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SUPPLEMENT

DOQI Guidelines Update, June 2003

Scott Trerotola, MD

The National Kidney Foundation (NKF) in 1995 established the Dialysis Outcomes Quality Initiative (DOQI). This was a literature-based effort using teams of recognized experts to develop practice guidelines for multiple aspects of dialysis. The aim of this effort was to improve patient outcomes. Over a period of two years, four workgroups (Peritoneal Dialysis Adequacy, Anemia Management, Hemodialysis Adequacy, and Vascular Access) met intermittently to create the guidelines using the available literature and where literature was lacking, expert opinion. The guidelines were then subjected to peer review by more than 50 professional organizations, and the final versions were published as supplements to the September and October 1997 issues of the American Journal of Kidney Diseases, and updated in 2000 (3-6). They are also available from the NKF at (800) 622-9010 or

http://www.kidney.org/professionals/doqi/guidelines/doqi_uptoc.html#va

Virtually every aspect of intervention in hemodialysis access from temporary catheters to graft thrombolysis is addressed in this document. One of the principal goals of the DOQI Vascular Access guidelines is to increase the number of native fistulae in this country. This goal is set at 40%. Other

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guidelines address preoperative screening for occult central venous stenosis and occlusion prior to vascular access creation in the ipsilateral arm using a variety of techniques including ultrasound, magnetic resonance venography, and contrast venography. The intended outcome is to avoid having venous access created in the ipsilateral extremity if a central venous stenosis or occlusion exists. The document strongly supports prophylactic intervention in failing grafts, because of documented improvements in thrombosis rates and graft survival when such a practice is implemented. The DOQI defines circumstances under which PTA or revision should be performed and sets recommended technical success rates as well as long-term results. The guidelines also address the percentage of patients who should be using catheters for long-term dialysis and set standards for success rates, immediate and late complications. Overall, the document clearly defines where concrete data do and do not exist. This can guide future research in this area, including issues of imaging and intervention.

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