Dr. David Kabithe is a board-certified general surgeon who practices in Hopkinsville, Ky. He received his undergraduate education at Georgetown College, graduating with highest honors in 1993. He graduated from the University of Louisville School of Medicine in 1997, and while there he was elected to the Alpha Omega Alpha Medical Honor Society. He completed his general surgery training at Case Western Reserve University School of Medicine in 2002.

Dr. Kabithe is certified by the Training and Certification in Dialysis Access (TACIDA) Group, and is a member of and certified by the American Society of Diagnostic and Interventional Nephrology (ASDIN).

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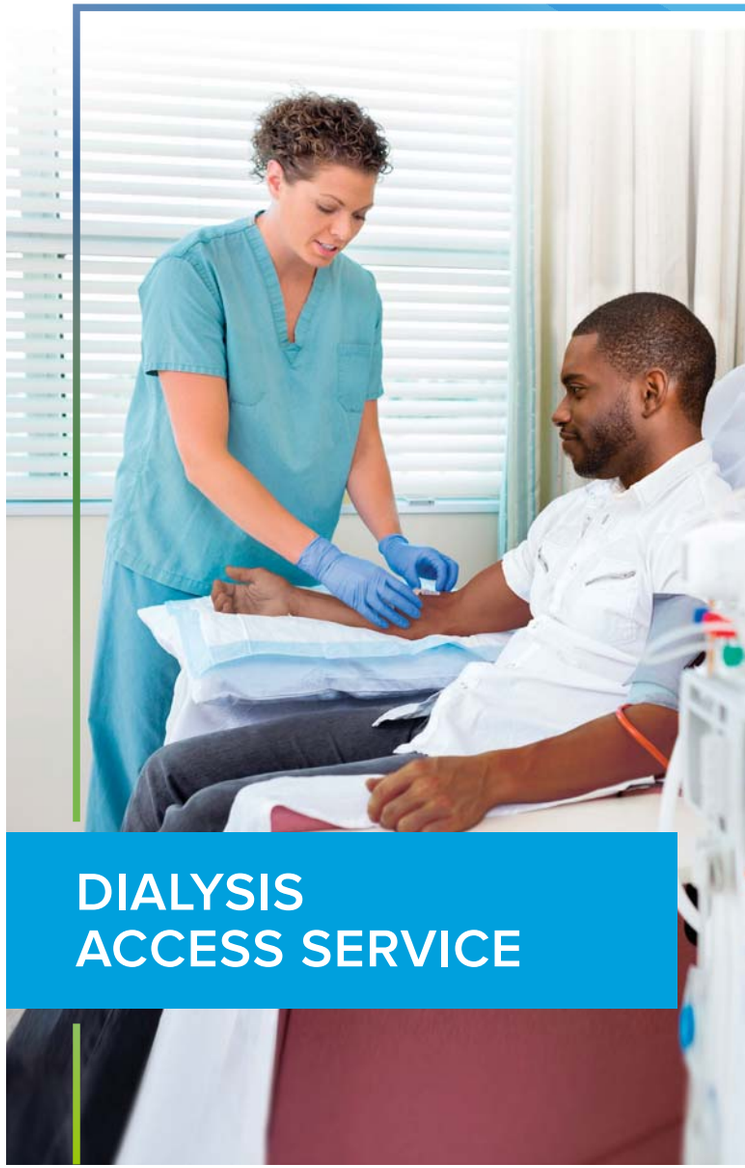
For scheduling or more information, please call 270-885-8505 or visit **JennieStuartHealth.org.**

JennieStuart Health

EXPERIENCE MAKES *the* DIFFERENCE.

We follow NKF Kidney Disease Outcomes Quality Initiative (NFK KDOQI) guidelines and try to minimize catheter contact time. We expedite AV fistula creation whenever possible and AV graft placement only when adequately sized veins are not available.



DIALYSIS ACCESS SERVICE

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WHAT IS DIALYSIS ACCESS?

Dialysis is necessary to clean the blood when the kidneys have failed. Dialysis access allows a patient to be connected to a dialysis machine.

During dialysis, approximately 400 ml of blood per minute is transferred from the patient to the machine, which adjust fluids and electrolytes, removes toxins and then returns purified blood to the body. The three most common types of dialysis access are:

- **Arteriovenous (AV) Fistula.** This process involves connecting an artery directly to a vein, often in the forearm. This allows blood to flow into the vein and increase its size and strength, making repeated needle insertions for dialysis possible. AV fistulas are beneficial for long-term dialysis because they can last longer and are less likely to become infected or clotted.
- **AV Graft.** If you have small veins that won't develop properly into a fistula, a plastic tube or graft can be implanted under the skin to connect the artery and vein. The graft becomes an artificial vessel that can be used repeatedly for needle placement during dialysis.
- **Catheter.** If your kidney disease has progressed quickly, you may need a venous catheter as a temporary access. A catheter is a tube that is inserted into a vein in your neck, chest or leg. It has two chambers that allow two-way flow of blood, so needle insertion is not necessary. Catheters are not ideal for permanent access, but they can be used temporarily while a permanent access develops.

WHAT HAPPENS IF MY DIALYSIS ACCESS STOPS WORKING PROPERLY?

All types of vascular access can develop complications, such as infection or low blood flow due to narrowing—situations that can prevent effective dialysis. Jennie Stuart Health's dialysis access professionals can perform multiple specialized procedures to help you maintain dialysis access and continue receiving the treatment you need.

CARING FOR YOUR ACCESS

- Check the pulse in your dialysis access every day. Feel for the "thrill" or vibration through your access, or listen for the swishing sound with a stethoscope. If you notice any changes in the look, feel or sound of your access, notify your doctor.
- Make sure your dialysis technician checks your access before each treatment
- Keep your access clean at all times
- Avoid bumping your access
- Don't let anyone take your blood pressure on your access arm
- Don't wear tight clothing or jewelry over your access site
- Don't sleep with your access arm under your head or body
- Don't lift heavy objects or put pressure on your access arm