WELCOME *To the*

2026 SYMPOSIUM

Surgical and Endovascular Management of Aneurysms in AVF's

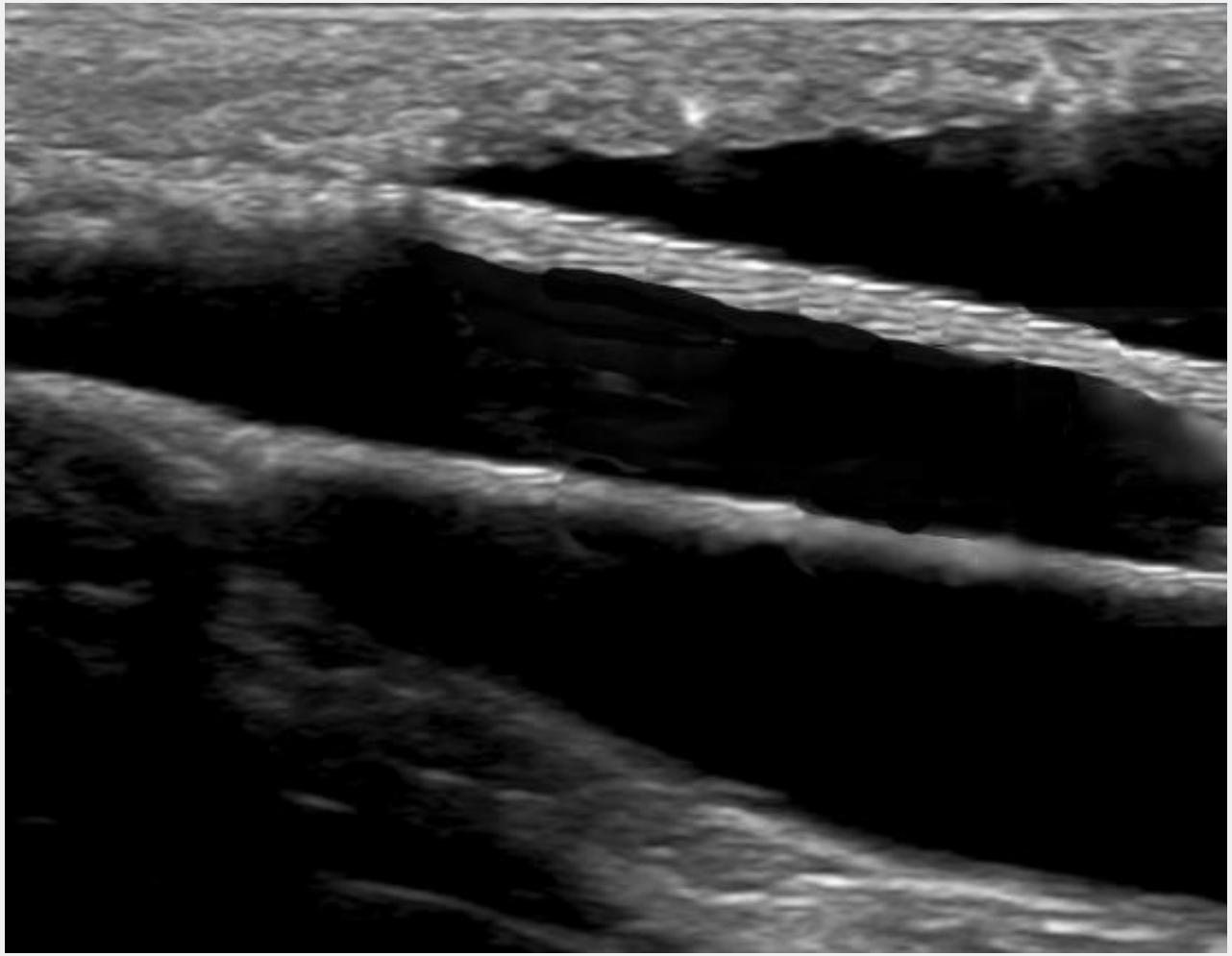
John F Lucas III, MD, FACS, FSVS

Disclosures

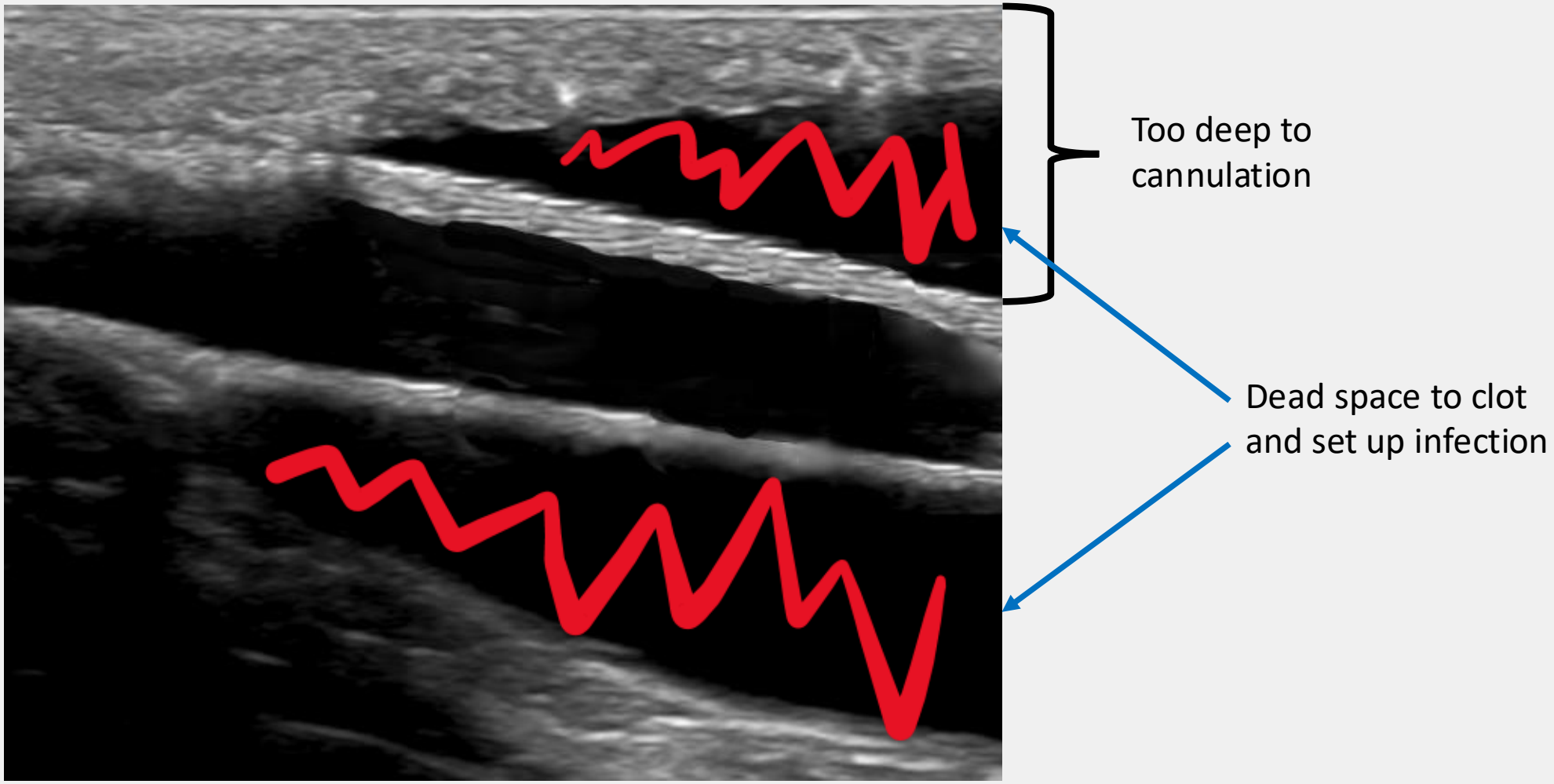
PI for Laminate Medical

PI for Xeltis

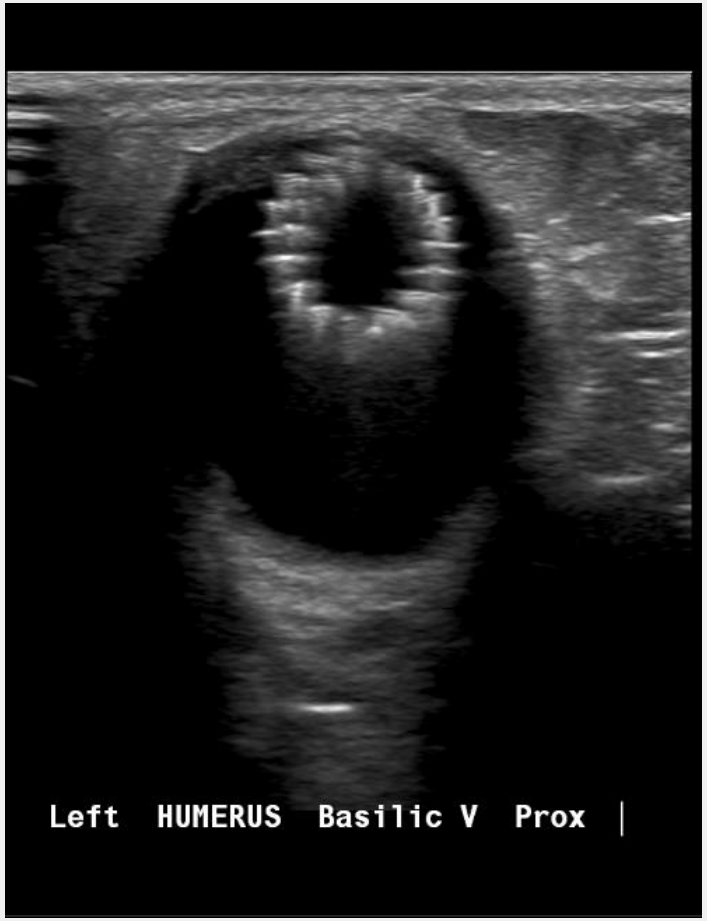
Endovascular Repair of Aneurysm



Stent in Aneurysm



Stent in Aneurysm





Covered Stents Removed from Aneurysm

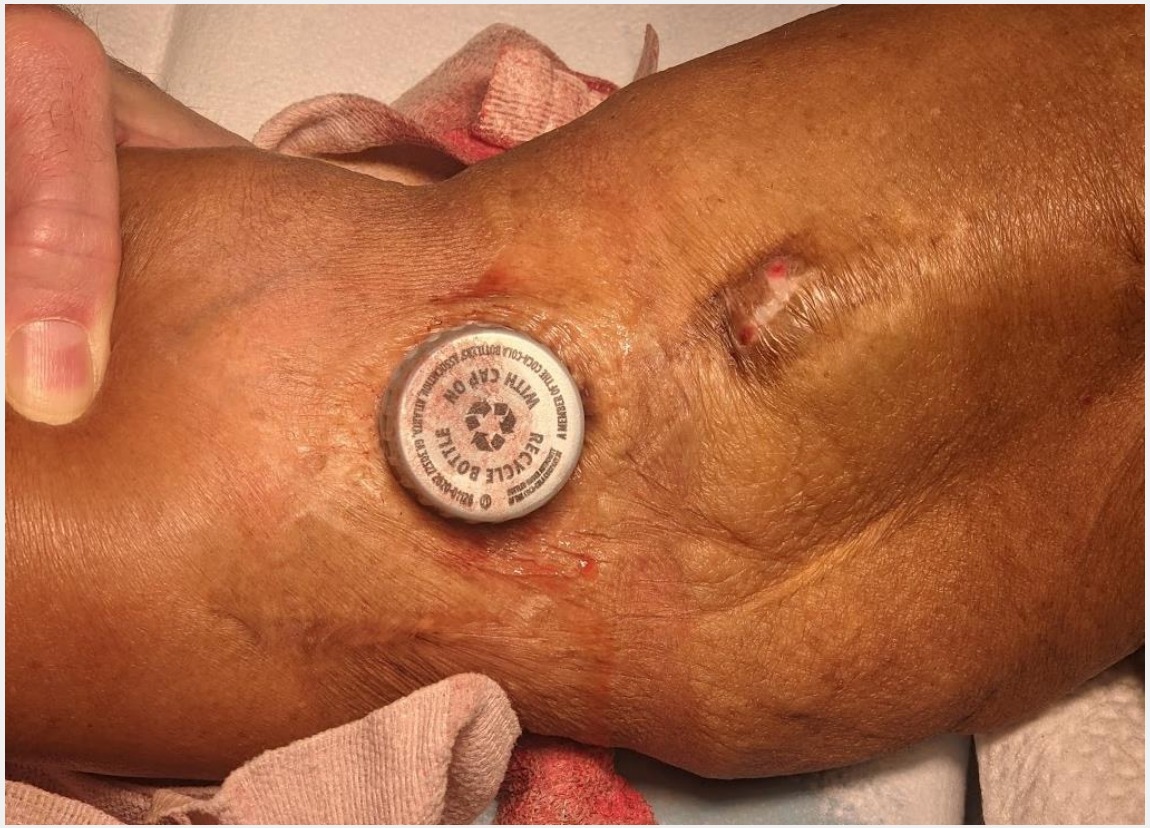


The Ruptured Aneurysm

Must gain immediate control of bleeding

- Bottle cap
- Direct pressure
- Tourniquet
-  Gauze bandage only absorbs the blood
- Suture defect

Bottle Cap for Control of Bleeding





Evaluate Skin Mobility



Evaluate Skin Mobility



Identify Other Cannulation Sites



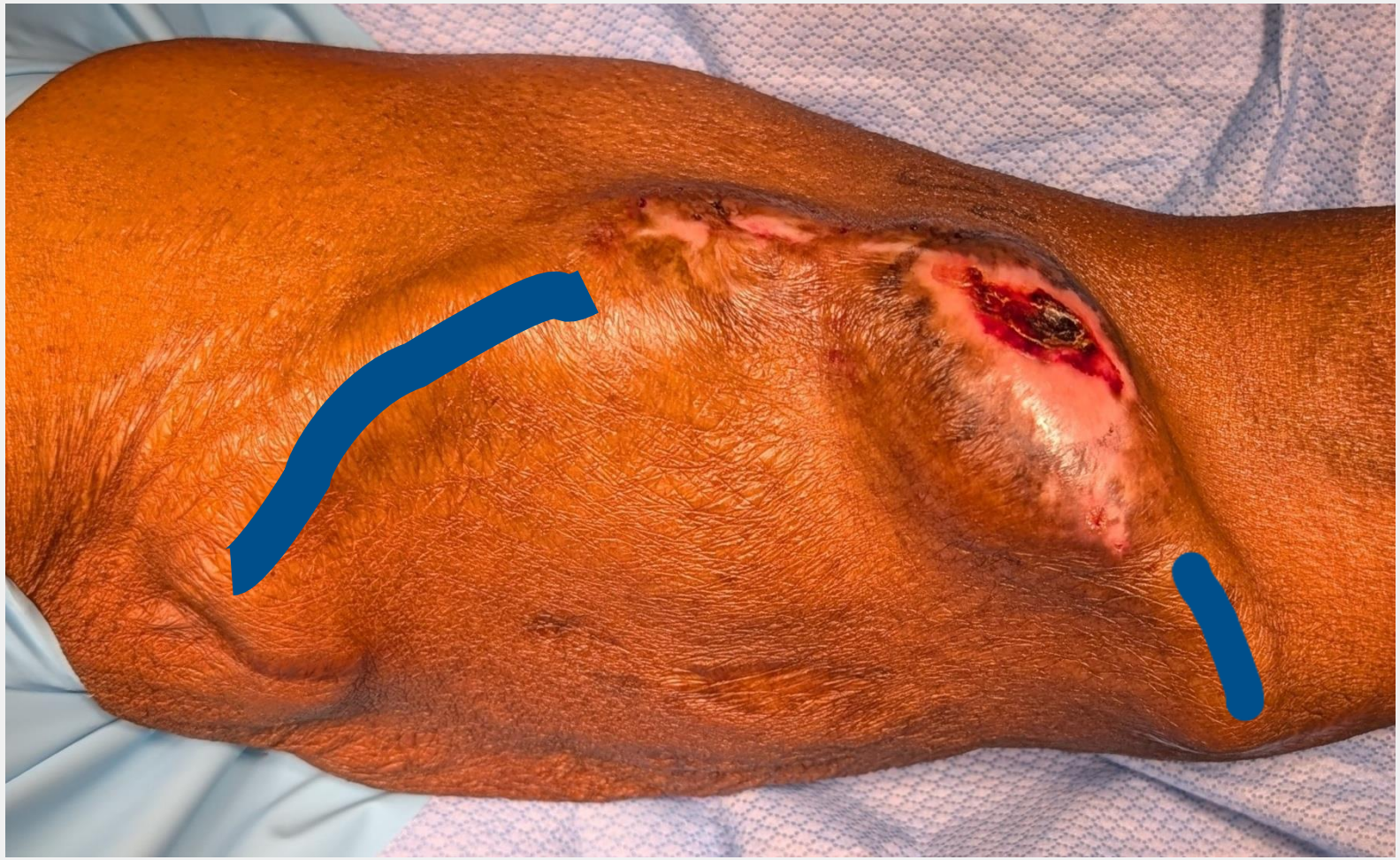
Identify Other Cannulation Sites



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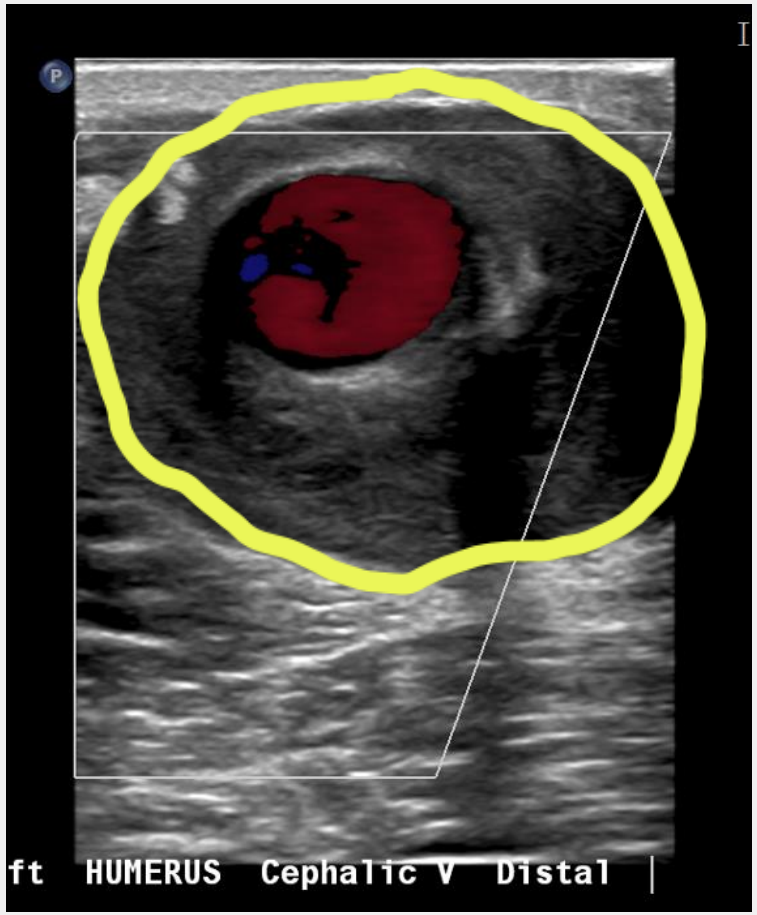
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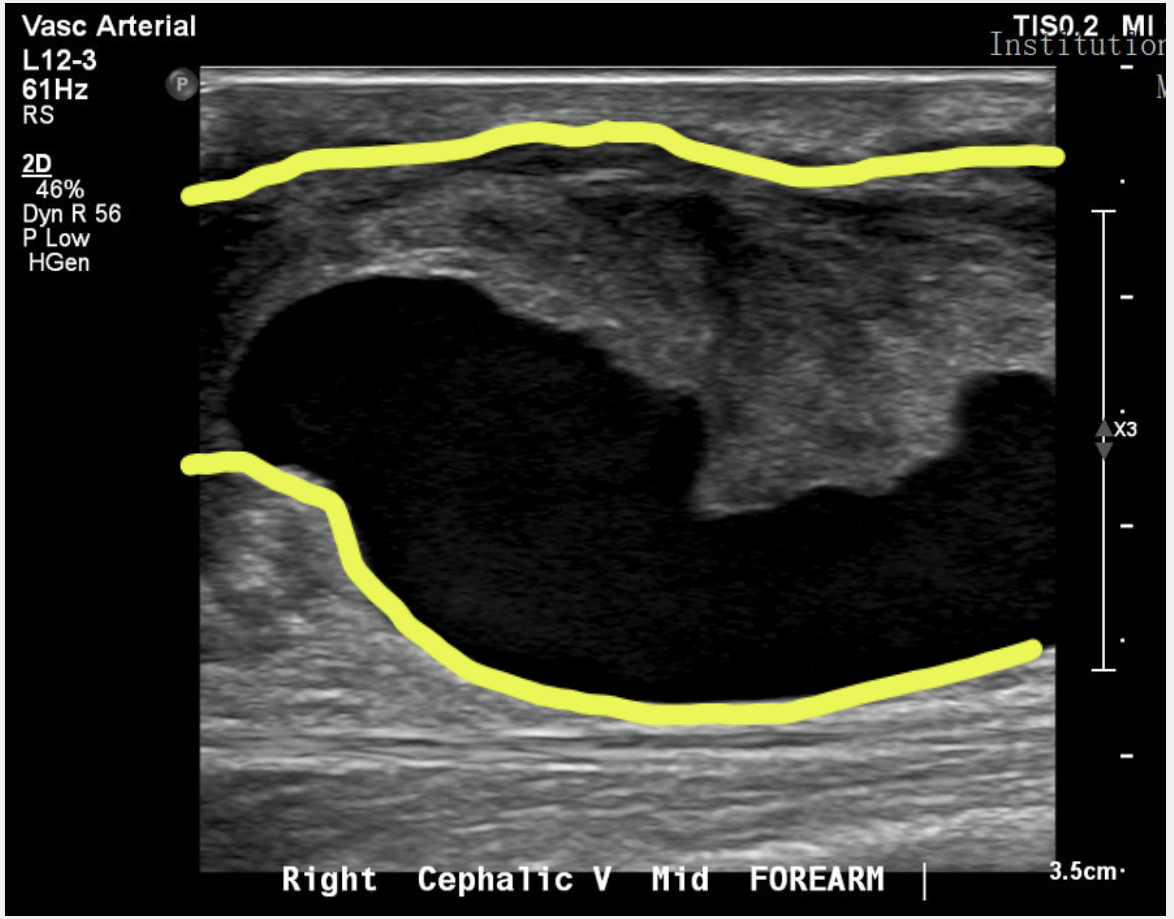


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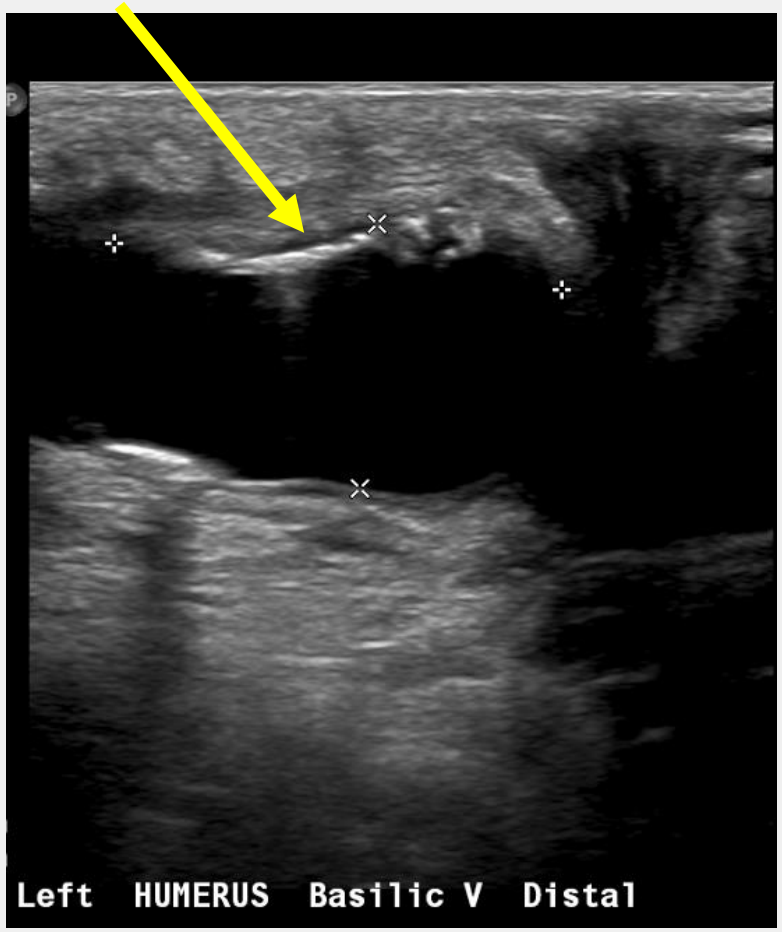


Clot in Aneurysm





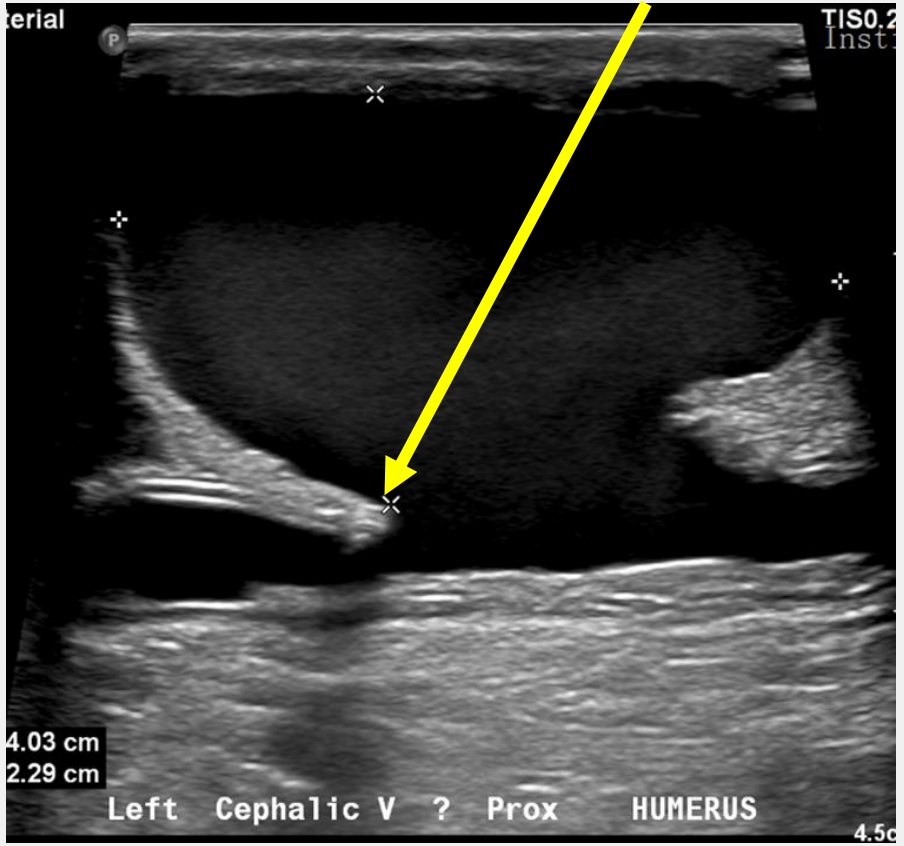
Calcification in Wall of Aneurysm





Aneurysm Obstructing Outflow





Aneurysm from a Buttonhole

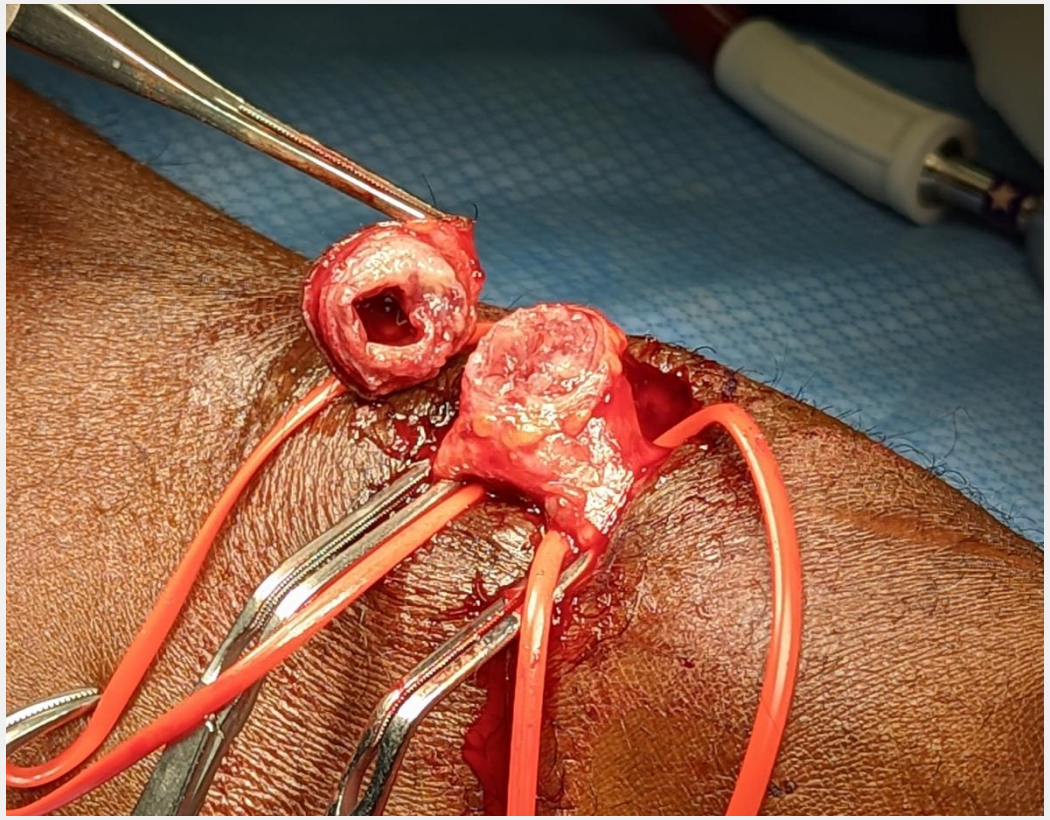


Aneurysm from a Buttonhole





Aneurysm from a Buttonhole





Aneurysm With Full Thickness Skin Loss



Aneurysm With Full Thickness Skin Loss





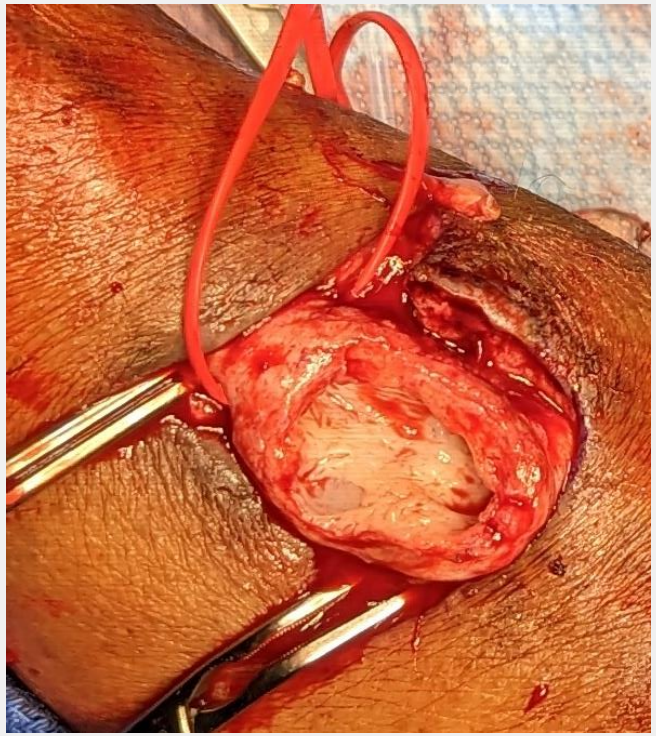
Aneurysm with Eschar







Aneurysm with Eschar





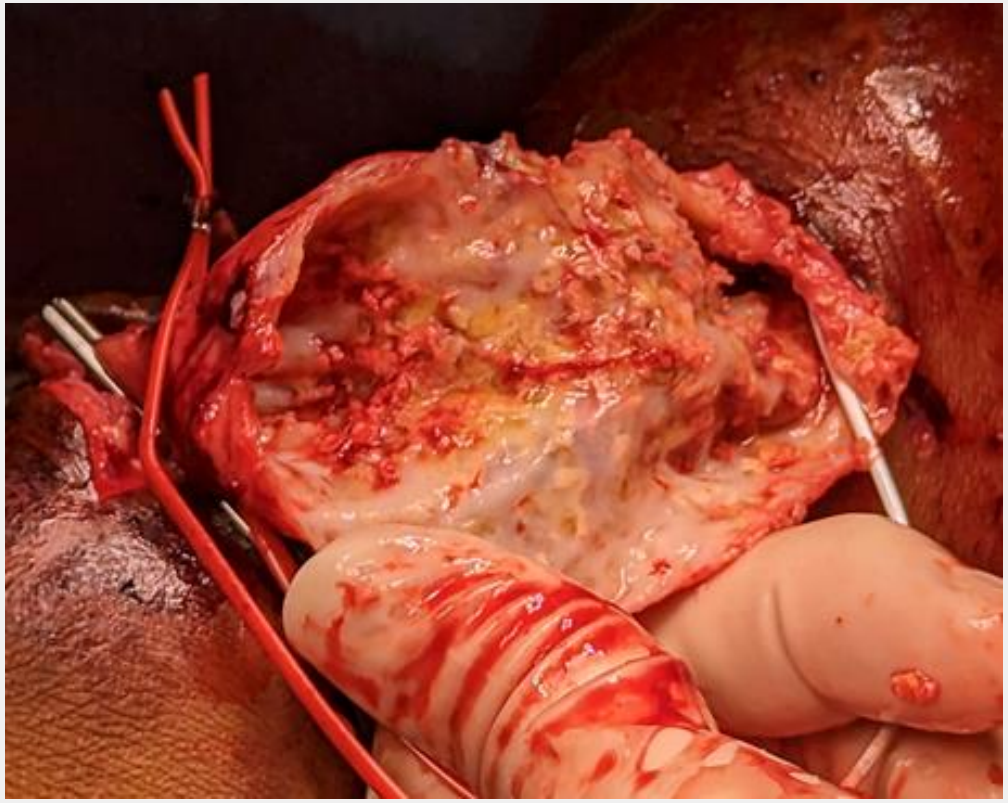


Thin-Walled Calcified Aneurysm





Thin-Walled Calcified Aneurysm





Thin Walled Calcified Aneurysm

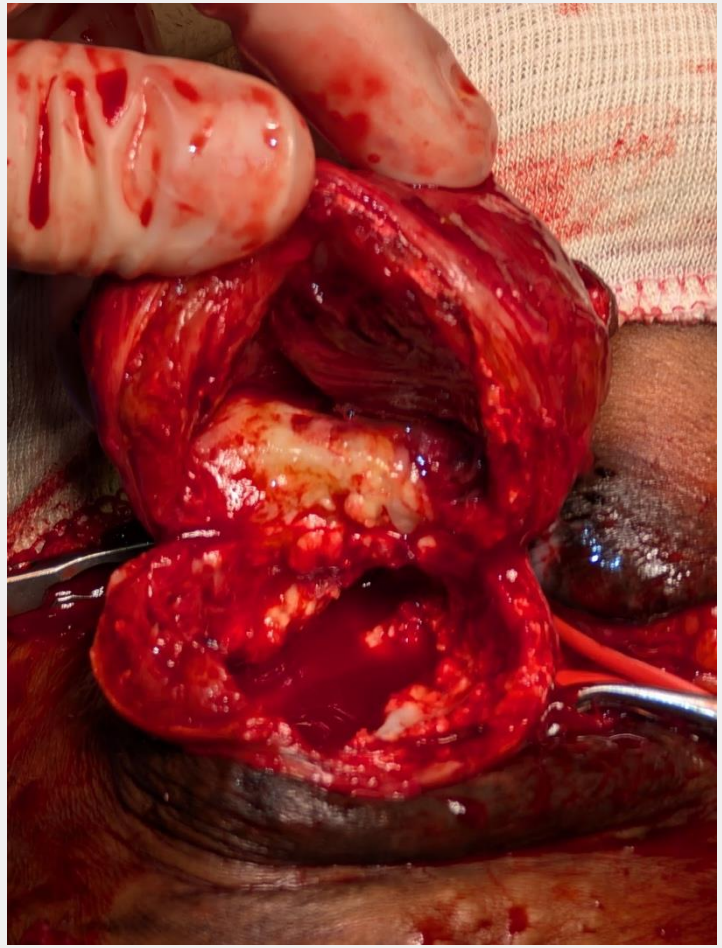




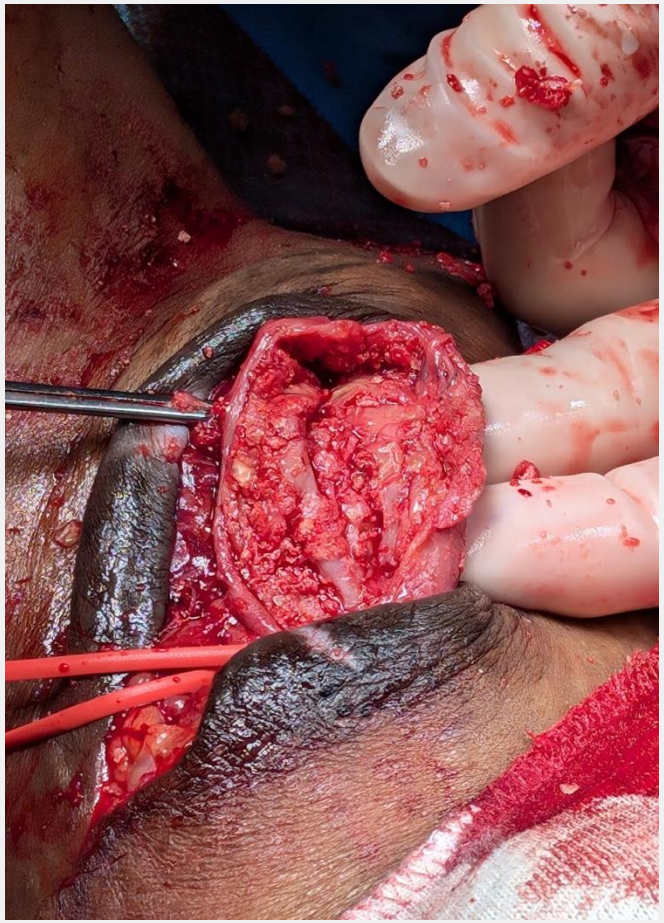
The Calcified Aneurysm

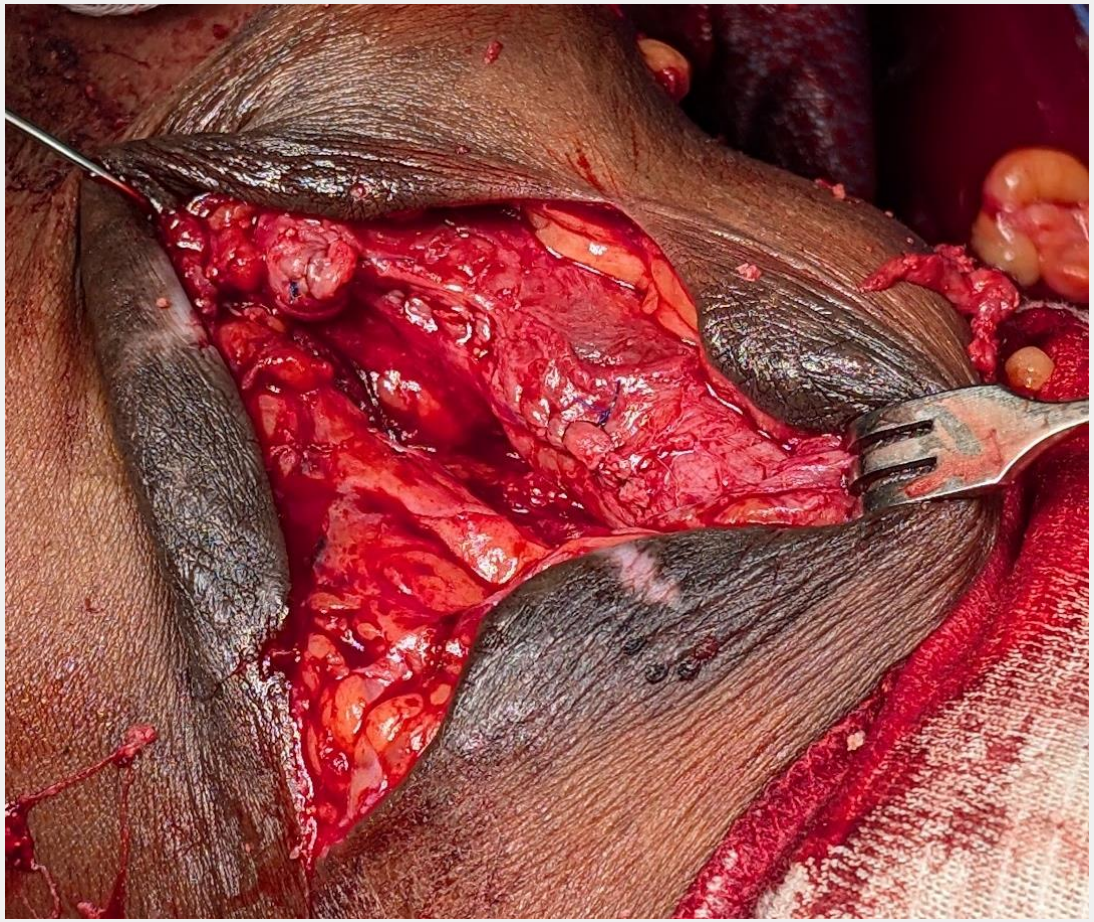






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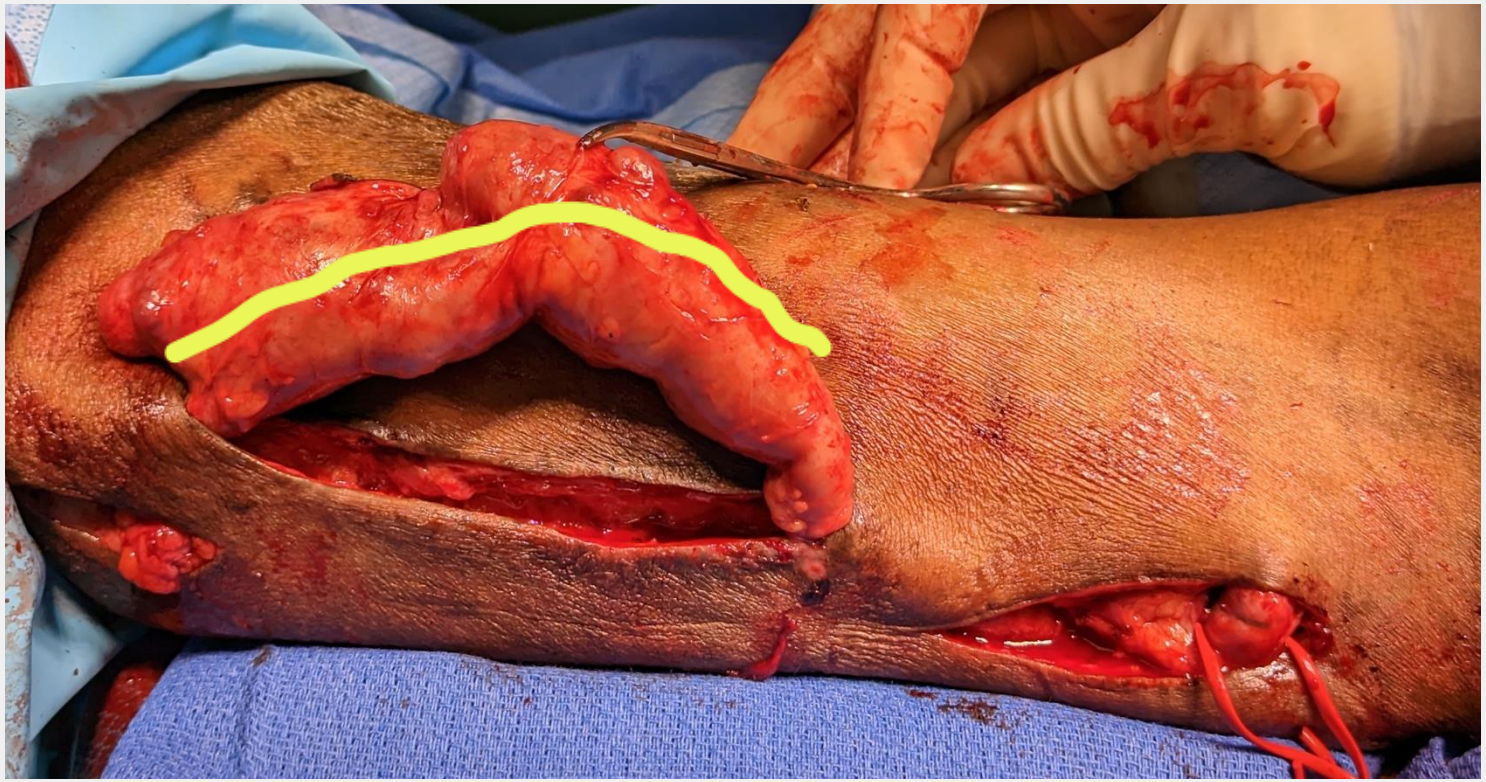




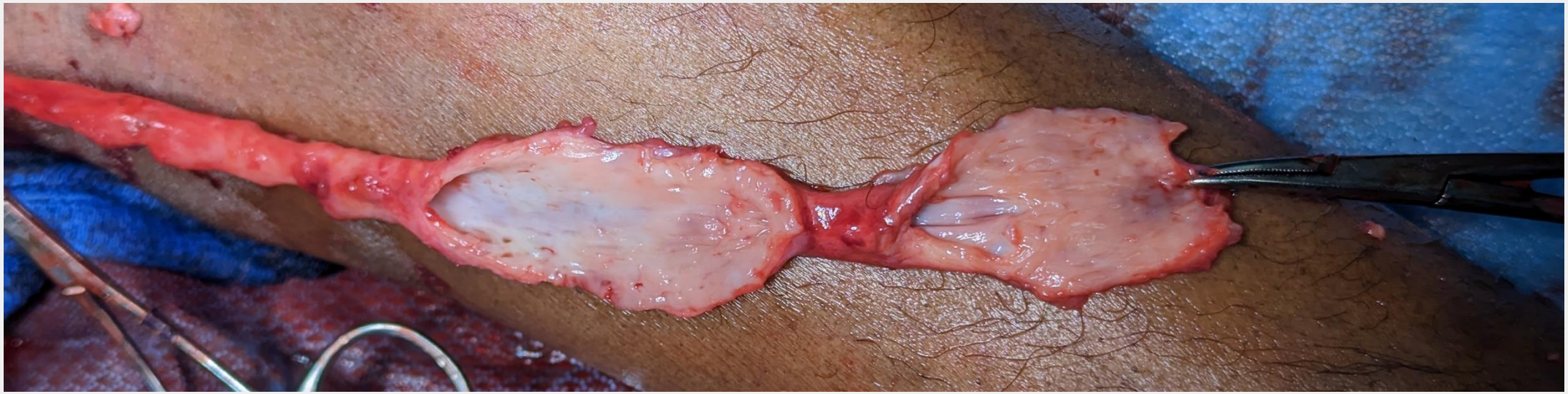


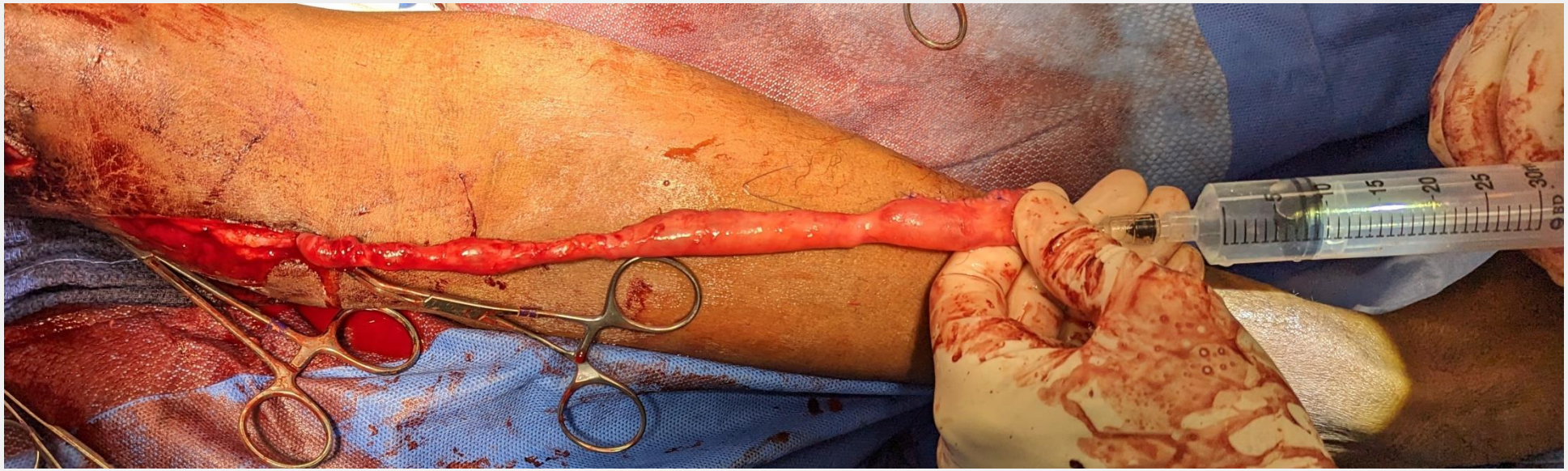
Aneurysm With Eschar and Thin Skin



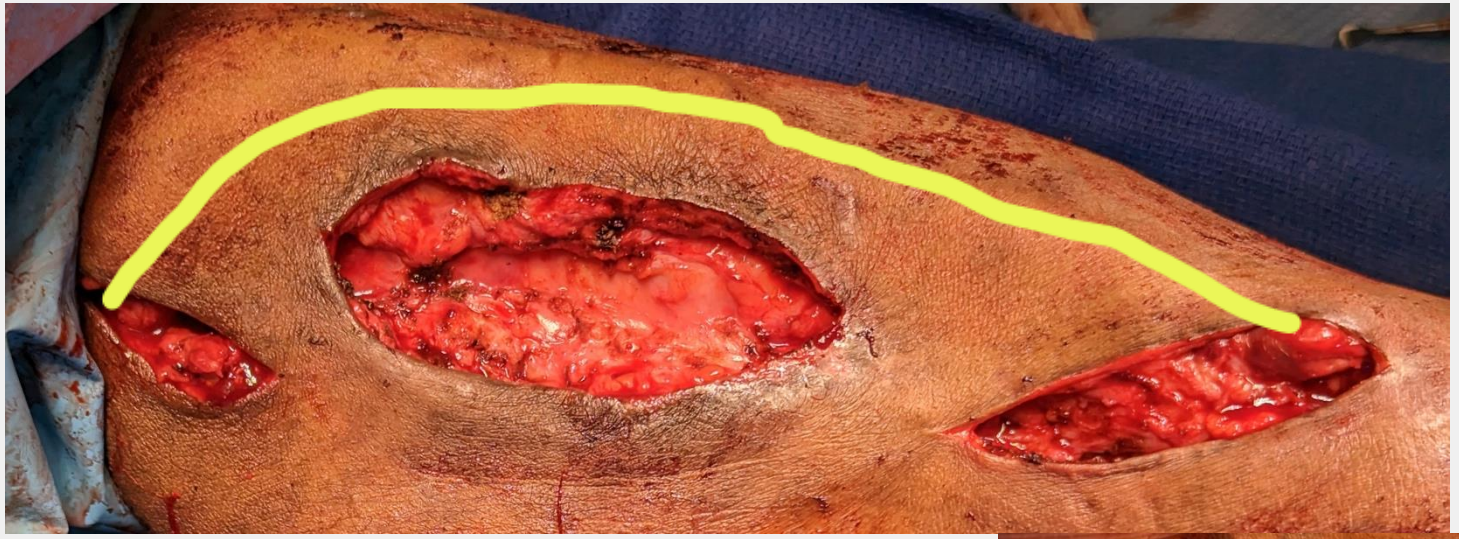


Aneurysm With Eschar and Thin Skin





Aneurysm With Eschar and Thin Skin



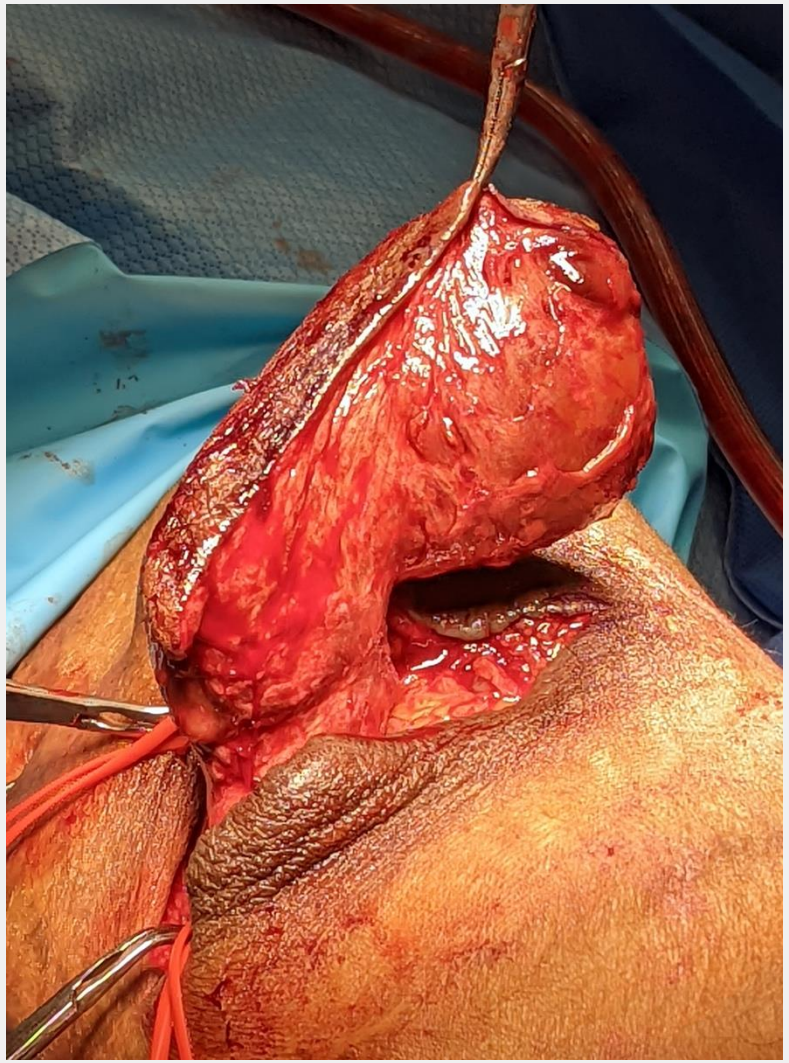


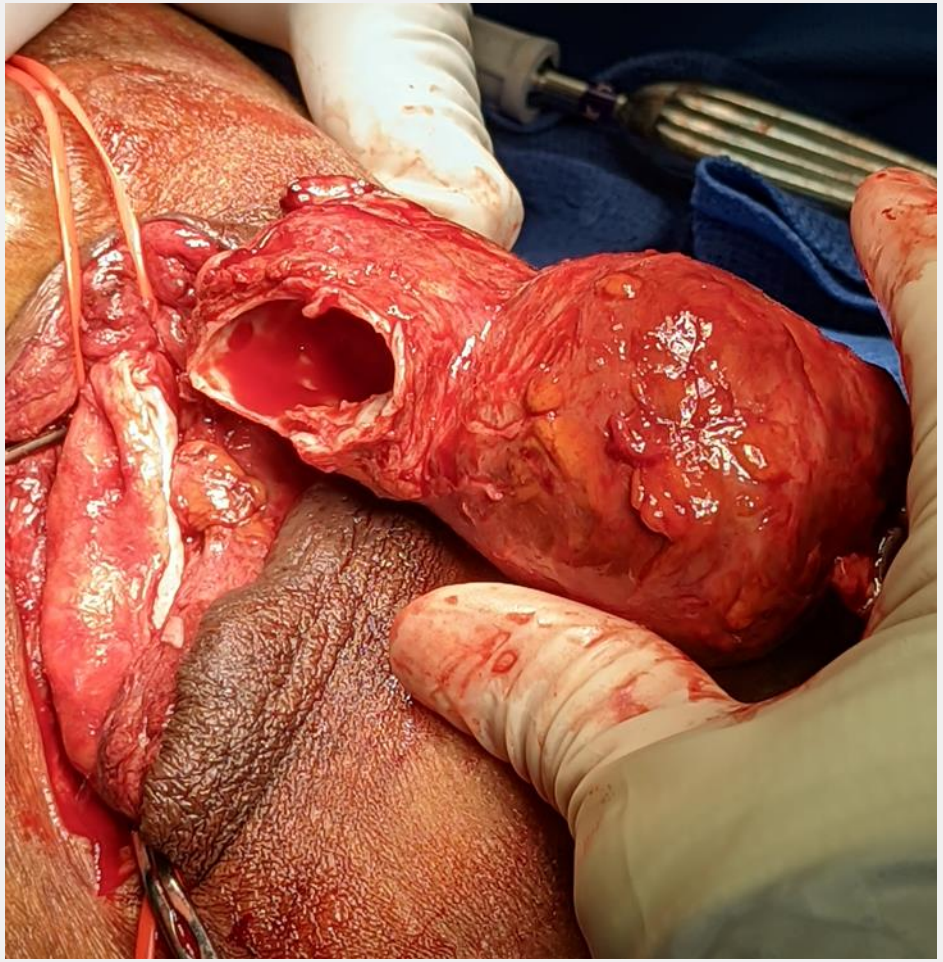
Aneurysm Growing in Direction of Cannulation



Aneurysm Growing in Direction of Cannulation

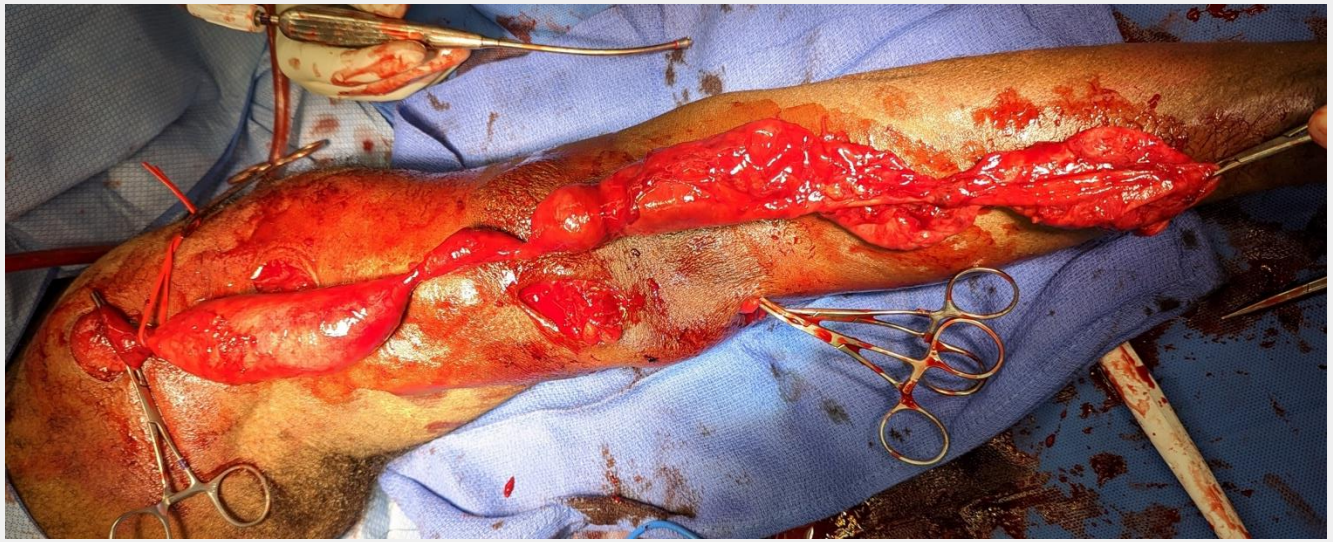


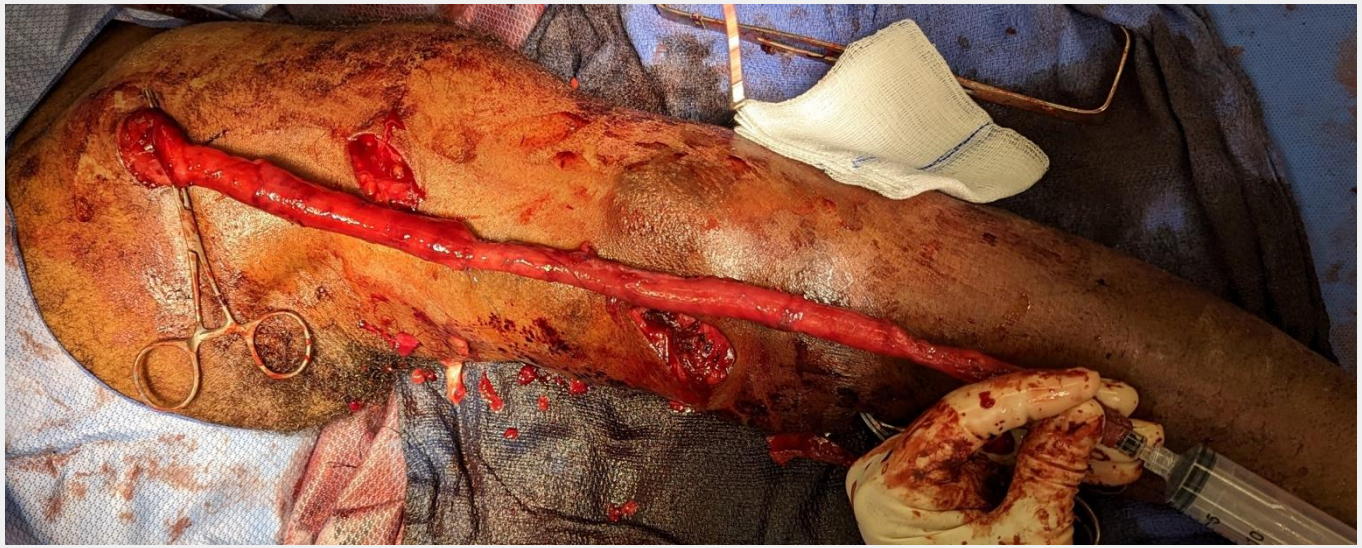




Mega Fistula

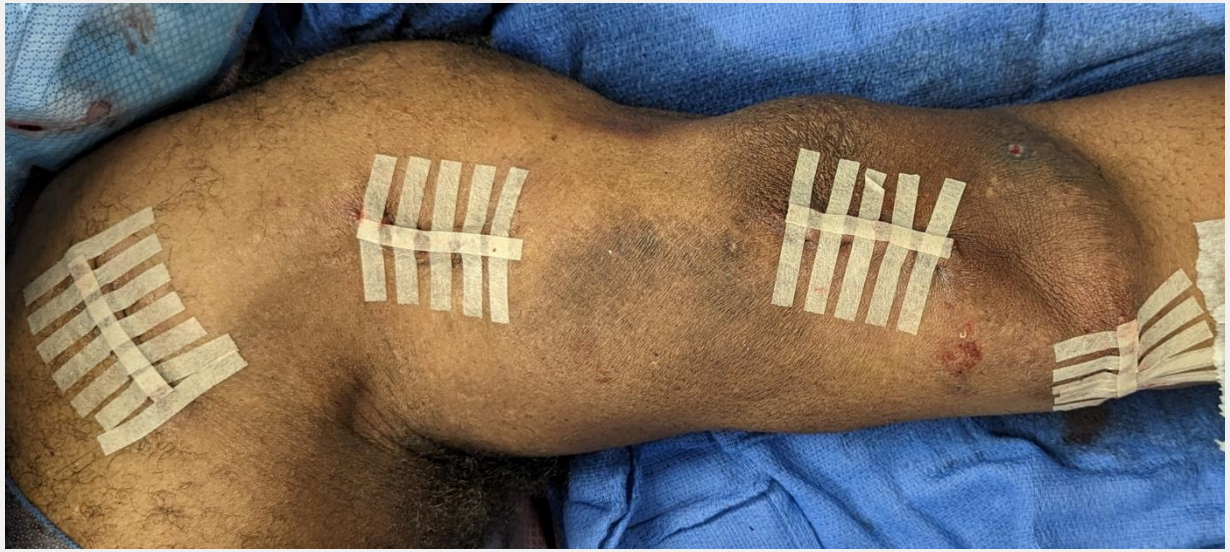






Mega Fistula







Elective Aneurysm Repair - How

- Regional anesthetic block and sedation
- If banding is needed control inflow with incision at anastomosis
- Orient incision to avoid being directly over repaired vein
- Posterior and lateral walls are usually healthy
- Remove calcium to make repair and cannulation possible
- Extra length - tunnel laterally under fresh skin
- Mobilize skin flaps to have health skin coverage

Conclusion

- Not all aneurysm need repair
  - Is aneurysm causing problem with dialysis
  - Is there a risk of rupture
- Plan operation without catheter if possible
- Ensure repaired site is under skin that can be cannulated
- Reduce access flow if indicated
- Almost all aneurysms can be repaired without a graft