

When and How: The Art of Dialysis Access Intervention

Clinical practice must be guided by data from high-quality human clinical trials. Yet, many of our real-time decisions reflect what we've learned during years of training and subsequent clinical experience. At the intersection where data meet training and experience, we synthesize our approach to patient care. This is the art of medicine.

I've asked our contributors for this Dialysis Access edition of *Endovascular Today* to describe "when and how" they treat certain types of dialysis access problems. In essence, we've asked them to describe their decision-making process at the intersection of data, training, and experience.

When and how a problem is approached brings to mind the recently published book *Thinking Fast and Slow*.¹ Some decisions are made quickly because we instinctively know without doubt or hesitation what we must do. This is balanced by a slower thought process that considers how to make the best decisions largely by understanding the problem, assessing data, blending experience and knowledge, and perhaps double-checking the conclusion. During dialysis access intervention, we are often quick to decide, ignoring the slow thinking process, only to find that a quick decision

overlooked something important. Fortunately, we oscillate between these two thought processes and usually gain the benefit of both.

The contributors to this edition of *Endovascular Today* share with you the end results of their fast and slow thinking as they consider their own approach while treating a variety of dialysis access problems. Knowing

when to treat, and when not to treat, takes fast and slow thought processes. Fortunately for you, our contributors have done the work, and you can read their explanations regarding the decisions they've made.

When it comes to knowing how to treat a problem, there are usually many methods that can achieve a safe and successful result. The contributors won't claim their technique is the best or only one, but rather to show you one approach that may lead you to consider your own practice. Perhaps you will migrate to the author's way

of treating a problem, or maybe not. Regardless, the contributors will have succeeded in their assignments if their work makes you reflect upon your own practice, whether or not you adopt new techniques and strategies.

I, along with the other contributors to this edition of *Endovascular Today*, hope you will enjoy the when and how of our approach to dialysis access intervention. ■



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1. Kahneman D. *Thinking Fast and Slow*. 1st ed. New York, NY: Farrar, Straus and Giroux; 2011.