"The aim of this study was to review our results for endovascular mechanical thrombectomy using the AngioJet system in patients with arteriovenous fistulae (AVF) and arteriovenous grafts (AVG)" Drouven et al (2020).

Abstract:

PURPOSE: Endovascular mechanical thrombectomy using the AngioJet system can be considered to reestablish patency in occluded vascular access. The aim of this study was to review our results for endovascular mechanical thrombectomy using the AngioJet system in patients with arteriovenous fistulae (AVF) and arteriovenous grafts (AVG).

METHODS: Data collected in a database of patients requiring hemodialysis for renal failure were analyzed. Patients who underwent endovascular mechanical thrombectomy procedures with the AngioJet™ system for occlusion of vascular access were included. Clinical and technical success rates and patency rates were calculated. Multivariate analysis was used to identify factors of influence.

RESULTS: A total of 92 AngioJet procedures in 60 patients with thrombosed vascular access were reviewed during a mean follow-up period of 21.5 months in patients with an AVF and 11.9 months in patients with an AVG. Technical and clinical success was achieved in 92.6% of AVF cases and 92.0 and 90.8% of AVG cases with an AVG, respectively. Significantly higher primary and primary-assisted patency rates were observed in the AVF group. Multivariate regression analysis indicated that left-sided vascular access and female sex were independent predictors for failure regarding primary patency in AVG patients.
Immunosuppressive drugs and older age were negative predictors for secondary patency in AVG patients.

CONCLUSIONS: The AngioJet system can be deemed an effective technique to reestablish patency in occluded vascular access with minimal use of central venous catheters for dialysis. Good technical and clinical success rates were achieved with acceptable patency rates, especially in AVF patients.

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Narrative review addresses vascular access device choice
Vascular access outcome with a dedicated vascular team based approach

Reference:

Reference:

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