ASDIN 2017 CASE PRESENTATIONS

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Objectives

- Case description and expected findings:
- Physical exam findings
- Vascular access surveillance and monitoring
- Images
- Discussion
Dysfunctional access

Poor flow, difficult cannulation
Radio cephalic AVF
-expected physical exam findings
  - pulse
  - thrill
  - augmentation
  - straight arm raising
Radio cephalic case continued

- Surveillance and monitoring
  - Flows
  - Measured Clearance

- IMAGING
juxta-anastomotic stenosis

calcification in brachial artery

cephalic vein
Clotted access

Poor flow, difficult cannulation
Upper arm access- graft
-expected physical exam findings
  pulse
  thrill
  augmentation
  straight arm raising
Clotted Access Case Continued

- Surveillance and monitoring
  - Flows
  - Measured Clearance

- IMAGING
Stent in venous anastomosis
Case Presentation:
Hero catheter thrombectomy

- Rajiv Dhamija, MD
- Interventional Nephrology
- Rancho Los Amigos National Rehabilitation Center
Case:

- 88 yo black male with ESRD X 1 year due to Hypertensive Nephrosclerosis.
- Hero catheter placed 9 months ago
- World War II veteran
- No previous central catheters
- No documented central stenosis available per VA hospital service
Hero Graft Catheter

- Part graft
- Part catheter
- Indications:
  - Last resort
  - Central stenosis
Pull back angiogram
Pull back continued
Angioplasty graft and catheter
Inflow- restore flow
Fogarty arterial plug and inflow
Pull back sweep
Flow restored
Flow restored continued
Conclusion - Hero Graft Catheter

- Use small size balloons for catheter and graft angioplasty
- Stenotic flow might be at the junction between graft and catheter
- Remove clots from both cannulation sides
- Need for anticoagulation, clopidogrel, aspirin, other?
- Hero catheter placement Indications-
  - Last resort
  - Central stenosis