

Vascular Action Chronicles

Interventional Nephrology by Nephrologists

Getting to know a man of many hats... TJ Dean.

TJ is a very diverse individual both personally and professionally. He has been with Vascular Action since the beginning and has worked in many roles in our office from center manager for the first year to a clinical and administrative role since. He has lived in many places around the world including France and South Korea and has a deep appreciation for different languages and cultures. Although he has a strong passion for music, he is currently pursuing his dream of becoming a physician and hopes to begin Medical School in the Fall of 2019. Being half Colombian and a true Southerner, he has a healthy appetite for maduros as much as biscuits and gravy! TJ is a valuable member of our team and we appreciate all of the many hats he wears.

*“Do what you feel
in your heart to
be right—
for you’ll be
criticized
anyway.”*

Eleanor Roosevelt

Let’s Talk Options! #4 - Abstinence of Treatment

The fourth option for end stage renal failure patients comes at a high cost with many emotions and opinions. When kidney disease progresses to stage 5 or 6, a patient can no longer survive without a system in place to filter and eliminate fluid from their blood. The patient must then choose either to start dialysis or not. Many factors must be taken into consideration. Dialysis is a major lifestyle change that affects the entire family. For some patients, dialysis 2-3 times a week for many hours is not how they wish to spend the rest of their days. For others who have been on dialysis for a period of time, life circumstances may have changed. They may no longer wish to continue dialysis. Abstinence of treatment becomes an option when the patient is no longer willing or able to have dialysis. This option should be carefully pondered taking many factors into consideration. Before making this decision, a patient should discuss his or her thoughts with trustworthy and knowledgeable sources such as their physician or nurse, social worker, clergyman and important family members. They can help the patient better understand and clarify options and outcomes of the decisions being made. A patient should be evaluated for depression (which may be treated) prior to making a final decision to terminate treatment. There is usually no pain associated with death from kidney failure; however, the patient may feel “sick” as the toxins and fluid accumulate in the body, ultimately placing a great strain on the rest of the body and organs which eventually will cease to function. There should be no negative judgement toward patients who choose this option as it is their right to choose. For more information on making sound decisions about terminating treatment, go to

https://www.kidney.org/sites/default/files/11-10-0330_ifyouchoose.pdf



Joke of the day:

Why shouldn't you write with a broken pencil?

Because it's POINTLESS!

Research Project...

Dialysis vascular access dysfunction accounts for about 20% of all hospitalizations of the End Stage Renal Disease (ESRD) patient population accompanied by a cost of over \$1 billion US dollars per year. Common complications resulting in hospitalization include prolonged bleeding, thrombosis, and infection.

The field of interventional nephrology arose in the early 2000's as a sub-specialty of nephrology to properly maintain the patency of the arteriovenous fistula (AVF) and arteriovenous graft (AVG) accesses, and ultimately decrease the risk of hospitalization and catheter placement in dialysis patients.

Although in the beginning these procedures were done mostly by radiologists and vascular surgeons (others), nephrologists have become very efficient in this field. According to the literature, there is even some evidence that nephrologists have better results than others due to their complete knowledge of the patient's renal complications, allowing for complete treatment of the patient.

In Tampa, we have the unique opportunity to be the only group of independent interventional nephrologists performing procedures on AV accesses and thus we could compare the general outcome of our patients with the general outcome of patients treated by other specialty physicians. Patient data will be collected via their respective dialysis centers. We hope thereby to further the field of interventional nephrology and improve the health of dialysis patients.

Nurses Notes: Safe Foods for people with both Diabetes and Kidney Failure

Sometimes finding good options are difficult, so we would like to offer some safe suggestions. Pay attention to the amount of proteins, fats and carbohydrates you eat each day. This list is based on sodium, potassium, phosphorus and sugar content. Portion control is also important.

Good Choice:

Avoid:

Fruits:	Berries, grapes, cherries, apples, plums, fruit cocktail, kumquats, mandarin oranges, pears, pineapple, watermelon.	Cantaloupe, mangos, kiwi, oranges, pomegranate, papaya, nectarines, star fruit, bananas, avocado, dried fruits.
Vegetables:	Cauliflower, onions, asparagus, eggplant, turnips, corn, peas, carrots, broccoli, lettuce, brussel sprouts, cucumber, peppers, kale, raw spinach, radishes, beets, cabbage.	Okra, cooked spinach, potatoes, artichokes, tomatoes, sweet potatoes, yams, baked/dried beans, pumpkin, succotash and winter squash.
High Protein sources	(4 ounces) Lean meats: poultry, fish, eggs, unsalted seafood, cottage cheese.	Bacon, hotdogs, lunch meats, pepperoni, nuts, cheeses, salami, sausage, organ meats, canned meats.
Starches	White, rye, whole wheat, whole grain bread, bagel, sandwich bun, unsalted crackers, pasta, rice, flour tortilla, popcorn.	Cereals, pancake and biscuit mix, potato chips, oatmeal, granola, bran bread, pizza. (Processed foods)
Milk, non-dairy and fats	Non-dairy creamer, plain or sugar free yogurt, low fat sour cream, mayonnaise, olive oil, almond milk.	Chocolate milk, buttermilk, sweetened yogurt, sugar sweetened pudding, sweetened ice cream, sugar sweetened non-dairy frozen desserts, lard, butter, whipping cream, back fat.
Drinks	Water, clear diet sodas, crystal light, unsweetened tea. (Remember fluid restrictions!)	Dark sodas, beer, sugary drinks such as Hawaiian Punch or Sunny Delight, sweet tea, lemonade.

FISH KABOBS

Recipe Corner



Kabobs:

- 2 ½ pounds dense fish: swordfish, tuna, or cobia (cut into 1 1/2 inch cubes)
- 1 cup cut red onion petals
- 1 cup whole white mushrooms (or 1 inch pieces)
- 1 zucchini (shaved lengthwise with vegetable peeler in slivers then folded)
- Bamboo skewers (soaked in water prior to use)

Dressing:

- 1/2 cup olive oil
- 1/4 cup fresh lemon juice
- 1/4 cup white wine
- 2 T. fresh chopped garlic
- 1/4 cup chopped fresh parsley (or 1 t. dried)
- Dash of crushed red pepper (to your liking)

Arrange ingredients beginning with onion petal, mushroom, folded zucchini, then fish cube. Repeat x 3 on each skewer leaving space on each end for turning.

Directions:

1. Coat lightly with olive oil, salt, and pepper.
2. Heat grill to 500 degrees.
3. Cook for 6 minutes - turning once.
4. Remove from grill.
5. Brush dressing onto kabobs generously.
6. Serve with your choice of side:
 - ~ White rice and peas
 - ~ Wild rice - or -
 - ~ Couscous

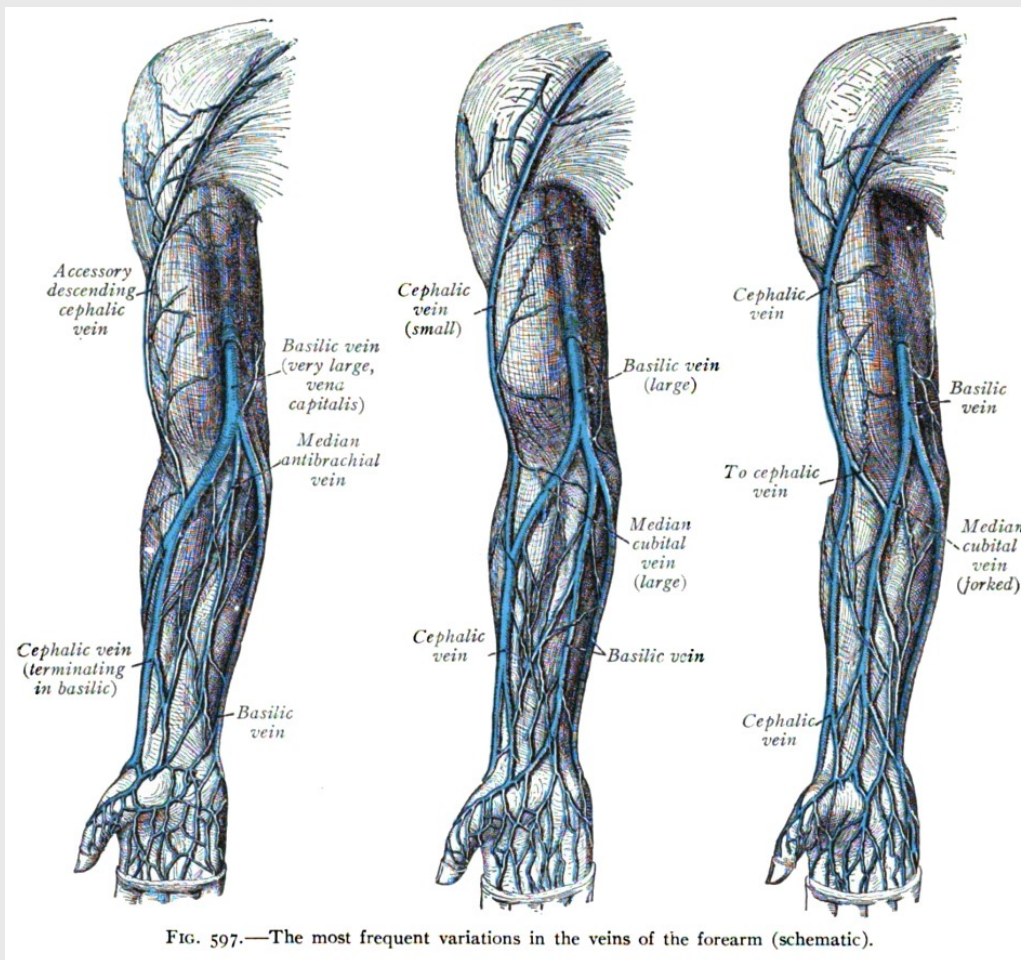
Fis-tu-la... (Fis'-choo-lah)

an abnormal or surgically made passage between a hollow or tubular organ and the body surface, or between two hollow or tubular organs.

The connection of an artery to a vein for dialysis purposes is called a fistula.

Tech Talk...

During your fistulagram, x-ray is used in order to visualize the blood flow in your fistula or graft. To see veins and arteries on x-ray, a contrast agent must be injected. Contrast is a non ionic iodinated substance that is similar in thickness to blood. Most people tolerate contrast well, but a reaction can occur. Medication to control contrast allergies can be used to prevent symptoms. The contrast agents used in a fistulagram are the same as in CT scans and heart catheterizations, but usually in much smaller quantities. A balloon angioplasty, like we perform here, is only 15-25ml, whereas a heart catheterization may use 45-150ml. These are all safe levels of contrast; however, an excess of 350ml can cause kidney failure and should be dialyzed quickly. Healthy kidneys or patients on dialysis filter out contrast agents within a day.



Vein Mapping

Prior to the placement of a new fistula or graft, every patient should have a vein mapping. A vein mapping is an ultrasound and x-ray examination that shows the dimensions and functionality of the vessels in a person's limb(s), especially their arms. By using contrast material injected into the vessels, a "roadmap" is created showing the best vessels to use in the creation of a new access. The surgeon can then use this mapping to guide his/her decision for the best placement location, thereby giving the access a greater chance for success.

WORDSEARCH PUZZLE

P E A N I E V C I L A H P E C E P T P J
 U Q S N X M V E O U Y E L H B L E M D O
 F B C I T S O N G A I D F I S T U L A I
 W E G V J U V D Y P E C G F S G E F B U
 H X D M N M G N I P P A M N I E V C S J
 V D L D Q E P H Y K Q Y H O U X Z N T R
 J P X R D U N Y Z S A O T I N X G J I A
 J M S W Z K G R I X V D U T D M I S N F
 P I M I K O K X R N A J C A A R Z H E J
 C K E O F Y V T U B B O O R R I H I N Z
 U U J U X A A S I A O R G A E O R E C I
 A T R A N S P O S E S O F P S L U J E K
 Z E F J U A U I I X N T O E E I H N T Z
 N C R B D J L S T E O D O R A Q D U D N
 B I R L C I J N V Y I O D P R T B X A M
 H O U B C Z H G W I T L S N C R G O G H
 G H S V D E U C U C P U U Z H I J H M N
 N C E T R Z C F O Q O K G Q F Q N K F K
 Q I M Q G I I P L A C E M E N T L Q J O
 N O I T N E V R E T N I Z K Y E C I Q O

VENOGRAM
 VEIN MAPPING
 PREPARATION
 DIAGNOSTIC
 CEPHALIC VEIN
 BASILIC VEIN
 TRANSPOSE
 FISTULA
 PLACEMENT
 ABSTINENCE
 CHOICE
 OPTIONS
 FOOD
 RESEARCH
 INTERVENTION

El mapa venoso es un estudio que se realiza en pacientes con CKF, que necesitan hemodialisis, para analizar la mejor opción donde que se pueda realizar una fistula o implantar un graft. Primero se realiza un examen de la piel, valorando la presencia de cicatrices en extremidades y tórax, accesos previos, cirugía cérvico torácica, marcapasos o desfibrilador, port, úlceras, desgarros de piel, infecciones o traumas.

Después de obtener la presión venosa de ambas extremidades, se palpan los pulsos y se realiza el Allen test para observar el retorno circulatorio o flujo de sangre en las manos.

El doctor realiza un cauteloso ultrasonido para observar y medir venas y arterias de las extremidades, y a su vez descartar la posibilidad de estenosis venosas y/o lesiones arteriales.

Por último se realiza un angiograma para lo cual se canaliza una vena superficial de cada extremidad para poder introducir un contraste radiopaco y tomar impresiones radiográficas de los vasos sanguíneos. Este angiograma también nos sirven para descartar aneurismas (abultamiento en la pared de un vaso sanguíneo), obstrucciones de las arterias, coágulos de sangre u otros problemas, como un tumor.

Terminado este examen, el médico puede sugerir cuál es el mejor lugar para implantar la fistula o el graft. Todos los records obtenidos son enviados al nefrólogo y a su vez al cirujano que realizará el acceso en el paciente para sus Dialisis.

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