Review of: "Audit of Haemodialysis Vascular Access in a Sub-Saharan Tertiary Hospital"

Hamidu Muhammad Liman

Potential competing interests: No potential competing interests to declare.

Abstract - The conclusion does not reflect the study findings. Overall, survival of the patients in their study is poor. This is associated with poor value for the use of vascular access. There is a disconnect between the complication rate for vascular access (infection rate for their vascular access = 49.8%, versus the rate for reasons for discontinuation of the use of vascular access (recurrent infection rate of 6%).

There is no reason to suggest that the poor outcome, poor quality of life, and effectiveness of dialysis result from suboptimal utilization of vascular access and not the cost of dialysis.

Introduction - The authors mentioned the aims of their study. These included the audit of their vascular access and the outline of the challenges and barriers to establishing and maintaining optimal vascular access. The second aim was not achieved in the study. The challenges and barriers were not clearly spelt out.

Methodology - The femoral catheter was removed from the list of central venous catheters. This was not clearly mentioned in the introduction. Authors could have listed all the options. The method of the patient selection process was not clearly mentioned.

Results - The outcomes of tunnelled and non-tunnelled catheters were lumped together. The complications may not necessarily be the same in the study subjects. The age distribution by age is unnecessary. Discomfort with vascular access is expected and is therefore not expected to be listed as a complication. What do you mean by "switched to another route" (5%) as a reason for discontinuation of the use of catheters? This should only apply to a change from a catheter to an AV fistula, whose rate was only 2.2% (a discordance from the 5% rate of change of access).

Discussion - "because catheter-based access route." Add "femoral" before "catheter," as the statement was referring to the femoral catheter. Authors need to agree that femoral catheters are also central venous catheters. Other aspects of the discussion are OK.

Overall, with minor revisions and addressing the above concerns, this paper can scale through as a single-center experience with vascular access.