

Increase Patency of Transhepatic Catheter Access for Hemodialysis

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We read with interest the excellent article written by Smith et al (1), which comments on transhepatic access for hemodialysis. The article is relevant because of the significant number of patients in the study and, more important, because the translumbar approach is the most recommended alternative (2,3). The relatively short patency of the hemodialysis catheters (mean, 131 days) attracted our attention, since in a small series of patients in whom we used the same transhepatic approach ($n = 4$), the patency rate was 985 days \pm 100 at the time this was written. In contrast to the experience of Smith et al, we have routinely used the Tesio-Cath hemodialysis catheter (Medcomp, Harleysville, Pa) and permanent anticoagulation to decrease the frequency of thrombosis, as suggested in the literature (4,5).

We agree with the authors that transhepatic access is an acceptable and safe alternative for permanent hemodialysis catheters when the other classic sites of venous access are thrombosed. Perhaps the type of catheter and the use of permanent anticoagulation should be considered to increase the patency rate. Although controversy remains as to the better access route (1-3), transhepatic or translumbar, the experience and familiarity with each technique of the care providers must contribute to the decision.

References

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