



Full Range of Appropriate Surgical Approaches to AVF Evaluation and Placement

*The Florida
ESRD
Network is
Here to
Help!*

- Surgeons utilize current techniques for AVF placement including vein transpositions.
- Surgeons ensure mapping is performed for any patient candidate not deemed suitable for AVF based solely on physical exam.

Assess your Barriers to Appropriate Surgical Approaches —

1. Surgeons not performing mapping.
2. Surgeon not utilizing vein transpositions.
3. Local vascular surgeon's quality and patency of AVF creation does not reflect best practices.

Interventions to Barriers

1. Share the Fistula First Change Concept #5 information and K/DOQI Guidelines with all of your nephrologists, surgeons and radiologists.
2. Give a copy of the Autologous AVF Algorithm by Dr. L. Spergel to your surgeons, radiologists and nephrologists.
3. In collaboration with nephrologist, refer patients for "pre-surgical vessel mapping for evaluation of AVF creation."
4. Provide written patient vascular access history information to surgeons/radiologists when patient is referred.
5. Request post-mapping results and written report of information from surgeon or radiologist.
6. In collaboration with nephrologist, refer patients with "AVF failure to mature" at 4 weeks post-op to a surgeon or radiologist.
7. Visit the Florida ESRD Network website for Fistula First educational information for physicians, staff and patients at www.fmqai.com/ESRD/esrd.htm. Click on Fistula First, then Resources and Tools, then Fistula First Toolkit.
8. Share these vascular access websites with your surgeons, radiologists and nephrologists. www.vascularaccesssociety.com www.asdin.org
www.ihl.org/IHI/Topics/ESRD/VascularAccess.htm



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