

National Vascular Access Improvement Initiative Surgeon Questionnaire

Surgeon name: _____

E-mail Address: _____

Office Phone: _____

Hospital Affiliation(s): _____

1. What is your surgical specialty?

- General Transplant Other _____
 Vascular Urology

2. How many years have you been in practice? _____

3. How many years have you been doing hemodialysis vascular access procedures? _____

4. How many of the following do you perform per year?

- a. AV Fistulas
 i. Radial-cephalic (wrist) fistulas _____
 ii. Brachial-cephalic fistulas _____
 iii. Transposed (brachial-basilic or other) fistulas _____
b. AV Grafts _____
c. Access Ports _____
d. Implanted/cuffed catheters _____
e. Revised and/or open thrombectomies _____
f. Other hemodialysis access procedures _____

5. What percent of time do you see patients for access placement before initiation of dialysis?

- <25% 25-50% 50-75% >75%

6. What is the average waiting period for a new patient to be seen by you for initial evaluation? _____

7. After evaluation, how much time do your patients wait (on average) for definitive surgery? _____

8. What percent of your patients have had vessel mapping done prior to seeing you? _____

If no mapping has been done, do you obtain this prior to making an access decision?

- routinely only if suitable vessels cannot be found on physical exam
 only under the following circumstances _____

9. For urgent/emergent problems, can the patient be seen by you within 24 hours?

- Always Usually Sometimes Never

10. Do you track patients with an access or other operative registry? Yes No

11. The patients you see have already been educated regarding:

- a. Modality options for management of renal failure: Always Usually Sometimes Never
b. Access options for hemodialysis: Always Usually Sometimes Never
c. Advantages, limitations, and risks of hemodialysis options: Always Usually Sometimes Never

12. Do you offer any formal education to patients regarding:

- a. Modality options for management of renal failure: Always Usually Sometimes Never
b. Access options for hemodialysis: Always Usually Sometimes Never
c. Advantages, limitations, and risks of hemodialysis options Always Usually Sometimes Never

13. Which methods do you use for patient education?

- Written education materials
- Videos
- Informal discussion in your office: Average length of discussion _____
- Formalized education program
- Other _____

14. What do you do when intervention after AV access placement is required?

- Manage the problem, whether operative or interventional
- Handle only operative intervention and refer interventional
- Take care of straightforward problems and refer complex ones out

15. Do you do interventional procedures in the management of AV access? Yes No

If yes, where?

- Operating Room Cardiac Cath Lab Other _____
- Procedure Room Radiology

16. When constructing or revising an AV access in the operating room you are able to do:

- An on table fistulogram if indicated
- A balloon outflow venoplasty if needed
- A complete endovascular exam and intervention, including central studies, retrograde arterial studies, and stenting if needed

17. Which of the following are available to you?

- Portable Ultrasound Machine
- Vascular-Capable (Subtraction) C-arm Fluoroscope
- Endovascular equipment/supplies if relevant _____

18. Which of the following do you view as important in a Vascular Access (CQI) Management Program (please check all that apply):

- Experienced Mentor
- Educational Programs and Resources
- Regular Case and Literature Review
- Other: _____

19. Which of the following education options/formats do you prefer?

Educational Sessions:

- Grand rounds at your facility
- Off-site workshop with others in your city
- Other: _____
- Online information
- Other: _____

20. How likely is it that you would attend a regional educational course regarding current dialysis access surgical techniques and troubleshooting strategies?

- Very likely Not likely Only if _____

Please Return This Form to:

At: