Timing of referral for vascular access placement: a systematic review

CRD summary
This well-conducted review sought to determine the optimal timing for referring patients with end-stage renal disease to vascular surgery for access placement. No eligible studies were found. The authors' conclusion that the optimal timing was based on expert opinion and choices made by patients and physicians is likely to be reliable.

Authors' objectives
To determine the optimal timing for referring patients with end-stage renal disease to vascular surgery for access placement.

Searching
MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials (CENTRAL), Web of Science and Current Contents databases were searched to March 2007; search terms were reported. Experts were contacted to identify studies. There were no language or publication-status restrictions.

Study selection
Randomised controlled trials, cohort studies and studies with a nested case-control design that compared patients who were referred to vascular surgery for access placement at different time intervals (early versus late referral), before the start of haemodialysis were eligible for inclusion. The outcomes of interest were death, access-related sepsis and hospitalisation related to access complication.

Two reviewers independently assessed studies for selection. Disagreements were resolved by consensus or arbitration.

Assessment of study quality
As no studies were found, the authors did not provide details on methods to be used to assess study quality.

Data extraction
As no studies were found, the authors did not provide details on methods to be used to extract data.

Methods of synthesis
As no studies were found, the authors did not provide details on methods to be used to synthesise the data.

Results of the review
No studies were found which met the inclusion criteria. The authors reported that two studies that did not meet the inclusion criteria provided indirect evidence that early referral to vascular surgery may improve patient outcomes. This information was not used to inform the authors' conclusions.

Authors' conclusions
The optimal timing for referral to vascular surgery for vascular access placement was based on expert opinion and choices made by patients and physicians.

CRD commentary
The review addressed a clear question and was supported by appropriate inclusion criteria. Several databases were searched without language or publication-status restrictions. Experts were contacted to identify relevant studies. Appropriate methods were used to minimise the risk of reviewer error and bias when assessing studies for inclusion. No studies were found that met the inclusion criteria; two ineligible studies were discussed in the results section, but were not used to inform the conclusions. The review was well-conducted as far as it went, but was limited by the complete absence of eligible studies; the authors' conclusion is likely to be reliable.
Implications of the review for practice and research

**Practice:** The authors stated that practice recommendations associated with the review findings were published separately (no reference was provided).

**Research:** The authors stated that future research was needed to determine the optimal time for referring patients with chronic kidney disease to vascular surgery for access placement.

**Funding**
The authors stated that obtained funding was not applicable.

**Bibliographic details**

**PubMedID**
19000591

**DOI**
10.1016/j.jvs.2008.08.046

**Original Paper URL**
http://www.jvascsurg.org/article/S0741-5214(08)01397-9/abstract

**Indexing Status**
Subject indexing assigned by NLM

**MeSH**
Arteriovenous Shunt, Surgical /methods; Humans; Referral and Consultation /standards; Renal Dialysis /methods /standards; Time Factors; Vascular Surgical Procedures /methods

**AccessionNumber**
12009101433

**Date bibliographic record published**
17/06/2009

**Date abstract record published**
24/02/2010

**Record Status**
This is a critical abstract of a systematic review that meets the criteria for inclusion on DARE. Each critical abstract contains a brief summary of the review methods, results and conclusions followed by a detailed critical assessment on the reliability of the review and the conclusions drawn.