

# Endovascular Management of Failing Arteriovenous Fistula

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**Purpose:** To assess the role of endovascular surgery in the salvage of failing arteriovenous fistula (AVF).

**Methods:** The study included 37 patients with failing AVF. Angiography was done usually as the initial part of the procedure. Selection of the angiographic access site depends on the anatomic location of the lesion to be treated. After crossing the lesion, either stenting or balloon dilatation was done according to the site and the degree of residual stenosis.

**Results:** Crossing the Lesion was successfully done in 32 cases. 9 walls tent (Boston sci.) were placed (5 in subclavian, 3 in innominate and 1 in cephalic arch) in the other cases only angioplasty was done. No major or life threatening complications occurred.

Site of lesion	Its clinical presentation	Number
Inflow segment •Feeding artery	Delay in maturation of the fistula	3
•Anastomosis and juxta anastomotic	Weak thrill and decrease in flow during dialysis less than 200 mL/min	9
Peripheral venous outflow	Increase in venous pressure more than 150 mm Hg) and considerable recirculation	13
Central venous outflow	Arm edema with chest wall collaterals	12

**Conclusion:** Endovascular management of failing AVFs results in high salvage rates with low complication rate and short hospital stay.