

<p>Fuerza: El GEG consideró que la implementación de la intervención generaría ahorros a largo plazo ya que ayudaría a mejorar el estado de salud del paciente y evitaría futuras complicaciones como: isquemia, hemorragia, sepsis, reinfección, etc. Además, debido a que el procedimiento quirúrgico ya se realiza actualmente, no sería necesario la implementación de nuevos equipos o instrumentos, por lo que, sería factible y potencialmente evaluable. Por ello, se decidió emitir una recomendación fuerte.</p>	
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Buenas Prácticas Clínicas

El GEG consideró relevante emitir las siguientes BPC al respecto de la pregunta clínica desarrollada:

Justificación	BPC
<p>El GEG consideró que los pacientes con infección asociada a la fistula para hemodiálisis, tienen una mayor probabilidad de recuperación con tratamiento antimicrobiano (66). Pero, en caso persista la infección, se debería buscar su preservación funcional, mediante diferentes técnicas quirúrgicas, como desbridamiento (67). Por ello, se decidió establecer como BPC para las infecciones asociadas a la fistula.</p>	<p>En pacientes con infección asociada a la fístula, se debe intentar siempre que sea posible la preservación de la fistula mediante desbridamiento quirúrgico de las colecciones existentes.</p>

VI. Plan de actualización de la Guía de Práctica Clínica

La presente GPC tiene una vigencia de tres años. Al acercarse al fin de este período, se procederá a una revisión de la literatura para su actualización, luego de la cual se decidirá si se actualiza la presente GPC o se procede a realizar una nueva versión, de acuerdo a la cantidad de evidencia nueva que se encuentre.

VII. Referencias bibliográficas

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