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P297 -Single central experience of femoral Tesio Catheters for Long term Haemodialysis use.

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BACKGROUND:

While arteriovenous fistulae are the preferred vascular access option for haemodialysis, Tesio catheters are an alternative long term central venous access option. Right Internal Jugular (RIJ) or Left internal jugular (LIJ) vein are usually the preferred site, but in cases with difficult neck access femoral lines (Tesio/Tunnelled vascath) have been considered. There is a paucity of literature regarding the longevity, complications and reliability of femoral Tesio catheters which prompted us to examine Tesio femoral catheter outcomes in our centre.

METHODOLOGY:

Retrospective analysis of procedure lists from August 2015 to August 2017 in Gloucestershire Royal hospital Nephrology department looking at the date, site, operator and indication of insertion. With the help of a local electronic patient data record (VitalData) it was easy to correctly identify the exact duration of use of the Femoral Tesio line, indication for insertion, grade of operator, complication, indication for removal and any other events taking place during dialysis with Tesio femoral catheters. During this time period 15 tunnelled Tesio femoral catheters were placed in 15 patients.

RESULTS:

The Tesio catheter insertion was performed by experienced renal physicians (Consultant) and the success rate of placement remained 100%.
Total number of patient days with catheter in situ was 3484 days (mean 232 days per patient). Four patients had their Tesio lines removed due to infection of the line (0.17 episodes/100 catheter days), which could not be salvaged even by antibiotic therapy. Six patients underwent Tesio catheter removal because of successful arteriovenous fistula formation and another patient was transplanted. Three patients are still using the Tesio catheter for dialysis. One patient unfortunately died during the course with a functioning catheter.
The most commonly observed complication was infection. Exit site infection occurred in two patients and catheter related bacteraemia in two patients was documented. One patient had minor bleeding from line site, which needed assurance and monitoring. Patients with diabetic nephropathy related ESRD were more prone for line infection as compared to other ESRD patients.

CONCLUSION:
Tesio femoral haemodialysis catheter use has shown encouraging results in our centre and promises to be a reliable option for haemodialysis patients, especially when neck veins are inaccessible, while awaiting

definitive dialysis access or transplantation. Lower complication rate, better toleration and longevity gives Tesio catheters an advantage over temporary or tunnelled femoral haemodialysis catheters.