

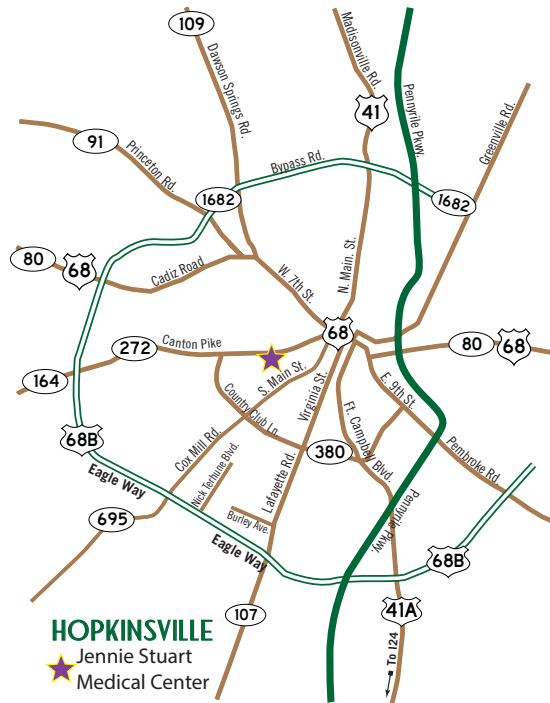


Dr. David Kabithe is a Board Certified General Surgeon and practices in Hopkinsville, KY. He received his undergraduate education at Georgetown College where he graduated with highest honors in 1993. He went on to Medical School at the University of Louisville School of Medicine where he was elected to the Alpha Omega Alpha Medical Honor Society and graduated in 1997. He completed his General Surgery

training at Case Western Reserve University School of Medicine in 2002.

Dr. Kabithe has been performing dialysis access surgery for over 15 years. He has received extra training in dialysis access and he is certified by the TACIDA (Training and Certification in Dialysis Access) Group. The TACIDA Group provides a training and certification process that has been endorsed by key opinion leaders in the dialysis access field. Dr. Kabithe is also a member of and certified by the American Society of Diagnostic and Interventional Nephrology (ASDIN).

Dr. Kabithe received his dialysis access training at the Dialysis Access Institute in Orangeburg, South Carolina which is the busiest dialysis access center in the world. During this training he developed a passion for caring for dialysis patients. Though he does a wide range of surgical procedures including gallbladder removal and hernia repair, Dr. Kabithe believes that creating and maintaining excellent dialysis access is his purpose. In addition to placing arteriovenous grafts and fistulas, Dr. Kabithe also places tunneled dialysis catheters, peritoneal dialysis catheters and performs angiograms and thrombectomies for clotted dialysis access. He also performs angioplasties and places stents for outflow narrowing of vascular dialysis access.



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DIALYSIS ACCESS SERVICE



JennieStuart
General Surgery

What is Dialysis Access?

Dialysis access allows a patient to be connected to a dialysis machine. During dialysis, approximately 400ml of blood per minute can be transferred from the patient to the machine which adjust fluids and electrolytes, removes toxins and returns "purified blood" back to the body. Dialysis is necessary to clean the blood when the kidneys have failed.

The three most types of dialysis access are arteriovenous (AV) Fistulas, AV grafts and catheters.

Arteriovenous Fistula

An arteriovenous (AV) fistula is created when an artery is connected directly to a vein, often in the forearm. This allows blood to flow into the vein and causes the vein to grow larger and stronger, making repeated needle insertions for dialysis possible. Fistulas have proven to be beneficial for long term dialysis because they can last longer and are less likely to become infected or clotted.

Arteriovenous Graft

If you have small veins that won't develop properly into a fistula, a plastic tube or graft can be implanted under the skin to connect between the artery and vein. The graft becomes an artificial vessel that can be used repeatedly for needle placement during dialysis.

Catheter

If your kidney disease has progressed quickly, you may need to have a venous catheter as a temporary access. A catheter is a tube that is inserted into a vein in your neck, chest or leg. A catheter has two chambers that allow a two-way flow of blood so needle insertion is not needed. Catheters are not ideal for permanent access, but they can be used temporarily while a permanent access develops.

What happens if my dialysis access stops working properly?

All types of vascular access can develop complications such as infection or low blood flow due to narrowing. These situations would prevent you from having good dialysis. The Jennie Stuart Dialysis Access Service can perform multiple specialized procedures, which maintain dialysis access, allowing you to continue to receive adequate dialysis.

Taking Care of your Access

- » Check the pulse in your dialysis access every day. Feel for the "thrill" or vibration through your access, or listen for the swishing sound with a stethoscope. If you notice any changes in the look, feel or sound of your access, notify your doctor.
- » Make sure your dialysis technician will check your access before each treatment.
- » Keep your access clean at all times.
- » Avoid bumping your access.
- » Don't let anyone take your blood pressure on your access arm.
- » Don't wear tight clothes or jewelry over your access site.
- » Don't sleep with your access arm under your head or body.
- » Don't lift heavy objects or put pressure on your access arm.



We follow NKF Kidney Disease Outcomes Quality Initiative (NKF KDOQI) guidelines and try to minimize catheter contact time. We expedite AV fistula creation whenever possible and AV graft placement only when adequately sized veins are not available.

