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

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Potential competing interests: No potential competing interests to declare.

Dear Authors,

I'm letting you know how thankful I am for the opportunity to review your manuscript. Although it was challenging for me to read, it was also very enriching, as it dealt with a reality that is different from my own. The message conveyed in your article is truly inspiring; however, some parts of the text, specifically the Discussion section, need extensive rewriting to realize its potential fully.

Title: I like it, and it seems appropriate; however, the text appears more of a retrospective analysis than an audit. However, I advise you to keep it and implement the manuscript sessions (discussed later).

Abstract: I agree; however, I can't provide comments due to the probable changes that it would undergo following modifications to the main text. Just one observation: I would like you to add the city and state in the background.

Background: Agree, with the observation to also include the hospital, the city, and the state.

M&M: I have noticed that the section regarding venous access requires further development. Although you have described the majority of venous access as being obtained via CVC, I believe that additional details should be included. For instance, where are AVFs created? Additionally, you have provided a detailed description of the venipuncture site for the insertion of CVCs, but it is unclear what type of catheters are used. Do you mainly use short-term direct insertion or cuffed and tunneled catheters, especially in the femoral site? You mentioned that the CVCs are placed by nephrologists, but it would be helpful to know where this occurs (dedicated room, operating room, at the bedside?) and how (landmark puncture, ultrasound guidance?). It would also be useful to know if imaging systems are available for catheter verification (such as fluoroscopy or CXR). I strongly believe that the inclusion of this information is essential to conducting a correct analysis of the results obtained in the discussion section. Finally, I think it is useful to describe in this section the criteria you used to define a catheter infection.

Results: I suggest further reviewing the obtained data by dividing it by the type of catheter used. This would help in observing the impact of the choice on the results. However, I am unclear about why hospitalization for AKI is the main cause of CVC removal. Additionally, the text mentions a 52% prevalence of this cause, while the graph shows a lower value. Could you please clarify this discrepancy?

Discussion: I confess that this is the section that I have always found most stimulating because it offers authors the

possibility to analyze and discuss the results obtained. I find your focus on the use of the femoral access very convincing; however, I believe that this aspect deserves a more in-depth analysis and discussion. It would be helpful to understand why the femoral route is mostly used and what limitations exist in the use of the Superior Vena Cava, especially with tunneled cuffed CVCs. Furthermore, I recommend a brief discussion on the high rate of CRBSI observed in the study. Such analysis and discussion will surely improve the quality of the manuscript.

After reading your manuscript, I was moved, indignant, and inspired to offer you a review that could be helpful in creating a powerful article. Your work sheds light on the enormous difficulties encountered in dialysis treatment in the Sub-Saharan Region

I hope my review has been helpful to you, and I extend my sincere best wishes with admiration.

Finally, I suggest major revision before publication.