

Frequent Hemodialysis Network ACCESS REPAIR PROCEDURE - FORM #276

Instructions: This form is completed whenever an access procedure is done to help maintain or restore function of the access that is currently being used for HD. For access failure or removal, complete Form 277. For placement of a new access, complete Form 278. *If you only wish to indicate that a new access is being used for hemodialysis, fill out Form 271.*

The following do not count as FHN access repair procedures and do not merit a Form 276, so do NOT complete this form if:

- the patient only had diagnostic venogram without any other procedures.
- the patient only had one or more dwells of tPA
- the only procedure done was banding
- the procedures was done within a dialysis unit. This form is intended for procedures done in a vascular access center or in a hospital
- there is angioplasty of a central vein or stent placement on a central vein

Wait until at least one dialysis procedure is done after the access placement before you complete this form (Otherwise you will never be able to answer “yes” to the question about the success of the repair.)

--	--	--	--	--	--	--	--

1. Participant ID #

--	--

2. Alpha Code

--	--	--	--	--	--	--	--	--	--

3. Date of Access Procedure: dd/mon/yyyy

4. Type of access that the procedure was carried out on: _____
- 1=Arteriovenous fistula
 - 2=Arteriovenous graft
 - 3=Tunneled (permanent) catheter
 - 4=Non-tunneled (temporary) catheter

5. Date access (identified in Q4) was placed? (dd/mon/yyyy) ___/___/___/___
- (If this access was in place before the patient was enrolled in baseline and the placement date is unknown, use the date of the first known use.)*

Type of Procedure(s) Performed

6. For patients with fistulas and grafts indicated in item 4 above:
For items 6a-e: Use 0=No, 1=Yes, to identify whether the procedure was performed by a non-physician(Non-MD) or physician(MD).

Non-MD? MD?

- a. Angioplasty:.....
- b. Stent placement:
- c. Thrombolysis (pharmacologic removal of a clot):
- d. Thrombectomy (physical or mechanical removal of a clot):
- e. Surgical revision (not banding)

7. For patients with catheters indicated in item 4 above
 For items 7a-c: Use 0=No, 1=Yes, to identify whether the procedure was performed by a non-physician(Non-MD) or physician(MD).
- | | | |
|--|----------------|------------|
| | Non-MD? | MD? |
| a. Repair of catheter by stripping of fibrin sheath: | _____ | _____ |
| b. Thrombolysis: | _____ | _____ |
| c. Repair of broken catheter component: | _____ | _____ |
8. Was this procedure successful?
- 1=Yes, the access is now being used as patient's main access for HD.
(If the patient was using a different access before this repair and a Form 271 was completed, fill out another Form 271 to indicate that the patient is now using the repaired access. If there was no interruption in the use of the repaired access, there is no need to fill out Form 271 again.)
- 2=It appears to have been successful, but a week or more has passed and the access cannot yet be used or the access has not been used.
(Complete Forms 278 and 271 if a new access was placed and is being used to dialyze the patient in the meanwhile. When the repaired access is able to be used again, then complete 271 again.)
- 3=No, the access required further salvage procedures. Complete a new Form 276 for each additional procedure.
- 4=No, the access can no longer be used. Complete Form 277 access failure form and 278 if a new access was placed.

For DCC Use Only:

199. a. Event reason:

b. Date updated: _ _ / _ _ / _ _ _ _

200. Date this form completed (dd/mon/yyyy)..... _ _ / _ _ _ _ / _ _ _ _

201. Username of person reviewing completeness of this form..... _ _ _ _ _

For Clinical Center Use Only:

202. Username of person entering this form: _ _ _ _ _

203. Date Entered: (dd/mon/yyyy) _ _ / _ _ _ _ / _ _ _ _