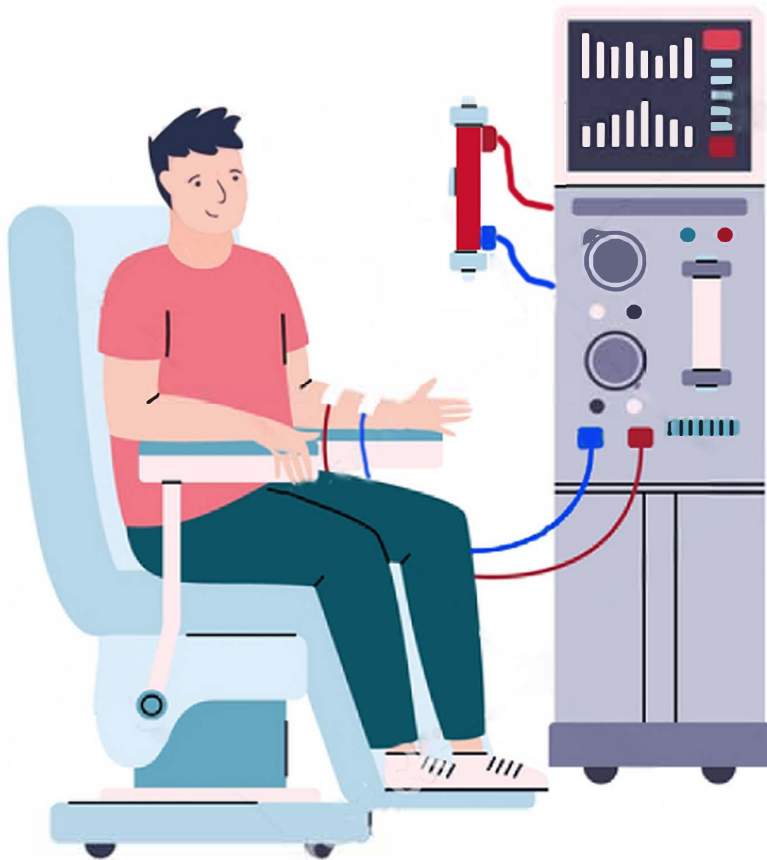


Dialysis Vascular Access

University of Texas Medical Branch



Dialysis Access - the dialysis patient's "LifeLine"

July 30, 2026 6:30
Perry'Steakhouse
700 Baybrook Mall Dr.
Sponsored by Bard Medical

UTMB Dialysis Access Program

Since the beginning of hemodialysis at UTMB in 1969, with the first patient to be started on chronic hemodialysis in the state of Texas, the Division of Nephrology has been dedicated to providing comprehensive care for dialysis patients. This has involved not only managing the medical aspects of chronic maintenance dialysis, but also all aspects of the patient's dialysis access for both hemodialysis and peritoneal dialysis. Today this activity involves the collaboration of three groups – Interventional Nephrologists from the Division of Nephrology, Interventional Radiology and Vascular Surgery. As a result of this collaboration, UTMB offers the full scope of activities and procedures essential for the creation, maintenance and preservation of dialysis access. These resources are available at all four of the UTMB medical campuses – Galveston, League City, Clear Lake and Angleton-Danbury.

The frequency of vascular access problems is such that a surveillance program is essential to detect and treat problems early to avoid thrombotic episodes and the risk of access lost. However, such a program needs to take into consideration the patient's convenience. We have a trained, experienced nurse practitioner that is available to make regular visits to dialysis facilities and make regular patient dialysis access evaluations to detect potential problems early, notify the patient's nephrologist, and make the necessary referrals for management if authorized.

While the Vascular Surgery and Interventional Radiology Departments are well established at UTMB and are recognized for their excellence, the Interventional Nephrology Program at UTMB is rather new, being active only for the past 6 years. However, Interventional Nephrology is not a new subspecialty of Nephrology. The subspecialty was started by Dr Gerald Beathard in 1985 and has grown over the intervening years to be practiced in most countries, have a national organization since 2000, and has been shown in peer reviewed journals to produce outstanding results. This specialty is represented in the UTMB Nephrology Division by 3 board certified Interventional Nephrologists, with a fourth joining in September. In addition to maintenance procedures of hemodialysis vascular access, the placement of peritoneal dialysis catheters and the management of their complications is also offered. Starting soon, the creation of percutaneous arteriovenous fistulas will all be added to the groups procedure repertoire.

Program

Welcome

Ajay K. Israni, MD, MS

Professor and Division Chief

Division of Nephrology and Hypertension

The Key To Good Dialysis Vascular Access

Gerald A. Beathard, MD, PhD

Clinical Professor

Division of Nephrology and Hypertension

Management of Aneurysms and Pseudoaneurysms

Mitchell W. Cox, MD

Professor and Division Chief

Division of Vascular Surgery

Management of Diabetic Neuropathy in the Dialysis Patient

Anoop Ravilla, MD

Assistant Professor

Division of Interventional Radiology

Spot Check

"It only takes a minute"



No swelling, inflammation, infection, or drainage

Look



There is swelling, inflammation, infection, or drainage. Bulging areas are present with ulcerations or bleeding



Feel

A continuous thrill is felt over the access, strongest at the anastomosis
Only a soft pulse is felt along the access



No thrill is felt, or the thrill is shortened
The fistula is pulsatile

Listen

A continuous low pitched, machinery-like bruit is heard over the access, with both systolic and diastolic components



No bruit is heard
The diastolic component is shortened or absent
The bruit has a whistling sound

Arm elevation

The fistula collapses when the arm is elevated above the level of the heart



The fistula does not collapse when the arm is raised above the level of the heart

Pulse augmentation

The pulse augmentation is strong



The pulse augmentation is weak