Author's response to reviews

Title: Saphenofemoral arteriovenous fistula as hemodialysis access

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Author's response to reviews: see over
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Editor in chief
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Dear Dr. Nina Titmus,

Thank you for the attention on our manuscript “Superficial saphenofemoral arteriovenous fistula as hemodialysis access” by João Antônio Correa et al. As suggested, we made a revision in English Grammar, we removed the additional files relating to ethical approval and informed consent, we rewrote introduction, method and discussion in order to improve the manuscript. We also consulted a proficient English speaker in order to improve English Grammar.

We also thank the referees for their suggestions that really improved the manuscript and we hope the present version can be accepted for publication on this important journal.

With our best wishes,

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RESPONSE TO REVIEWERS

Reviewer: Tushar Vachharajani

1. The number of SSFAVF cases in the abstract are reported as 51 in 45 patients and in the methods as 56 in 48 patients. The authors need to be consistent with their results and confirm the remainder of the findings are appropriately reported.

Answer: We thank the reviewer for the observation, this mistake was corrected. We used 56 fistulas in 48 patients.

2. The definition of kT/V for hemodialysis is generally not weekly but for each session unlike defined as weekly in the manuscript.

Answer: We considered the information and we thank the reviewer for his comment. In the hospital where we performed the study the definition of kT/V for hemodialysis is weekly but not for each session, it is our equipment that calculates the value. We request the comprehension of the reviewer regarding this issue.

3. The youngest patient is 10 years old. Why was a SSFAVF created in a 10 year old patient?

Answer: The 10 years old patient presented low weight and no vessels with appropriate size. We added this information in the text (Method, page 5-6, 5th paragraph).

4. The references listed are not relevant to the manuscript. These need to be appropriately modified. The reference number 2-10 needs to be changed.

Answer: According to the reviewer’s observation we replaced references 2-10.

5. The SD needs to be reported in a standard fashion as +/- value rather than %.

Answer: We corrected SD according to the reviewer’s comment.

6. The Kaplan Meier results need to be reported as a figure rather than a table.

Answer: We thank the reviewer for his suggestion. We replaced Table 3 by Figure 8 and Figure 9.

Minor:
The use of certain terms is incorrect. "Confection" is not the appropriate English term for creation of an AVF.

Answer: The term was corrected according to the reviewer’s comment.

Reviewer: Uenis Tannuri
The manuscript is well written with an impressive causistic of arteriovenous fistulas for hemodialysis. It deserves to be published in the Journal with a minimum modification: the figure 2 contains two legends in portuguese; figures 3, 4 and 5 contain data written not in english version.

**Answer:** We thank the reviewer for his comment. The figures were corrected according to his comment.

**Reviewer: Christopher P Gibbons**

It would benefit from shortening by a third and rewriting by a more proficient English speaker.

**Answer:** We thank the referee for his observation. The manuscript was extensively reviewed, we consulted a more proficient English speaker in order to improve English Grammar.

The authors coin the term “superficial saphenofemoral AV fistula” which is confusing and would be better simplified to “saphenofemoral AV fistula”.

**Answer:** This term was corrected according to reviewer’s comment (SFAVF, highlighted in the text).

The abstract does not explain what the authors mean by a superficial saphenofemoral AV fistula and should make it clear that it is an AV fistula between the superficialised long saphenous vein and the superficial femoral artery in the adductor canal. The lengthy explanation of the intraoperative failure of one fistula seems unnecessary in an abstract.

**Answer:** In this version of the manuscript we added new sentences in abstract according to the reviewer’s observation.

The introduction is very difficult to understand. Despite nearly 30 years experience in vascular access I have never heard of a “handle” technique before so if the authors think this is important this requires explanation.

**Answer:** We reviewed the introduction and improved it. We meant the term ‘handle’ as ‘loop’. The paragraph cited by the reviewer was removed in order to avoid confusion.

The methods are again difficult to follow and, in particular, the sentence “Fistulas were evaluated according to puncture, HD flow, spontaneous venous pressure absence and dialysis adequacy according to K.T/V [17]. It was defined as puncture facility: catheterization of the fistula at its first attempt; ideal HD flow: values above 250 ml/min; absence of spontaneous venous pressure: pressure lower than 100/mm Hg at the end of devolution with optimal blood flow; urea clearance dialysis adequacy (in vitro) multiplied by the duration of dialysis in minutes divided by the volume of urea distribution (weight x 0.6), considering the ideal week value of 1.2.” requires translation into better English.
Answer: We thank the reviewer for his observation. We consulted a more proficient English speaker in order to improve this sentence and the entire text.

If a problem was found using one of these methods what imaging was used (duplex ultrasonography) and how were the fistulae then treated (angioplasty or surgical revision)? It seems from the discussion that only fistulography and occasional angioplasty was used but this needs clarification in the methods section.

**Answer:** If a problem was found we used ultrasonography and Echo-color-Doppler 2P. In cases of stenosis we treated by an angioplasty and in cases of pseudo aneurysm we performed a surgical revision. This information was added in the text (page 6-7).

I presume “tremor” should be translated as “thrill” (or should this be “bruit”).

**Answer:** We corrected this term.

The photographs of the technique are reasonably good but it would have been nice to have had one photograph of the completed AV fistula before the wounds were closed.

**Answer:** We thank the reviewer for his suggestion. We added two figures (Figure 6 and Figure 7).

Table 1 is unnecessary. Table 3 should be replaced by a survival graph which can be readily produced using commercial statistical packages such as SPSS.

**Answer:** We thank the reviewer for his suggestion. We removed Table 1 and we replaced Table 3 by Figure 8 and Figure 9.

On page 7 (last line) this unusual word “confection” comes up again with yet another apparent meaning (“function”).

**Answer:** The term was replaced by “function”.

The results are expressed as “cumulative patency” and then the authors employ the dubious technique of improving their figures by eliminating early failure, justifying this by the apparent recommendations of KDOQI. Instead, the authors should use the normal way of describing patency in vascular surgery: primary and secondary patency. The absence of any steal is a surprising but important finding.

**Answer:** We thank the reviewer for his relevant observation. We considered this information and added a new sentence in order to clarify this issue to the reader, in which we explain that in all early failure it was maintained the primary and second patency (Results section, last paragraph).

The discussion is long winded and very confusing due to the almost incomprehensible English. The term “magna saphenous vein” would be more recognisable to English speakers as “long saphenous vein” or “greater saphenous vein”. The sentences on page 13 “It showed that the rate increases to 51.04% in 60 months, with standard deviation of 6.36% in 42 fistulas. On the other hand, analysis of results after 12 and 24 months
revealed a patency rate of 78.2% and 63.8% respectively, a rate close to researches published by Brescia and Cimino [26, 27], whose primary patency at six months ranged between 65% and 81%.” leaves me baffled as to its meaning.

**Answer:** We thank the reviewer for his observation. We corrected the mistakes cited by the referee.

**Reviewer: Waclaw Weyde**

The issue is worth dissemination. Every vascular access made from native vein is better then using permanent catheters and grafts. The authors showed good results of alternative to forearm/arm fistula approach on lower extremity. The method is known for some interventional nephrologist and cooperating surgeons but not efficiently utilized. The authors collected acceptable number of patients to show a proof. Some linguistic correction is needed: Kt/v (not K.T/V), fistula maturation instead of evolution etc.

**Answer:** We thank the reviewer for the comments. We consulted a more proficient English speaker in order to improve English Grammar. The corrections observed by the referee were made.