“We aimed to compare patency and complication rates of upper extremity conventional versus heparin-bonded AVGs.” Cox et al (2014).

Reference:

Patency rates among heparin-bonded and conventional polytetrafluoroethylene hemodialysis grafts http://ctt.ec/2n8sH+ @ivteam #ivteam

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Abstract:

Background: Although arteriovenous fistulae are the gold standard for vascular access, many patients do not have veins that are suitable for arteriovenous fistulae. These patients require arteriovenous grafts (AVGs). There have been no long-term trials designed to analyze the complication and patency rates of heparin-bonded versus conventional upper extremity AVGs. We aimed to compare patency and complication rates of upper extremity conventional versus heparin-bonded AVGs.

Methods: A retrospective chart review from 2008 through 2012 was conducted. Institutional review board approval was obtained. Patients with an upper extremity conventional or heparin-bonded AVG were included. Exclusion criteria included use of therapeutic anticoagulation and forearm loop grafts. Complication rates, reinterventions, and primary and secondary patency rates were compared using logistic regression analysis.

Results: The cohort consisted of 93 patients. Conventional and heparin-bonded grafts were compared and there was no statistically significant difference between the median time to use (29 vs 32 days; P = .440) or primary patency (P = .673). The duration of time elapsed until intervention was a median of 69 days (mean ± standard error = 94.7 ± 10.4 days). Demographic characteristics of patients did not differ between the graft types (61% women; P = 0.342). No statistically significant differences were seen between comorbidities in the 2
groups and body mass index did not differ (P = .986).

Conclusions: There is no improved primary patency, secondary patency, or difference in complication rates between patients who received conventional versus heparin-bonded AVGs.

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