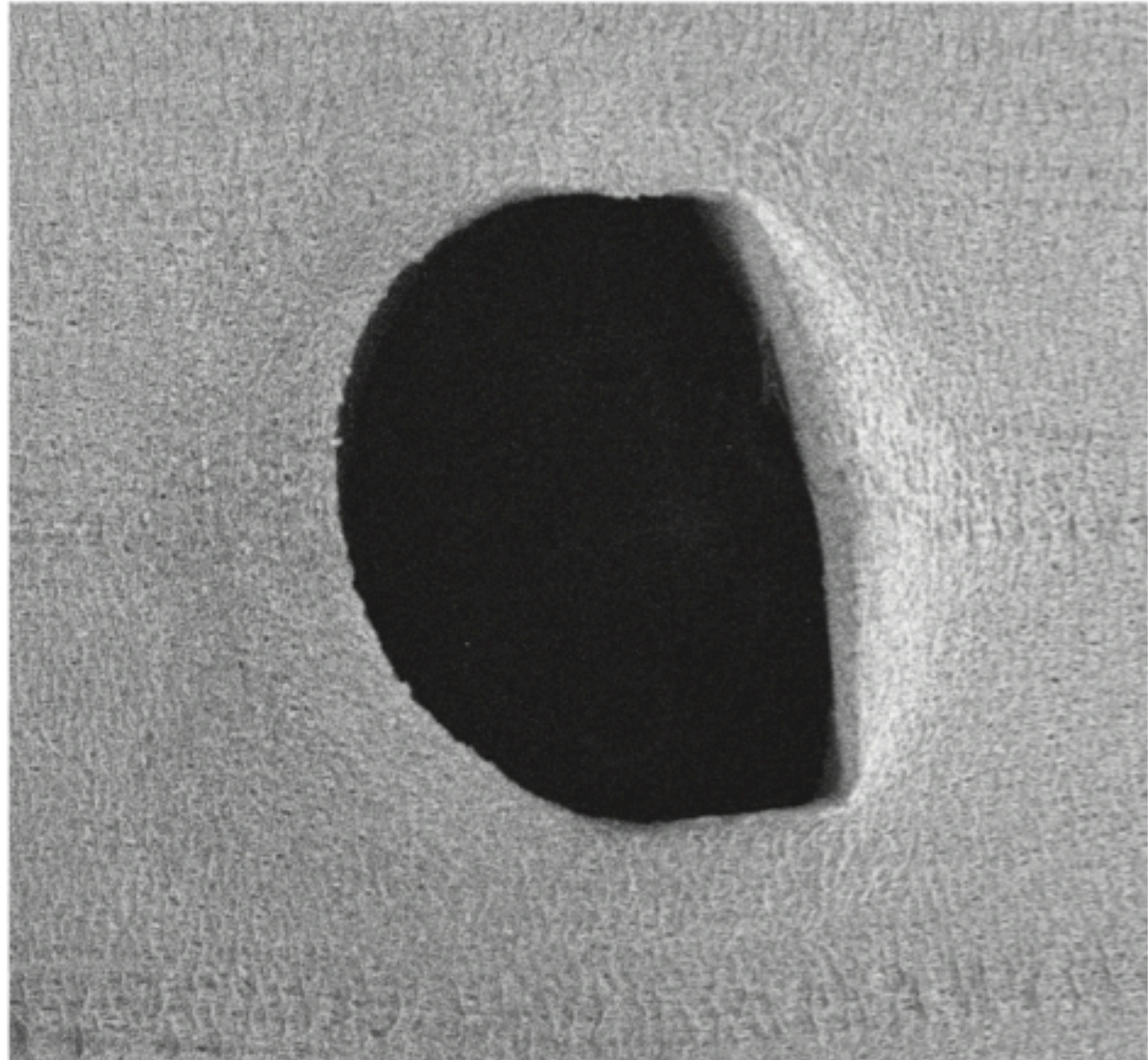
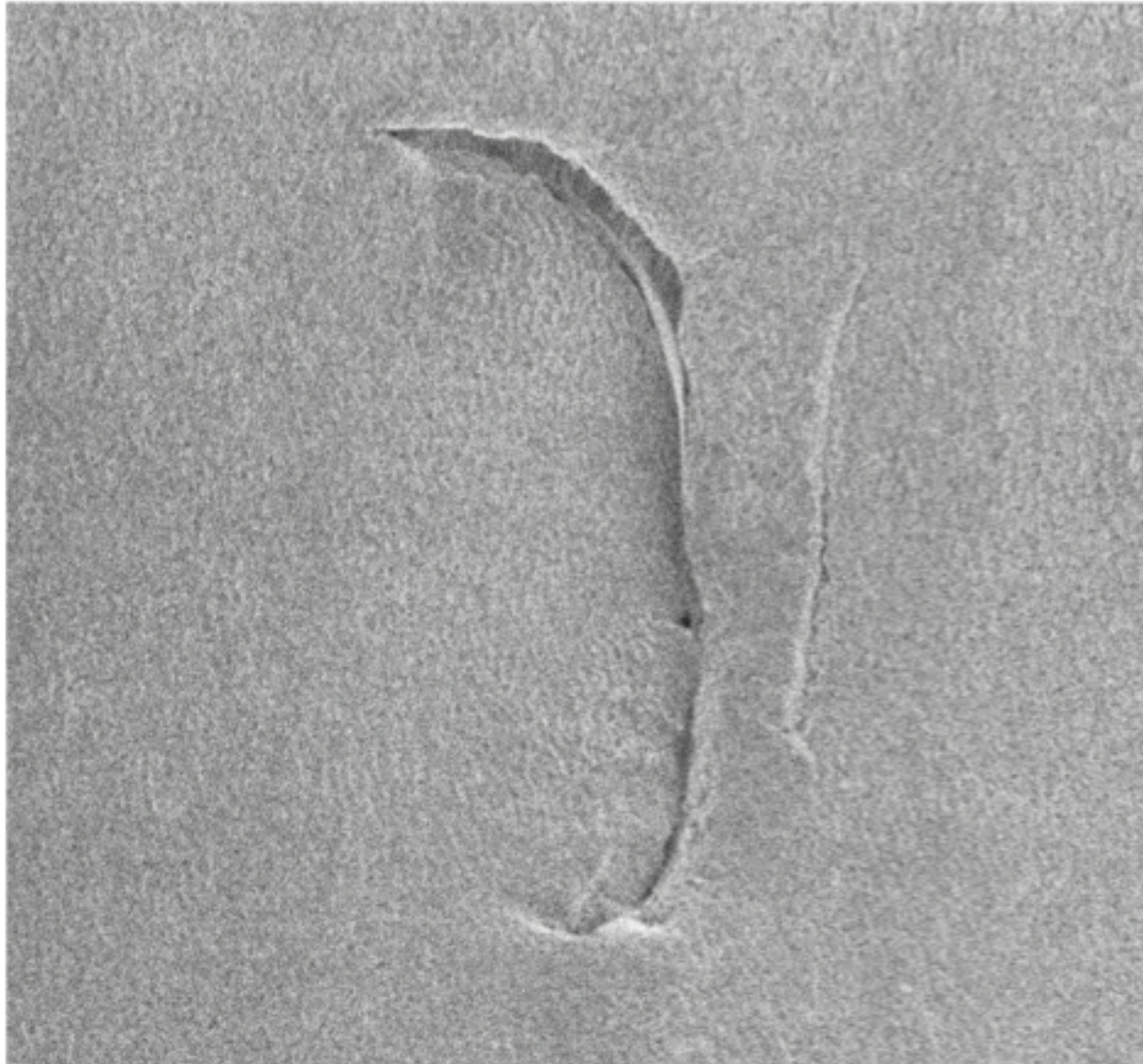
Low bleed

vs.

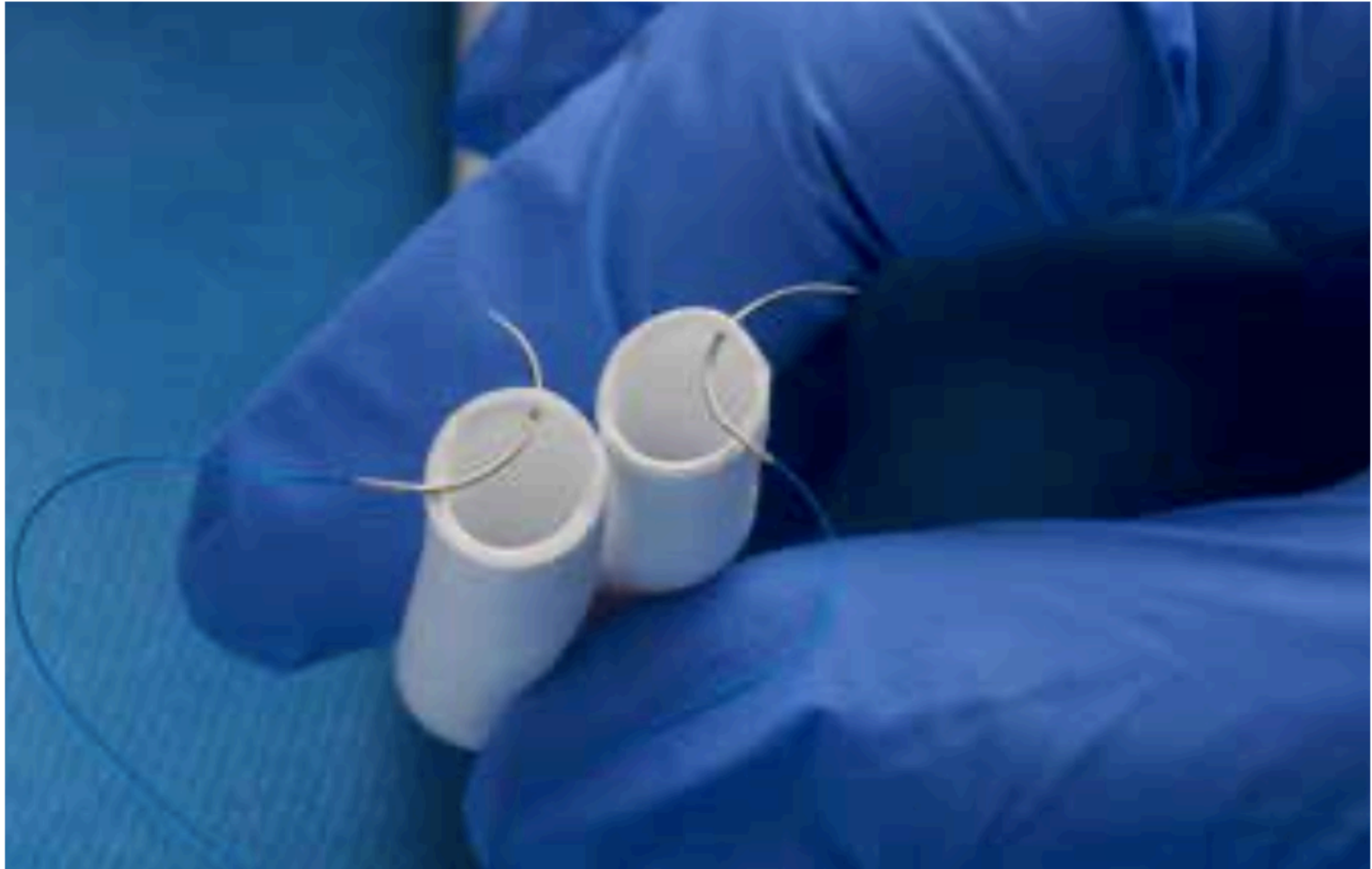
Bleed

GORE® ACUSEAL Vascular Graft

Standard ePTFE Graft



Post cannulation of the luminal surface with a 16 gauge needle. Hemostasis and avoidance of possible hematomas may be achieved by holding constant pressure at the site for 10–15 minutes after needle removal.



Wall thickness of standard wall vs. graduated wall

Unique Graft Deployment System (GDS)¹⁴

- Improved primary patency at 180 days
- Designed to make tunneling easier than conventional practices
- Minimize soft tissue trauma
- Reduce graft sweating



Transfer sleeve (blue sheath)

- Minimizes graft contact
- Reduces the risk of contamination

Slider sheath (clear sheath)

- Reduces friction making it easier to tunnel
- Prevents stress on the graft thereby reduce weeping
- Eliminates “soaking” and “prewetting” of the graft during insertion





Flixene AV Access Graft
Unique Graft Deployment System (GDS)

GETINGE 

2023/6/28 術中

↑
TO

↓
TO



post-op day 2 (2023/6/30)



post-op day 1



post-op day 5



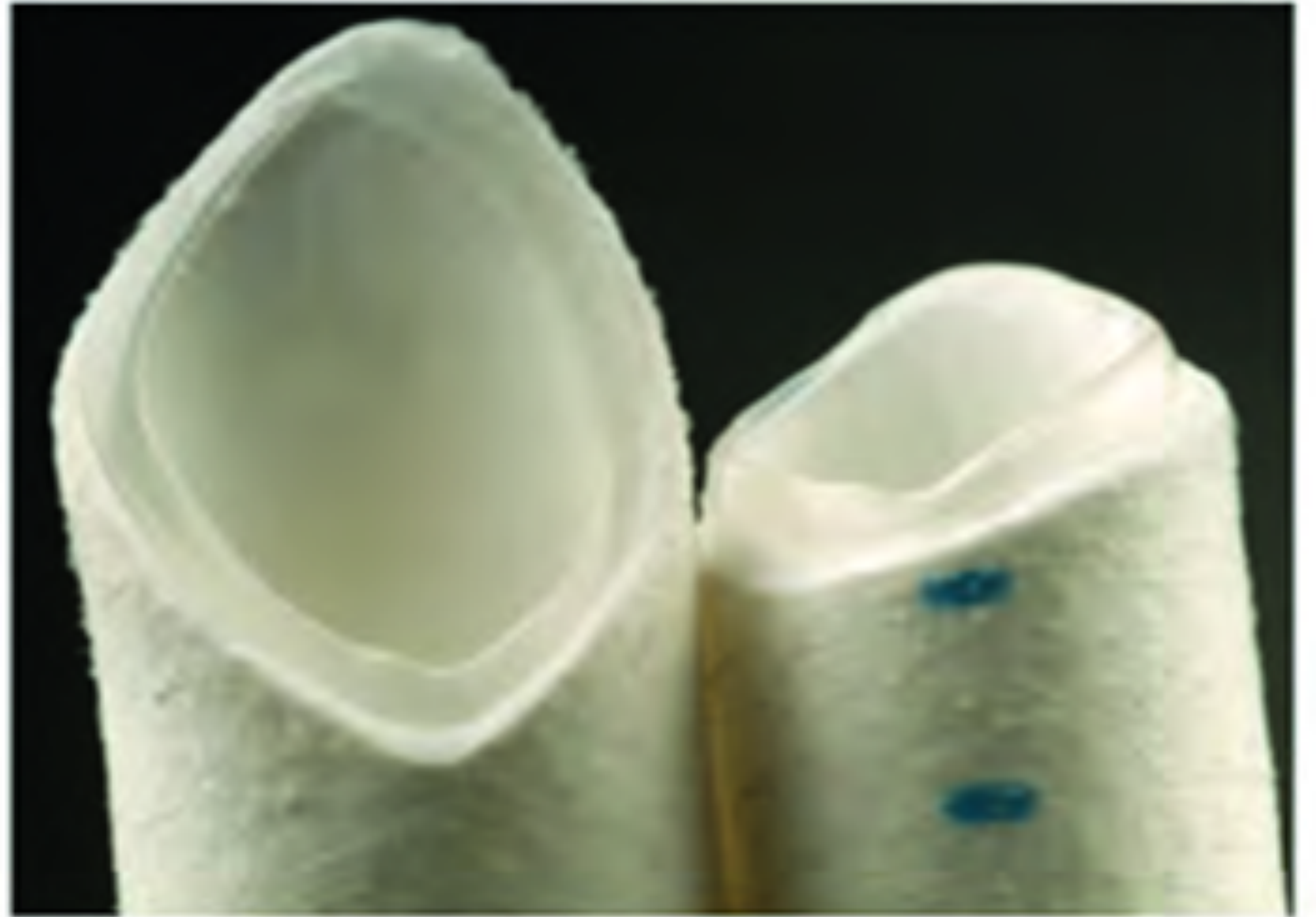
post-op day 9



Flixene (健保)



Acuseal (自費)



健保 (福利心)

自費

	Flixene	Acuseal
Weeping	Slider sheath (clear sheath) to reduce weeping	Min weeping
Layer Structure	“Trilaminate” 100% ePTFE graft	Delamination risk due to 3 layer structure (PTFE-Silicone-PTFE)
GDS	Yes. Low-profile system minimizes tissue trauma/graft contact and tunnel bleeding and reduce infection rate.	No. To increase trauma of tissue/ graft contact and using bigger profile to tunnel and may increase infection risk
Cost	NHI-reimbursed	Self-claimed
Wall thickness and handling	Graduated Wall ($\approx 0.8\text{mm}$) option(Code#25058 TW market)	($\approx 1.4\text{mm}$) almost 2x as thick as FLIXENE™ at the anastomosis site which can create a significant mis-match and compliance issue.

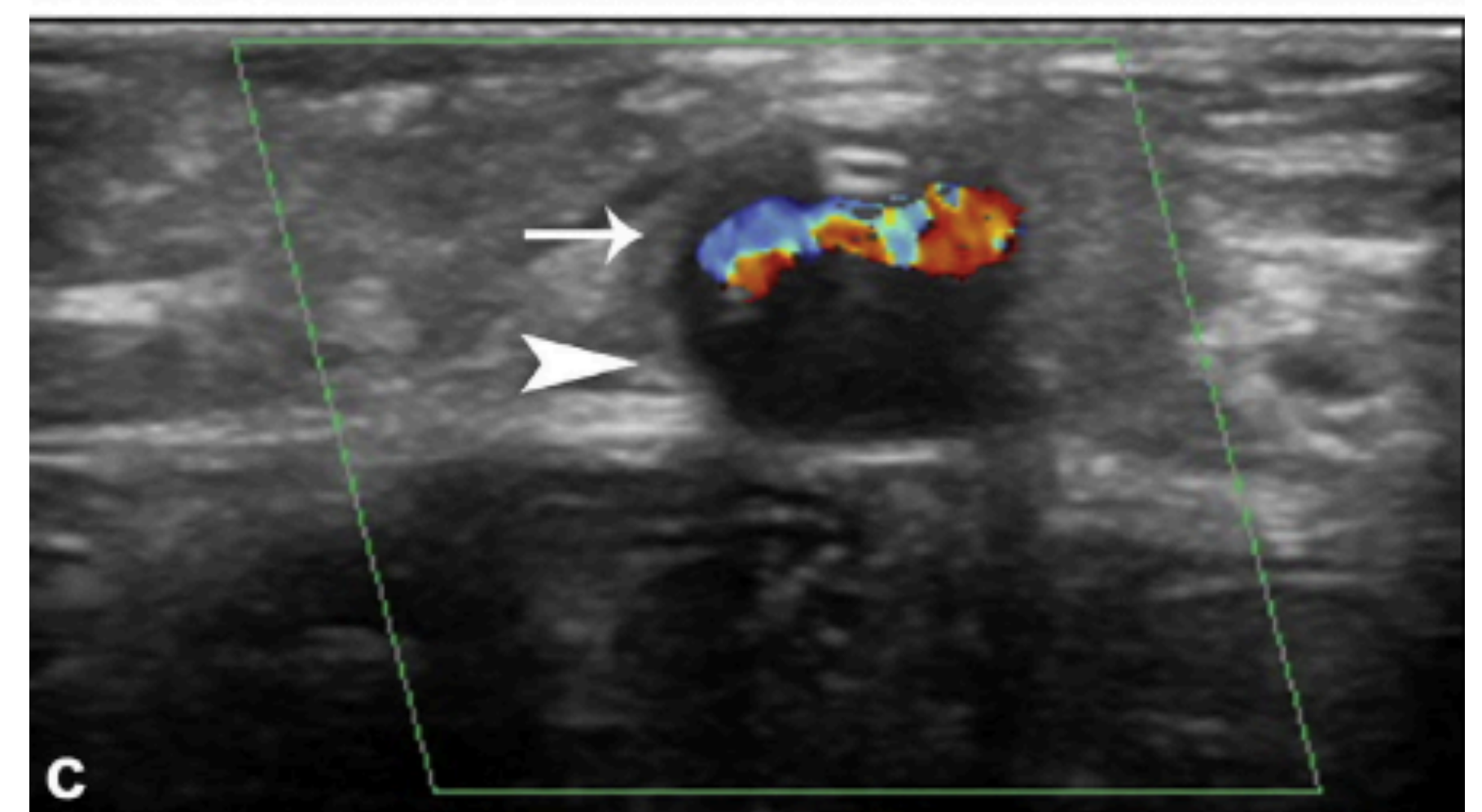
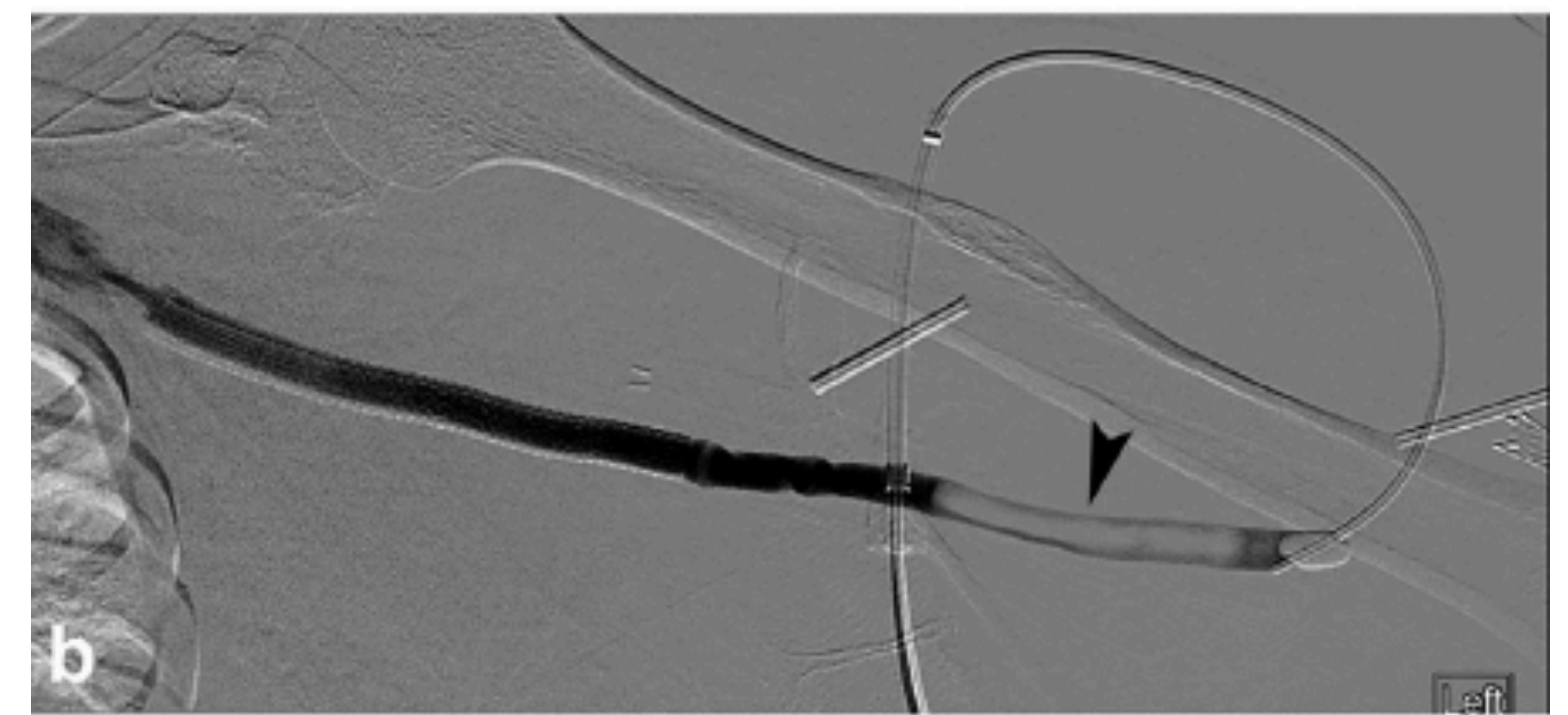
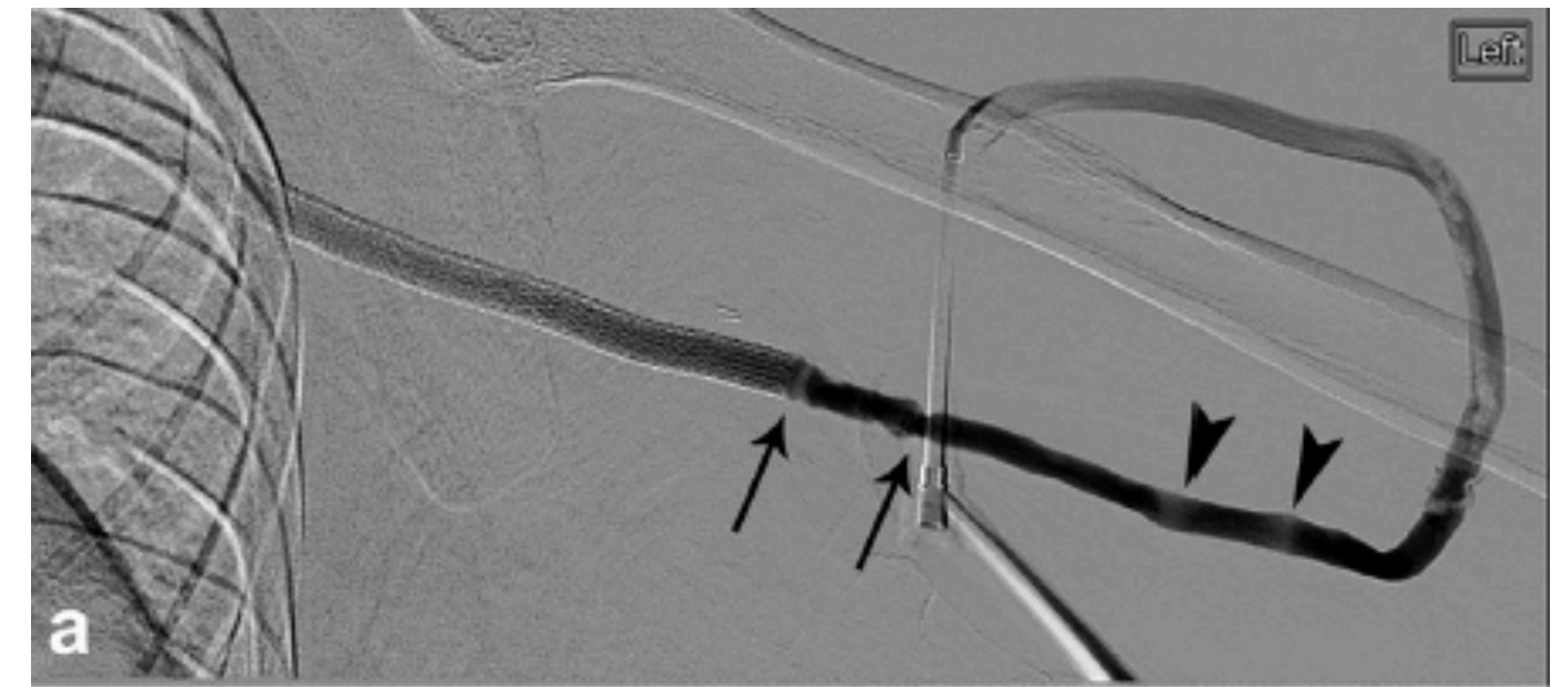
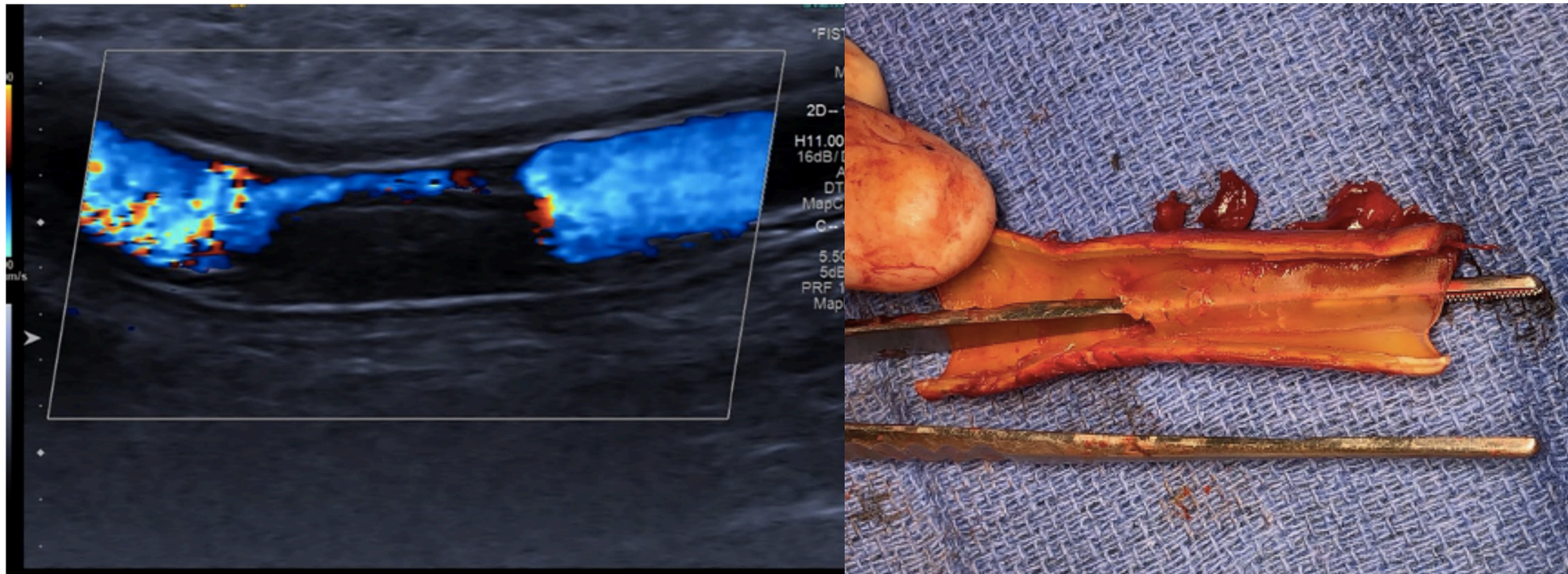
Case report

JVA | The Journal of
Vascular Access

A case of dissection in an ACUSEAL- modified HeRO graft

N A Bradley , G Guthrie and S Suttie

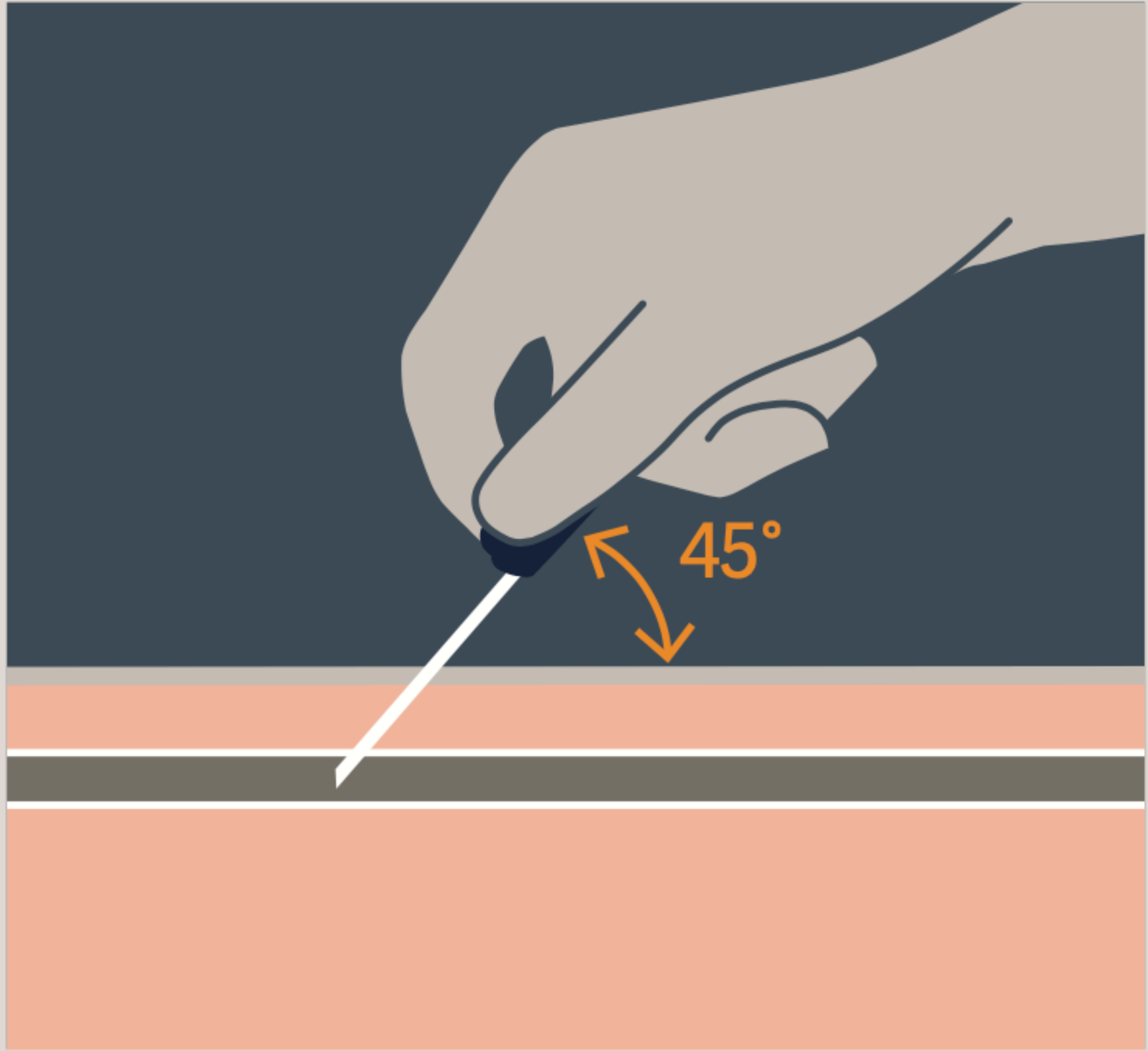
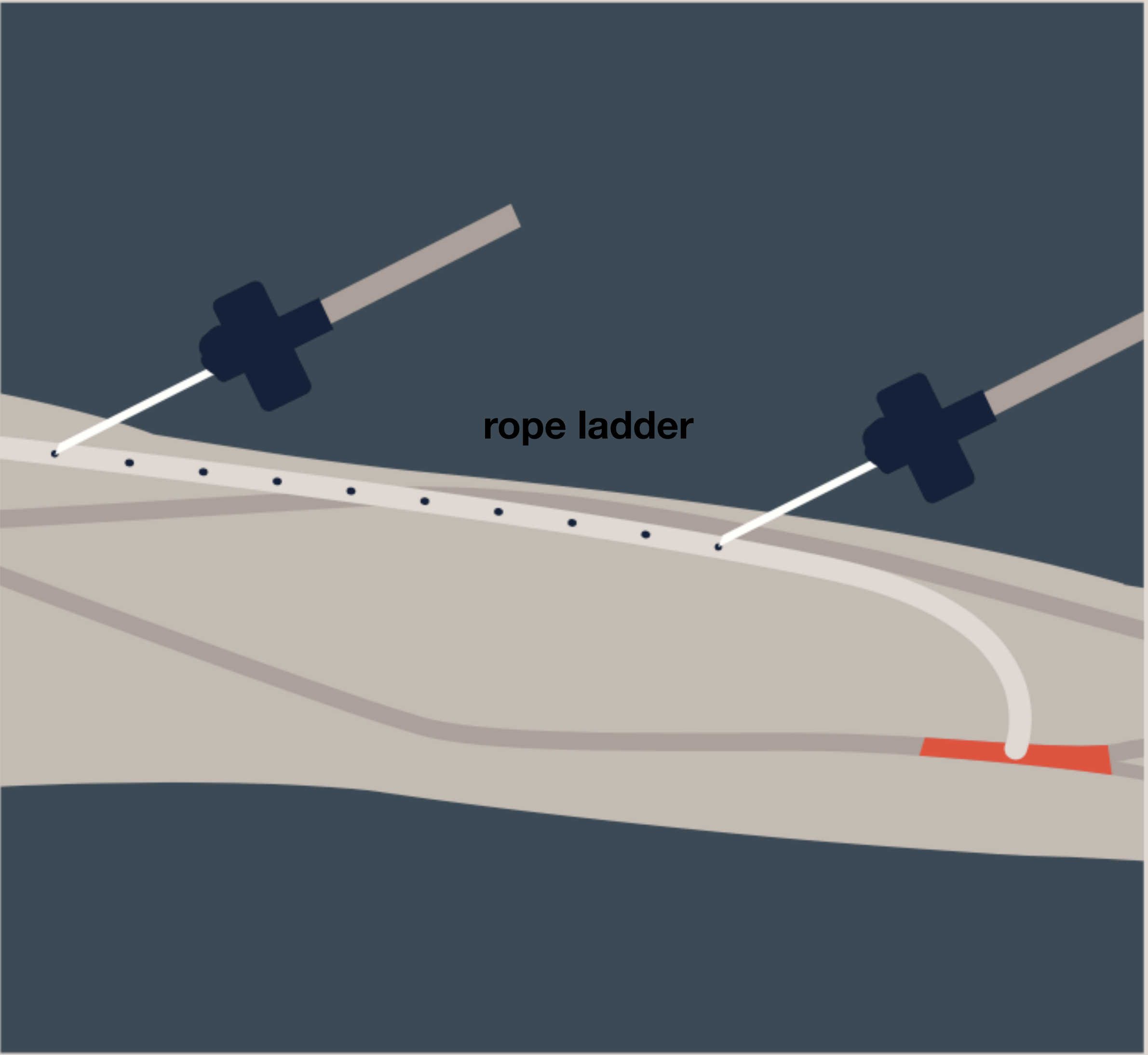
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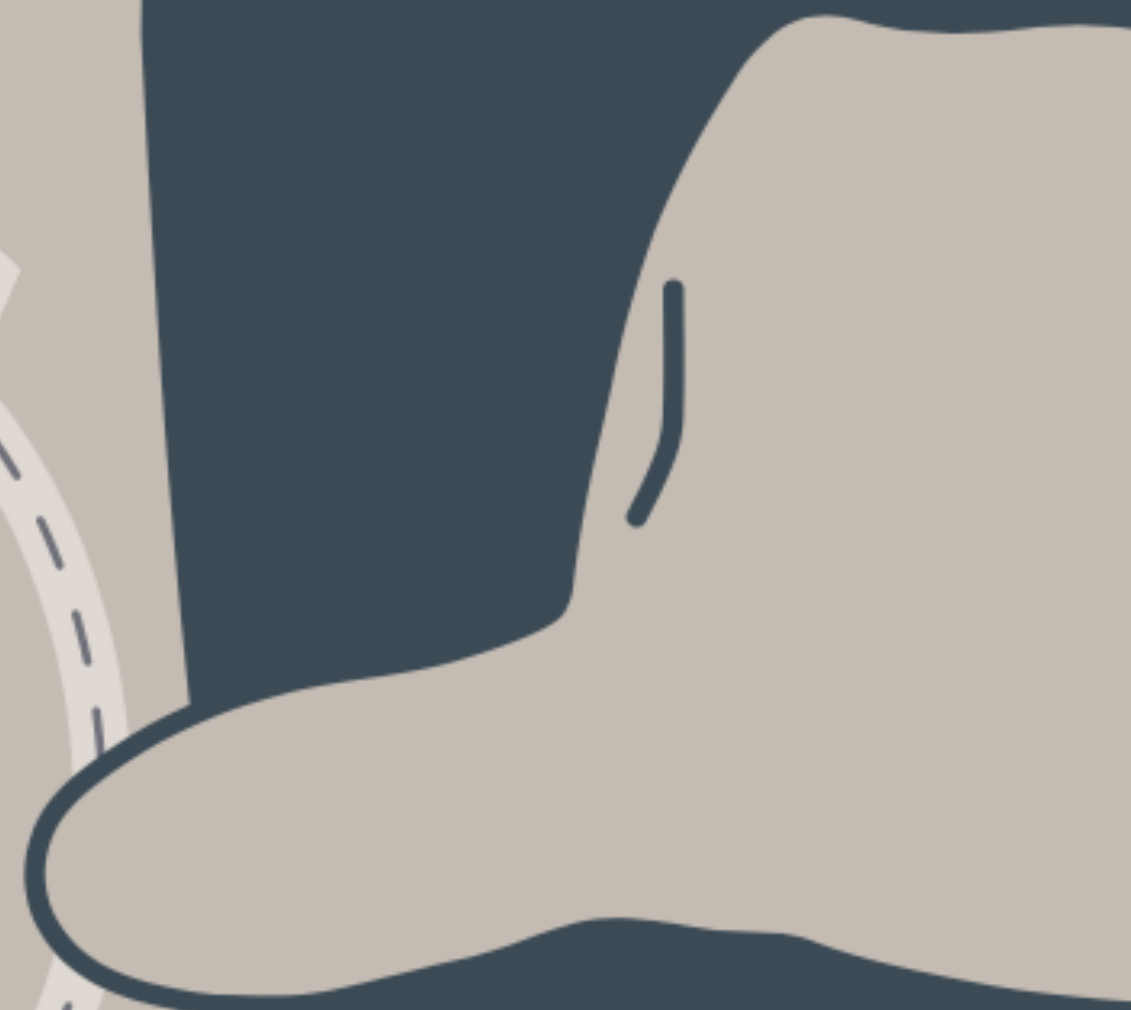


post-op day 3

改善方式



管壁較厚 / thrill 不明顯 / 下針時手感不同 會較硬厚



10 to 15
minutes



Clinical Evidence about Flixene

Endovascular
TODAY

FEATURED TEC
FLIXENE AV ACCESS
Sponsored by Getinge


The Flixene Vascular Graft as an Early Access Arteriovenous Solution

Clinical data and experience.

BY JOHN F. LUCAS III, MD, FACS, FSVS

Study	N (Flixene)	Patient Population/Anatomy	Time to First Cannulation	Patency	
				Primary	Secondary
Lioupis et al ²	48	Upper arm access	Mean, 3 wk; 15 grafts within 1 wk	79% (1 mo) 30% (12 mo) 21% (18 mo)	92% (1 mo) 73% (12 mo) 57% (18 mo)
Chemla et al ³	10	Axilloaxillary (necklace)	Mean, 1.1 d	80.0% (6 wk)* 65.7% (12 mo)*	92.9% (6 wk)* 83.5% (12 mo)*
Schild et al ⁴	33	Radial, brachial, axillary (arteries) cephalic, basilic, axillary (veins)	100% within 72 h, 88% within 24 h	49% (6 mo)	NS
Scarritt et al ⁵	78	NS	NS	63% (6 mo) 54% (12 mo)	83% (6 mo) 77% (12 mo)
Chiang et al ⁶	45	Brachio basilic, brachiocephalic, brachio cubital, brachial-brachial	78% within 3 d	70% (1 mo) 55% (6 mo) 44% (12 mo) 34% (18 mo)	89% (1 mo) 71% (6 mo) 63% (12 mo) 51% (18 mo)
Berard et al ⁷	44 (46 grafts)	Upper arm, forearm, and thigh	82% within 7 d; 41% first day; median, 2 d	65% (6 mo) 44% (12 mo)	86% (6 mo) 86% (12 mo)
Khafagy et al ⁸	4	Brachial arterio-arterial prosthetic loops	100% within 48 h	87.9% (12 mo) [†] 70.4% (24 mo) [†] 38.8% (36 mo) [†]	90.7% (12 mo) [†] 80.3% (24 mo) [†] 67.6% (36 mo) [†]
Hinojosa et al ⁹	8	Axillary-iliac	88% within 72 h, 100% within 96 h	NS	80% (6 mo)
Hinojosa et al ¹⁰	19 (24 grafts)	TAWA, extremity access	70% within 72 h	TAWA group, 41% (12 mo); extremity access group, 25% (12 mo)	TAWA group, 41% (12 mo); extremity access group, 55% (12 mo)
Wagner et al ¹¹	12	Forearm, upper arm, femoral	Mean, 6 d	56.7% (12 mo) [‡] 43.7% (18 mo) [‡]	52.1% (12 mo) [‡] 46.3% (18 mo) [‡]
Lopez-Pena et al ¹²	12	Axillary-atrial, axillary-iliac	100% within 72 h (atrial), 87.5% with- in 72 h, and 100% within 96 h (iliac)	75% (6 mo, atrial) 48% (6 mo, iliac)	NS
Sutaria and Gilbert ¹³	141	Adductor thigh leg, forearm, upper arm	94% within 2 wk	46.6% (12 mo, elec- tive group); 50.7% (12 mo, emergency group)	83.4% (12 mo, elec- tive group); 83.5% (12 mo, emergency group)
Schuman and Ronfeld ¹⁴	4	HeRO modified graft	100% within 72 h	NS	80.0% (12 mo)
Hart et al ¹⁵	21		100% on postopera- tive day 1	NS	NS
Hunter et al ¹⁶	30 (Flixene or Acuseal)		NS	51.2% (6 mo) [‡] 40.9% (12 mo) [‡] 33.5% (24 mo) [‡]	84.8% (6 mo) [‡] 76.5% (12 mo) [‡] 70.6% (24 mo) [‡]

Single-centre experience of an early cannulation graft for haemodialysis access

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1-9
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DOI: 10.1177/1129729820909026
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Results:

Number of patients 141 : 75 emergency basis, 66 elective

Infection rate : 5,7 %

12-month primary patency : 48.7%,

12-month assisted patency : 56.6%

12-month secondary patency : 83.6%



Highlights: Flixene graft with its low friction polyethylene sheath together with its associated tunneler and a 6-mm tip causes less trauma to the surrounding tissues, bruising and oedema.

Conclusion: The use of the early cannulation graft Flixene to be safe with a low complication rate and favourable patency rates. These early cannulation grafts provide a useful addition for vascular access surgeons preventing the use of tunnelled lines and providing more flexibility in the timing of placing a graft for dialysis

Table 3. Comparison of current series with other studies.

Study	Number of grafts	Infection (%)	Primary patency (%)	Assisted primary patency (%)	Secondary patency (%)
Lioupis et al. ¹⁹	48	6	30 (12 months)	53 (12 months)	73 (12 months)
Schild et al. ²⁰	33	6	49 (6 months)	80 (6 months)	N/A
Chemla et al. ²¹	10		66	N/R	83.5
Scarritt et al. ²²	78	9	54 (12 months)	N/R	77 (12 months)
Chiang et al. ²³	45	11	44 (12 months)	45 (12 months)	63 (12 months)
Berard et al. ²⁴	46	4	44 (12 months)	56 (12 months)	86 (12 months)
Hinojosa et al. ²⁵	24	8	25 (12 months)	N/R	55 (12 months)
Current study	141	5.7	48.7 (12 months)	56.6 (12 months)	83.6 (12 months)

N/R: not reported.

Use of the Flixene vascular access graft as an early cannulation solution

Xavier Berard, MD, PhD,^{a,b} Nicolas Ottaviani, MD,^b Vincenzo Brizzi, MD,^b Sebastien Deglise, MD,^c
 Valérie de Precigout, MD,^d Eric Ducasse, MD, PhD,^{a,b} Christian Combe, MD, PhD,^{a,d} and
 Dominique Midy, MD, PhD,^{a,b} Bordeaux, France; and Lausanne, Switzerland

J Vasc Surg 2015;■:1-7.

Table IV. Study or registry including >30 patients reporting recent early cannulation graft outcomes

<i>Graft studied</i>	<i>Study (year)</i>	<i>No. of grafts</i>	<i>Delay of cannulation</i>	<i>Infection, %</i>	<i>Unassisted primary patency, %</i>	<i>Assisted primary patency, %</i>	<i>Secondary patency, %</i>	<i>Reduction in catheter placement compared with group control</i>
Vectra ⁵	Kakkos (2011)	239	NA	11	15 (36 months)	39 (36 months)	69 (36 months)	NA
Acuseal ⁶	Gore Registry (2013)	138	<2 weeks (59% of patients)	11	45 (6 months)	NA	84 (6 months)	NA
Acuseal ⁷	Tozzi (2014)	30	Mean of 2.4 days	0	68 (6 months)	NA	93 (6 months)	NA
Acuseal ⁸	Aitken (2014)	37	Mean of 30 hours	16	32 (12 months)	NA	41 (12 months)	NA
Rapidax ⁹	Vascutek Registry (2013-2015)	Recruiting (goal of 50)						
Flixene ¹⁰	Lioupis (2011)	48	35% used first week <3 days (100% of patients)	6	30 (12 months)	53 (12 months)	73 (12 months)	NA
Flixene ¹¹	Schild (2011)	33		6	49 (6 months)	80 (6 months)	NA	NA
Flixene ¹²	Scarritt (2014)	78	NA	9	54 (12 months)	NA	77 (12 months)	Yes ($P < .01$)
Flixene ¹³	Chiang (2014)	45	Median of 2.5 days	11	44 (12 months)	45 (12 months)	63 (12 months)	NA
Flixene	Present study (2014)	46	Median of 2 days	4	44 (12 months)	56 (12 months)	86 (12 months)	NA



謝謝各位的聆聽與參與



it's.me@taweisu.com