

WHAT INNOVATIONS IN ACCESS CARE DO WE NEED MOST?

Marc H Glickman, MD

Irvine, California USA

FINANCIAL DISCLOSURE

- No financial disclosure

I HAVE A DREAM



MY DREAM

- New Graft material that improves outcomes
- New Design for implantable device for dialysis that reduces infection and can be used for long term
- New algorithm to manage access care to improve outcomes

IMPROVING GRAFT OUTCOMES

- Resurfacing of graft material
- Drug Elution
- Antibiotic resistance

RESURFACING GRAFTS

- Topography with plasma treatment to encourage endothel
- Nanotopography
- Improvement in surface to encourage migration of endothelial cells to reduce thrombosis and to improve outcomes

DRUG ELUTION

- Paclitaxel drug elution of graft, on both arterial and venous side
- Woven nanofibers to elute specific rna inhibitors to reduce intimal hyperplasia
- Woven nanofibers to elute specific proteins to encourage endothelial growth in grafts

ANTIBIOTIC ELUTION

- Triple antibiotic grafts, with woven nanofibers that elute antibiotics to reduce the incidence of infection with cannulation

IMPLANTABLE DEVICE

- Concept of implantable device where needles come out of device to reduce infection , improve flows and can act as long term access for patients

SITE ACCESS ROTATION

VERSAGO REVERSE NEEDLE PORT

NEW ALGORITHMS FOR ACCESS CARE

- Linked to mobile phone
- Includes picture, data that can be obtained
- Chip in phone to monitor flows of fistula
- No office visit
- Decisions made via text
- Patient included with health care decisions/team effort to improve access care

I HAVE A DREAM

- All cannulators can use ultrasound to improve cannulation skill for use in fistulas

SUMMARY

- Innovation in the field is present but not as active as in previous years
- Will take changes and demands from the public to encourage change in the Access Field