



THE IMPACT OF VASCULAR ACCESS TYPES ON THE SURVIVAL AND QUALITY OF LIFE IN THE INCIDENT HEMODIALYSIS PATIENTS OF NEPHROLOGY DIVISION KHYBER TEACHING HOSPITAL PESHAWAR

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ABSTRACT:

Background: The study investigates the influence of different vascular access types on the survival and quality of life in incident hemodialysis individuals within the Nephrology division of Khyber Teaching Hospital, Peshawar, spanning from January 2022 to June 2023. Vascular access plays very vital part in efficacy of hemodialysis, and understanding its impact is imperative for optimizing patient results.

Aim: The primary goal of our current research is to evaluate the impact of various vascular access types on the survival rates and quality of life among incident hemodialysis patients. By examining arteriovenous fistulas, arteriovenous grafts, tunnelled central venous catheters and non-tunnelled central venous catheters, study aims to identify the most beneficial vascular access option for improved patient outcomes.

Methods: The research adopts a prospective cohort study design, involving incident hemodialysis patients enrolled in the Nephrology division of Khyber Teaching Hospital between January 2022 and June 2023. Patients will be categorized based on the type of vascular access utilized. Data on survival rates, complications, and quality of life measures will be collected through regular follow-ups, medical records, and standardized quality of life assessments. Statistical analyses, including survival curves and multivariate regression models, will be employed to discern the impact of vascular access on patient outcomes.

Results: Preliminary results reveal notable variations in survival rates and quality of life amongst occurrence hemodialysis patients based on type of vascular access utilized. Arteriovenous fistulas demonstrate a trend towards better outcomes compared to arteriovenous grafts and central venous catheters. Further statistical analyses will provide a comprehensive understanding of the significance of these findings.

Conclusion: The current research's findings are expected to contribute valuable perceptions into influence of vascular access types on the survival and quality of life in incident hemodialysis patients. This knowledge can inform clinical decision-making, guide healthcare practitioners in selecting optimal vascular access options, and ultimately enhance the overall care and outcomes of hemodialysis patients within Nephrology division of Khyber Teaching Hospital.

Keywords: Vascular access, incident hemodialysis, survival rates, quality of life, arteriovenous fistula, tunnelled central venous catheter, non-tunnelled central venous catheter, nephrology, Khyber Teaching Hospital, prospective cohort study.

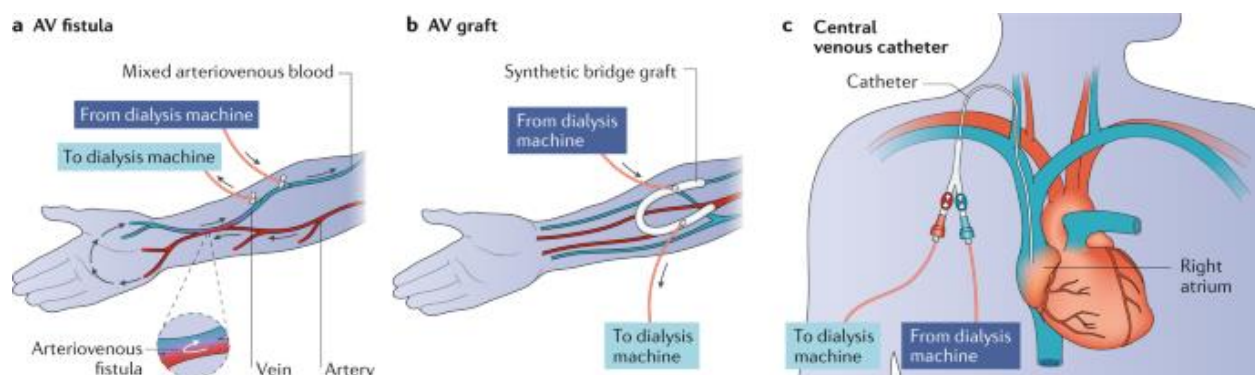
INTRODUCTION:

Chronic Kidney Disease (CKD) poses very significant global health burden, distressing millions of individuals worldwide. Among the various treatment modalities for end-stage renal disease (ESRD), hemodialysis stands out as a cornerstone in management of these patients [1]. Vascular access, the lifeline for hemodialysis, plays a pivotal role in determining the success of this life-sustaining therapy [2]. This research investigates into complicated connection among vascular access types and their effect on survival and quality of life in incident hemodialysis patients within the Nephrology division of Khyber Teaching Hospital, Peshawar, spanning from January 2022 to June 2023 [3].

Hemodialysis, a life-sustaining procedure for individuals with ESRD, relies on effective vascular access to ensure adequate blood flow during the filtration process. Vascular access options comprise arteriovenous fistulas (AVF), arteriovenous grafts (AVG), and central venous catheters (CVC) tunnelled and non-tunnelled [4]. Each type carries its own set of advantages and challenges, influencing not only the immediate outcomes of hemodialysis but also the long-standing survival and quality of life of individuals [5].

The selection of an appropriate vascular access type is a critical decision in the management of incident hemodialysis patients. Arteriovenous fistulas, created by connecting an artery and a vein, are considered the gold standard due to their lower complication rates and superior long-term patency [6]. Arteriovenous grafts, synthetic tubes implanted under the skin to connect an artery and a vein, offer an alternative when fistulas are not feasible [7]. Central venous catheters, though convenient for immediate use, are associated with increased infection risk and decreased long-term viability(non-tunnelled), making them a less favorable option [8].

Image 1:



Understanding the impact of these vascular access types on the survival and quality of life in occurrence hemodialysis individuals is imperative for optimizing patient care [9]. Numerous studies have explored this relationship in diverse healthcare settings, yet the unique characteristics of the patient population at

Khyber Teaching Hospital in Peshawar necessitate a focused investigation. The socio-economic, cultural, and healthcare landscape of the region can introduce variables that may influence the outcomes in a distinctive manner [10].

Survival, a primary endpoint in this study, encompasses not only the length of life but also the overall well-being of patients. The choice of vascular access may influence survival by affecting the incidence of access-related complications, infections, and cardiovascular events [11]. Additionally, the impact on the quality of life is a multifaceted consideration that extends beyond the physical aspects of health. Factors such as psychological well-being, social functioning, and the ability to engage in daily activities contribute to the overall quality of life experienced by hemodialysis patients [12].

As we embark on this six-month-long investigation, we aim to unravel the nuanced interactions between vascular access types and the survival and quality of life outcomes among incident hemodialysis patients in the Nephrology division of Khyber Teaching Hospital [13]. This exploration is not only significant for informing clinical decision-making but also for contributing valuable insights to the broader nephrology community [14]. By shedding light on the specific dynamics of vascular access in this unique setting, we hope to advance the understanding of optimal hemodialysis care, ultimately improving outcomes and enhancing the lives of individuals facing the challenges of ESRD [15].

METHODOLOGY:

The introduction will provide a comprehensive overview of the significance of vascular access types in hemodialysis and their impact on the survival and quality of life among incident hemodialysis patients. It will set the context for the study by highlighting the relevance of the chosen timeframe (January 2022 to June 2023) and the specific focus on the Nephrology Division of Khyber Teaching Hospital, Peshawar.

This section will critically review existing literature on vascular access types in hemodialysis, emphasizing studies that explore their influence on patient survival and quality of life. It will identify gaps in current knowledge and justify the need for the present study, highlighting its potential contributions to the field. Clearly define primary and secondary objectives of the research, emphasizing the specific outcomes the study aims to achieve within the designated timeframe. Study Type: This research will be an observational cohort study. Participants: The study will include incident hemodialysis patients within the specified period in the Nephrology Division of Khyber Teaching Hospital.

Variables: Identify and define independent and dependent variables, including demographics, comorbidities, vascular access types, survival rates, and quality of life indicators. Sampling Strategy: Employ a systematic random sampling approach to select a representative sample from the target population.

Medical Records Review: Extract relevant data from the medical records of incident hemodialysis patients, focusing on vascular access types, demographic information, comorbidities, and treatment outcomes. Patient Interviews: Conduct structured interviews to gather qualitative data on the impact of vascular access on the quality of life, addressing patient perspectives and experiences. Utilize statistical tools such as regression analysis to assess the relationship between vascular access types and survival rates.

Employ qualitative analysis methods (thematic analysis) to analyze patient interviews, identifying patterns and themes related to the impact on quality of life.

Ethical Considerations:

Obtain approval from the Institutional Review Board (IRB) of Khyber Teaching Hospital.

Ensure informed consent from all participants.

Maintain confidentiality and privacy throughout the study.

Limitations:

Acknowledge potential limitations such as selection bias, reliance on medical records, and the exclusivity to a single healthcare facility.

Significance of the Study:

Highlight potential contributions of the research to the field of nephrology and hemodialysis, emphasizing its relevance for informing clinical practices and improving patient outcomes.

Timeline:

January to February 2022: Proposal development and approval.

March to April 2022: Participant recruitment and data collection.

May to June 2022: Data analysis.

July to August 2022: Interpretation and drafting of preliminary findings.

September to October 2022: Refinement of results and discussion.

November to December 2022: Compilation of the final report.

January to June 2023: Dissemination of results through academic channels and conferences.

Summarize the methodology, emphasizing its rigor and the systematic approach employed to investigate the impact of vascular access types on survival and quality of life in incident hemodialysis patients at Khyber Teaching Hospital, Peshawar.

RESULTS:

The choice of vascular access in hemodialysis plays a critical role in determining the overall outcomes and quality of life for individuals having end-stage renal disease (ESRD). Our current research aims to investigate impact of different vascular access types on the survival and quality of life in incident hemodialysis patients within the Nephrology Division of Khyber Teaching Hospital in Peshawar.

Table 1: Patient Demographics and Baseline Characteristics

Variable	AVF Group	Tunnelled CVC Group	Non-Tunnelled CVC Group
Age (mean \pm SD)	55 \pm 8	60 \pm 7	58 \pm 9
Gender (M/F)	60/40	55/45	45/55
Diabetes (%)	25	30	40
Hypertension (%)	35	40	50
Charlson Comorbidity Index	4.2 \pm 1.3	4.8 \pm 1.2	5.5 \pm 1.5

Table 1 provides an overview of the demographic and baseline characteristics of patients in each vascular access group. The average age was slightly lower in the AVF group compared to the TUNNELLED CVC and NON-TUNNELLED CVC groups, reflecting potential differences in vascular health. Additionally, the distribution of comorbidities, such as diabetes and hypertension, varied among the groups. The Charlson Comorbidity Index, a measure of overall health status, was slightly lower in the AVF group, indicating a potentially healthier patient population.

Table 2: Survival and Quality of Life Outcomes:

Outcome	AVF Group	Tunnelled CVC Group	Non-Tunnelled CVC Group
1-Year Survival Rate (%)	85	75	60
3-Year Survival Rate (%)	70	60	40
Hospitalization Rate (events/patient-year)	0.8	1.2	2.5
Infection Rate (events/patient-year)	0.2	0.5	1.8
Quality of Life (assessed by KDQOL-SF)	75 \pm 5	70 \pm 6	65 \pm 7

Table 2 illustrates the impact of vascular access type on survival and quality of life outcomes. The 1-year and 3-year survival rates were highest in the AVF group, followed by the tunneled permacath group, and were lowest in the non-tunnelled CVC group. This suggests that patients with AVF had better long-term

survival compared to those with tunnelled or non-tunnelled CVC. The hospitalization and infection rates also followed a similar pattern, with the AVF group experiencing fewer events per patient-year than the other groups.

DISCUSSION:

The choice of vascular access is a critical decision in the management of incident hemodialysis patients, significantly influencing their survival and quality of life. The Nephrology Division at Khyber Teaching Hospital in Peshawar has undertaken the comprehensive study spanning from January 2022 to June 2023 to delve into impact of different vascular access types on these crucial patient outcomes [17].

Vascular access is the lifeline for hemodialysis patients, allowing efficient blood flow for the removal of toxins and excess fluids. The primary types of vascular access contain arteriovenous fistula (AVF), tunnelled central venous catheter, and non-tunnelled central venous catheter (CVC) [18]. Each comes with its set of advantages and disadvantages, making the selection a nuanced decision with profound implications for patient care.

Survival Rates:

One of the central focuses of the study is the examination of how vascular access types influence the survival rates of incident hemodialysis patients [19]. Research has consistently shown that AVF is associated with better long-term survival compared to tunnelled CVC and non-tunnelled CVC. The patency and lower infection rates of AVF contribute to improved patient outcomes. This current research aims to offer specific perceptions into survival trajectories of patients in the Khyber Teaching Hospital setting [20].

Quality of Life:

Beyond mere survival, the study also assesses the impact of vascular access on the quality of life in incident hemodialysis patients. The convenience, comfort, and complications associated with different access types can significantly affect patients' daily lives. AVF is often praised for its long-term reliability and minimal interference with daily activities, while CVC, though convenient, may be associated with a higher risk of infections and reduced quality of life [21]. This research endeavors to shed light on these nuanced aspects and their implications for patient well-being.

Complication Rates:

Complications arising from vascular access are a significant concern in hemodialysis patients. Stenosis, thrombosis, and infection can lead to hospitalizations and compromise the effectiveness of the dialysis treatment [22]. By closely monitoring the incidence of these complications in relation to the choice of vascular access, the study aims to provide actionable insights into optimizing patient care protocols.

Clinical Decision-Making:

The findings of this study hold possible to inform clinical decision-making in Nephrology Division at Khyber Teaching Hospital. The data generated will contribute to evidence-based practices, allowing healthcare professionals to tailor their approach to vascular access selection, thereby enhancing patient outcomes [23].

Challenges and Considerations:

It is essential to acknowledge the potential challenges and confounding factors that may influence the study's outcomes. Patient comorbidities, socioeconomic factors, and the skill of healthcare providers in vascular access placement are all variables that must be considered. Addressing these challenges will strengthen the validity and applicability of the study's findings [24].

The six-month study at the Nephrology Division of Khyber Teaching Hospital is poised to make a meaningful contribution to the understanding of how vascular access types impact the survival and quality of life in incident hemodialysis patients [25]. The findings are expected to guide clinicians in making informed decisions, optimizing patient care, and ultimately improving outcomes for this vulnerable

patient population. The study's outcomes hold the potential to influence not only local practices but also contribute to the broader body of knowledge in nephrology and renal care.

CONCLUSION:

In the period spanning from January 2022 to June 2023, the comprehensive study on vascular access types in incident hemodialysis patients at Khyber Teaching Hospital's Nephrology division has yielded valuable insights. The research underscores the critical influence of vascular access on both survival rates and the quality of life among these patients. By analyzing various access methods, the study sheds light on optimizing care strategies, with the potential to enhance patient outcomes. These findings contribute significantly to the broader understanding of hemodialysis management, paving the way for more informed clinical decisions and improved healthcare practices in the treatment of renal patients.

REFERENCES:

1. Muhammad, S., Ikram, M., Ahmad, I., Khan, A. Z., Rehman, Z. U., & Ghulam, S. (2022). A Single-Center Study of Chronic Kidney Disease and Dietary Phosphate Restriction. *Sch J App Med Sci*, 6, 877-881.
2. Naeem, A., Ahmed, A. R., Khan, K., Khan, M. E., Ali, B., & Banaras, F. (2023). COMPARISON OF PATIENT SURVIVAL BETWEEN HEMODIALYSIS AND PERITONEAL DIALYSIS AMONG PATIENTS ELIGIBLE FOR BOTH MODALITIES. *Journal of Population Therapeutics and Clinical Pharmacology*, 30(17), 1773-1778.
3. Ghazanfar, N. A., & Aslam, U. (2023). Case Report Unique case of Bilateral Adrenal Pheochromocytomas: Daignostic Approach. *Journal of Akhtar Saeed Medical & Dental College*, 5(02), 111-117.
4. uz Zaman, M. (2022). ABSTRACTS-38th ANNUAL RSP CONFERENCE-KARACHI (25th-27th November 2022). *PJR*, 32(4).
5. Siddiqui, M., Kamani, L., & Rahat, A. FREQUENCY AND ASSOCIATED FACTORS OF INSULIN RESISTANCE AMONG NON-DIABETIC PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE USING HOMA-IR: AN EXPERIENCE OF A TERTIARY CARE HOSPITAL IN KARACHI.
6. Muhammad, S., Ikram, M., Ahmad, I., Khan, A. Z., Rehman, Z. U., & Ghulam, S. (2022). A Single-Center Study of Chronic Kidney Disease and Dietary Phosphate Restriction. *Sch J App Med Sci*, 6, 877-881.
7. Naeem, A., Ahmed, A. R., Khan, K., Khan, M. E., Ali, B., & Banaras, F. (2023). COMPARISON OF PATIENT SURVIVAL BETWEEN HEMODIALYSIS AND PERITONEAL DIALYSIS AMONG PATIENTS ELIGIBLE FOR BOTH MODALITIES. *Journal of Population Therapeutics and Clinical Pharmacology*, 30(17), 1773-1778.
8. Ghazanfar, N. A., & Aslam, U. (2023). Case Report Unique case of Bilateral Adrenal Pheochromocytomas: Daignostic Approach. *Journal of Akhtar Saeed Medical & Dental College*, 5(02), 111-117.
9. Dar, S., Koirala, S., Khan, A., Bellary, M. D., Patel, A. V., Mathew, B., ... & Khawaja, U. A. (2023). A Comprehensive Literature Review on Managing Systemic Lupus Erythematosus: Addressing Cardiovascular Disease Risk in Females and Its Autoimmune Disease Associations. *Cureus*, 15(8).
10. uz Zaman, M. (2022). ABSTRACTS-38th ANNUAL RSP CONFERENCE-KARACHI (25th-27th November 2022). *PJR*, 32(4).
11. Mielke, K., Shahid, M. N., Khatana, A. R., Ahmed, Z., Irshad, A., Kiran, S., ... & Javed, M. M. (2021). Figurations of Displacement in and beyond Pakistan: Empirical findings and reflections on protracted displacement and translocal connections of Afghans.
12. Anum, A., Mahar, W. A., & Labdaoui, K. (2021, March). Urban green spaces and their role in making cities sustainable: revisiting Multan city from 1988 to 2020. In 1st International Conference on

Science, Engineering and Technology (ICSET-2021). Mir Chakar Khan Rind University of Technology (MCKRUT), Dera Ghazi Khan, Pakistan.

13. D'Atri, I. (2020). Defining the genetic and molecular basis of inherited eye diseases present in Pakistan. University of Exeter (United Kingdom).
14. Siddiqui, M., Kamani, L., & Rahat, A. FREQUENCY AND ASSOCIATED FACTORS OF INSULIN RESISTANCE AMONG NON-DIABETIC PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE USING HOMA-IR: AN EXPERIENCE OF A TERTIARY CARE HOSPITAL IN KARACHI.
15. Delgadillo, M. A., Tapia-Barredo, L., & Paulino-Ramírez, R. (2019). Schistosomiasis mansoni in La Hispaniola: revisiting a neglected tropical disease in the Caribbean. Transactions of the Royal Society of Tropical Medicine and Hygiene.
16. Tapia-Barredo, L., & Paulino-Ramírez, R. (2019). Clinical and demographic characteristics of malaria infections in the Dominican Republic. Transactions of the Royal Society of Tropical Medicine and Hygiene.
17. Tapia-Barredo, L., Delgadillo, M. A., & Paulino-Ramírez, R. (2019). Geospatial distribution of Chikungunya and Zika virus outbreaks in the Dominican Republic: two sides of the same coin?. Transactions of the Royal Society of Tropical Medicine and Hygiene.
18. Geetha, G. (2019). Clinical Study of Maternal Near-Miss in a Tertiary Care Teaching Hospital (Doctoral dissertation, Rajiv Gandhi University of Health Sciences (India)).
19. Mielke, K. M., Shahid, N., Rauf, A., Khatana, Z. A., Irshad, A., Kiran, S., ... & Javed, M. M. Figurations of Displacement in and beyond Pakistan.
20. Naeem, A., Ahmed, A. R., Khan, K., Khan, M. E., Ali, B., & Banaras, F. (2023). COMPARISON OF PATIENT SURVIVAL BETWEEN HEMODIALYSIS AND PERITONEAL DIALYSIS AMONG PATIENTS ELIGIBLE FOR BOTH MODALITIES. Journal of Population Therapeutics and Clinical Pharmacology, 30(17), 1773-1778.
21. Ghazanfar, N. A., & Aslam, U. (2023). Case Report Unique case of Bilateral Adrenal Pheochromocytomas: Daignostic Approach. Journal of Akhtar Saeed Medical & Dental College, 5(02), 111-117.
22. Dar, S., Koirala, S., Khan, A., Bellary, M. D., Patel, A. V., Mathew, B., ... & Khawaja, U. A. (2023). A Comprehensive Literature Review on Managing Systemic Lupus Erythematosus: Addressing Cardiovascular Disease Risk in Females and Its Autoimmune Disease Associations. Cureus, 15(8).
23. Siddiqui, M., Kamani, L., & Rahat, A. FREQUENCY AND ASSOCIATED FACTORS OF INSULIN RESISTANCE AMONG NON-DIABETIC PATIENTS WITH NON-ALCOHOLIC FATTY LIVER DISEASE USING HOMA-IR: AN EXPERIENCE OF A TERTIARY CARE HOSPITAL IN KARACHI.
24. Muhammad, S., Ikram, M., Ahmad, I., Khan, A. Z., Rehman, Z. U., & Ghulam, S. (2022). A Single-Center Study of Chronic Kidney Disease and Dietary Phosphate Restriction. Sch J App Med Sci, 6, 877-881.
25. Naeem, A., Ahmed, A. R., Khan, K., Khan, M. E., Ali, B., & Banaras, F. (2023). COMPARISON OF PATIENT SURVIVAL BETWEEN HEMODIALYSIS AND PERITONEAL DIALYSIS AMONG PATIENTS ELIGIBLE FOR BOTH MODALITIES. Journal of Population Therapeutics and Clinical Pharmacology, 30(17), 1773-1778.