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Erica MARIANI *, Alberto BRAMUCCI, Sergio SUMA, Anna FORNASARI, Alexandra CATASTA, Nicola GAIBAZZI, Paolo PERINI, Antonio FREYRIE

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Italian Journal of Vascular and Endovascular Surgery 2022 December;29(4):124-31

Outcomes and acute kidney injury following open aortic surgery with suprarenal clamping

Gaddiel MOZZETTA *, Rossella DI DOMENICO, Francesca MAURI, Carlo PRATESI, Raffaele PULLI, Giovanni PRATESI, Matteo TOZZI, Gabriele PIFFARETTI

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Italian Journal of Vascular and Endovascular Surgery 2022 December;29(4):132-7

Multicenter real-life study on access-related outcomes after EVAR: percutaneous is the way

Caterina MELANI *, Martina BASTIANON, Gaddiel MOZZETTA, Sara DI GREGORIO, Mauro DI BARTOLO, Amedeo CAPONE, Carlo PRATESI, Raffaele PULLI, Francesca MAURI, Gabriele PIFFARETTI, Dario PALERMO, Domenico ANGLETTA, Giovanni PRATESI, on behalf of ICE Registry Collaborators

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Correlation between the position of double-lumen catheter tip with the incidence of recirculation among patients who undergo hemodialysis: a literature review

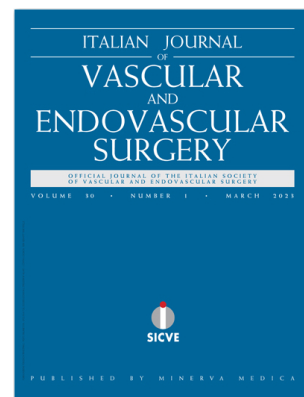
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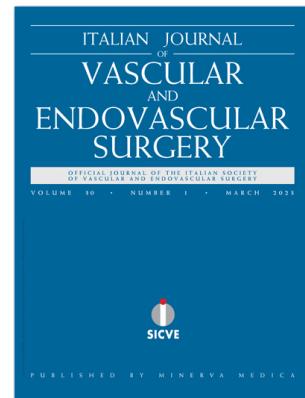
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Correlation between the position of double-lumen catheter tip with the incidence of recirculation among patients who undergo hemodialysis: a literature review

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INTRODUCTION: Hemodialysis is a medical procedure to artificially replace the functions of kidney, particularly of its role to filter and excrete various substances such as electrolytes, salts, metabolic breakdowns, inactive or active drugs, and toxins. The quality of hemodialysis can be objectively measured using the recirculation rate (R%) calculation. Recirculation describes a condition when the dialyzed blood reenter the systemic circulation without a full equilibration. Recirculation could be caused by several factors, such as inadequate flow within the vessel lumen and other catheter - related defects. This review aimed to analyze the outcome of hemodialysis (as showed by recirculation rate) with the catheter tip placement.

EVIDENCE ACQUISITION: Literatures reviewed in our study were gathered from PubMed and Google Scholar. We also reviewed the articles cited within the literatures to broaden the search results.

EVIDENCE SYNTHESIS: Out of thirteen articles gathered, nearly all of them showed satisfying results among catheters with the tip located either at superior vena cava or cavo-aortic junction or right atrium, if compared by the inferior vena cava or iliac veins. These indicate that higher and stable laminar flow are required for the dialysis to be effective. The results also correspond with the previous recommendation stated by KDOQI. Recirculation rate was measured using saline dilution/ultrasound dilution/low flow method.

CONCLUSIONS: Tip placement at upper area (right atrium, superior vena cava or cavoatrial junction) offer better outcome as reflected by the R% compared by the lower area (inferior vena cava or external iliac vein).

KEY WORDS: Catheters; Renal dialysis; Review



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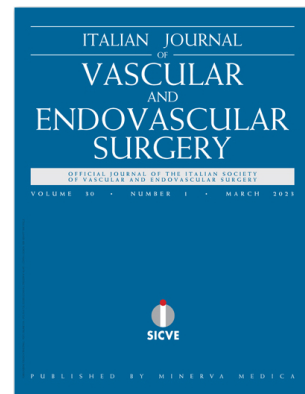
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