

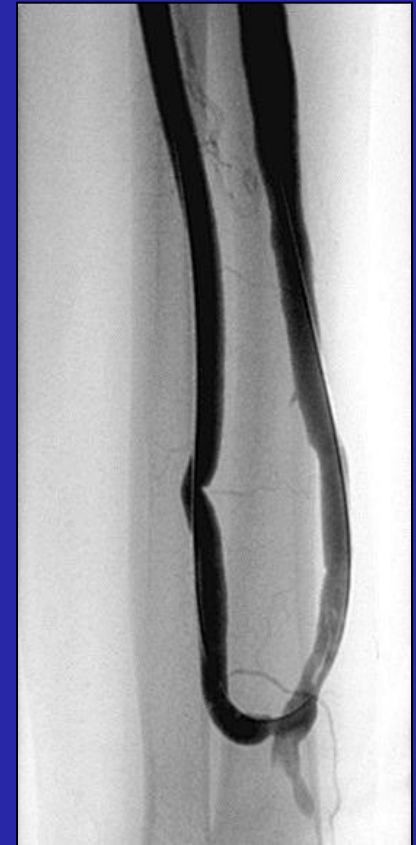
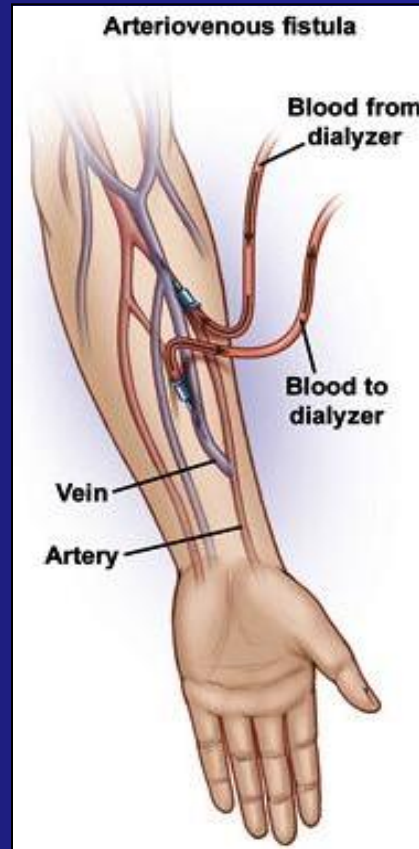
# Endovaskulær behandling af hæmodialysefistler: Er blood flow en indikator for holdbarheden?



S. Heerwagen, M. Hansen, T. Schroeder, S. Ladefoged, L. Lönn  
Radiologisk og karkir. afd., Rigshospitalet.

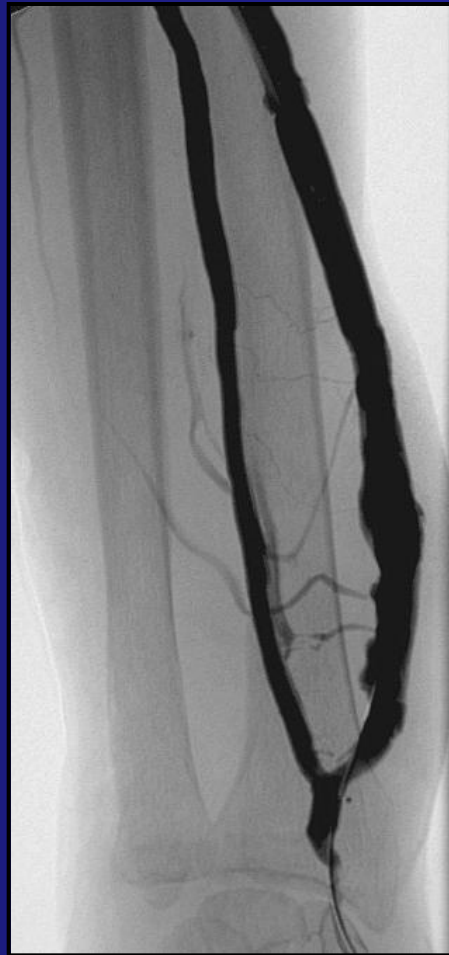
# HÆMODIALYSEFISTLEN

... en vaskulær adgangsvej

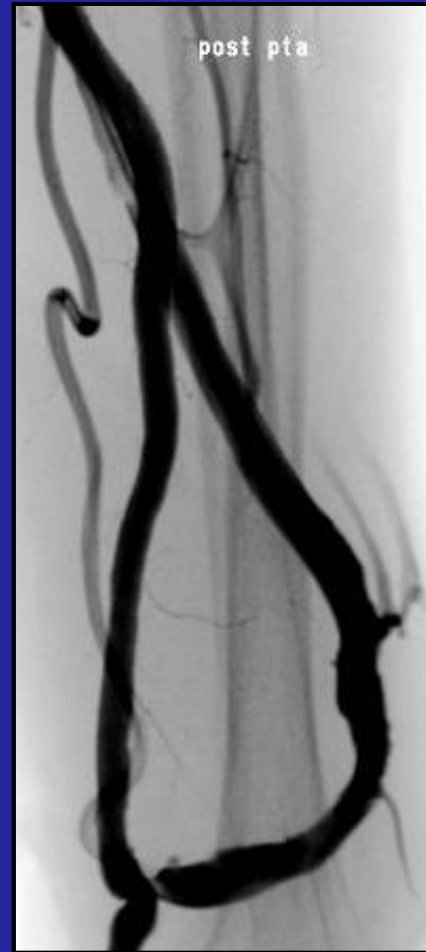


# SEHR SCHÖN ELLER "SUR LE CHEVAL..."

?



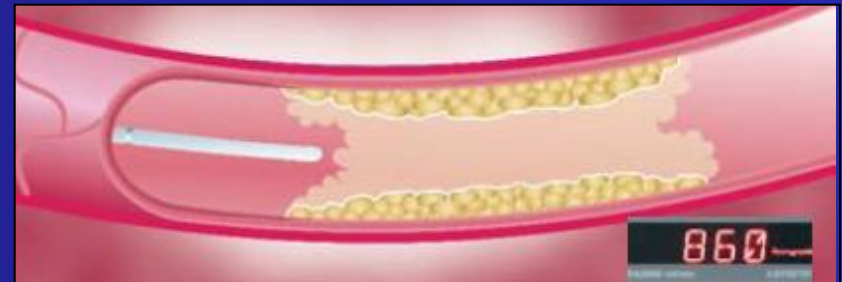
Patient A



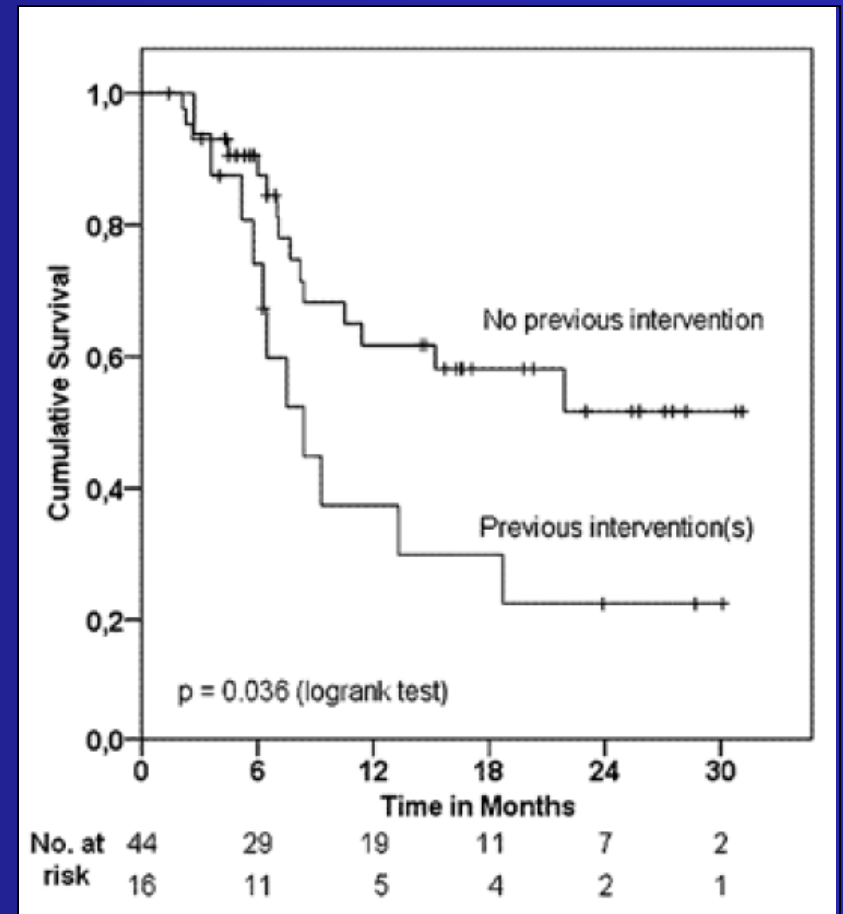
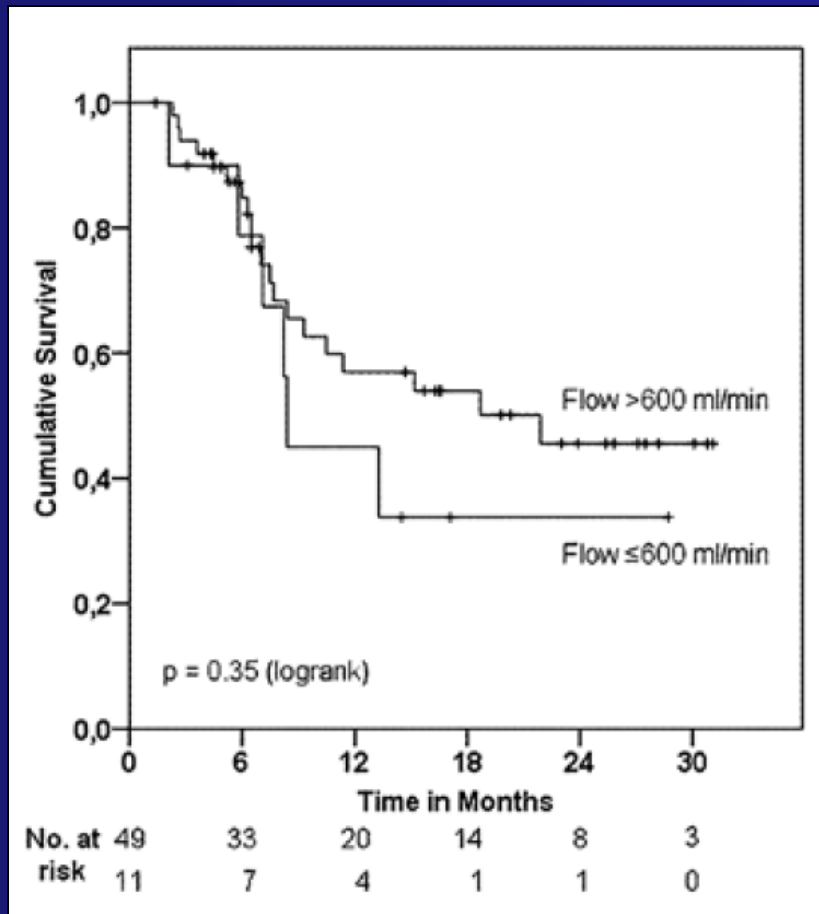
Patient B

# MATERIALE OG METODE

- Prospektivt observationelt studie fra sep. 2008 – jan. 2011.
- 60 konsekutive patienter – 93 behandlinger (ballondilatation).
- Postinterventionelt flow målt med intravaskulært kateter.
- Primære end point: Forskel i holdbarhed ved flow over eller under 600 ml/min.
- Statistik: Multivariat analyse (Cox-regression) + deskriptiv statistik.



# RESULTATER



# RESULTATER

## Flow

	$\leq 600$ mL/min	$> 600$ mL/min	Total
Residual stenose $\geq 30\%$	2 (2%)	<u>8 (9%)</u>	10 (11%)
Residual stenose $< 30\%$	<u>15 (16%)</u>	68 (73%)	83 (89%)
Total	17 (18%)	76 (82%)	93 (100.0%)

Uoverensstemmelse i 25% (23 ud af 93)

# KONKLUSIONER

- Post-interventionelt flow  $>600$  ml/min ikke associeret med bedre holdbarhed.
- Tidligere intervention(er) forbundet med dårligere holdbarhed.
- Dårlig overensstemmelse mellem radiologiske og hæmodynamiske succeskriterier.

Heerwagen ST, Hansen MA, Schroeder TV, Ladefoged SD, Lönn L.

Endovascular treatment of hemodialysis arteriovenous fistulas: Is immediate post-interventional flow a predictor of patency? *Journal of Vascular Access* 2012, epub ahead of print.