

Access surgeons are occasionally asked to create arteriovenous access for non-dialysis functions. Subjectively noting overall poor results, we seek to present our experience with arteriovenous access creation for apheresis” Wooster et al (2017).

Abstract:

PURPOSE: Access surgeons are occasionally asked to create arteriovenous access for non-dialysis functions. Subjectively noting overall poor results, we seek to present our experience with arteriovenous access creation for apheresis.

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METHODS: Billing records were reviewed using Current Procedural Terminology (CPT) and International Classification of Diseases (ICD-9) codes to identify patients undergoing arteriovenous access creation for diseases other than renal failure from January 2007 to August 2014. Inpatient and outpatient records were reviewed to identify patient demographics, disease-specific medications/treatments, access-specific characteristics, patency data, and reinterventions required.

RESULTS: A total of 16 access creation procedures were performed for 8 patients, accounting for just 1.6% of total access creations during the period. Treatment was for myasthenia gravis (n = 6), chronic inflammatory degenerative polyneuropathy (n = 9), and stiff man syndrome (n = 1). Access failure was by thrombosis (n = 7), non-maturation (n = 4), and infection/steal syndrome (n = 1), with four accesses still functional at conclusion of review. There was 50% autogenous access creation and overall maturation rate of 37.5%. Mean primary patency was 236 days (range 10-878), with secondary patency achieved in three patients adding a mean of 174 days (range 2-517). Cumulative 3-month and 1-year patency rates were 36.5% and 25%, respectively.

CONCLUSIONS: Arteriovenous access creation for plasmapheresis represents a minority of access procedures. Though it remains unclear why, patency and maturation rates are

significantly lower than expected when compared to access for hemodialysis access. These high failure rates must be taken into account when considering replacement of temporary catheters with surgical access for non-hemodialysis needs.

Reference:

Wooster, M., Wilson, R., Shames, M. and Moudgill, N. (2017) Arteriovenous access does not perform as well for plasmapheresis. *The Journal of Vascular Access*. January 25th. .

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