Fibrin sheath on a tunneled haemodialysis catheter

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A 65-year-old patient with a renal allograft underwent cystectomy and creation of ileal conduit for bladder cancer, which resulted in the failure of renal transplant. The patient had no mature native vascular access and was dialysed on a temporary and later a dual lumen tunneled haemodialysis line (Tesio). Flows in the Tesio catheter were poor and the lines were removed because of the maturation of a Cimino fistula, making it redundant.

Figures 1 and 2 show the two limbs of the tunneled haemodialysis catheter, and clearly visible on the red dialysis line is a large fibrin sheath covering the ports on the line and responsible for impaired flows.

The Achilles heel of haemodialysis is access. Where native vein or PTFE fistulas are immature or not feasible, central venous catheters are required. Adequate flows are needed to achieve effective dialysis dose. Together with infection of dialysis lines the formation of fibrin sheaths, which significantly impair flow, is a common problem.

The fibrin may be disrupted by infusion through or instillation into the line of thrombolytic drugs such as urokinase or rTPA, or by physically stripping the line by the use of snares introduced via a second venepuncture site and passed over the line [1].

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Reference