

Creating Lifelines for Patients

by Tracy H. Stanton

More than 470,000 Americans are being treated for kidney failure (or end stage renal disease) and require kidney dialysis or transplantation to live, according to the National Kidney Foundation. Of these, 336,000 are dialysis patients, including fifty-five-year-old Jerry Gibson of Florence.

Jerry was diagnosed with kidney cancer on December 1, 2005. He said it is a very rare form of the disease, in which the cancer spread from one kidney to the other. Shortly after his diagnosis, Jerry underwent surgery to have both of his kidneys removed.

The most common treatment for patients who have had their kidneys removed is hemodialysis. In hemodialysis, an artificial kidney (hemodialyzer) is used to remove waste, extra chemicals and fluid from the blood. To get the patient's blood into the artificial kidney, a surgeon has to create an access into the patient's blood vessels.

Jerry's Nephrologist, Dr. John Pittard of Pee Dee Nephrology, recommended that he see Dr. Thomas G. Wilson, a General Surgeon with Pee Dee Surgical Group.

"The best access for hemodialysis patients is a vein in the forearm that is enlarged by creating a fistula," said Dr. Wilson. "An arterial venous fistula is a 'connection' surgically created by joining a vein and an artery that allows blood from the artery to flow into the vein. The higher blood pressure in the artery forces blood into the vein and safely enlarges the vein, creating a good site for the large gauge needles used in dialysis. Over time, the fistula matures even more and becomes a thicker structure allowing for a higher rate of blood flow, which is also less likely to clot."

Jerry's fistula surgery was performed at McLeod Medical Center Darlington in late February of 2006. Once the fistula matured, the dialysis center was able to

start using it in June of 2006.

Dr. Wilson is very happy with the results of Jerry's fistula. "You would like to see all fistulas develop like his, but not everyone is as healthy as Jerry."

"I enjoyed being cared for by Dr. Wilson," said Jerry. "He is easy to talk to and has a super attitude." Jerry was also impressed with McLeod Medical Center Darlington. He said it was very clean, the staff was friendly and he was pleased with the personal attention he received.

At McLeod Medical Center Darlington, Dr. Wilson performs a full range of dialysis-related surgical procedures including fistulas, grafts, catheter placements, and percutaneous clot removal procedures or declots.

"Creating fistulas or 'lifelines' is a part of vascular surgery that I enjoy," said Dr. Wilson. "There is a tremendous need in this area and McLeod Medical Center Darlington is the perfect place to perform these outpatient procedures. I also work daily with a great crew here, who always put the patients at ease and make sure their experience is top notch."

Dr. Wilson has cared for patients in Darlington and Florence for 24 years. His goal is to perform each fistula patient's surgery within a week. In addition to McLeod Darlington, Dr. Wilson also

Jerry Gibson and Surgeon Dr. Thomas Wilson were happy to see each other during Jerry's recent visit to the hospital.



Dr. Wilson performs the specialized surgery in the McLeod Medical Center Darlington operating room.

performs these procedures at McLeod Regional Medical Center. In 2006, he performed approximately 100 fistula surgeries.

Barbara Weatherford, RN, the Clinical Manager of the Kingtree Dialysis Center, said, "I personally commend Dr. Wilson for the outstanding job he is doing in our area with arterial venous fistula creations and graft placements. His surgical expertise along with his timely consults and patient follow up are unsurpassed. Dr. Wilson is a true patient advocate, and we are proud of all of his hard work and dedication to

patients."

Retired from DuPont where he had worked for 30 years, Jerry is currently coping with a reoccurrence of the cancer right below his windpipe, but it hasn't grown or spread based on his latest scans. While Jerry's brother is willing to donate a kidney, the reoccurrence of the cancer means Jerry is not eligible to undergo a transplant. He said his oncologist is concerned that if he receives a transplant the anti-rejection drugs will lower his immunity and could cause the cancer to return. The anti-rejection drugs would also make it more difficult to fight a reoccurrence of cancer.

Jerry continues to hope that one day he can receive a transplant, "But God has the final say so and He works miracles – that's my attitude," he added.

Fistula First Breakthrough Initiative

In 2004, the Centers for Medicare & Medicaid Services (CMS) announced the launch of Fistula First, to obtain "breakthrough" improvements in the use of safe vascular access. This is the first in a series of collaborative Breakthrough Initiatives targeting critical areas of opportunity for rapid health care improvement, leading to significantly better health for millions of Medicare beneficiaries and lower costs for the Medicare program.

Dr. Thomas G. Wilson of Pee Dee Surgical Group is a supporter of the Fistula First initiative. He presently has a fistula rate of approximately 70 percent which is on target with the goals of the initiative.

Fistula First addresses the urgent need for patients who suffer from kidney failure (end stage renal disease or ESRD) to have safer, higher-quality access to hemodialysis through a fistula.

"This Breakthrough Initiative reflects a clear, immediate opportunity to substantially improve the health of Americans who need kidney dialysis or transplantation," said CMS Administrator Mark B. McClellan, M.D., PhD. "It illustrates how CMS can collaborate with health

professionals, patients, and other partners to have significant impact on the quality of medical treatment."

Patients who receive dialysis with an access other than a fistula have a 20 to 70 percent greater chance of death in the first year after their placement but currently, only a third of American patients are dialyzed with a fistula, compared with two thirds to nearly 90 percent in other countries.

Additionally, fistulas costs less to place and maintain than other forms of access and are associated with less rework and complications requiring hospitalization. About 25 to 50 percent of all hemodialysis patient admissions and hospital days are attributable to vascular access placement and related complications.

The goal of this initiative is to double the percentage of patients with fistulas as their access – moving from 33 percent to 66 percent by 2009. More than 300,000 Medicare beneficiaries currently receive dialysis treatment, a number that is expected to double by 2010.

"The Pee Dee Region has the highest rate of patients with End Stage Renal Disease. This effort serves to increase fistula creations and utilization, and we hope to see a beneficial effect on the health of our local dialysis patients," added Dr. Wilson.

