



To review the outcomes of central venoplasty in the treatment of symptomatic central vein stenosis in patients undergoing haemodialysis via an ipsilateral arteriovenous fistula (AVF)” Cuthbert et al 92018).

Abstract:

Objective: To review the outcomes of central venoplasty in the treatment of symptomatic central vein stenosis in patients undergoing haemodialysis via an ipsilateral arteriovenous fistula (AVF).

Methods: Data were collected retrospectively, and included all the consecutive cases of central venoplasty between January 2008 and December 2015.

Results: A total of 132 central venoplasties in 76 patients were performed, with incidence of symptomatic central vein stenosis at 7.4%. Of the patients, 66% were male and the mean age was 61 years. The most frequent indication was decreased dialysis access flow rates (58%) and 52% of all the patients had symptoms of upper limb swelling. The patients who had previous ipsilateral tunneled internal jugular vein dialysis catheters made up 58% of the patients. The mean time from AVF creation to first central venoplasty was 24 months, and 74% of the cases required a second central venoplasty and the mean time to second venoplasty was 7 months. The overall post intervention assisted primary patency rate was 87%, 74%, 63%, and 42% at 6, 12, 18, and 24 months respectively. Statistically significant

differences were found in primary assisted patency ($p=0.025$) and time to second procedure ($p=0.039$) comparing those with and without a history of ipsilateral tunneled dialysis catheter.

Conclusion: Central venoplasty is technically feasible with low procedural risk. The maintenance of the AVF patency usually requires multiple procedures at average interval of 7 months. Patients with a history of upper limb tunneled dialysis catheter ipsilateral to the side of central vein stenosis or AVF have a less favorable outcome compared to those without.

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Full Text

Reference:

Cuthbert, G.A., Lo, Z.J., Kwan, J., Chandrasekar, S. and Tan, G.W.L. (2018) Outcomes of Central Venoplasty in Haemodialysis Patients. *Annals of Vascular Diseases*. 11(3), p.292-297.

doi: 10.3400/avd.oa.18-00025.

