

Tillämpad accessdiagnostik

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Njursvikt

Peritonealdialys

Hemodialys

Hemodialys

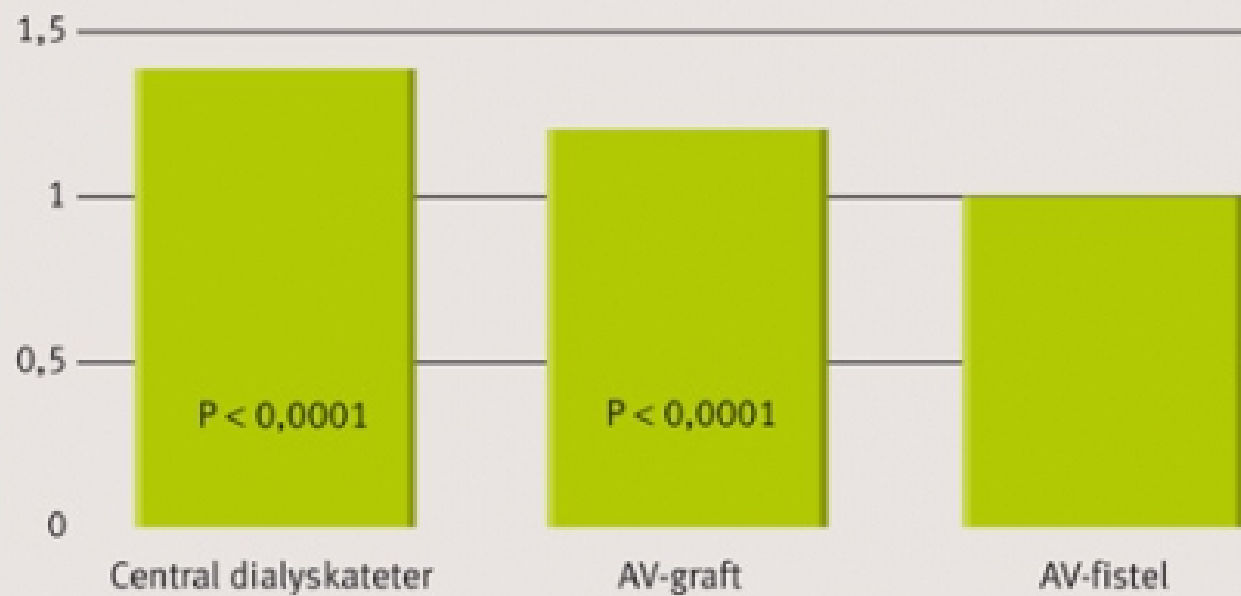
Nativ AV-fistel

Graft

CDK

■ Mortalitet vid dialys

Procent



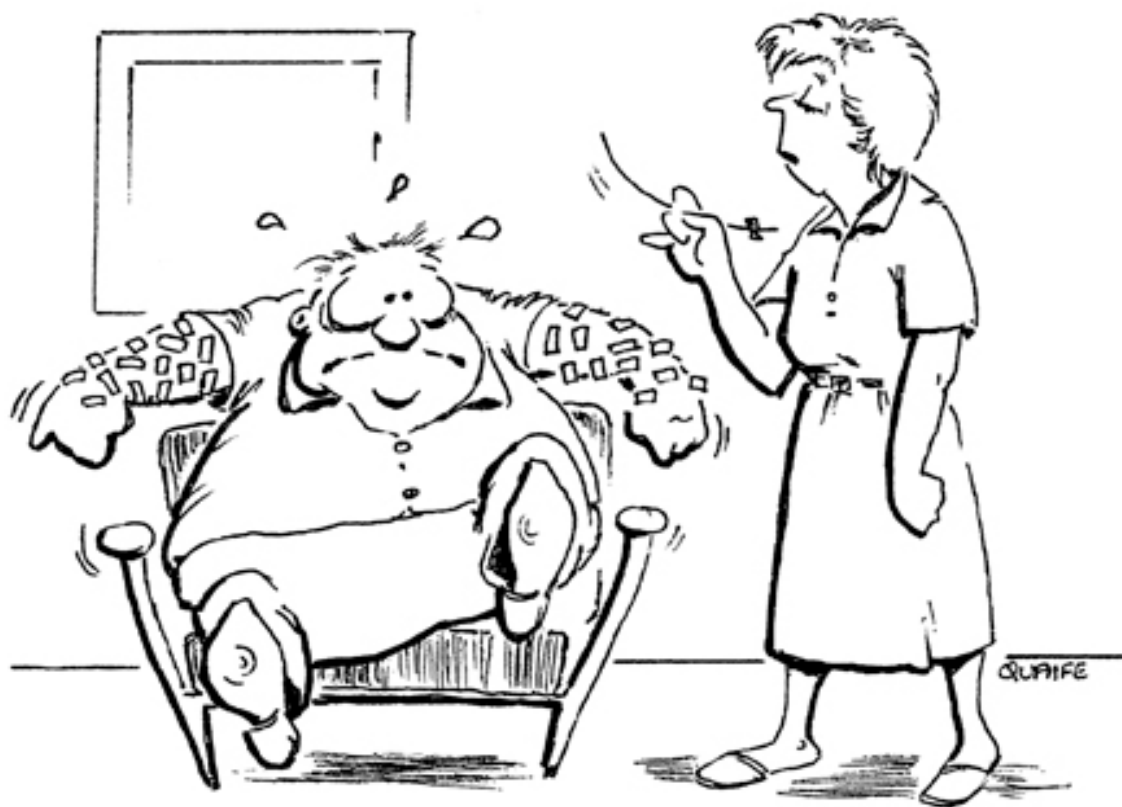
Principer

Bekvämt för:

- Patient
- Dialyssköterska (idealt pat själv)
- Kärllirurg



I don't care what day it is.
Four hours is four hours.



Don't worry, I'll find a good site soon.

Rule of 6

Mognadstid 6 veckor

Vendiameter > 6 mm

Flöde > 600 ml/min

Venen < 6 mm under huden

> 6 cm sticksträcka

Kärlkirurg

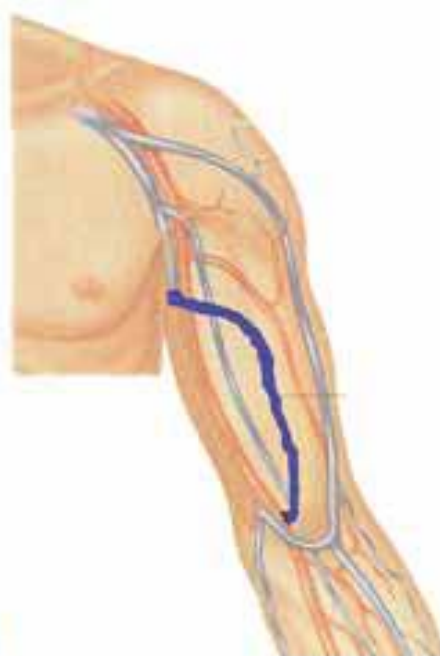
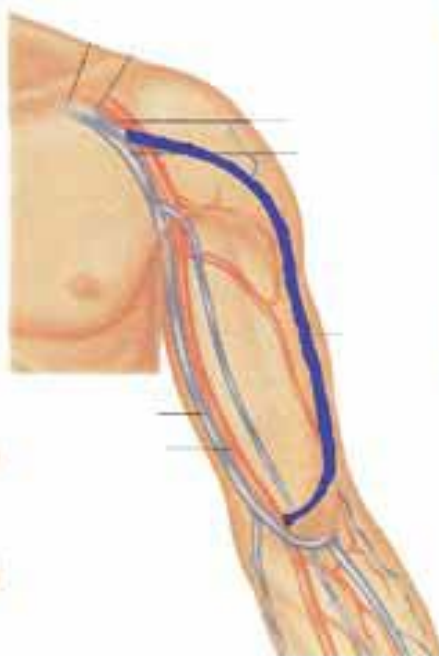
Adekvata kärldiametrar

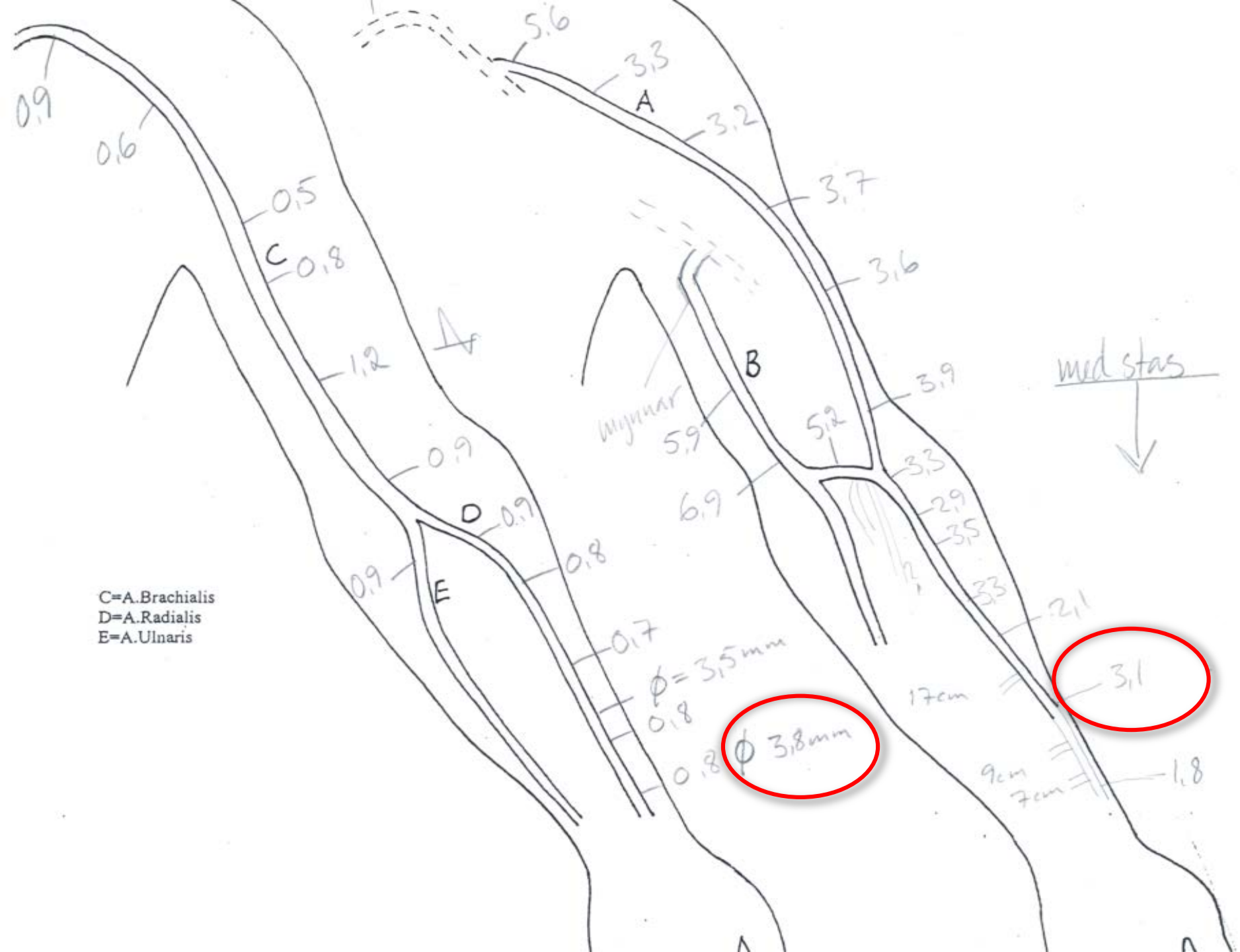
- artär 2 mm (1,8)

- ven $> 2,5$ mm

Inga avflödeshinder

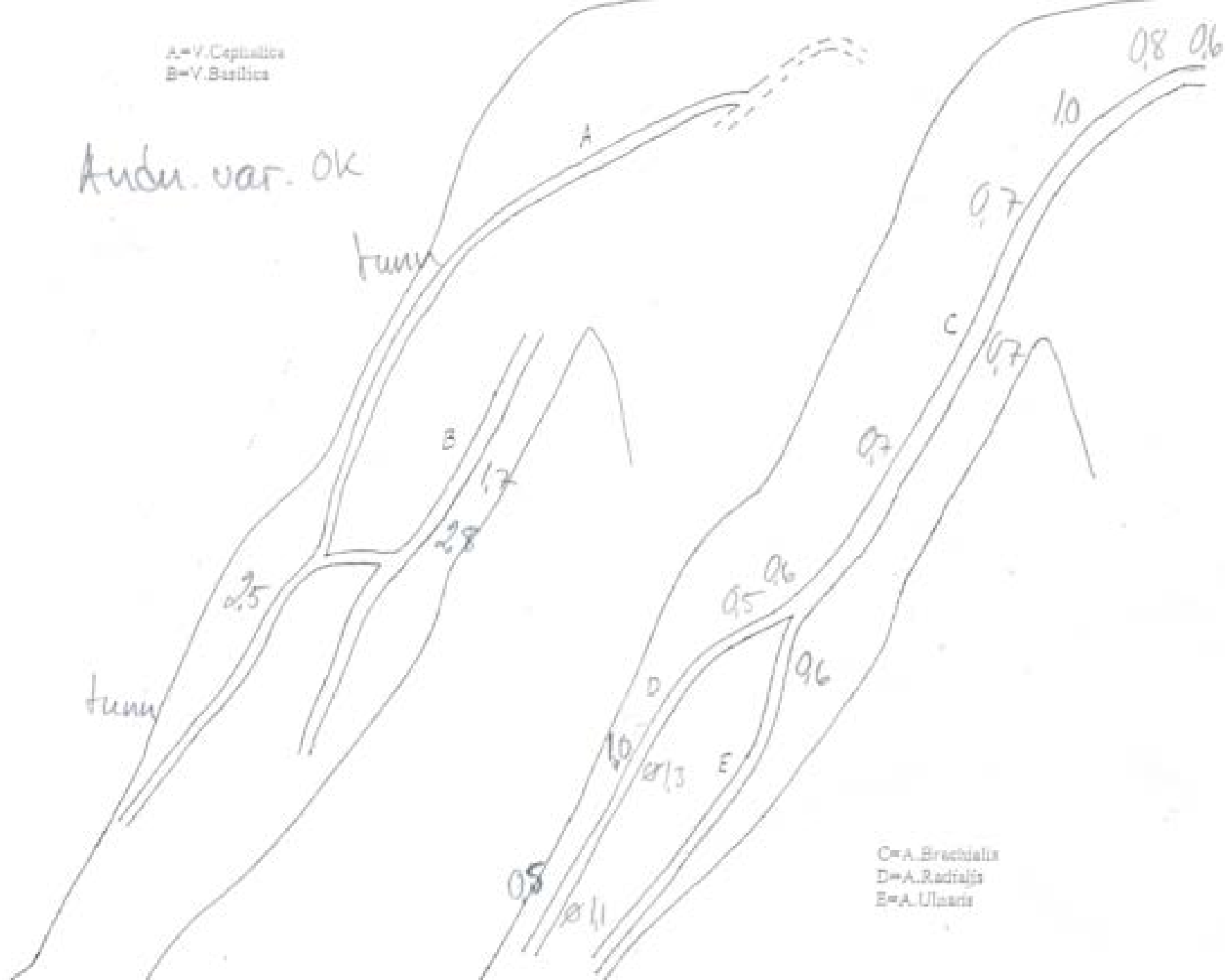
V Basilika





A = V. Cephalica
B = V. Basilica

Andu. var. OK



Arterial Vas. on



Problem

Låga flöden

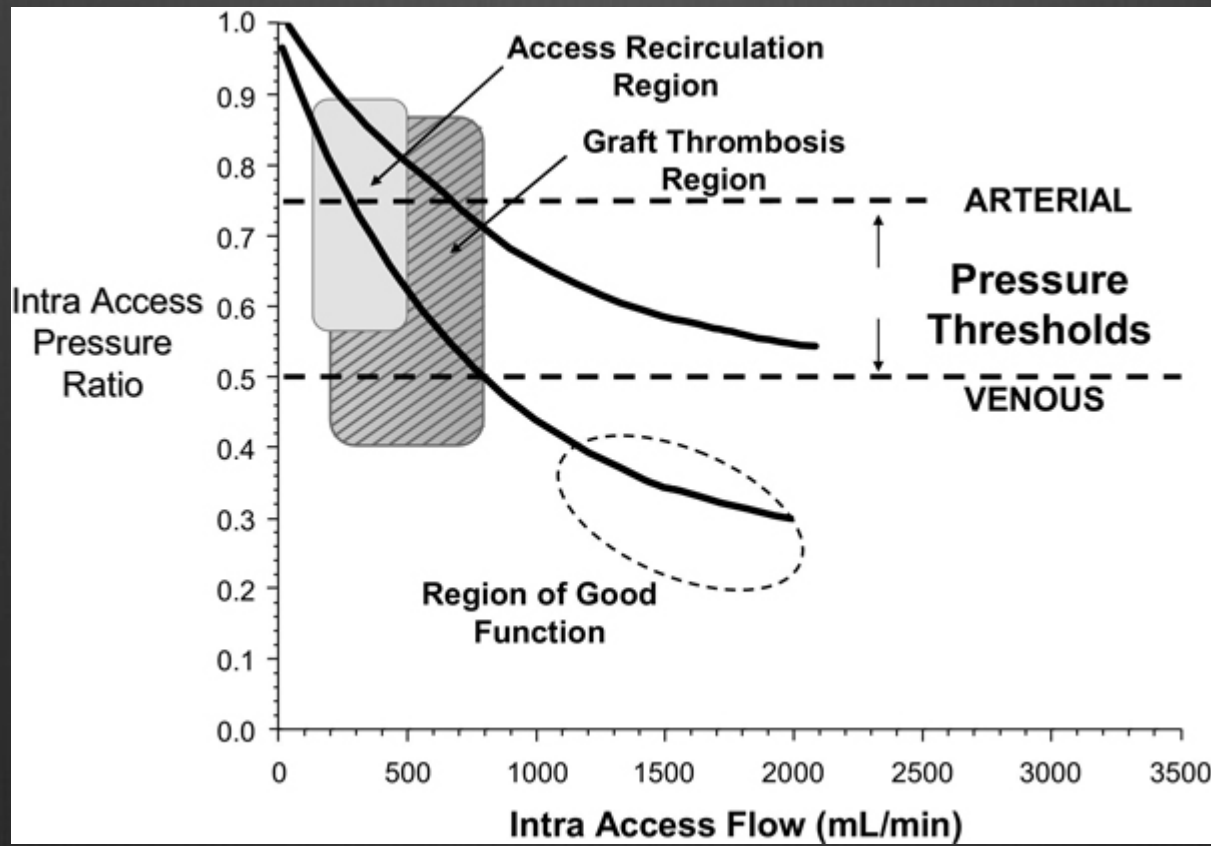
Höga flöden

”långa stopptider”

Sticksvårigheter

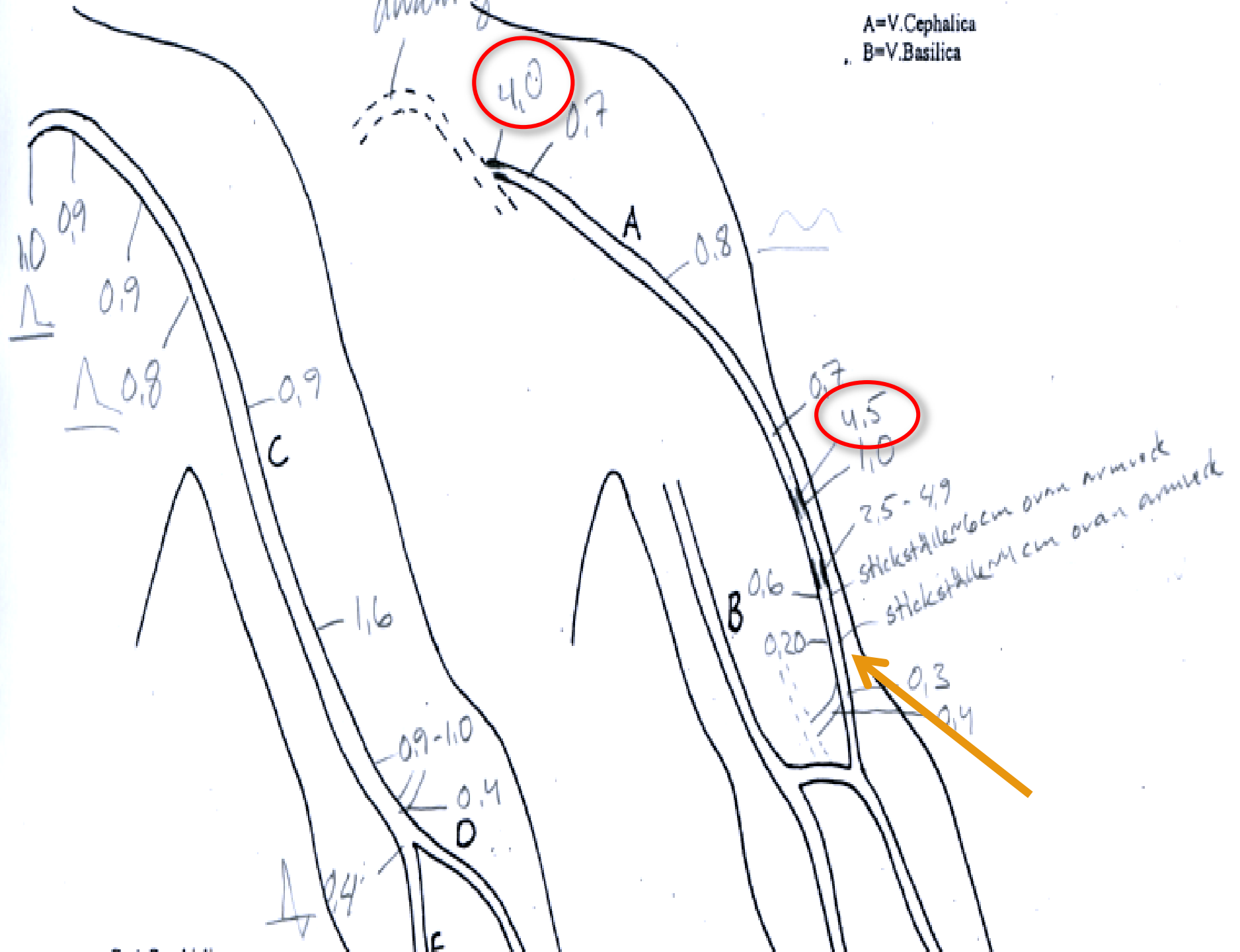
Steal/ischemi

Graft – effekt av stenosis venanastomosen

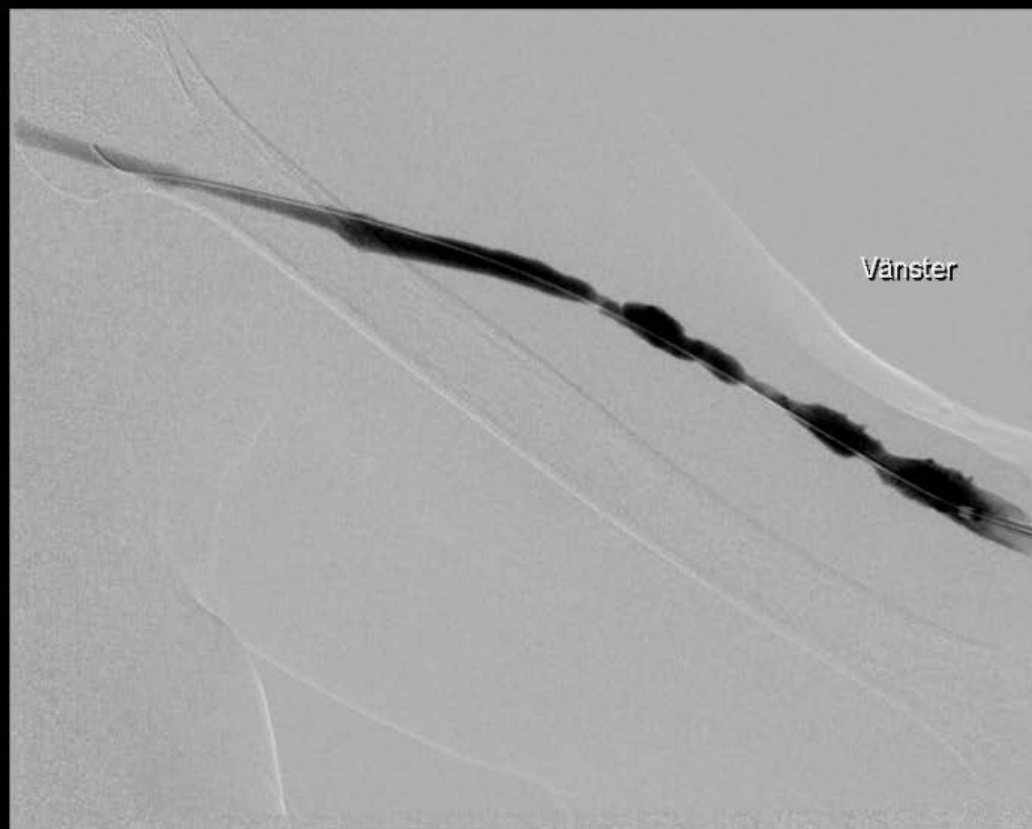


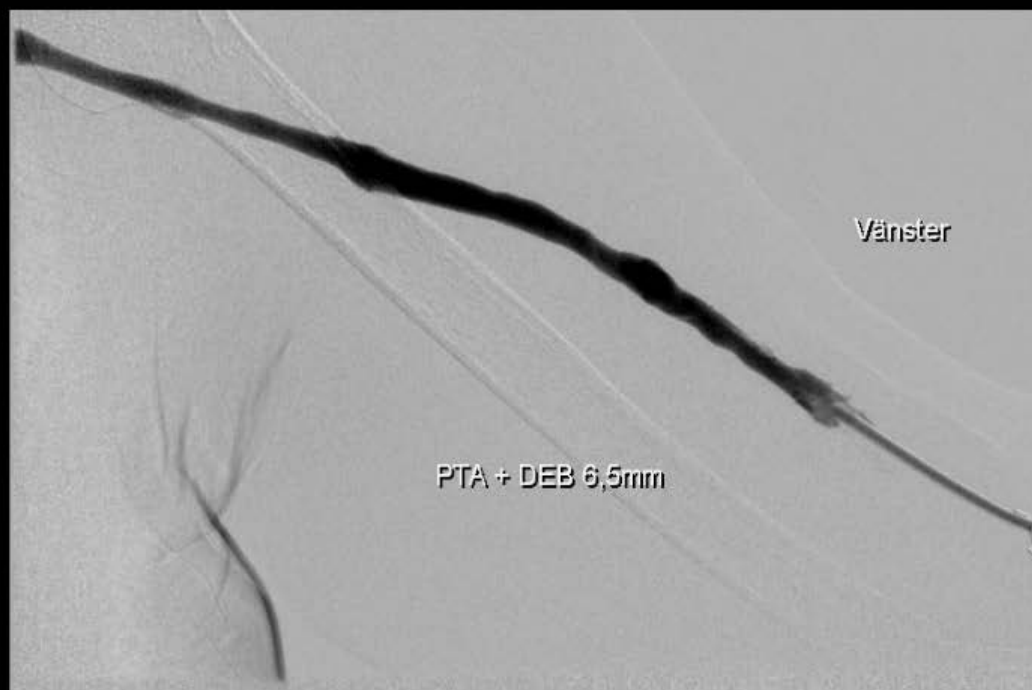
A=V.Cephalica

B=V.Basilica





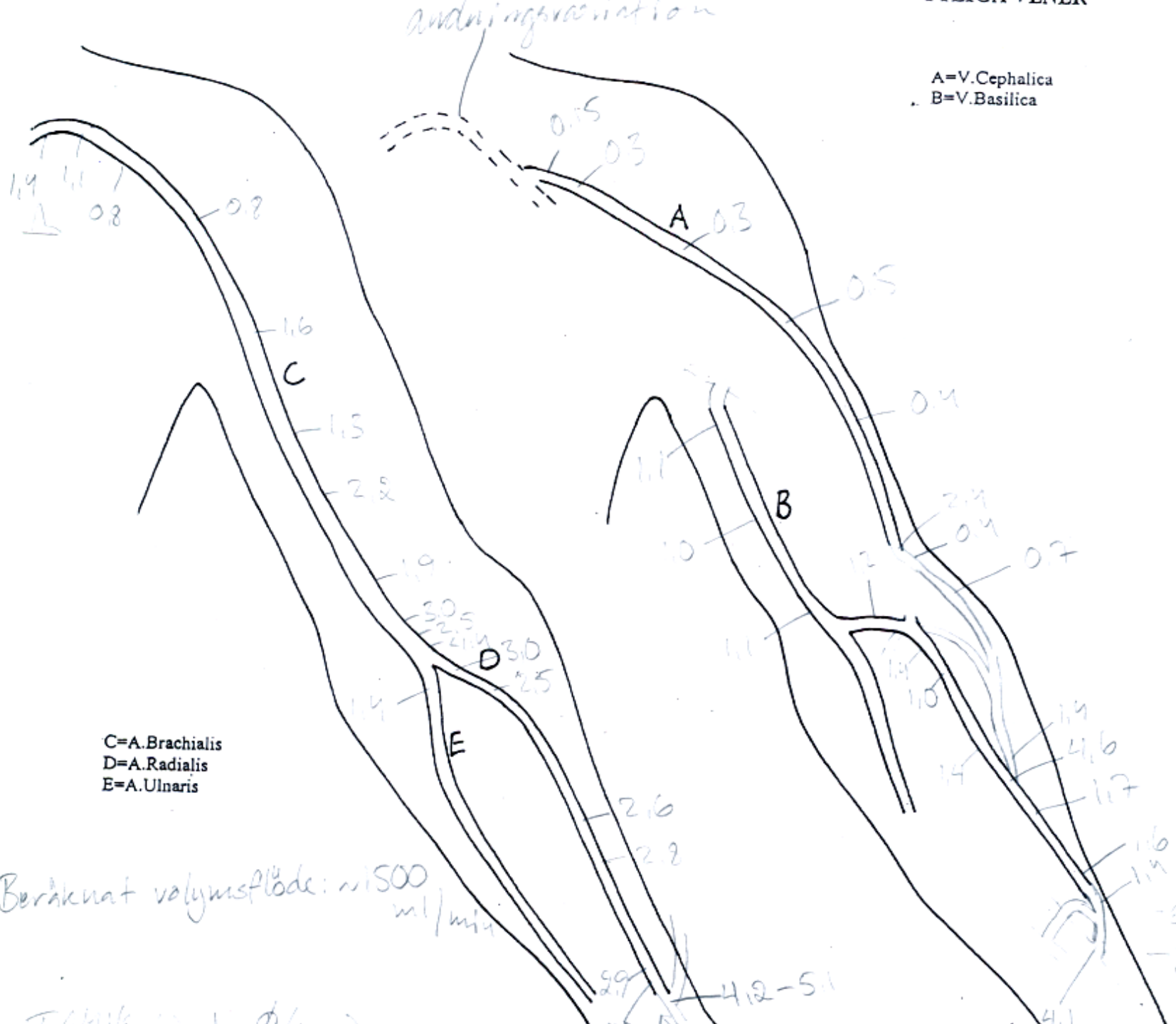








A=V.Cephalica
B=V.Basilica

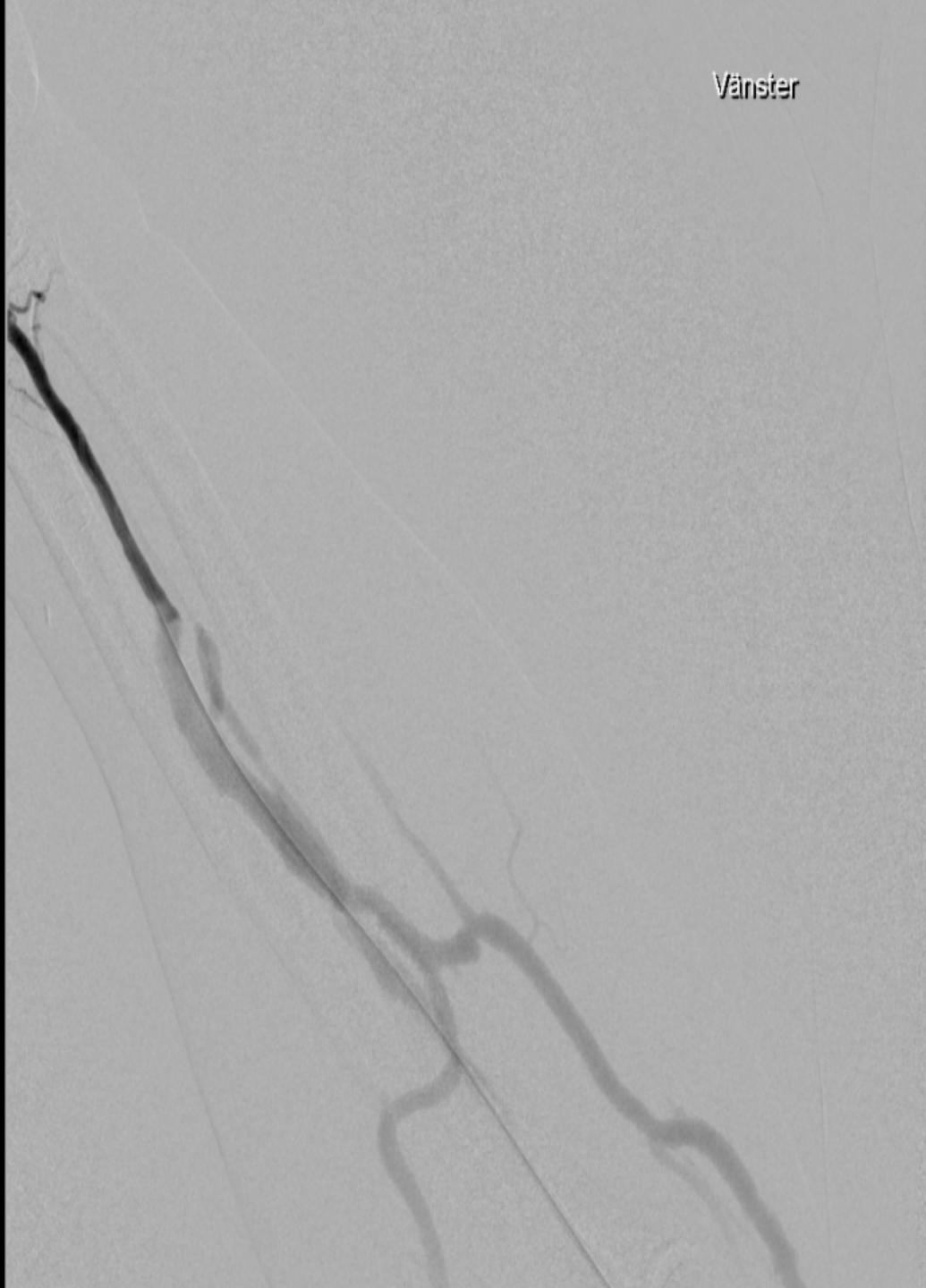


C=A.Brachialis
D=A.Radialis
E=A.Ulnaris

Berechnet volumsflöde: ~500 ml/min

-gren 2cm
-anastomosen
-gem. anastomosen

Vänster

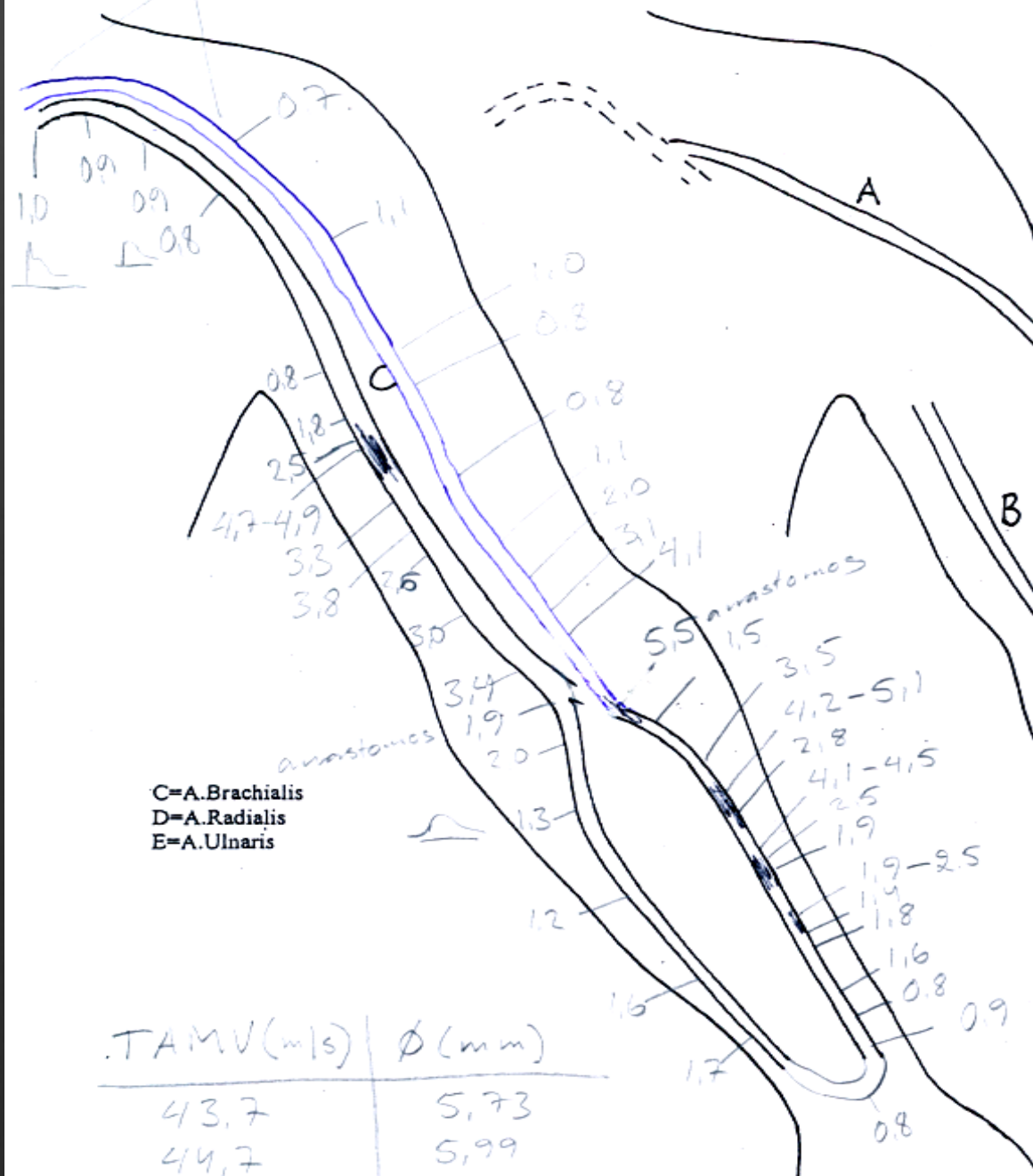


Vänster



ARTÄRER

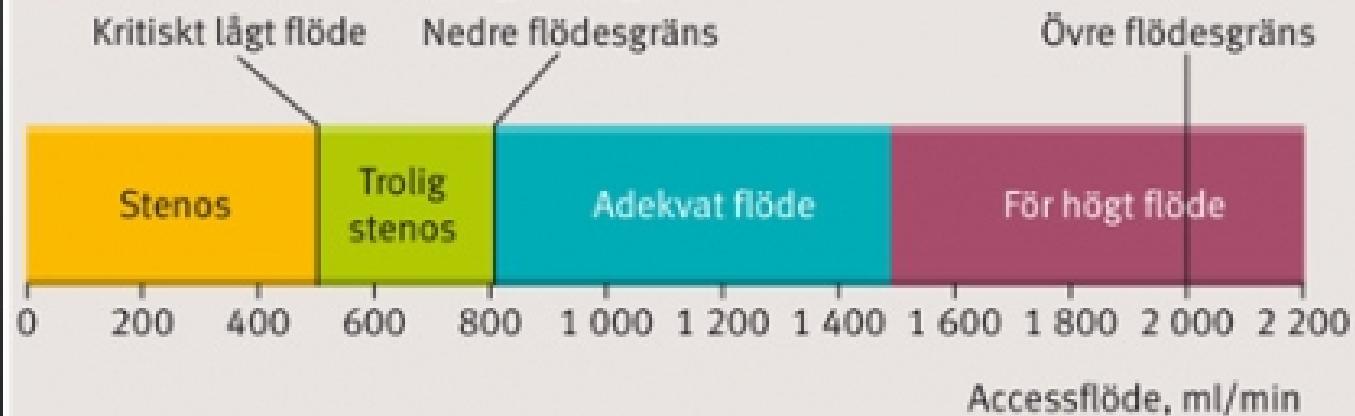
andningsvariation



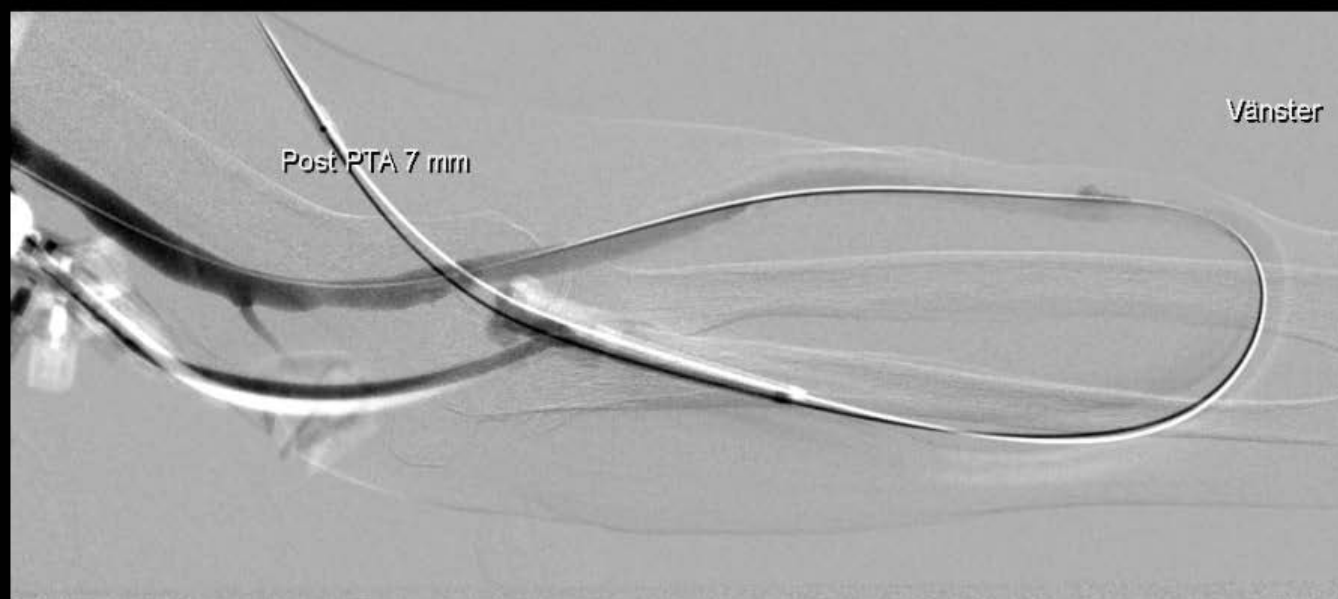
C=A.Brachialis
D=A.Radialis
E=A.Ulnaris

TAMV (ml/s)	Ø (mm)
43.7	5.73
44.7	5.99

■ Accessflödesmätning i AV-graft

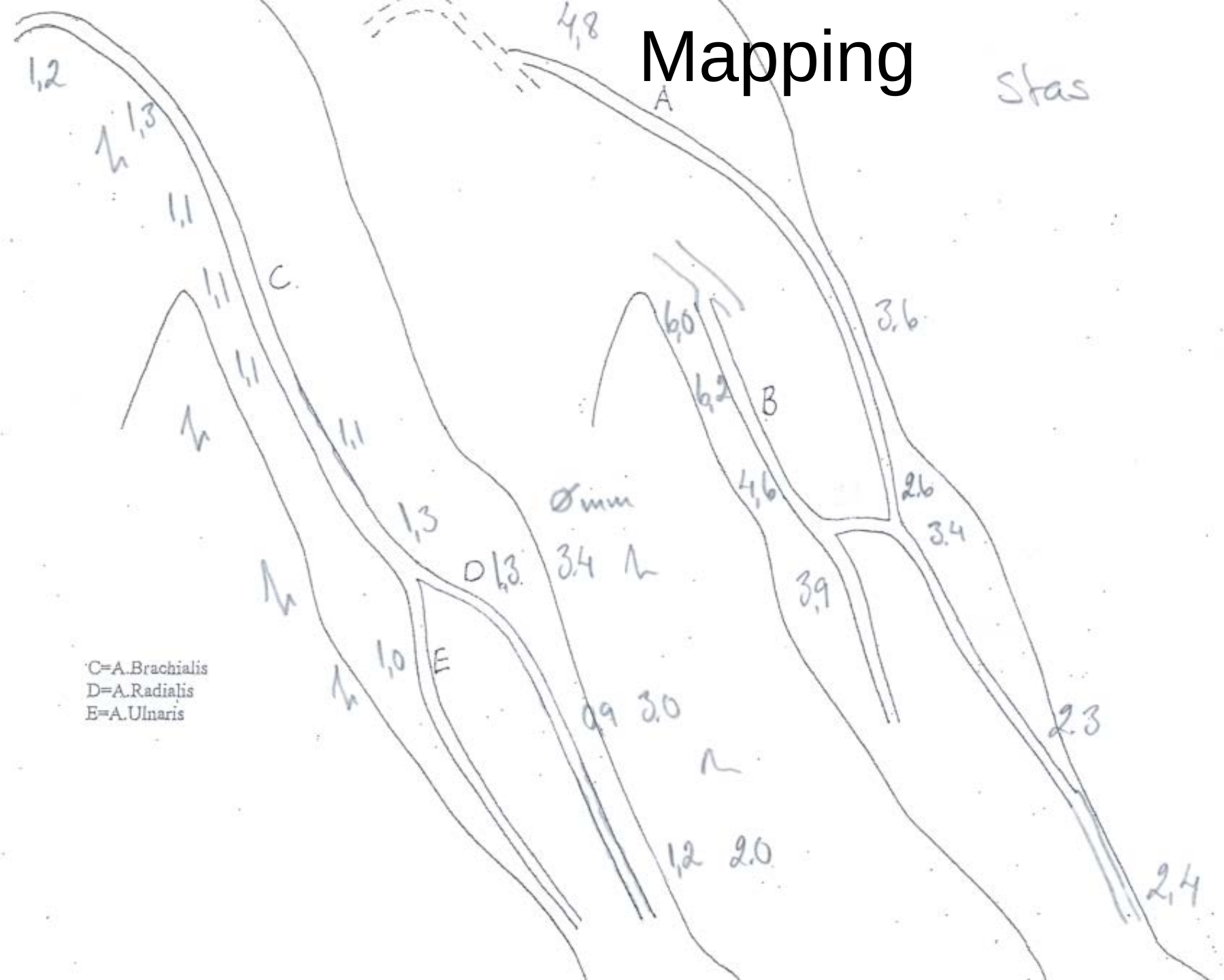




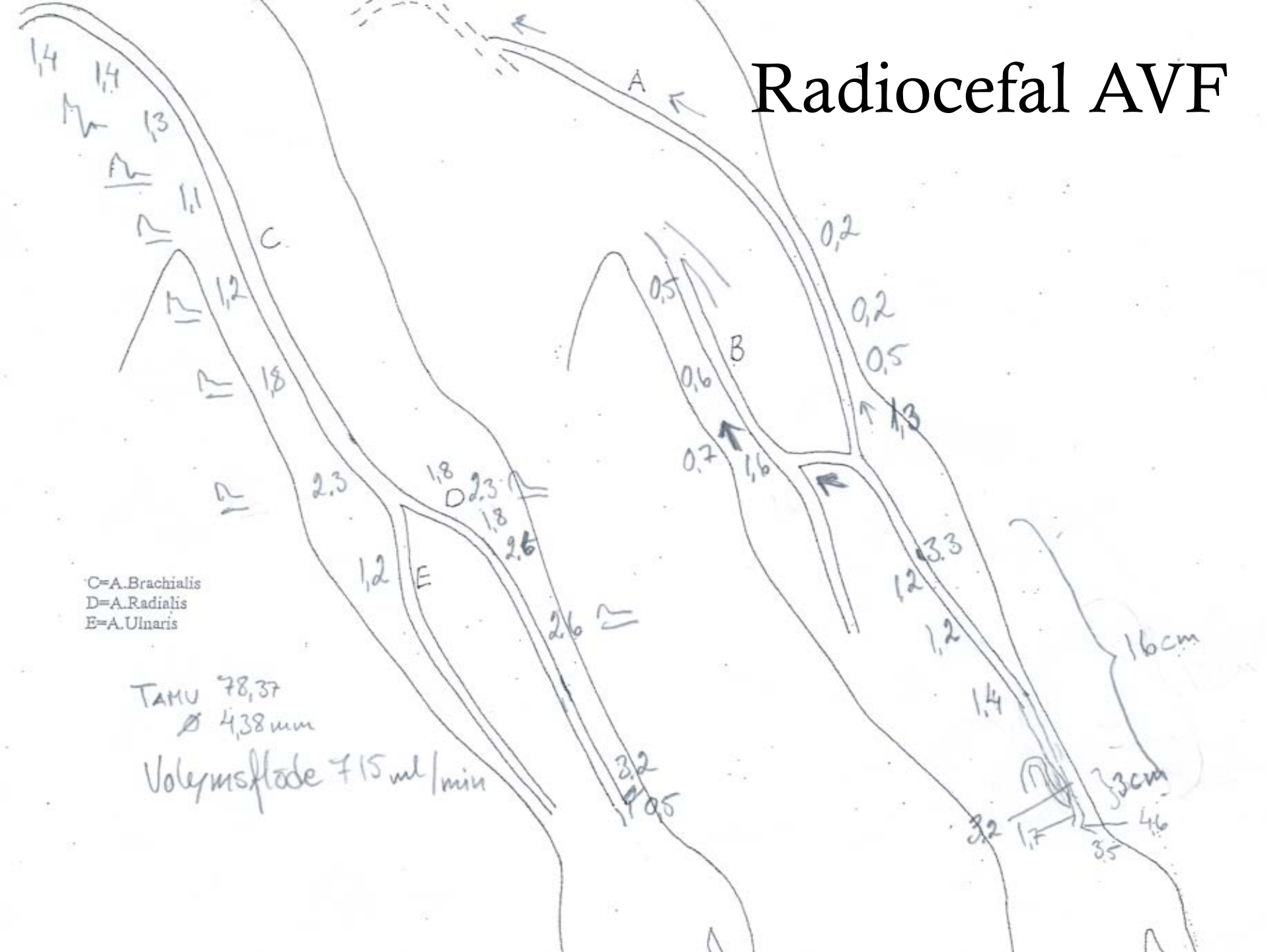


Steal/ischemi

Stas



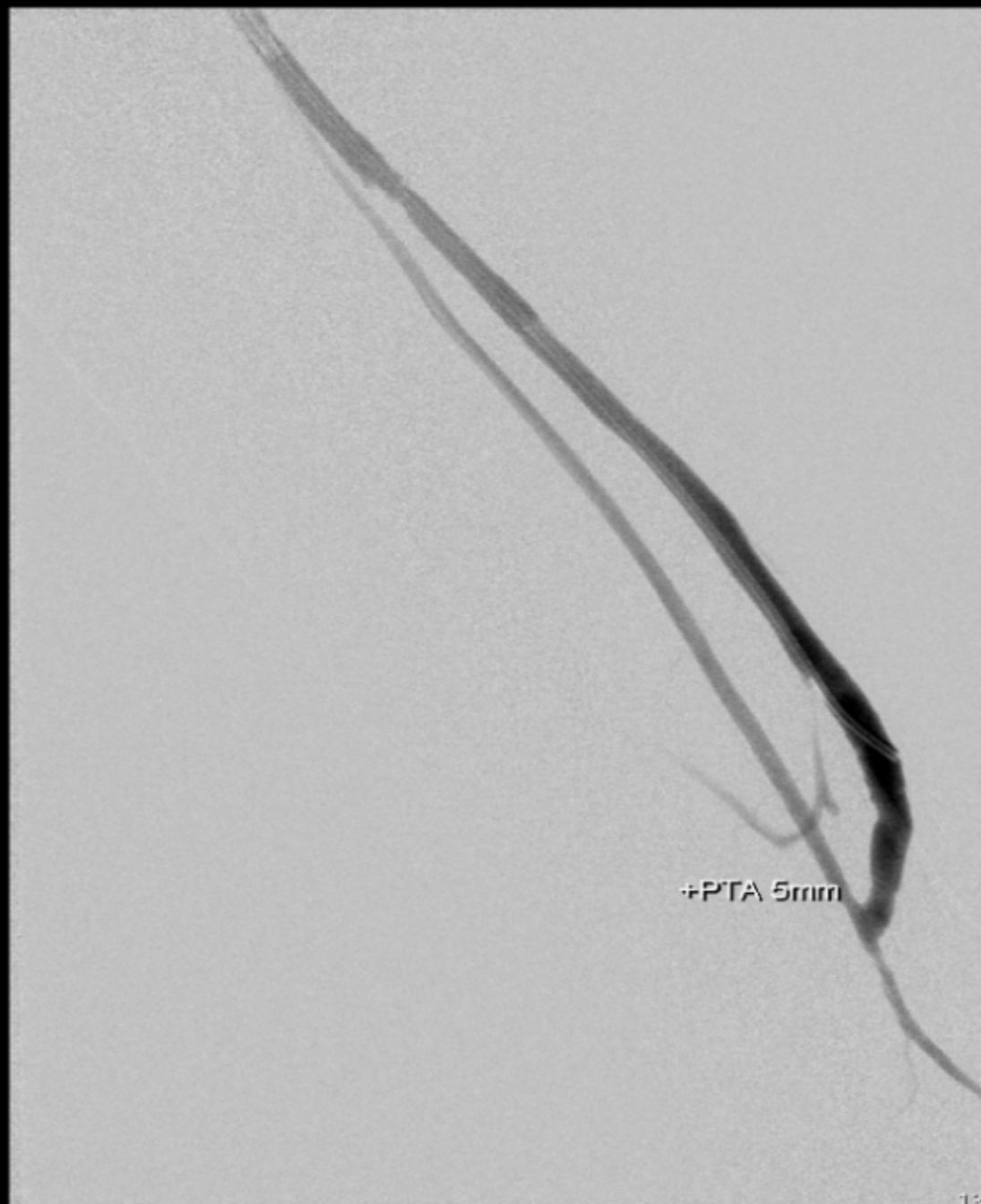
Radiocefal AVF





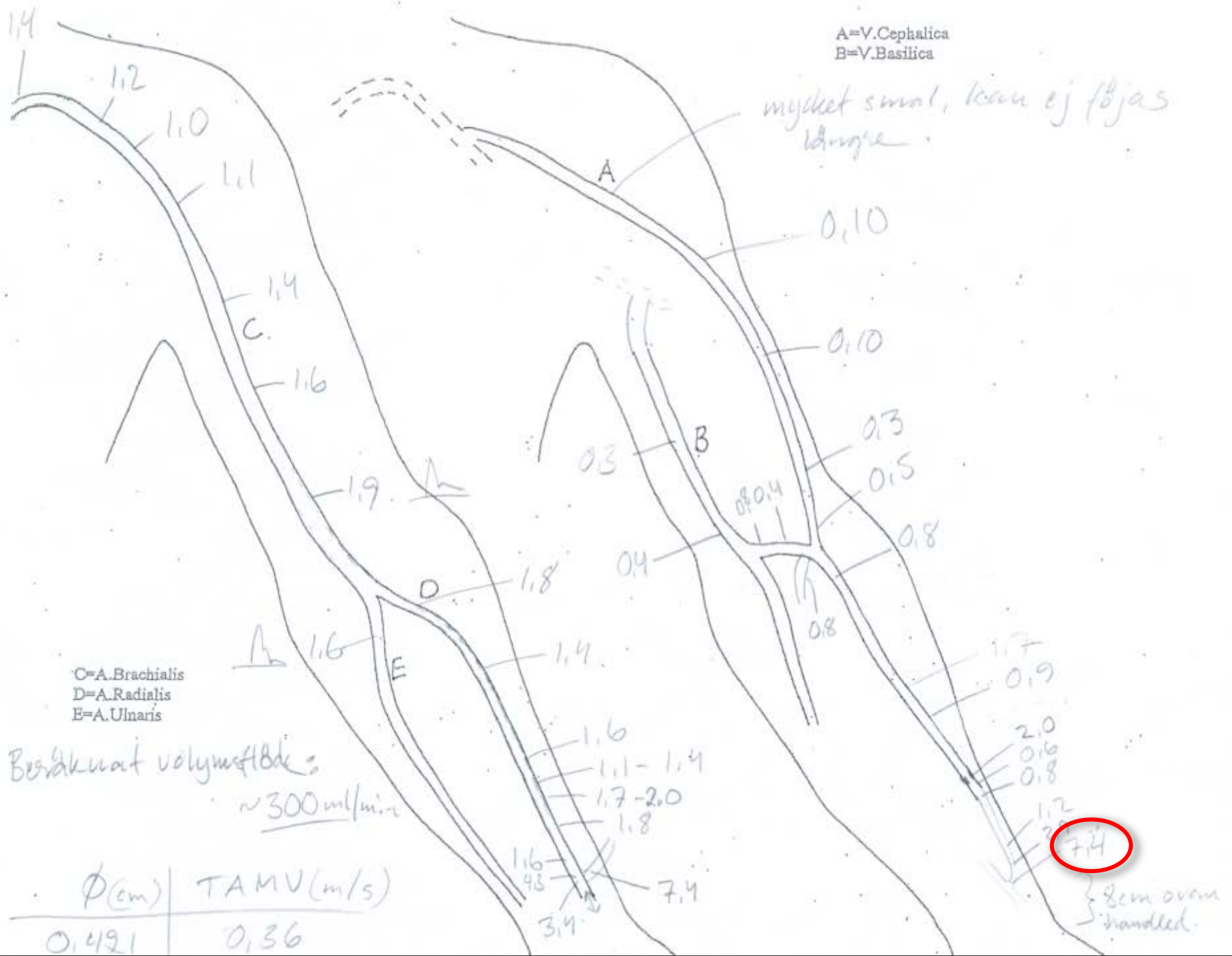
VÄNSTER





B=V.Basilica

mycket smalt, kan ej föjas längre.



C=A.Brachialis
D=A.Radialis
E=A.Ulnaris

Berakurat volumeflode: $\approx 300 \text{ ml/min.}$

$\phi(\text{cm})$	TAMV (m/s)
0,491	0,36

Vänster



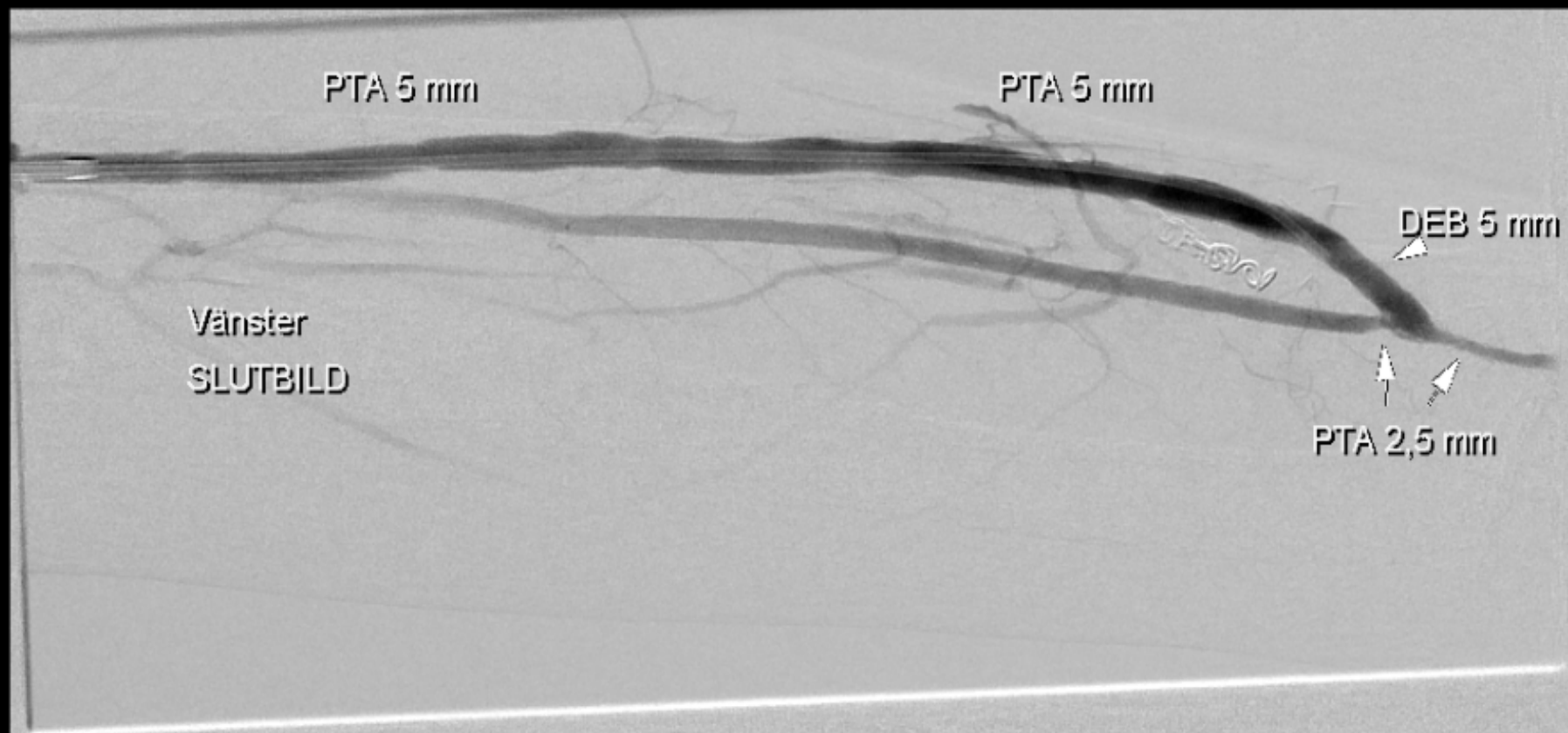
PTA 5 mm

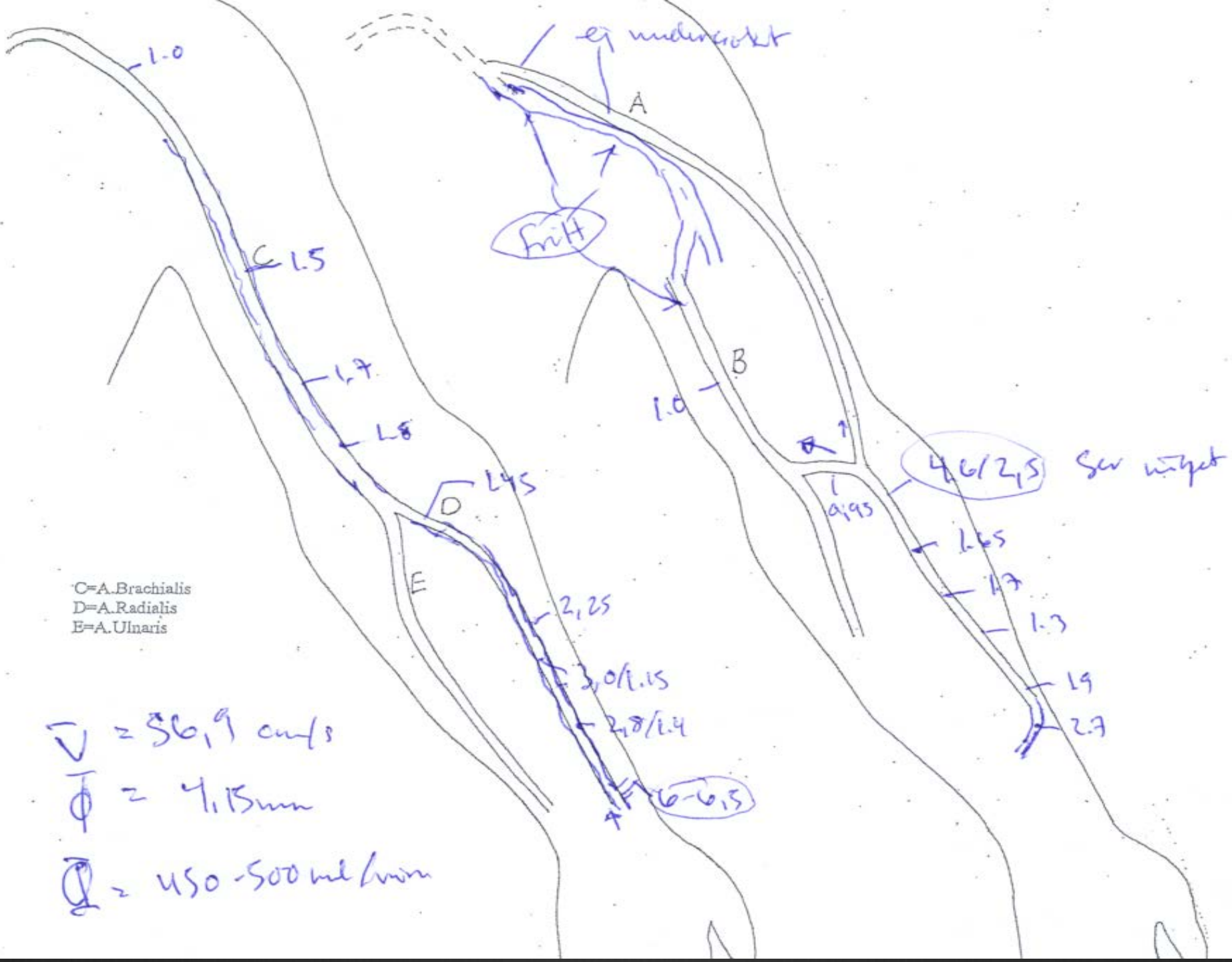
PTA 5 mm

DEB 5 mm

Vänster
SLUTBILD

PTA 2,5 mm





C=A.Brachialis
D=A.Radialis
E=A.Ulnaris

$$\bar{V} = 36.9 \text{ cm/s}$$

$$\bar{\phi} = 4.15 \text{ mm}$$

$$\bar{Q} = 450-500 \text{ ml/min}$$

PTA 5 mm

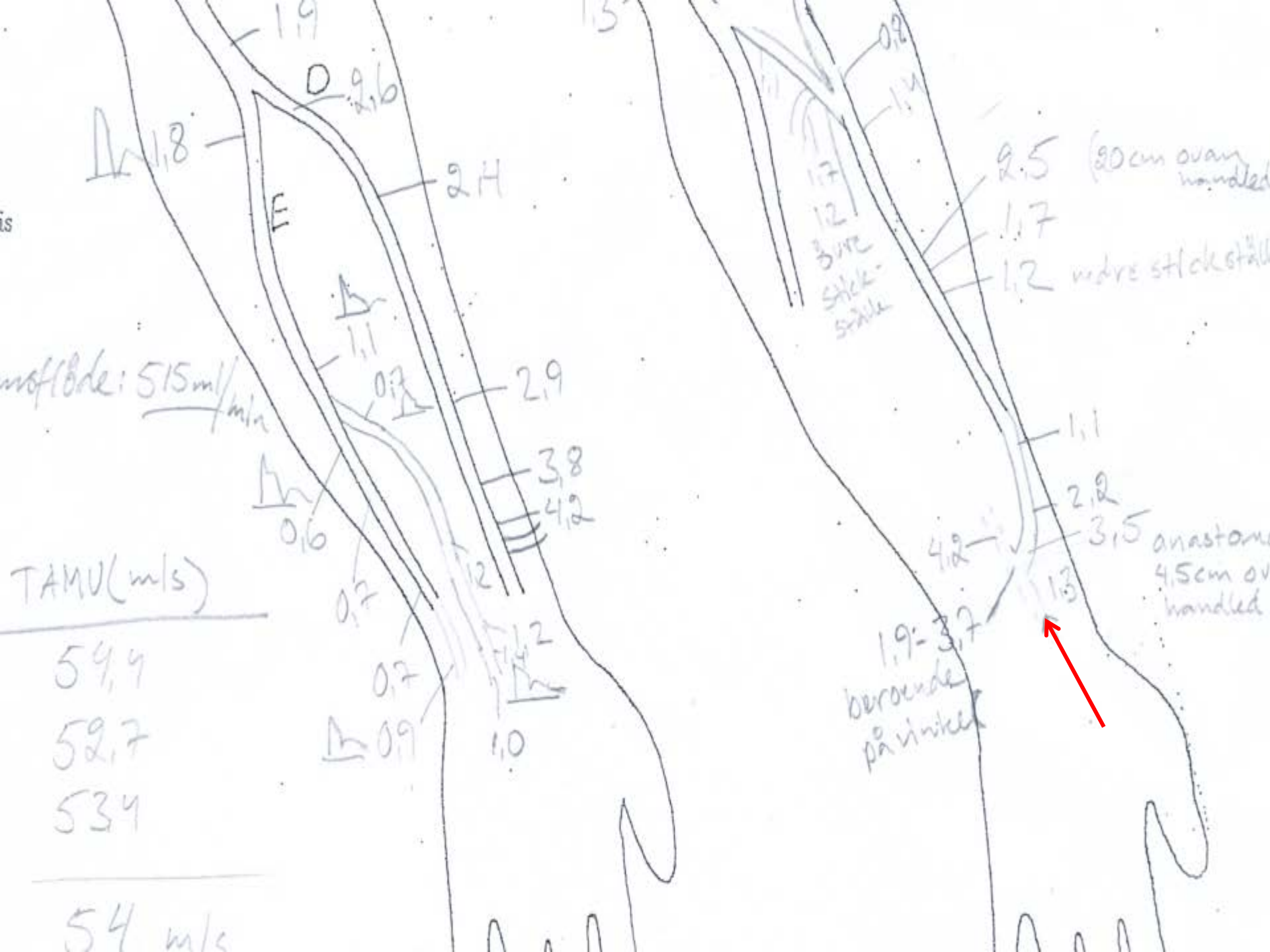
PTA 5 mm

DEB 5 mm

Vänster
SLUTBILD

PTA 2,5 mm





Symptoms
Clinical examination baseline and after compression of fistula
Risk factors

STAGE	SYMPTOMS	MANAGEMENT
STAGE 1	Retrograde diastolic flow without any symptoms	Observation
STAGE 2	Pain during exercise and/or during dialysis	Surgical intervention if symptoms are severe
STAGE 3	Pain at rest	Surgical intervention
STAGE 4	Tissue loss: Ulceration/necrosis/ gangrene	Surgical intervention

Stage 1

Conservative

Radial

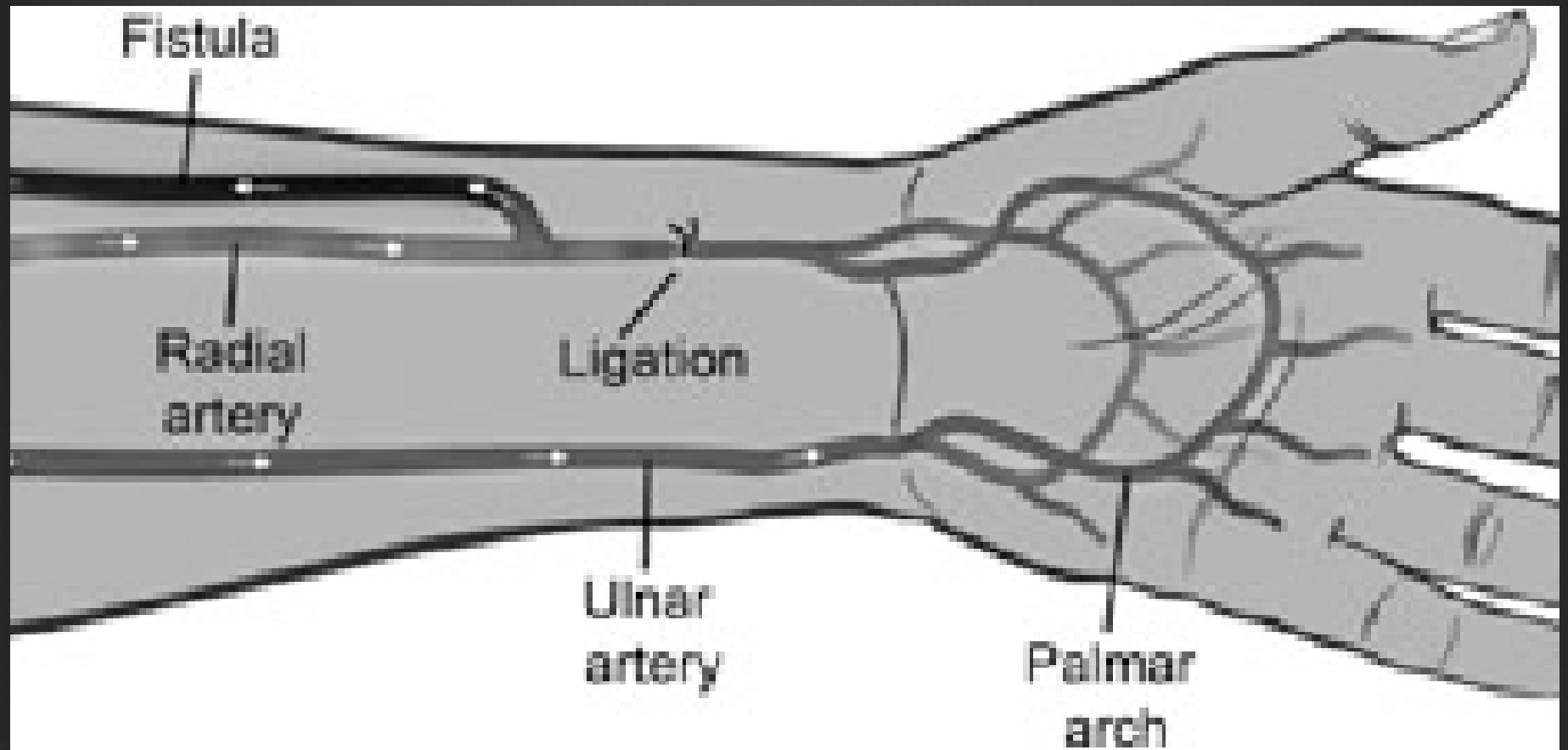
Confirm ulnar and palmar

DRAL
Angioembolisation

DRIL

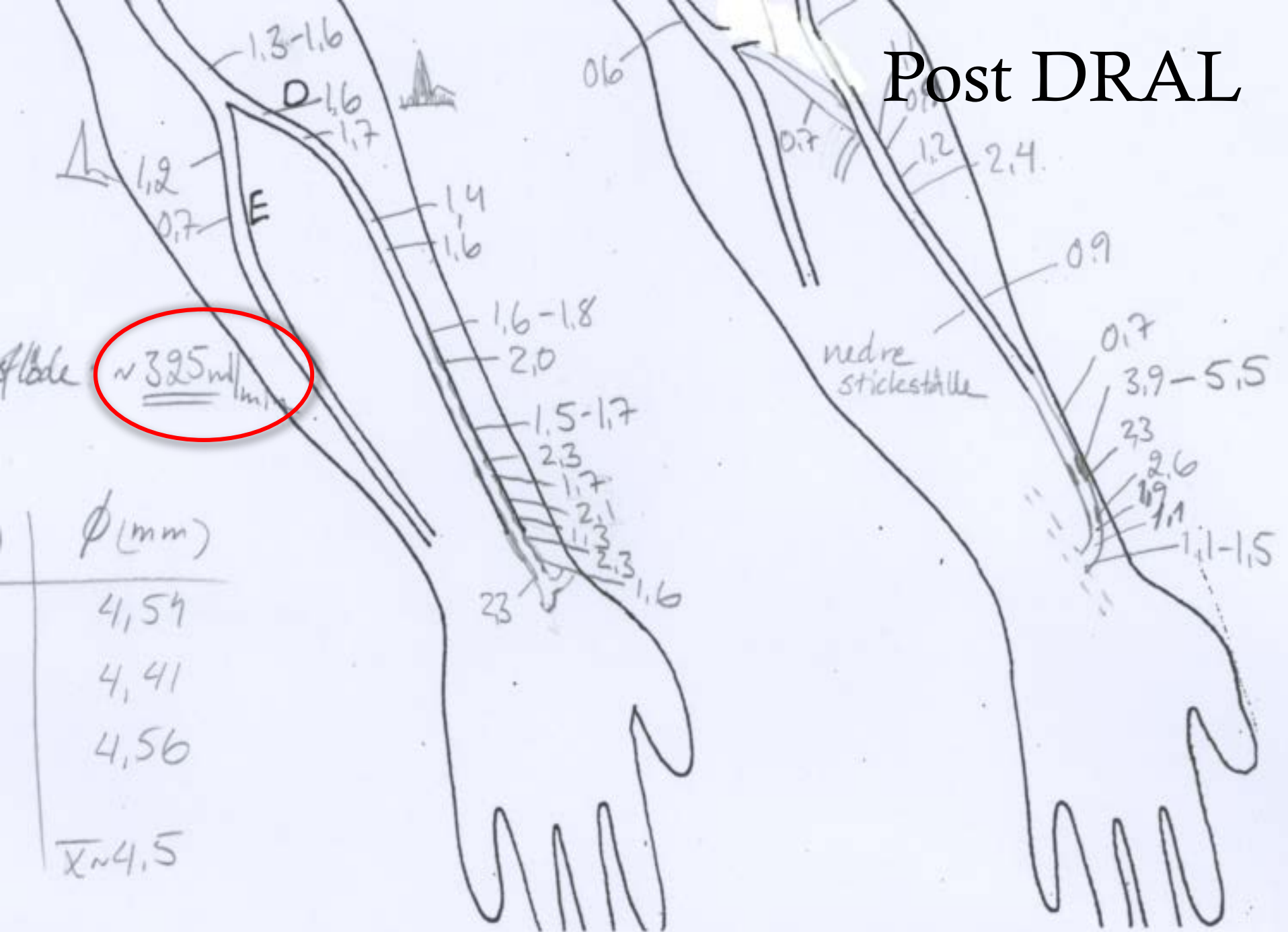
RUDI
Modified DRIL
Banding

DRAL



6. Distal radial artery ligation procedure. inset re

Post DRAL



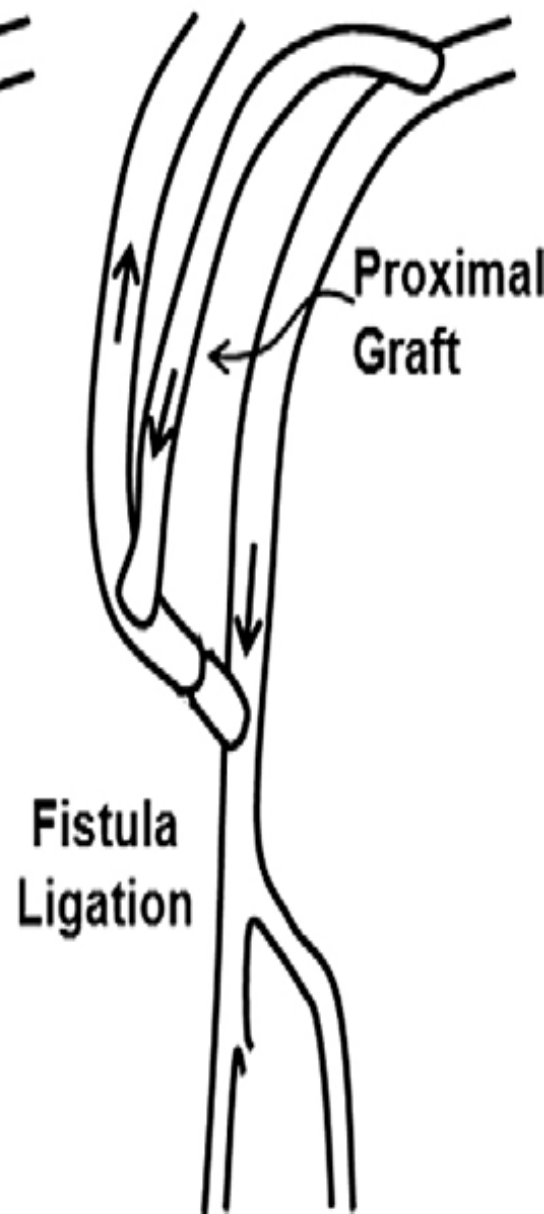
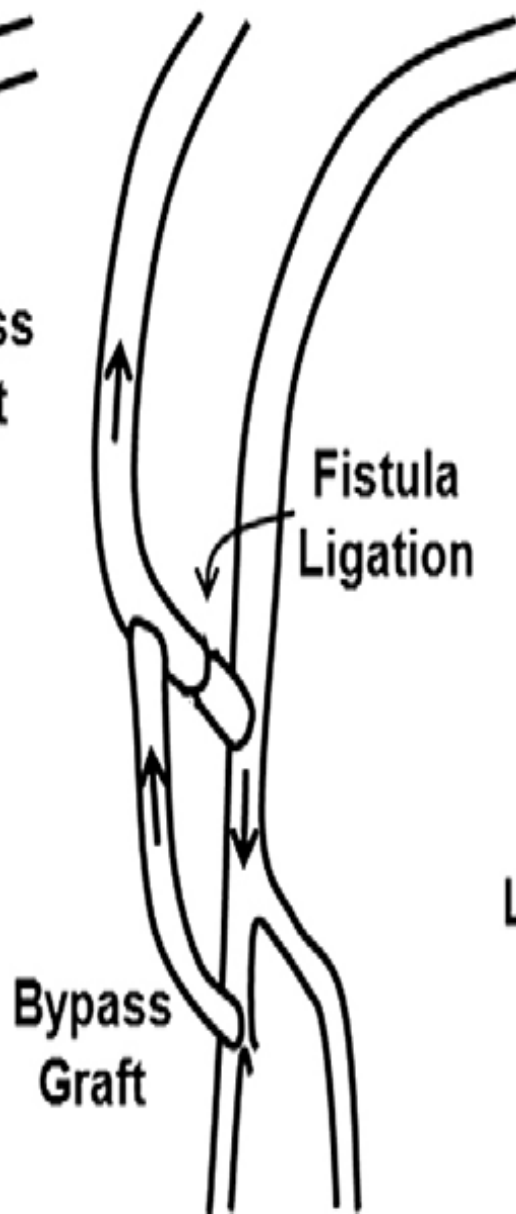
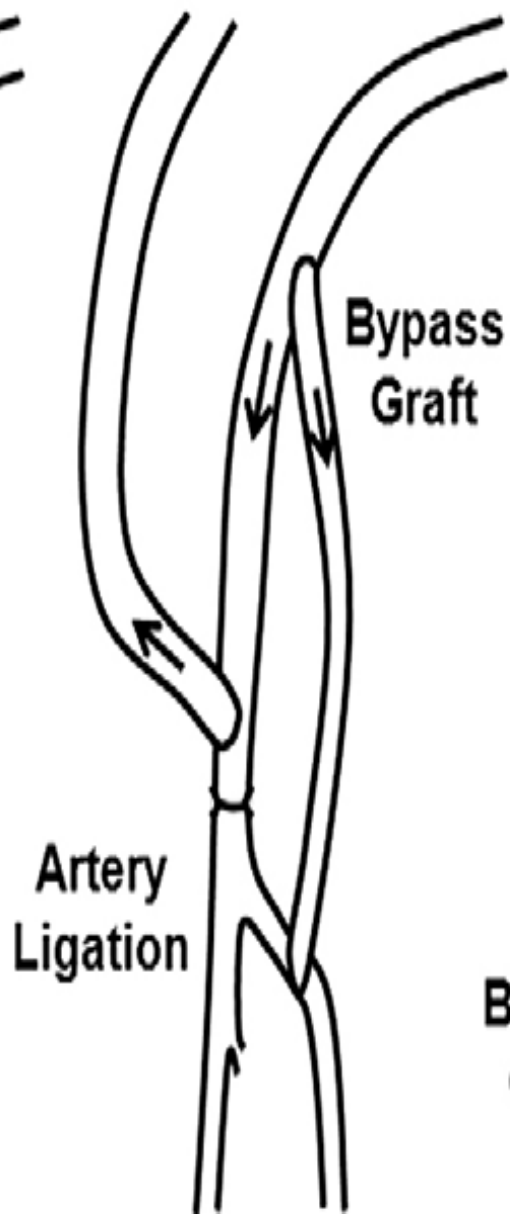
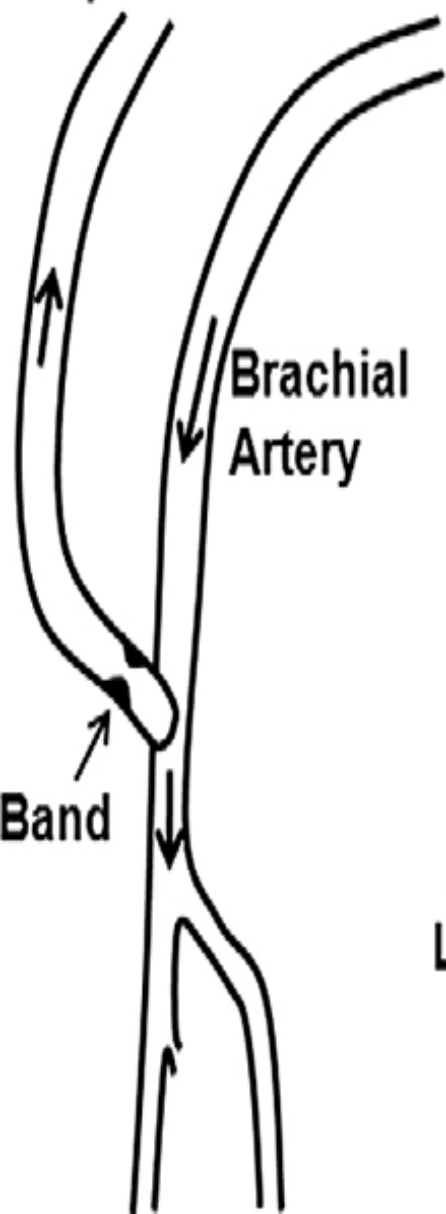
Banding

DRIL

RUDI

PAI

Cephalic V.



Ischemisk Monomelisk Neuropati



Frågor???

