

Slide 2

Disclosures

No conflicts or disclosures pertaining to the topic of presentation or the materials used and discussed

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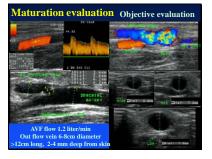
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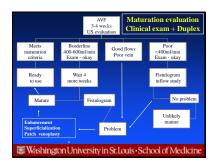
Presentation outline Access maturation Outflow vein problems Diagnosis Management options Outcome Washington University in St. Louis · School of Medicine

Time line for AVF maturation Under ideal circumstances (i.e. artery without calcification of diameter >2.5mm, vein without outflow stenosis diameter >2.5mm, surgical technique with meticulous dissection and avoiding torsion) AV fistula should mature in 4-6 weeks Failure to mature Early thrombosis 12-20% Doubler LM. JAMA 08: 2164-71, Boy-Chandluny, AJKD 07:59:780-92 Washington University in St. Louis • School of Medicine

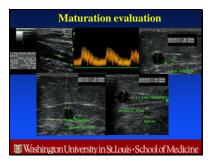
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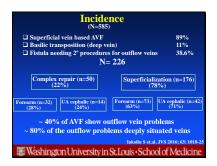






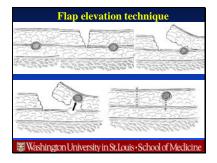
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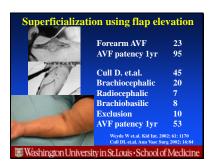




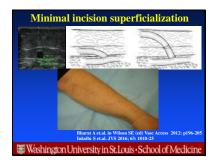
Slide 10 Procedures to manage deep outflow veins > Getting vein closer to skin (superficialization) | Flap elevation procedure (FEP) | Minimal incision superficialization technique (MIST) > Getting skin closer to the vein | Lipectomy | Liposuction > Needle guiding devices | Venous window needle guides Washington University in St.Louis • School of Medicine

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Slide 13







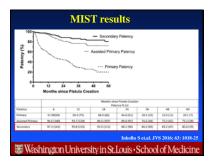
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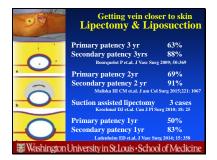






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Summary

- > US maturation evaluations helps detect deeply situated otherwise suitable to use vein following AVF creation
- ➤ Deep veins are the cause for non-maturation in ~40% AVF
- \succ Secondary surgical procedures help render fistula mature
- > MIST and Lipectomy have excellent proven long-term outcom

Preoperative patient evaluation should routinely include evaluation of needle access segment to identify deeply situated outflow veins to plan elective 2 stage procedures during access planning

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