

Rebranded newsletter

From the Editor

Welcome to our new look combined newsletter for health professionals who are caring for those with kidney disease. With the close of the end-stage kidney disease project and the launch of the new Kidney Health Australia website (coming soon) it seemed like the right time to rebrand the newsletter.

Content will be very similar and will still focus on home dialysis, HOME Network, pre-dialysis education, support, research, conferences, your stories and update you on any new materials available from Kidney Health Australia.



Calendar of events

20-22 June 2016: Renal Society of Australasia conference. Gold Coast
www.rsa.org.au

27 Feb-1 Mar 2016: ISPD conference Melbourne:
www.ispdmelbourne2016.com

Advertise your event here



Conference updates

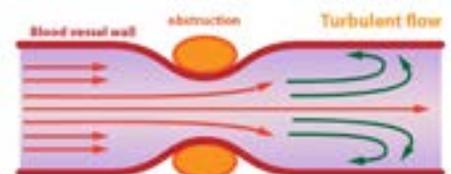
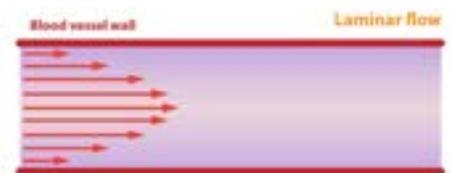
ANZSN Highlights

The ANZSN conference was held in Canberra from 6th-9th September. Over 400 delegates attended, mainly nephrologists and trainees but including some nurses and allied health. At the dinner, two eminent nephrologists were awarded the Princilla Kincaid-Smith medals; Associate Professor Tim Mathew and Professor John Agar.

The first keynote speaker, Prof. Prabir Roy-Chaudhury (left), gave a wonderful insight into the future of vascular access for haemodialysis.

It is scary that only 23% of fistulae are patent at 1 year (original surgery) and this offers many opportunities for improvement. Professor Chaudhury's team are assessing surgical reconfigurations that reduce turbulent flow, in pigs. The outcome of laminar flow, the desired state, is less intimal hyperplasia during maturation, leading to less narrowing of lumens and reduced stenosis rates.

For surgery, dedicated surgeons were recommended, regardless of technique. There was also strong support for vascular access nurses as a cost-effective strategy to reduce the use of Central Venous Catheters (CVC) for first dialysis, or if a CVC is needed, to reduce the time before a fistula could be used.



Conference Updates

ANZSN- Fast Facts

90% of hepatitis C infections can now be treated effectively without interferon. Longer ischaemic time for transplant kidneys (over 4 hours) is associated with delayed function and higher infection rates.

All type dialysis outcomes are steadily improving. Dialysis mortality risk is lowest for Home HD, then Centre HD with fistula, closely followed by PD. Worse outcomes are CBD with a CVC (after removing confounders). Differences **not** significant enough however to override personal choice.



“Indigenous Australians are significantly less likely to be waitlisted for transplant (reasons unclear) but once on the list are equally as likely to get a kidney”

Symptom burden is higher in the elderly, but similar for both those who choose either dialysis or supportive care treatment. Uncontrolled symptoms equate with poor quality of life and reduced physical capability.

Most chronic kidney disease **educational materials** are not effective; need more images, simpler language and more calls to action.

The rate of **incident dialysis** (new starts) continues to stabilize. **Prevalent dialysis** rates are increasing, because there are less deaths than new starts.

Would you like to contribute..

If you have any suggestions or contributions for our newsletter please contact homedialysis@kidney.org.au

Health Professional Groups

Who is the Home Dialysis Advisory Committee?

The home dialysis advisory committee is a group of health professionals and consumers who meet twice a year face-to-face, and twice a year by phone. The group represents both Australia and New Zealand. The committee organises the bi-annual home dialysis conference, advice is given to the committee from Kidney Health Australia on many potential government advocacy opportunities to assist in seeking simple solutions to issues of equity and access to home dialysis. The committee is supported by and reports to the Australian and New Zealand society of Nephrologists.

