Why I chose
Interventional Nephrology
‘finding a niche’

Mahmoud Amer

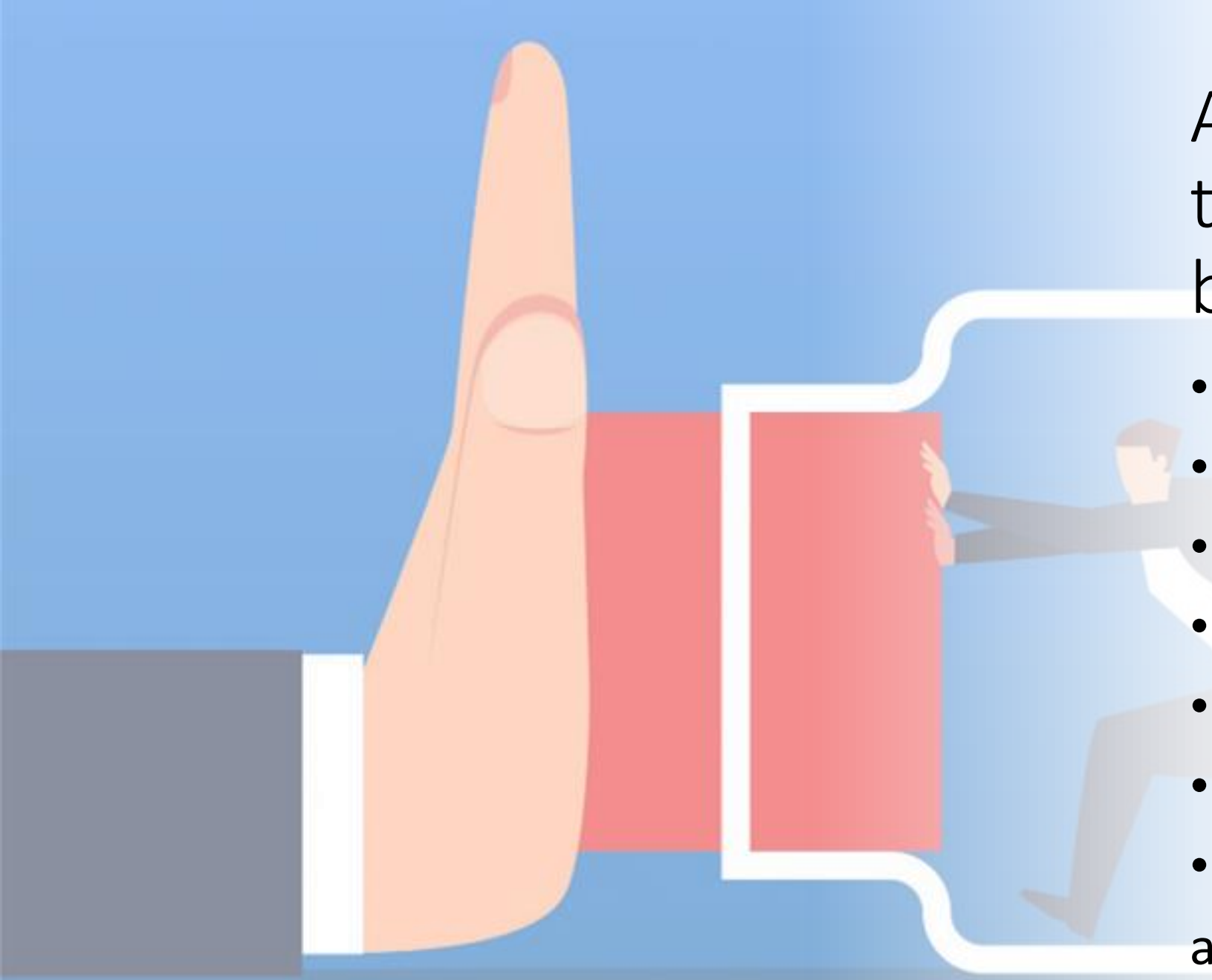
ANZSN Update Course 2023

‘Pearls’ from the Boss

Don’t be another ‘jobbing nephrologist’ - find a *niche*

You should go to Australia

You can’t just “do a procedure!”



Advanced training – a bottleneck?

- Research
- Teaching
- Quality improvement
- Acute transplantation
- Interventional nephrology
- Green nephrology
- Renal palliative care

and more…

Why Interventional Nephrology (IN)?

- Dialysis access 10-20% of dialysis workload
  - Delays → increased mortality, legacy effect
  - Health inequities
- Renal biopsy
  - Delays → morbidity, graft dysfunction risk
- Patient preference?
- Continuity of care
- Quality
- It’s rewarding!!

COVID and online learning

1. ‘Opportunities for improvement’ not ‘failures’
2. Complain but accept you are part of the problem!
3. Goal-directed
4. Teamwork
5. Ethics committee waiver
6. (Can be) more rewarding than research
7. Continuous
8. You don’t learn Quality Improvement by doing a diploma!

My final months of training…

Person with Covid visited Taranaki at start of November, DHB believes

5:38 pm on 10 November 2021

Share this

Recent wastewater results suggest a Covid-infectious person was in Taranaki from the start of November, the region's top doctor says.

NSW GOVERNMENT Health
Western Sydney
Local Health District

COVID-19 ALERT

THE TI

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Covid prison

w Australia lost its freedom

mier's revealing

MY FEAR OF MASS DEATHS

NSW state premier

Sydney faces curfews and extended lockdown as cases of Delta variant keep rising

Helen Sullivan and agencies

Sydney's coronavirus lockdown is being extended for another month, with large swathes of the city facing curfew from Monday, as the authorities battle a Delta outbreak that has brought record case numbers this week.

New South Wales reported 642 new local cases and four deaths yesterday, prompting the state premier, Gladys Berejiklian, to require that masks be worn outdoors at all times

city's lockdown – which has placed 5 million people under stay-at-home orders since late June – has been extended to 30 September.

Half of Australia's 25 million population is now in lockdown, with the states of Victoria and the Australian Capital Territory also responding to outbreaks.

Residents of New South Wales face tougher policing and increased fines as authorities try to contain the spread of the virulent Delta strain.The isolation status of more than 500 of yesterday's new cases remains under investigation.

The measures have also divided the state capital from the surround-

642
Number of new locally transmitted cases of Covid reported in NSW yesterday, with four more deaths

5m
Number of people in Greater Sydney who have been under stay-at-home orders since late June

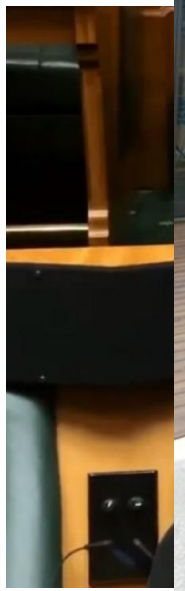
55%
Proportion of people aged 16 or over in NSW who have had at least one dose of a Covid vaccine

Boss land – where nothing goes to plan!

- Ske
- Peri
- Protocols
- No
- Hea

Reality

Data changing outcomes



Improving reliability of IN

- Adapt to existing resources/constraints
- Teamwork

→ Listen/talk to involved parties
  - Managers – **include in your FTE**
  - Colleagues, Nursing
  - IR/surgical back-up

- Simple, Standardised
- Accessible

→ Accreditation, Protocols, Patient education
Refresh skills

- Eliminate distractors
- Tolerate error

→ Audit/Quality improvement

- Redundancy

→ Keep existing pathways as backup

Tunnelled lines – past and present

Interventional radiology (IR)

- "150 procedures behind schedule"
- Existing protocols
- Urgent procedure? 7-14 days or transfer

- Technique
- Equipment
  - Antegrade lines
  - Micropuncture kits

Plan A
Wait time ~3 days

Plan B
IR or transfer

Renal biopsies – past and present

Interventional radiology

- "150 procedures behind schedule"
- Urgent procedure?
  7-14 days or transfer
- Pathology service

- Equipment
- New protocol
  (IR, urology, pathology input)

- Lab(s)

Plan A
Wait time ~2 days

Plan B
IR or transfer

Appendix 2 - Procedure Trolley

1x Chlorhexidine 2% prep solution and sterile gauze

1x sterile NaCl 0.9% solution for irrigation (500ml or similar)

1x large fenestrated drape

1x sterile ultrasound probe cover

1x Lignocaine 1% 10ml vial *(Lidocaine)*

1x Bupivacaine with Adrenaline 20ml vial *(Marcain 0.5% + Adrenaline 1 in 200,000, concentrations may vary)*

1x 20G needle and 1x 18G needle for local anaesthetic infiltration

1x 10ml syringe and 1x 20ml syringe

1x sterile pack with **straight-nose** clamps, suture clamps, forceps, scissors etc.

1x 40-50cm guidewire, dilators (size 8, 10, 16Fr or similar), split-sheath, blunt tunneller, scalpel, (can use from a tunneled line kit if not available separately)

1x hollow Veress (surgical insufflation) needle

1x introducer needle (to enable guidewire passage through Veress needle)

1x contrast vial (e.g. Omnipaque)

1x 43cm double-cuffed PD catheter (straight or swan-neck)

1x PD catheter connection set, cap and dressings

2x IV giving sets

1x warmed 1000ml NaCl 0.9% bag (keep outside procedure trolley)

1x 2-0 absorbable suture (e.g. Monocryl)

and present

- Refresh skills
- Accreditation
- Protocol - 24 hour admission
- Equipment (again..)

Laparoscopic or Percutaneous option

- MDT access clinic
  - If GA risky/delay

→ Percutaneous

Wait time

Elective ~7 days

Acute ~3 days

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Advanced training - a crossroad

- Interventional nephrology
- Quality improvement
- Acute transplantation
- Teaching
- Green nephrology
- Research
- Renal palliative care

and more…

Challenges ahead…

- Continuous quality improvement
- HD access surveillance
- Procedure nurse

- ‘Non-IN’ commitments
  - Renal planning workshops
    - Home dialysis capacity
    - Satellite HD unit
    - Transplant workup time

Summary

- Develop your areas of interest
- Network
- Non-clinical learning
- Take your annual leave

Don’t be another ‘jobbing nephrologist’ - find a *niche!*

Questions?