Central Venous Catheter Versus Permanent Access: 
A Hemodialysis Patient Focus Group

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The gulf between what we as providers value for our 
patients and what the patients value is recognized. It 
has been a topic of discussion at multiple seminar, 
meetings, and journal articles. Surveys show patients 
rate sleep disorders, itch, dry skin, and fatigue as top 
concerns. The same surveys also show that providers 
are often unaware that these are patient issues, and if 
they are, they do not recognize the importance to the 
patients. How can we discover what is important to 
our patients?

The easy answer is to sit down and talk. However, 
like many easy answers, it is difficult to achieve. In 
the dialysis unit, our focus is on metrics that can be 
measured: mineral bone disease, anemia, Kt/v, BP. In 
the exam room, the focus is on vital signs, medication 
adjustment, and reconciliation. Few providers have 
the luxury of being able to sit down and really talk.

Kidney360 brought together four hemodialysis pa-
tients to talk about central venous catheters versus per-
manent accesses. The conversation took a surprising 
turn when the participants began discussing their own 
issues.

When we discuss catheters, we focus on infection 
and adequacy. It should be noted that only one 
patient brought this up, and he had worked many 
years as a dialysis technician.

The patients are Willie Smith, who has a history of 
two kidney transplants and is in line for a third; Ray-
mond Styles and Evette Calloway, who both have a 
history of diabetes and hypertension; and Kim Davis, 
who initially started dialysis as a PD patient but had 
an inadequate membrane. One factor contributing to 
their ease of talking with each other is they know each 
other and, in fact, Smith and Styles sit by each other 
during dialysis, as do Davis and Calloway.

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