



“Fistulae in the obese often fail to mature or prove inadequate to needle due to excessive depth (gt;6 mm). This study is a summary of our experience with brachio and radio-cephalic vein superficialisation in the obese.” Evans et al (2014).

Reference:

Evans, R.P., Meecham, L., Buxton, P., Jafferbhoy, S., Legge, J., Papp, L., Ehsan, O. and Pherwani, A.D. (2014) Vascular access in the obese: superficialisation of native radio-cephalic and brachio-cephalic fistulae. The Journal of Vascular Access. October 16th. .

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Abstract:

PURPOSE: The Department of Health estimates that currently in the UK, 61.3% of the population are overweight or obese (BMI gt;25 kg/m²). Fistulae in the obese often fail to mature or prove inadequate to needle due to excessive depth (gt;6 mm). This study is a summary of our experience with brachio and radio-cephalic vein superficialisation in the obese.

METHODS: From May 2008 to October 2012, 22 patients underwent superficialisation of the cephalic vein following radio-cephalic or brachio-cephalic Arterio-venous fistula (AVF)

creation. Data were obtained from a prospective database (Cyberen®) and retrospectively analysed.

RESULTS: The study included 23 AVFs in 22 patients (seven males, 15 females), of which 13 were brachio-cephalic and 10 radio-cephalic. The mean age of the patients was 56 years (median 60, range 19-78 years). The mean BMI was 36.7 kg/m² (median 32, 25-58 kg/m²). Six-week post procedure duplex ultrasonography recorded the mean fistula depth to be 7.7 mm (median 8 mm, 5-15 mm) and mean flow rates were 961 ml/min (median 800 ml/min, 320-1968 ml/min). Of the 23, 21 fistulae matured successfully. There were no procedure-related complications. During follow-up, two patients underwent transplantation prior to fistula use and three patients died of unrelated causes. The remaining 16 fistulae remain in use and under access surveillance.

CONCLUSIONS: Superficialisation of brachio/radio-cephalic fistulae is an excellent option to optimise the cephalic vein for needling, assisting primary patency. Superficialisation of the cephalic vein helps maintain long-term functional access in overweight and obese patients.

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