Dysfunctional Fistula

AVF with DCB

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Disclosure

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

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest
DCB Case

- 69 year-old white male
- ADPKD
- 1988: Initiated PD
- 1990: Kidney Transplant #1
- 1996: Failed transplant
  - Returned to PD: Failed
  - Failed RUE AV access
  - R-Femoral AV graft
- 1999: Kidney Transplant #2
- 09/2008: Failed transplant: TDC
- 12/2008: LUA BVT AVF
- 2008-2018: 21 interventions
  - 1 stent
  - 1 thrombectomy
- Chronic hypotension
- Few other practical options for new AV access
  - “Precious fistula”
Timeline of Access History & Interventions

Create AVF: Dec 10
PTA: Feb 11
PTA: Apr 8
PTA: Nov 4
PTA: Jul 11
PTA: Feb 28
Stent: Sep 11
Declot: Oct 22
PTA: May 11
PTA: Jul 30
PTA: Jun 9
PTA: May 28
PTA: Apr 21
PTA: Feb 21
PTA: Nov 26
PTA: Jan 12
PTA: Nov 8
PTA: Jul 5
Lutonix: Apr 27
Current: Jan 18


Today

Courtesy of Ted Saad, MD
Typical Intervention:
Pre-Post Conventional 8 mm PTA
Thickened vessel wall with neointimal “hypertrophy”: Involving needle puncture segment
April 2018: PTA 8 x 60 mm Lutonix® DCB
Overlapped from puncture segment through anastomosis
Post 8 mm Lutonix® DCB, April 2018
Access Timeline: “Accelerated Phase”
Extended intervention-free interval post DCB

5 prior interventions
Mean interval = 107 days

Post DCB
266 days
LUA BVT with abnormal exam

>50%
Vessel Preparation

Conquest® Catheter 8mm x 4cm @ >30 atm (30% received >25 atm in IDE Trial)

Conquest® Catheter 10mm x 4 cm @ >30 atm (56% residual stenosis)

5 minute inflation w/10mm x 4cm (25% residual stenosis)
LUTONIX® DCB (10mm x 6cm) inflated to 11atm (thus ~10.8 mm)

DCB ≥ 1:1 pre-dilation balloon

DCB should extend 5mm proximally and distally

Good thrill restored
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