Necrotic areas on arteriovenous fistulae - update

In April 2014 RA-BRS Patient Safety reported that black necrotic areas have developed over A-V fistulae, requiring emergency operative intervention, as there was the risk for severe haemorrhage. Although a number of factors had been suggested that might have contributed, there is no consensus of a predominant factor. The use of chlorhexidine and alcohol cleaning solutions, and possibly with the more concentrated 2% solutions, has been one of the suggestions.

Allergy to chlorhexidine has occurred, and an MHRA Alert about risk of anaphylactic reaction due to chlorhexidine allergy MDA/2012/075 was issued in October 2012.

The MHRA was contacted to whether they had any further reports that would give concern about the use of chlorhexidine and alcohol solutions.

The MHRA response is as follows:

“As a result of Yellow Card reports received and communications with the Renal Association in 2014 the MHRA reviewed UK cases of chlorhexidine with skin necrosis/scabbing over AV fistulae. The marketing authorisation holder for the product concerned was contacted and the outcome of this assessment was that no further action was required at present but that the issue will continue to be monitored. Should you have been made aware of any further possible cases concerning chlorhexidine use and skin necrosis then please can you report these to us including batch details and any details of the application process undertaken”.

Action

- There needs to be no change in the current use of chlorhexidine skin cleaning solutions.

- RA-BRS Patient Safety would welcome details any other cases of skin necrosis over arterio-venous fistulae, particularly if a cause can be identified.

- Please report any instances where chlorhexidine appears to have caused an adverse reaction. Reports should go both to RA-BRS Patient Safety and to the MHRA

Please submit comments, solutions, and personal experience to:

Dr. Paul Rylance, RA-BRS Patient Safety lead by email to: patientsafety@renal.org