Conclusions: The results demonstrate a 100% success rate, after 1 to 4 years of follow-up. Results in long puncture space for cannulation

MORE TOLERANCE TO HYPOTENSION MORE TOLERANCE TO INFECTIONS GREATER EXPECTATION OF PATENCY

We recommend this technique for patients with access exhaustion in the upper limbs to be performed by experienced surgeons.

WE HAVE TO GET MORE EXPERIENCE TO SEE LONG TERM RESULTS.WE ARE DESIGNING A PROTOCOL FOR A MULTICENTRIC STUDY

I have no potential conflict of interest to disclose.

WCN24-1362

RISK FACTORS INVOLVED IN ERYTHROPOIETIN RESISTANCE IN PATIENTS WITH CKD IN A HEMODIALYSIS UNIT

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Introduction: Recombinant human erythropoietin is administered to patients with end-stage chronic kidney disease for the treatment of anemia. However, there are different factors that generate resistance to this treatment. This paper seeks to evaluate the impact of a structured team approach for the management of anemia in erythropoietin-resistant hemodialysis patients.

Methods: Prospective study of 18 months. A total of 27 patients in a hemodialysis unit of a reference center, where erythropoietin resistance was defined as those patients who had erythropoietin >300 units/kg/week. Hemoglobin, iron indices, parathyroid hormone, folate, vitamin B12, and reticulocyte counts were determined at baseline. Said previous parameters were followed every 6, 12 and 18 months. The target hemoglobin was 10-12 g/dl. All factors potentially contributing to erythropoietin resistance were evaluated and, if possible, treated every 4 weeks by a specialized nephrology team. Downward erythropoietin dose adjustments of 12.5 to 25% to the nearest 1000 units were considered if the underlying causes of resistance could not be identified or reversed, or if hemoglobin exceeded the target level.

Results: Parathormone levels and iron deficiency were the predominant treatable factors associated with erythropoietin resistance. At 4 months, mean erythropoietin dose decreased significantly from 469 to 319 units/kg/week ($p < 0.001$) and mean hemoglobin increased significantly from 10.6 to 11.6 g/dl ($p = 0.023$), a At 8 months, the patients had erythropoietin doses of less than 300 units/kg/week, reaching target hemoglobin levels.

Conclusions: A structured team approach of nephrologists and a monthly adaptation with an individualized management of the patient managed to significantly reduce the dose of erythropoietin with an improvement in serum hemoglobin reaching the objectives set in the international guidelines, identifying and solving the factors involved.

I have no potential conflict of interest to disclose.

WCN24-1370

INCIDENCE OF ACUTE KIDNEY INJURY AND THE NEED FOR RENAL SUPPORT THERAPY IN THE POSTOPERATIVE PERIOD OF CARDIOVASCULAR SURGERY

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Introduction: Major surgery is the second leading cause of Acute Kidney Injury (AKI), with cardiovascular surgery having the highest incidence. This is due to technical conditions like aortic clamping and extracorporeal circulation, which lead to systemic reactions including embolism formation, low cardiac output, prolonged hypotension, and contact-activated systemic inflammation. This study aimed to evaluate the incidence of AKI and the need for renal support therapy after cardiovascular surgery.

Methods: A cross-sectional study was conducted, involving statistical summaries and Wilcoxon test for median comparison in quantitative data. Fisher's exact test or Chi-squared test were used for qualitative data. Multivariate logistic regression analysis was performed, adjusted by the "Backward" method, to identify potential mortality-associated factors, reporting ORs, 95% CIs, and p-values for each variable. A p-value < 0.05 was considered statistically significant. R-CRAN software version 4.3.2 was used for statistical analysis.

Results: This study examined 137 patients undergoing cardiovascular surgery, mostly male (75%), with a median age of 62. Common comorbidities included hypertension (60%), type 2 diabetes (17%), acute kidney injury (15%), and non-dialytic chronic kidney disease (12%). 11% died during the study. Patients with acute kidney injury (LRA) had higher prevalence of type 2 diabetes compared to those without (35% vs. 14%). Non-dialytic chronic kidney disease prevalence in LRA patients was 30%. Bentall surgery was more common in LRA patients (20% vs. 5.1%). LRA patients underwent extracorporeal circulation more often (80% vs. 52%). LRA presence correlated with higher mortality risk (OR: 7.14, $p = 0.006$). BCEC use during surgery also raised mortality risk (OR: 6.86, $p = 0.030$).

Conclusions: In patients undergoing cardiovascular surgery, hypertension was the most common comorbidity (60%). Acute Kidney Injury (AKI) was prevalent, particularly in those with diabetes (35%). AKI and the use of extracorporeal circulation were associated with higher postoperative mortality risk.

I have no potential conflict of interest to disclose.

WCN24-1392

EVOLUTION OF BLOOD PRESSURE IN HEMODIALYSIS PATIENTS WITH CHRONIC KIDNEY DISEASE WITH DRY WEIGHT ASSESSMENT USING CLINICAL EVALUATION WITH AND WITHOUT BIOIMPEDANCE SPECTROSCOPY AT A MEXICAN TERTIARY C

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Introduction: Optimizing ultrafiltration in hemodialysis (HD) patients helps decrease symptoms related to fluid overload and hypotension. A non-invasive, precise, and dynamic approach to the fluid status in HD patients is a state of art in the nephrologist setting. Bioimpedance Spectroscopy (BIS) allows examination of dry-weight status and a