



The Value of Silver in Fistula Access Management



Hemodialysis Access

Dialysis access refers to the creation of an entranceway into the bloodstream so that the blood can be cleansed by the dialysis procedure



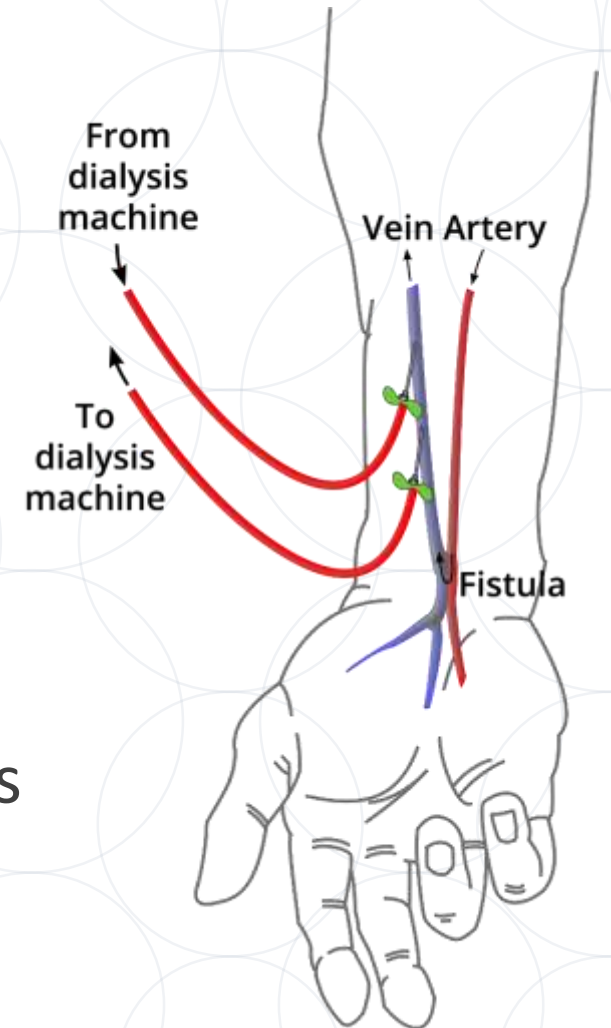
This entrance way is commonly located in the arm, leg or neck



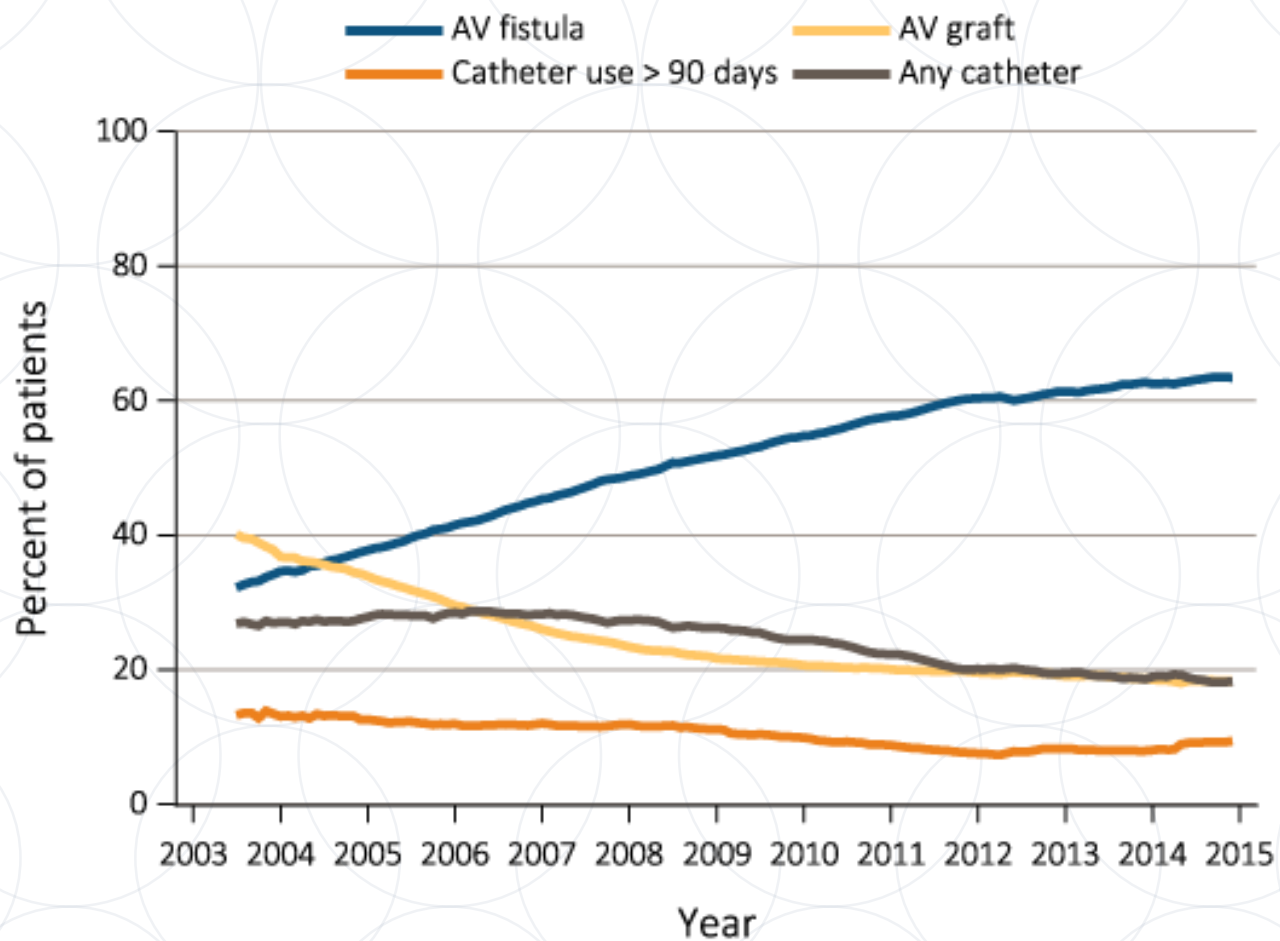
The best type of dialysis access is provided by a fistula

What is a fistula or AVF?

- AVF is created by directly connecting an artery to a vein
- The vein grows larger and stronger for easy access
- Fistula can be placed in the forearm or in the upper arm
- Consists in a minor outpatient surgery
- Usually take 6 to 12 weeks to develop
- AVF is considered the best long-term vascular access because it provides adequate blood flow, lasts for a long time and has a lower complication rate than other access



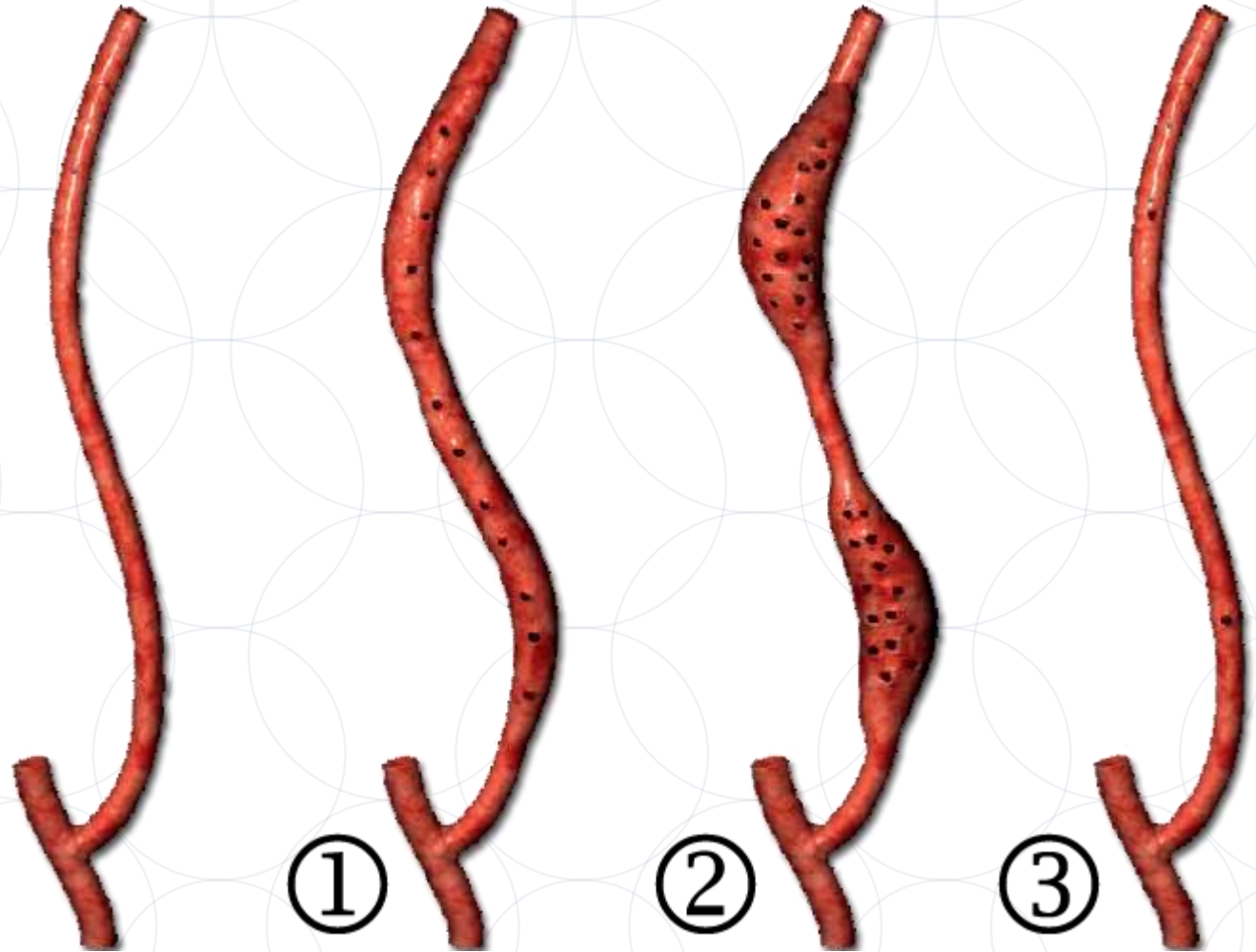
Trends in vascular access type use among ESRD prevalent patients, 2003-2014



Data Source: Special analyses, USRDS ESRD Database, and Fistula First data. Fistula First data reported from July 2003 through April 2012, CROWNWeb data are reported from June 2012 through December 2014. Abbreviations: AV, arteriovenous; ESRD, end-stage renal disease.
2016 Annual Data Report, Vol 2, ESRD, Ch 4 (Figure 4.6)

AVF Puncture Techniques

1. ROPE LADDER
2. REGIONAL (AREA)
3. BUTTON HOLE



1. ROPE LADDER

Site is new at to every puncture, at a distance of a few mm from the previous, for all the length of the vase. Rope ladder needs well-developed, long and linear vessels and requires expertise to make "new holes" every time.



- High puncture stress for patients and nurses
- High risk of extravasation and hematomas
- Exclusive use of sharp needles with "intense" pain at every access
- Not applicable in case of proximal or deep AVF



2. AREA PUNCTURE

Site is new at every treatment, inserting the needle in the same limited area, without an AVF project. Punction is made in the region according to the feeling of the patient. Area puncture seems easier and less stressful for patients and nurses



- Skin damages and bad look of the arm
- The vessel wall increases abnormally in limited areas, leading to aneurysm
- Aneurysms, in most cases, are correlate to the stenosis, increasing the possibility of thrombosis and vortex flow inside the vessel
- Hemostasis can be longer that usual



3. BUTTON HOLE

Site is maintained at every dialysis, where the operator punctures the same access with a blunt needle, reducing needling/cannulation pain.



- High risk of infection
- Long training of the nurses and difficult turnover
- High skill and manual competence requested



Problems connected with AVF

High pressure and
prolonged bleeding

Poor development

Low flow rates

Difficulty needling /
cannulation

Recurrent
stenosis

Inadequate efficacy
of dialysis

Recirculation

Thrombosis

Aneurysms



Superficial and deep damages

The concentration of punctures in a single restricted area produces **skin traumas** and creates the **accumulation of scar tissue**



The **destruction of the basal membrane** alters the growth of epithelial cells and makes it **very difficult to restore** the original architecture of the tissue.



Each venipuncture involves a scar producing microzones of fibrosis and the skin assumes the appearance of a pearly and fragile lamina



The **wall's dilatation** caused by the aneurysm may lead to the rupture of the vessel or to a parietal thrombus



The Value of dressings for AVF survival

DRESSING

to promote and maintain
the best conditions for
the complex tissue repair
process

to start and continue
until wound healing



ACTIVE DRESSING

to promote
rapid healing

to prevent
contamination or
infection



SILVER ION DRESSING

to reduce
inflammation

to stimulate
skin regeneration



Silver dressings

Value of Ag

Silver is one of the best and safest **active compound** for wound care, with wide applications. Clinically, metallic silver is inert but its interaction with the moisture of the skin surface and with the fluid of the lesion, leads to the release of ions with several **properties and advantages**

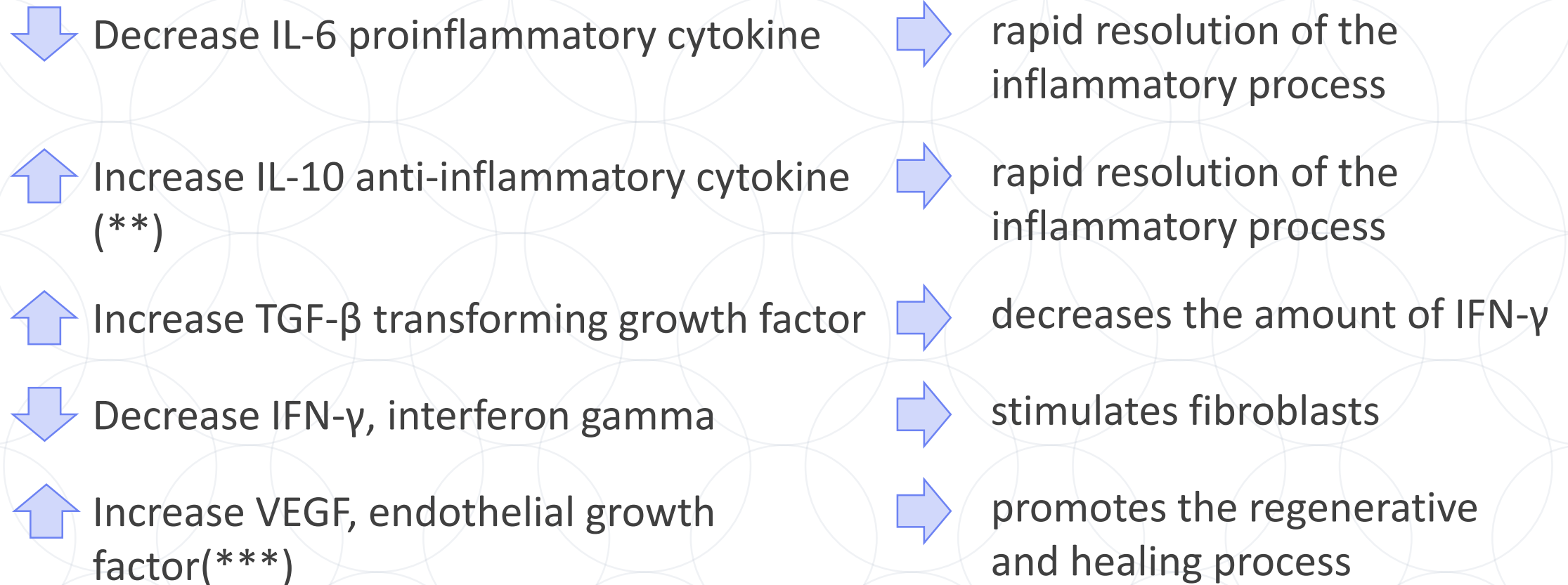


- Treats and prevents infections with its **antibacterial properties**
- Has **low toxicity**, absorption and elimination is easy, there is no accumulation
- **Reduces Inflammation**
- **Stimulates skin regeneration**

Silver ions Reduce Inflammation & Stimulate Skin Regeneration

- Include Vascularization ➡ **lead** to the angiogenesis by stimulating VEGF - vascular endothelial growth factor - **creating** new vessels and **expanding** the existing bed (+)
- **Stimulate** the replication of the immune cells ➡ lymphocytes, granulocytes, etc..(-)
- **Reduce** Inflammation ➡ **trigger** the release of cytokines involved in the inflammatory process. Thanks to a complex regulation pathway, silver ions **downregulate** proinflammatory cytokines and **upregulate** antiinflammatory cytokines (*)
- **Stimulate** Skin Regeneration ➡ upregulate cytokines which stimulate fibroblasts growth and **tissues regeneration (*-)**

Cytokines regulation mechanism



Journal of the American College of Clinical Wound Specialists (2012) 3, 82–96., Silver Nanoparticles as Real Topical Bullets for Wound Healing, Thirumurugan Gunasekaran, MPharm, PhDa,, Tadele Nigusse, MScb, Magharla Dasaratha Dhanaraju, MPharm, PhDa*

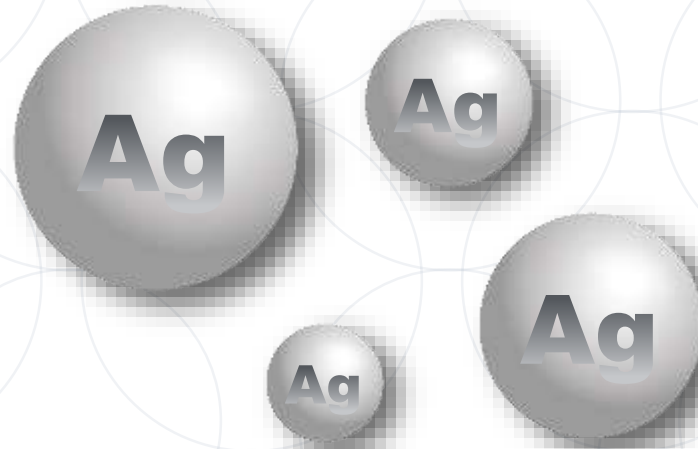
Ag for chronic patients

(subjected to repeated punctures)

**Rapid
stimulation of
epidermis
repairing
process**

**Functional
improvement
of the skin
barrier**

**Trigger the
healing
process**



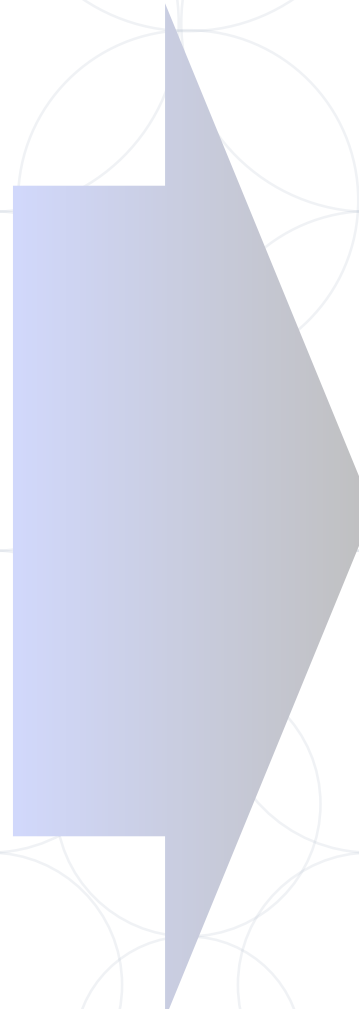
Solutions

To prevent
the subcutaneous
tissue from
flattening

To avoid
formation of
aneurysms and
stenosis

To improve
the aesthetic
aspect

To
guarantee
long fistula
survival



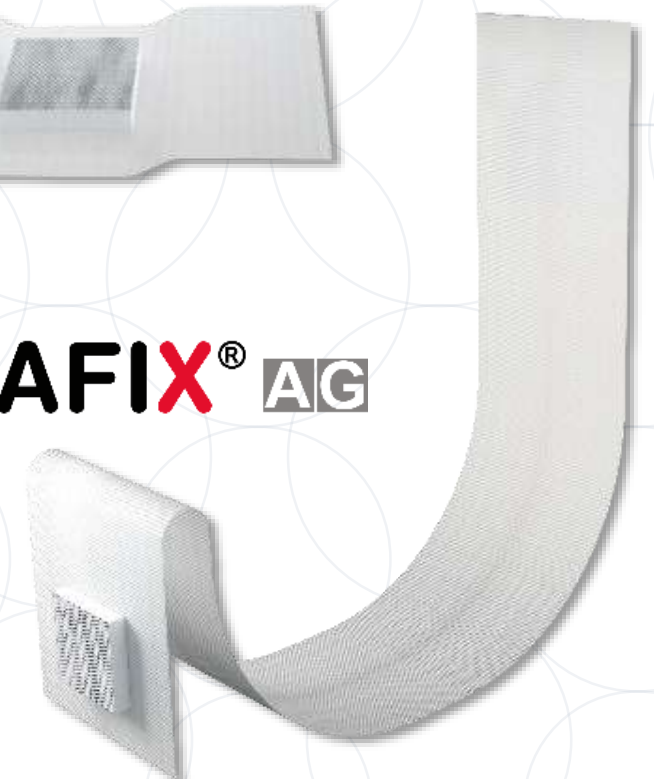
NOVA SOVAN[®] AG

*Antiseptic breathable adhesive dressing
provided with non-adherent ionic silver
based pad.*



NOVA BETAFIX[®] AG

*Elastic fistula
bandage
provided with
non-adherent
ionic silver
based pad and
fixing plaster.*



- (+) Silver Nanoparticles as Real Topical Bullets for Wound Healing Thirumurugan Gunasekaran, MPharm, PhD,* , Tadele Nigusse, MScb, Magharla Dasaratha Dhanaraju, MPharm, PhD. Journal of the American College of Clinical Wound Specialists (2012) 3, 82–96
- (-) Lee PY, Ho CM, Lui VCH, et al: Silver nanoparticles mediate differential responses in keratinocytes and fibroblasts during skin wound healing. Chem Med Chem. 2010;5:468–475.
- (*) Boucher W, Stern JM, Kotsinyan V, et al: Intravesical nanocrystalline silver decreases experimental bladder inflammation. J Urol. 2008; 179:1598–1602
- (*-) Tian J, Wong KK, Ho CM, et al: Topical delivery of silver nanoparticles promotes wound healing. Chem Med Chem. 2007;2(1): 129–136
- (**) Active Silver Nanoparticles for Wound Healing Chiara Rigo 1, Letizia Ferroni 2, Ilaria Tocco 3, Marco Roman 4, Ivan Munivrana 3, Chiara Gardin 2, Warren R. L. Cairns 4, Vincenzo Vindigni 3, Bruno Azzena 3, Carlo Barbante 4 and Barbara Zavan 2,* Int. J. Mol. Sci. 2013, 14, 4817-4840; doi:10.3390/ijms14034817
- (***) Topical Delivery of Silver Nanoparticles Promotes Wound Healing Jun Tian,[a] Kenneth K. Y. Wong,*[a] Chi-Ming Ho,[b] Chun-Nam Lok,[c] Wing-Yiu Yu,[b] Chi-Ming Che,[b] Jen-Fu Chiu,[c] and Paul K. H. Tam[a] ChemMedChem 2007, 2, 129 – 136



EMODIAL

Thanks for your attention