



Abords vasculaires pour hémodialyse

PALAIS DES CONGRÈS D'AJACCIO

27^{ème}
COURS-CONGRÈS
DE LA SOCIÉTÉ FRANCOPHONE
DE L'ABORD VASCULAIRE

5>7 JUIN 2024

A novel technique of
totally percutaneous arterio-venous
shunt for hemodialysis access :

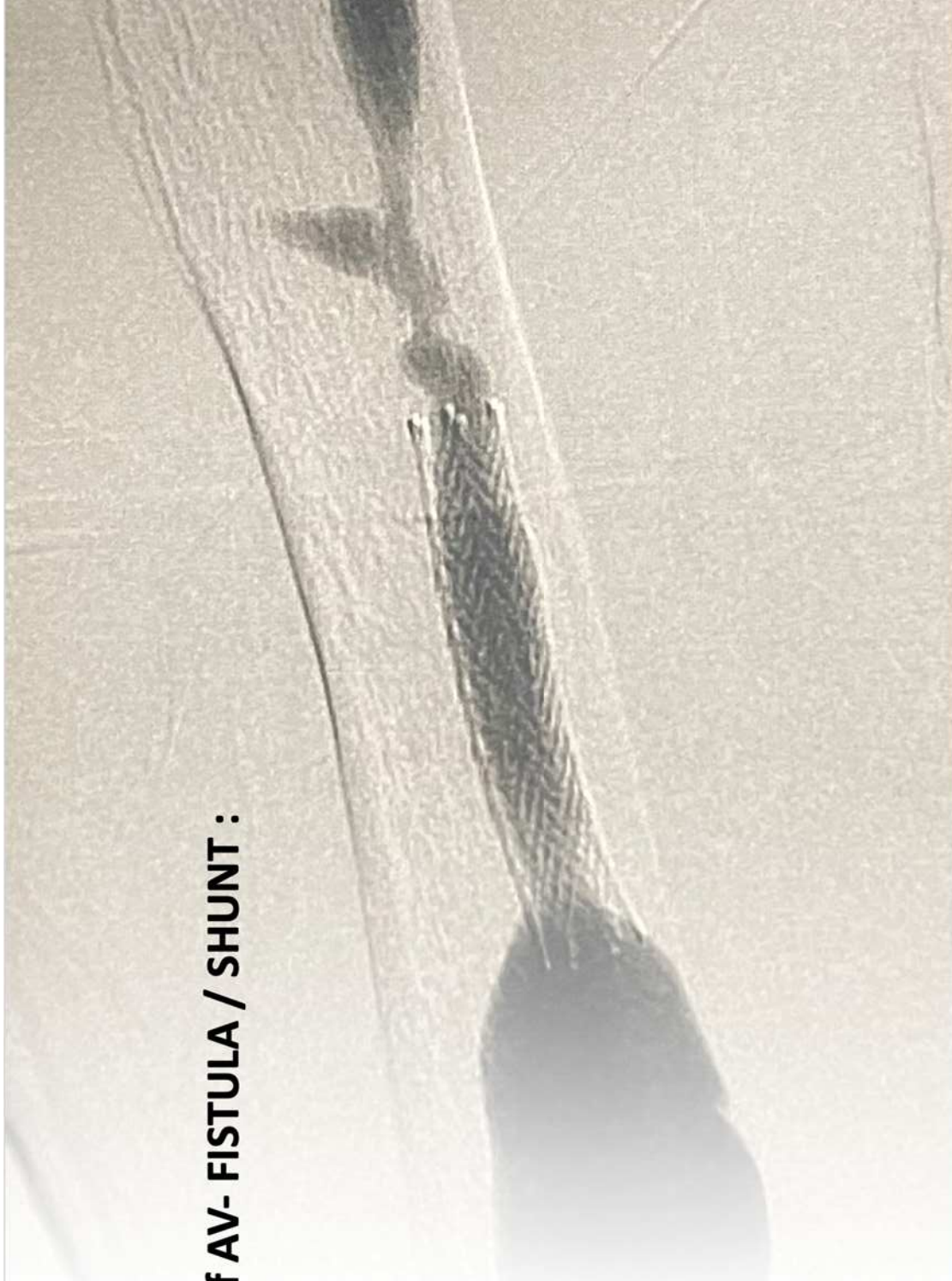
the Percut-AV-bypass

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• A so frequent evolution of AV- FISTULA / SHUNT :

- deterioration of the downstream venous field
- High flow – high pressure on a thin wall
 - - Humeral v.
 - - Axillary v.
 - - Sub-clavian v.



The stenosis usual sequences

- A so frequent evolution of AV- FISTULA / SHUNT :

- deterioration of the
down

• Angioplasty

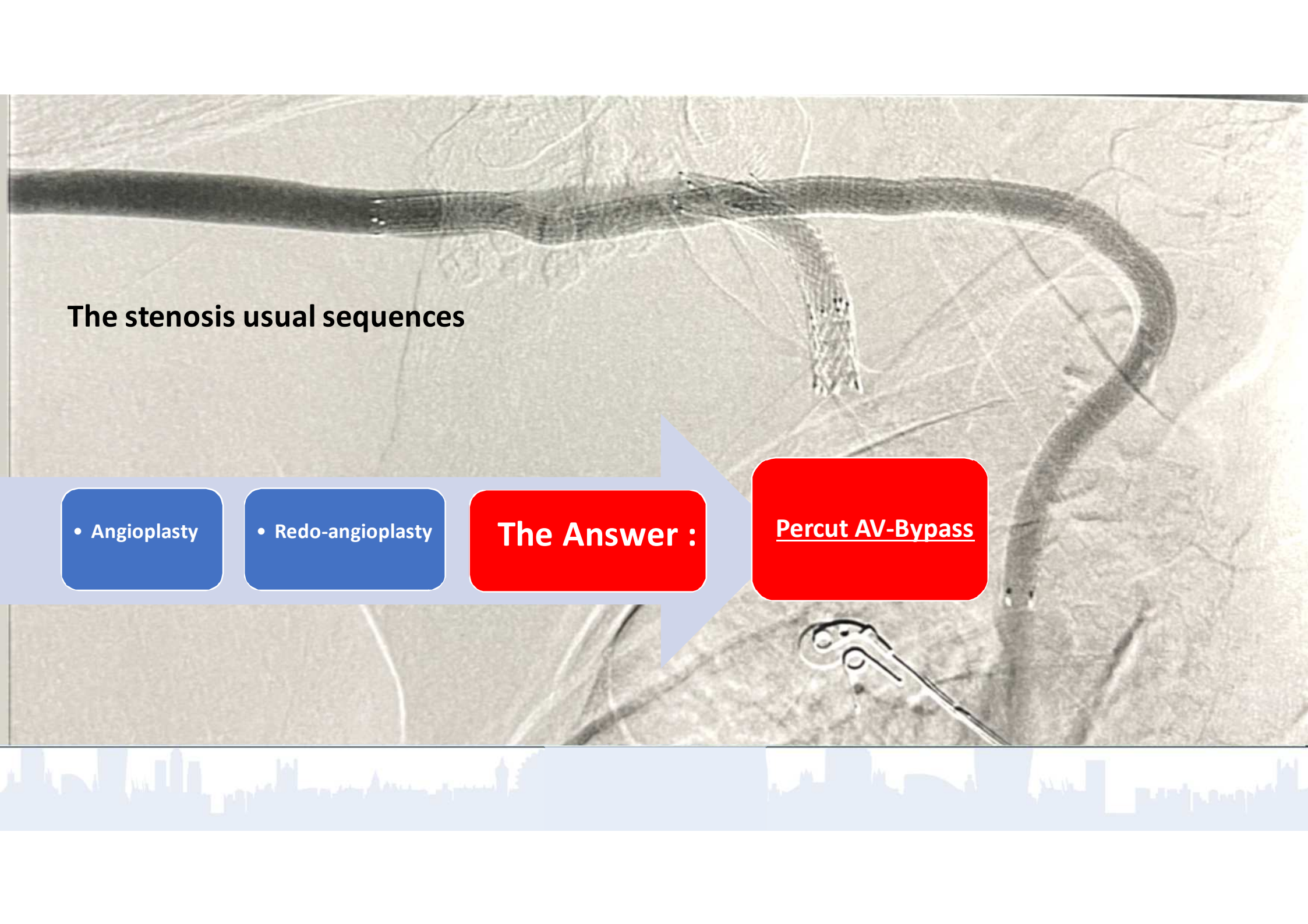
• Redo-angioplasty

Lost of the access

- High
thin v

- - Humeral v.
- - Axillary v.
- - Sub-clavian v.



An angiogram showing a coronary artery with a significant stenosis. The artery is dark, and the stenosis is a lighter, narrowed area. A catheter is visible at the bottom right, and a guidewire is visible at the top left.

The stenosis usual sequences

• Angioplasty

• Redo-angioplasty

The Answer :

Percut AV-Bypass

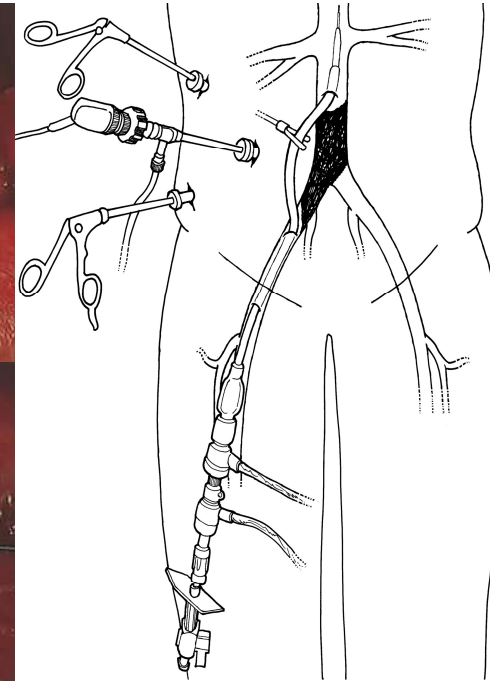
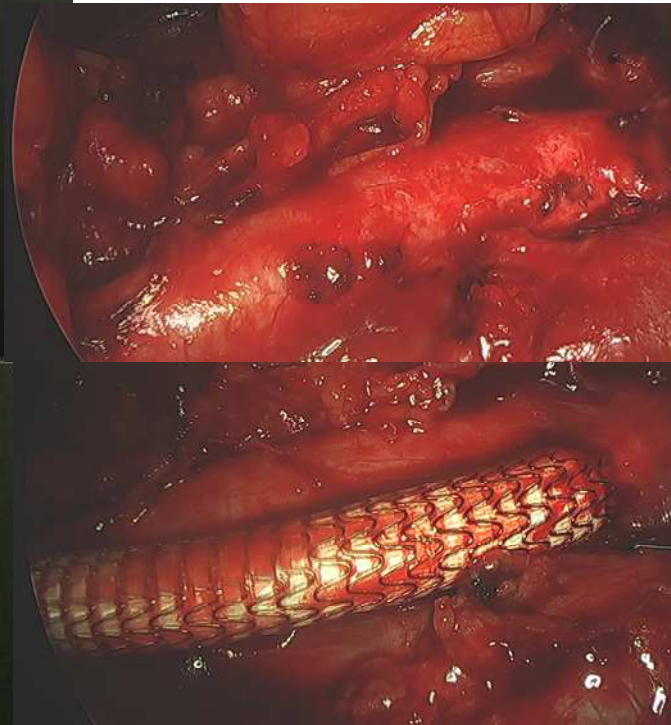
Inspiration : fem-pop “percut bypass”



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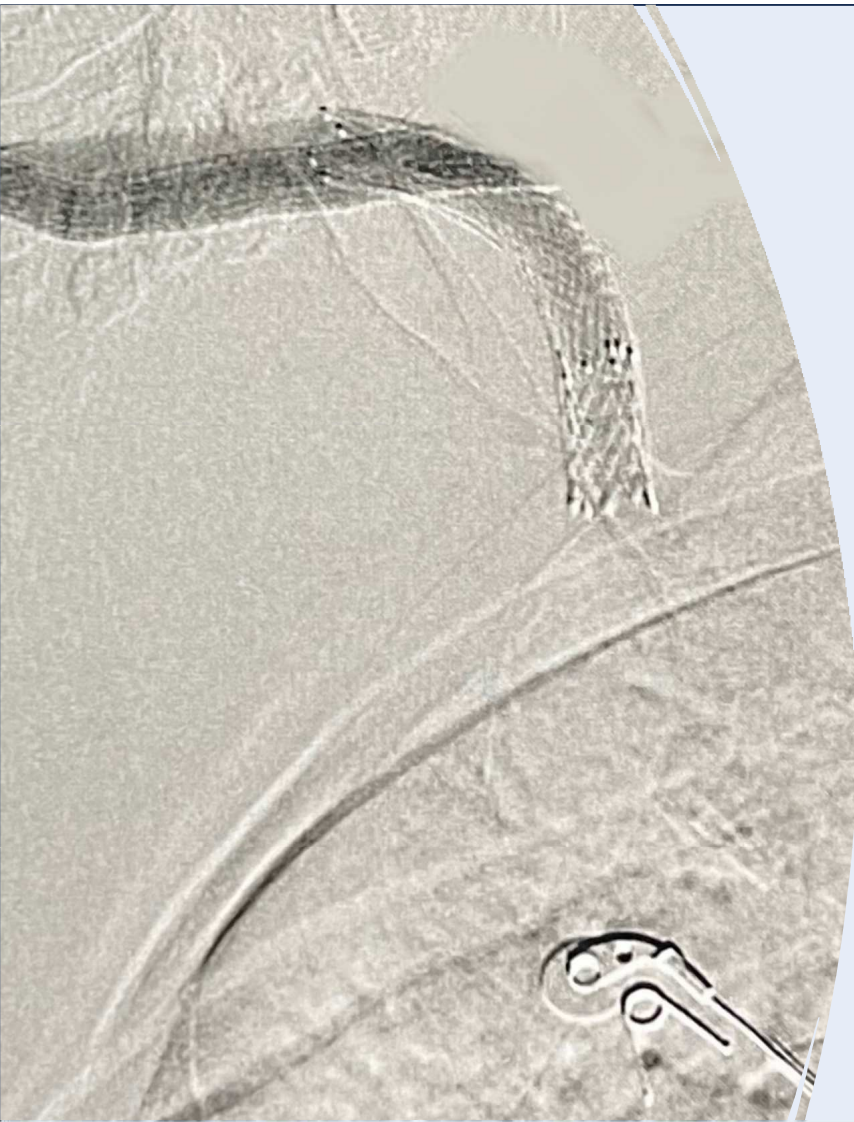


MISCAB : Mini-Invasive Sutureless and Clampless Aortic Bypass



THE CASE

- **82 yo Male, chronic hemodialysis**
- **dysfunction of his right humero-cephalic AV fistula**
due to **stenosis of the cephalic arch** junction
with **the subclavian vein**.
- **two former angioplasties**
 - with DCB,
 - and then with a covered stent.



THE CASE

- 82 yo Male, chronic hemodialysis
- **dysfunction of his right humero-cephalic AV fistula**
 - hypo flow and venous hyper pressure
 - due to **stenosis of the cephalic arch junction**
 - with **the subclavian vein.**
- **two former angioplasties**
 - with DCB,
 - and then with a covered stent
- **Re-occlusion**

Percut-AV-bypass

- TECHNIQUE



Percut-AV-bypass

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Percut-AV-bypass

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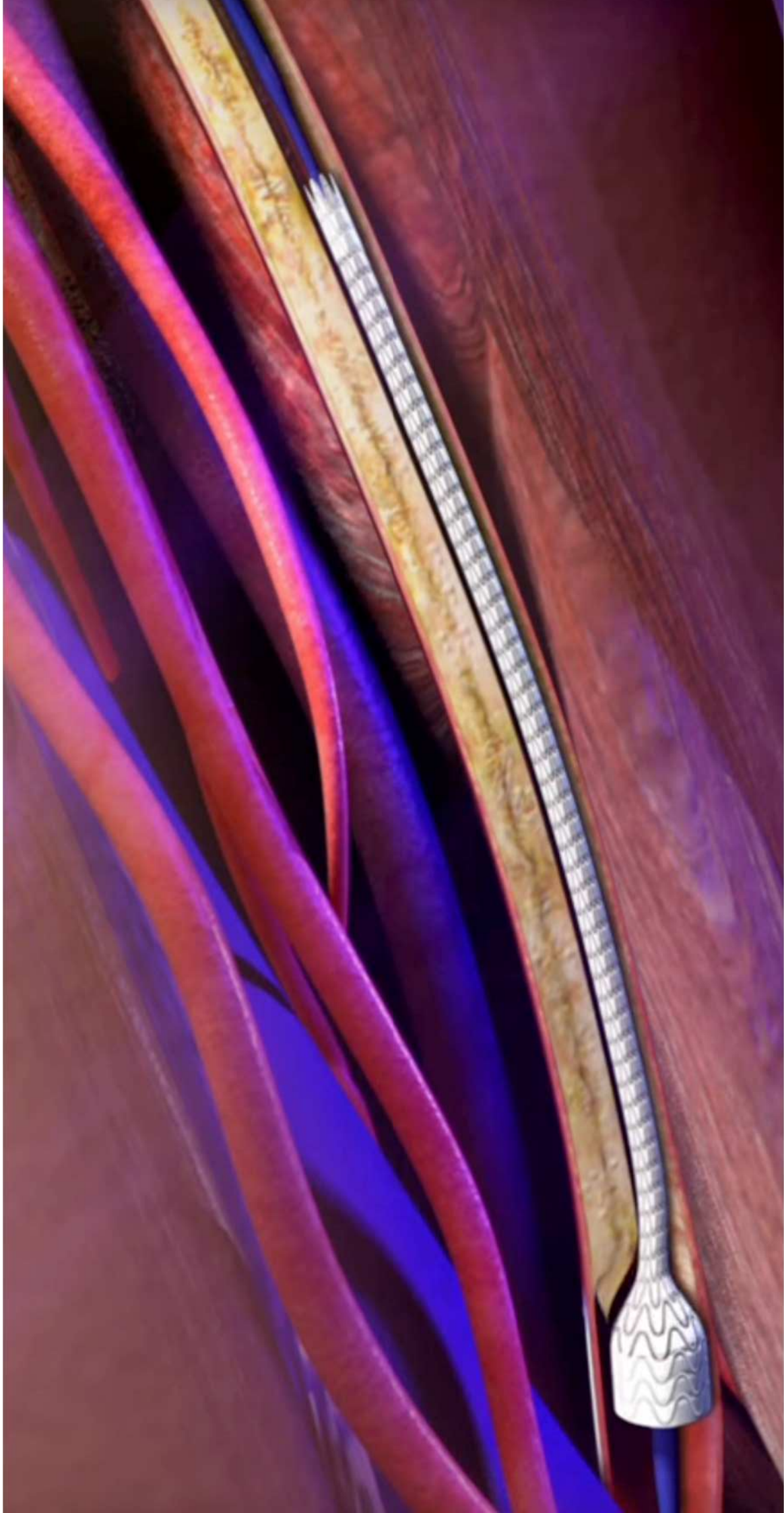
Percut-AV-bypass

- TECHNIQUE





ENDOPROSTHESIS : VIABAHN



Percut-AV-bypass

- TECHNIQUE



Percut-AV-bypass



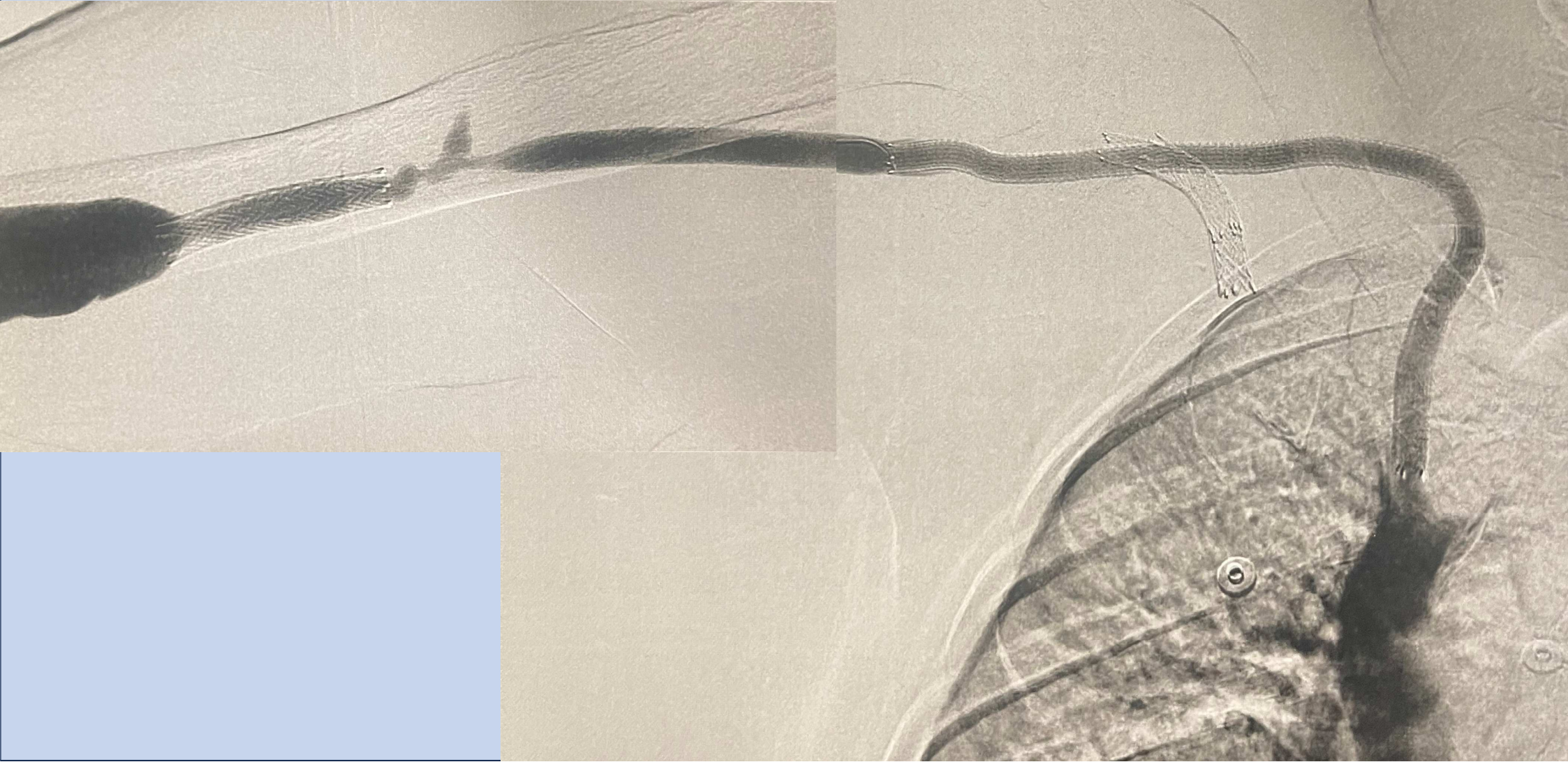
Epilogue : 1 year after...

1 year after...



54 sec

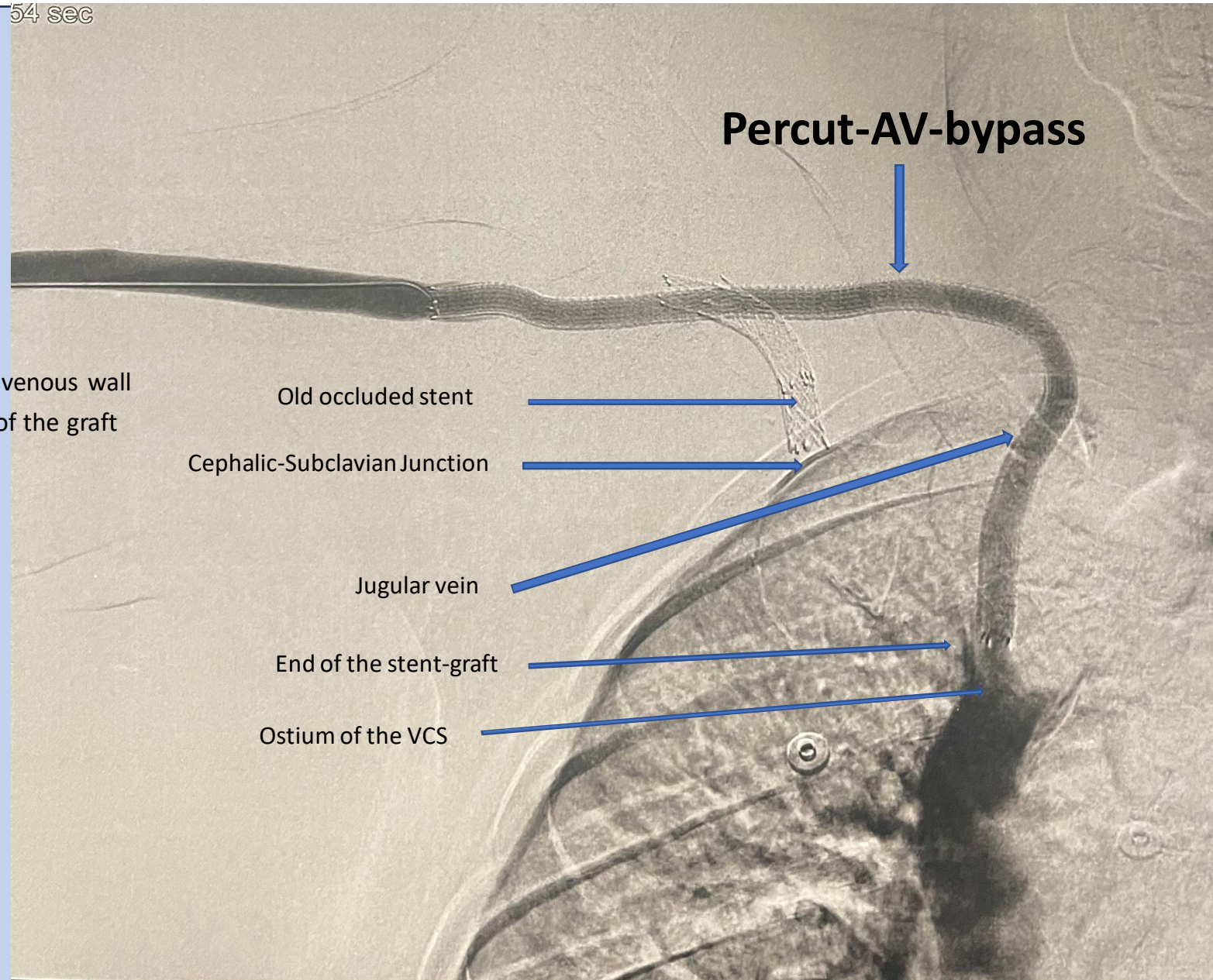
1 year after...



2 years after!.. ... The reasons of success

- **Blood flow** issued into the Auriculum
- So the blood pressure never involve the venous wall
- Pressure is only transmitted to the wall of the graft
- **Avoid the mecanism of restenosis**
- Long term permeability
- **Mini-invasive technique**
- Percutaneous
- Quick
- No or minimum iodine
- Local anesthesia
- Quick outcome
- **No dedicated device !** Usual tools

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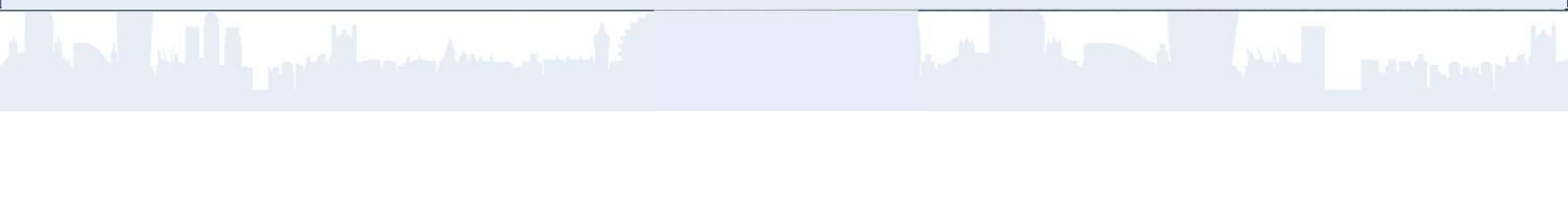


PERSPECTIVES

Applicable to many situations

- FAV with subclavian stenosis
- Shunt with distal junction stenosis

Easy

- to realize
 - to learn
- 



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"useful to all, usable by all"

THANK YOU

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