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## INTRODUCTION

**Effective peritoneal access is essential for successful peritoneal dialysis (PD) treatment.** Historically, catheter placement by nephrologists has not been linked to major complications. However, the choice of percutaneous techniques may vary across centers based on experience. This study investigates complication rates and survival associated with two placement techniques: the commonly used **trocar technique (TT)** and the recently acquired **Seldinger technique (ST)** within a Mexican PD unit at a nephrologist training center.

## METHODS

This observational and **retrospective cohort study** includes procedures performed from **July 2021 to September 2023** at the Hospital Regional Valentín Gómez Farías in Jalisco, Mexico.

Two comparison groups were established: **TT versus ST**. Complications, including **leaks, bleeding, dysfunction, and infection**, as well as 30-day survival, were analyzed, with a 3:1 ratio (TT versus ST).

## RESULTS

A total of 51 patients underwent TT, while 17 patients underwent ST.

**Complications occurred in 41% (n=7) of the ST group and 15% (n=8) of the TT group.**

Immediate complications, including leaks and bleeding, were observed in 23% (n=4) of the ST group and 5% (n=3) of the TT group (p=0.026) (Figure 1).

The catheter survival rate at 30 days was 94% for TT and 70% for ST (p=0.478) (Figure 2). No infectious complications were recorded in either group.

Figure 1. Cumulative event-free rate after 30 days follow-up

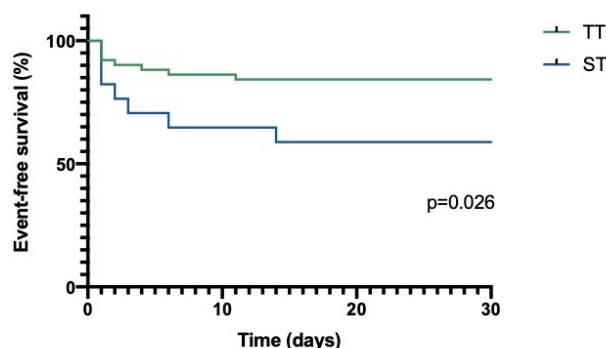
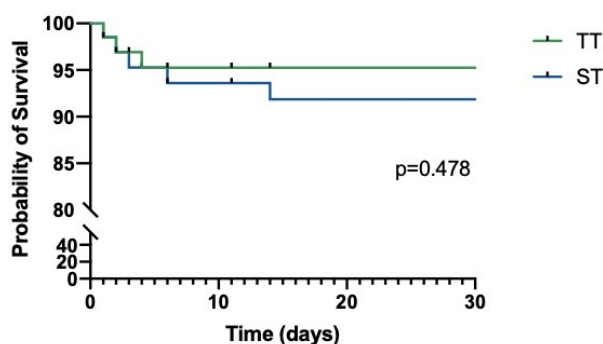


Figure 2. Catheter survival



## CONCLUSIONS

Differences in catheter survival based on technique were observed in our center, but statistically non-significant. However, **the ST was associated with a significant higher incidence of immediate complications**. These findings may be linked to the learning curve of the acquired technique.