

P007

## P007 -Variation in practice for administering iodinated contrast agents to CKD4-5 patients in the low clearance clinics in the UK: a benchmarking exercise.

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### Background

Guidelines for administration of iodinated contrast media have recently been published<sup>1</sup> and have been endorsed by the Royal College of Radiologists (RCR)<sup>2</sup>. The guidelines have indicated that the risk of contrast-induced acute kidney injury (CI-AKI) is generally low, particularly for patients with an estimated GFR above 30 ml/min/1.73m<sup>2</sup>. The 'intercollegiate working party' including the Renal Association, the RCR among others recommends intravenous volume expansion in patients identified at high risk of CI-AKI<sup>3</sup>. Since CKD is putatively the greatest risk for CI-AKI we considered whether risk mitigating procedures such as intravenous pre-hydration protocols are routinely employed in patients with the most advanced CKD in UK centres.

### Method

A benchmarking exercise was undertaken by communicating via email and telephone through a network of specialist vascular access teams within the UK. The question was asked as to whether fluid protocols are in place in their patient cohort, with respect to those patients in the low clearance (or advanced kidney care (AKC)) clinics undergoing contrast-enhanced venography, fistulography, and fistuloplasty. Qualitative evaluation of responses was performed.

### Results

Responses were received from 22 units across the whole network.

Qualitative analysis indicates marked variation in practice. The vast majority of responses indicate no additional measures prior to contrast exposure (n=18). Variations in practice include the use of carbon dioxide for fistuloplasties (n=1), active volume expansion with intravenous crystalloid solutions pre-and post-procedures (n=4), temporary suspension of diuretics and ACE inhibitors (n=1), administration of oral N-acetylcysteine (n=1), and push oral fluids (n=1).

Reasons cited for non-adherence to the published iodinated contrast guidance included "contrast is irrelevant", "...risk of patient being too wet to lie flat", "the average fistuloplasty can be done with less than 10ml contrast".

### Conclusion

Despite the role the renal community takes in developing guidelines for prevention of CI-AKI, paradoxically there is no practical consensus among UK units. Real world evaluation from the current exercise indicates the risk of CI-AKI in advanced CKD is overplayed.