

## **PROFILE OF HOSPITAL ADMISSIONS OF CHRONIC RENAL PATIENTS IN HEMODIALYSIS DUE TO VASCULAR ACCESS FAILURE: A SINGLE CENTER STUDY**

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**INTRODUCTION:** Adequate venous access is essential for the successful treatment of chronic kidney patients on hemodialysis.

**OBJECTIVES:** To identify the causes of hospitalizations due to venous access for hemodialysis among chronic renal patients in a private general hospital in the South of Brazil.

**METHODS:** We retrospectively analyzed the electronic medical records of one year of chronic renal patients on hemodialysis at Clinefro, in March 2015. We reviewed the hospitalization profile regarding number, mean recovery time, adverse effects and death.

**RESULTS:** There were 45 admissions in the 1-year period. The mean age was 69.5 years. The highest prevalence of vascular accesses was native arteriovenous fistula (56). There was no correlation between the vascular access time and the number of hospitalizations, nor between the age or time of hemodialysis and the number of hospitalizations. There was a lower hospitalization rate in patients with AVF (27.3). There were 45 hospitalizations due to vascular access, 33.3 for angioplasty; and 15.6 of hospitalizations lasted less than 15 days. There were three deaths (4%).

**CONCLUSION:** The profile of hospitalizations due to vascular accesses for hemodialysis is similar to the data available in the literature. The AVF has been the preferred access to the service, with venous thromboembolism being the most responsible for hospitalizations in this group. Temporary accesses led to the greatest number of hospitalizations and complications, with infections being the major cause of hospitalizations in this group. The cases of severe adverse event and death occurred in patients using temporary vascular accesses, reinforcing the importance of obtaining definitive vascular access as soon as possible.