Results of the endovascular treatment system for occluded native arteriovenous fistula

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Abstract

Background Arteriovenous fistula is the definitive vascular access for patients on long-term haemodialysis. The aim of this study is to present the techniques and results of the Endovascular Treatment System that we have developed for managing the occluded native arteriovenous fistula.

Methods The current study is a retrospective chart review on all patients who presented with an occluded native arteriovenous fistula and underwent attempted recanalization between 1 January 2005 and 31 December 2014. Results A total of 130 patients were included in the study. Post-intervention primary access patency was 83.8% at 6 months, 78.7% at 12 months, 64.6% at 2 years and 59.6% at 3 years. Post-intervention assisted access patency in fistulas-in-use was 86.5% at 6 months, 81% at 12 months, 66.8% at 2 years and 61.2% at 3 years. Post-intervention secondary patency for all cases was 84.7% at 6 months, 80.2% at 12 months, 66.1% at 2 years and 62% at 3 years. Post-intervention secondary patency in fistula-in-use was 91.1% at 6 months, 90% at 12 months, 85% at 2 years and 74.6% at 3 years. Access survival nor patency differed significantly when incisional thrombectomy was compared to angioplasty with or without stenting with access survival of 91.2% and 92.5% at 12 months and access patency of 82.9% and 89.7% at 12 months (P= 0.834 and P= 0.898, respectively). Conclusions In autologous arteriovenous thrombosed fistulae, the use of endovascular techniques to revive the access is a viable and safe technique to employ in most cases.

Palabras clave

Palabras clave de autor: arteriovenous fistula; dialysis; endovascular procedure; vascular surgery

KeyWords Plus: HYDRODYNAMIC THROMBECTOMY; GRAFTS; THROMBOLYSIS; MANAGEMENT; SALVAGE; PATENCY

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