

Economical problem of vascular access management: Japanese perspective

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The number of maintenance dialysis patients in Japan was 257,765 at the end of 2005 and is increasing. The rate of utilization of hemodialysis (HD) therapy is about 95% in renal replacement therapy patients. In particular, the rapid and steady increase in diabetes mellitus (DM) dialysis patients has become evident recently. And the mean age at the start of dialysis has increased.

Vascular access (VA) is a life line for the HD treatment and more than 90% patients have native arteriovenous fistula in Japan. However, the number of VA treatment (first-line surgical treatment, and secondary other treatment) is increasing according to the increase in DM and elder patients.

Recently, VA interventional therapy (VAIVT) has been mainstream for VA stenosis and occlusion because it is convenience and less invasiveness. In Osaka Japan, the number of VA treatment is over 7,000 per year, the rate of treatment for VA is 40% in Osaka renal replacement therapy patients. If the same rate of that in Japan, total 100,000 patients are received VA treatment per year. In addition, 40-50% in secondary treatment for VA is VAIVT. But the patency after VAIVT is shorter than that of surgical treatment.

The medical expenses for dialysis patients have grown according to the increase in patients and have now exceeded 1,000,000,000,000 JPN per year. Despite the aging population, there has been an effort to reduce medical expenses across Japan, and because it costs so much, dialysis has been a targeted treatment. The VA related expenses accounts for about 10% of the whole dialysis related medical expenses. In this regard, it is necessary to accurately grasp the cumulative patency rate after VAIVT and to choose an appropriate treatment (VAIVT or surgical treatment) with consideration to medical economy.