Supera for the Juxta-anastomotic AVF Stenosis

Technical Tips and Tricks

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

- [x] Consulting: Abbott Vascular
- [ ] Employment in industry
- [ ] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [ ] I do not have any potential conflict of interest
JXAS stenosis can lead to loss of the AVF

JXAS stenosis frequency ranging from 43% to 100% of all AVFs

If severe, can cause the AVF to remain small and immature

Can lead to problematic dialysis

Can cause thrombosis of the AVF and eventual loss

JXAS Primary Patency: 92.5% at 6 months, 59.8% at 12 months
JXAS Assisted Primary Patency 97.5% at 6 months, 92.9% at 12 months
JXAS Assisted Primary Patency 97.5% at 6 months, 92.9% at 12 months

JXAS Endovascular Re-Intervention rate .31/year
Supera can be used to change the anastomotic Shape.

- Pre-Stent JXAS Stenosis
- Post-Stent Supera JXAS
Technical Tips

• Puncture mid forearm useable segment
• Ber2 and V18 wire to cross into radial inflow artery (Can be difficult)
• Predilatation is a mandatory
• Elongate stent in radial artery to deploy stent to radial artery diameter
• Pack stent through anastomosis and swing vein segment
Deploy the stent to the radial artery diameter
Conclusion

JXAS Supera deployment can be challenging

Patency benefit to patient is pay off

Alllows for long term maintanence of an AVF
Thank you
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