WELCOME *To the*

2026 SYMPOSIUM

Stent Venous Anastomosis Consult with Vascular Surgery or JUST DO IT ?!?!

VASA Vascular Access Society of the Americas

Access Excellence.

MAY 20-22, 2026 • HILTON SALT LAKE CITY CENTER • SALT LAKE CITY, UTAH

Disclosures:

Venture Medical Advisory Board

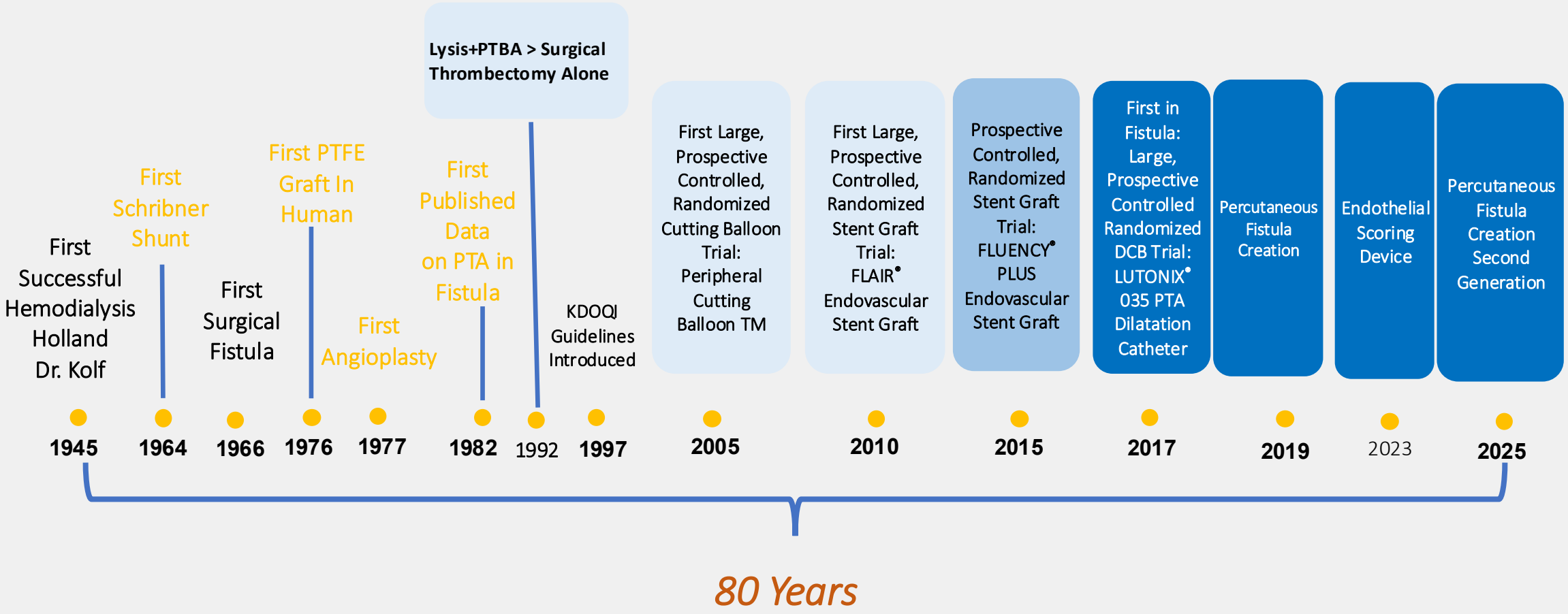
Am I Being Set Up?!

- There are a number option (In my mind) that come before stenting and vascular surgical consultation
- Referral to vascular surgery now probably results in them doing what I would have done anyway.
- Referral implies that vascular surgery will do a patch or graft extension.

If you can cross the lesion at the Venous Anastomosis

TREAT IT!

Time-line of Disruptive Technology for Hemodialysis Access



1994

Recurrent thrombosis of polytetrafluoroethylene dialysis fistulas after recent surgical thrombectomy: salvage by means of thrombolysis and angioplasty

M F Berger [1], J E Aruny, L K Skibo

Affiliations + expand

PMID: 8000121 DOI: 10.1016/s1051-0443(94)71591-8

Abstract

Purpose: To test the hypothesis that thrombolysis followed by angioplasty for salvage of thrombosed polytetrafluoroethylene (PTFE) dialysis fistulas is safe and effective even after recent surgical thrombectomy.

Materials and methods: Thrombolysis and balloon angioplasty were performed on 12 fistulas in which thrombosis had recurred within 30 days after thrombectomy (n = 10) or thrombectomy/revision (n = 2). All patients underwent pulse-spray pharmacomechanical thrombolysis with urokinase and use of a crossed-catheter technique. A total of 250,000-1,000,000 IU of urokinase and 2,500 IU of heparin were injected throughout the clot in 17-33 minutes. A bolus of 2,500 IU of heparin was simultaneously administered intravenously.

Results: Thrombolysis was successful in restoring flow in all grafts, but thrombosis recurred in three grafts before they could be used for dialysis. The clinical success rate was thus 75%. There were no major complications. Mean primary patency after thrombolysis in this small select group of patients was 94 days (median, 68.5 days), comparing favorably with the mean patency of 44 days (median, 23 days) achieved by the prior 23 surgical revisions in the same grafts.

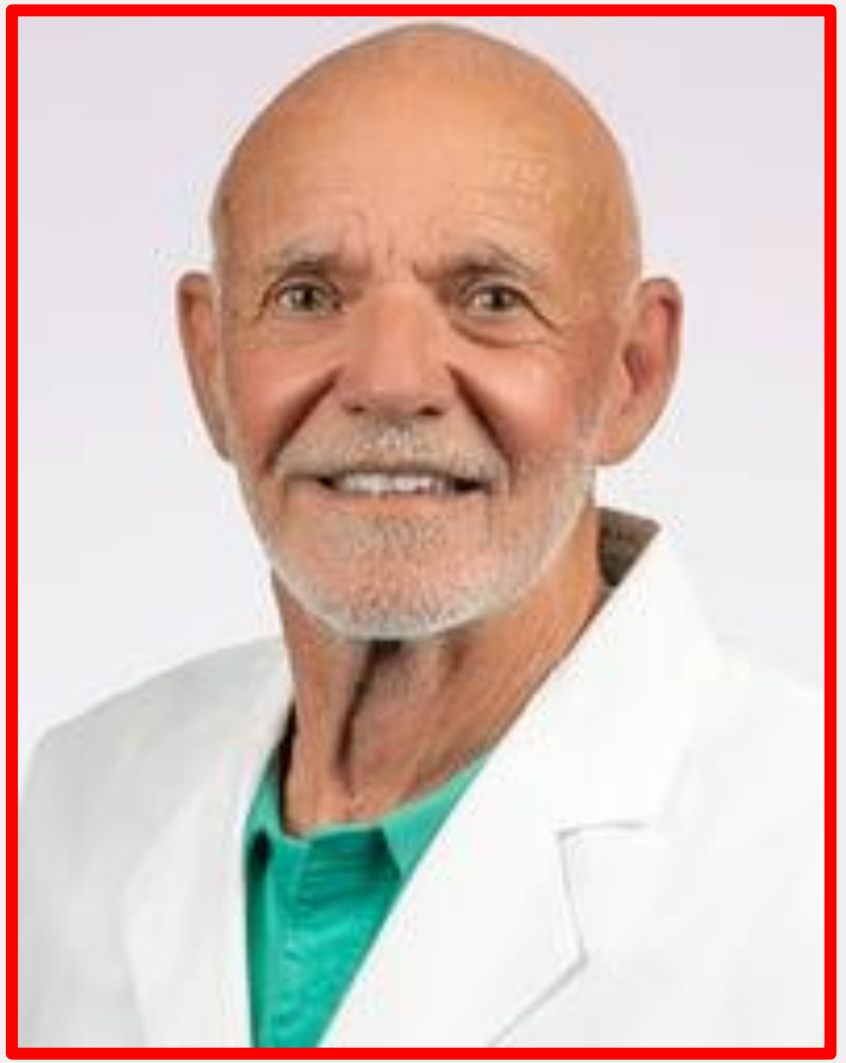
Conclusion: Percutaneous fistula salvage appears to be a safe and effective means of treating recurrent thrombosis in PTFE dialysis fistulas when recent surgical thrombectomy has failed.

AI Overview +1

This seminal 1994 paper from the Journal of Vascular and Interventional Radiology demonstrated that percutaneous salvage is a safe and highly effective method for managing recurrent thrombosis in polytetrafluoroethylene (PTFE) dialysis grafts, particularly when recent surgical thrombectomies have failed or resulted in early re-occlusion. National Institutes of Health (.gov) +1

What Situation Generates Potential Surgical Referral at the Anastomosis?

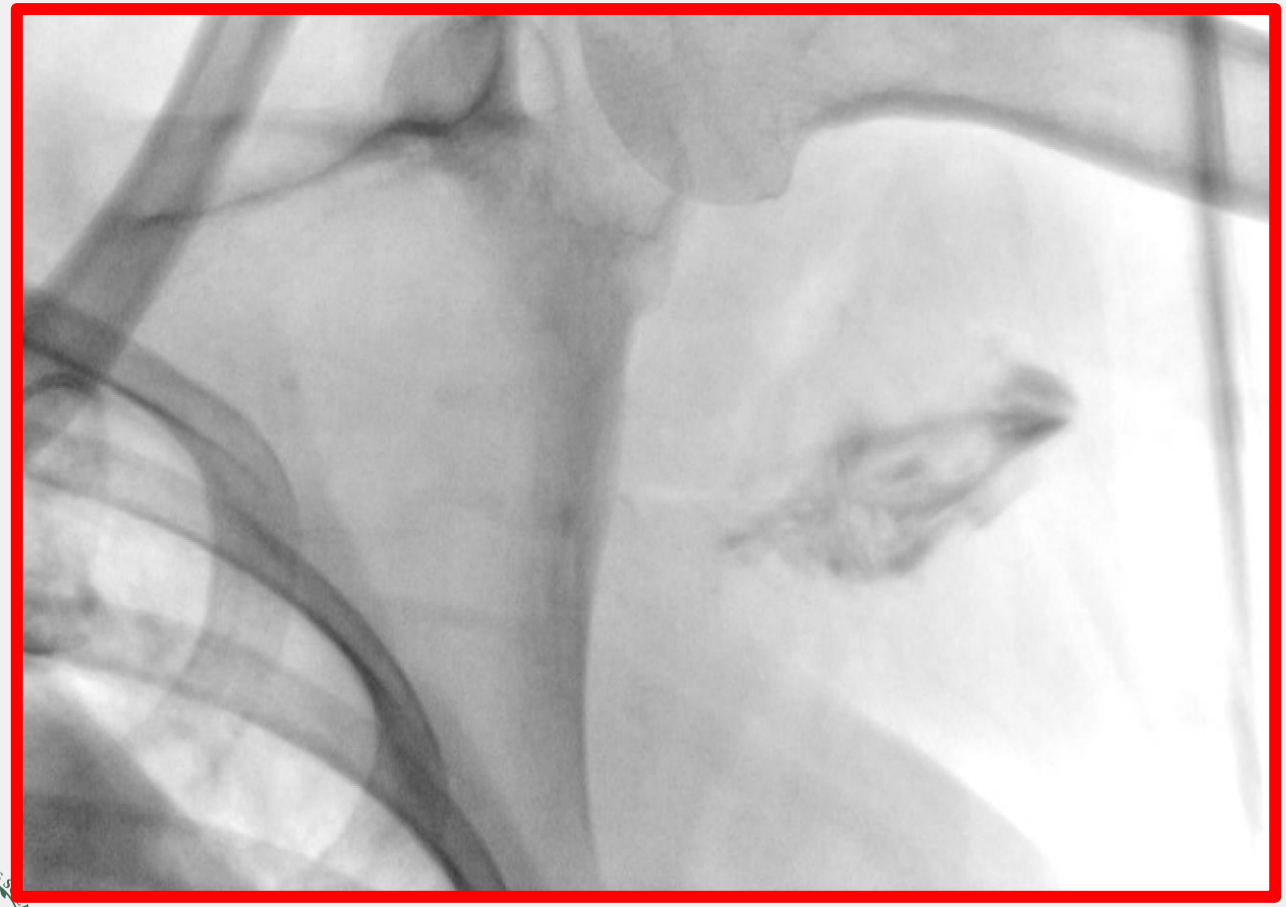
- 1. Venous Anastomosis That Can’t be Crossed
- 2. Stenotic Anastomosis But Collateral Runoff Incapable of Providing High Flow Runoff.



47 YO FEMALE WITH THROMBOSED FOREARM LOOP GRAFT

- GRAFT HAS BEEN THROMBOSED FOR 3 MONTHS SECONDARY TO PATIENTS RECENT HOSPITALIZATION

Hard Occlusion At The Anastomosis



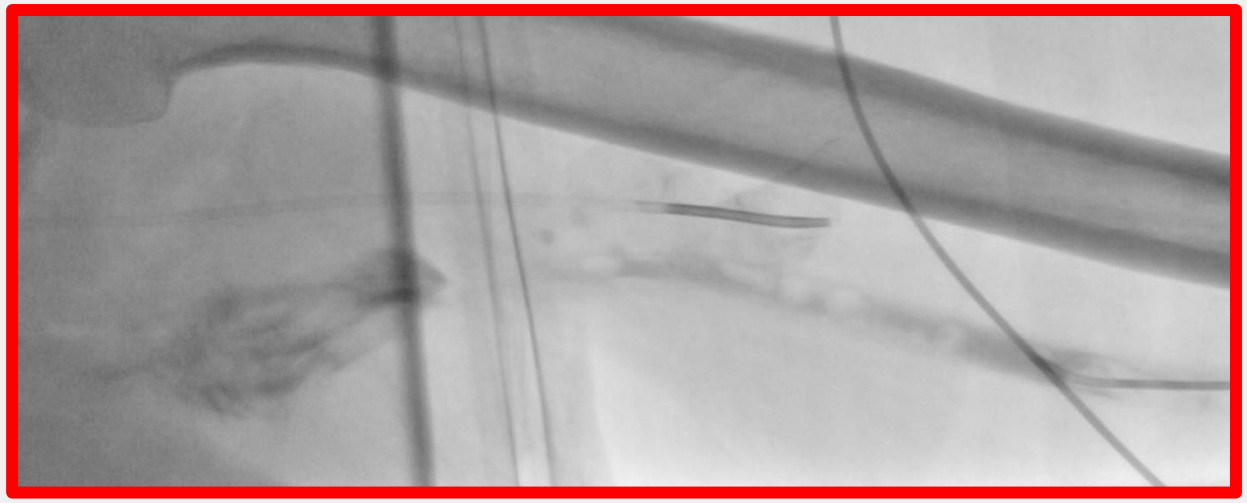


Hard Occlusion At The Anastomosis





“Connect the Dots”



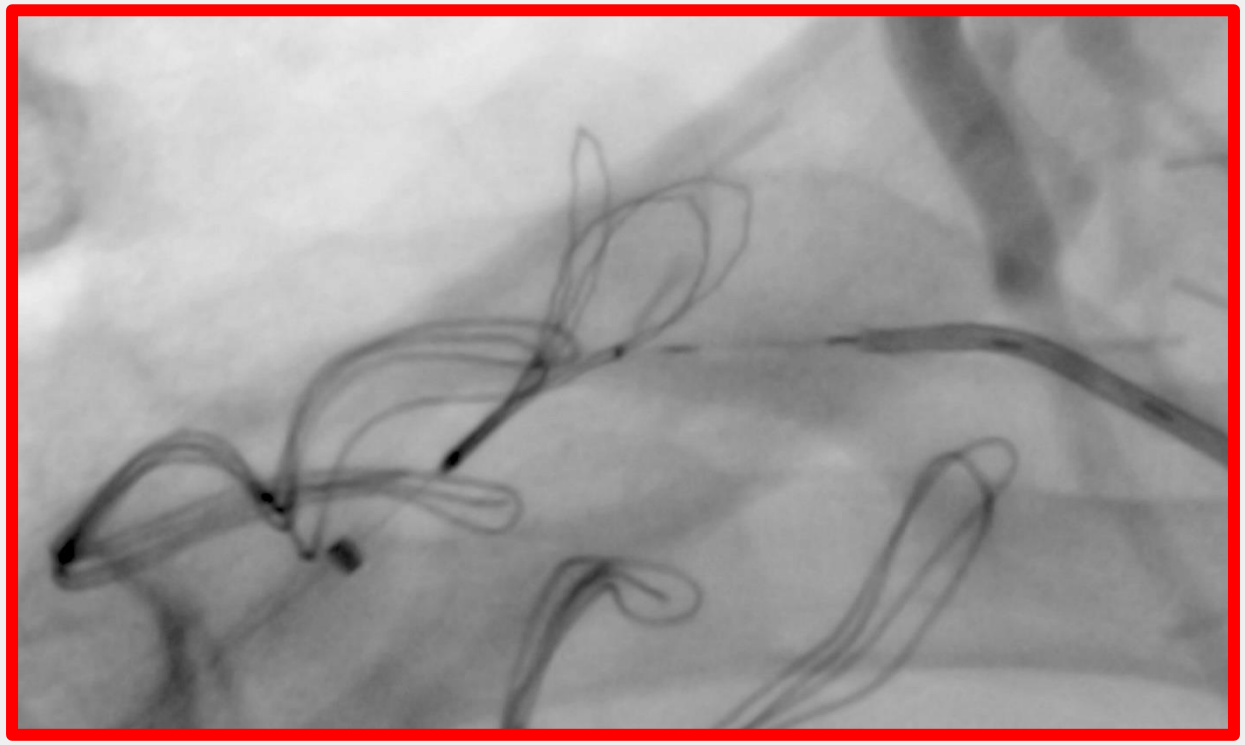


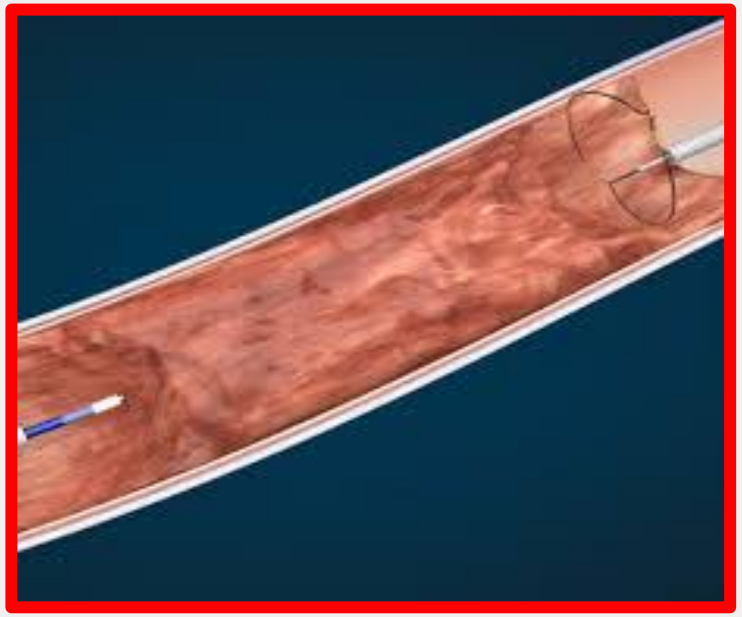




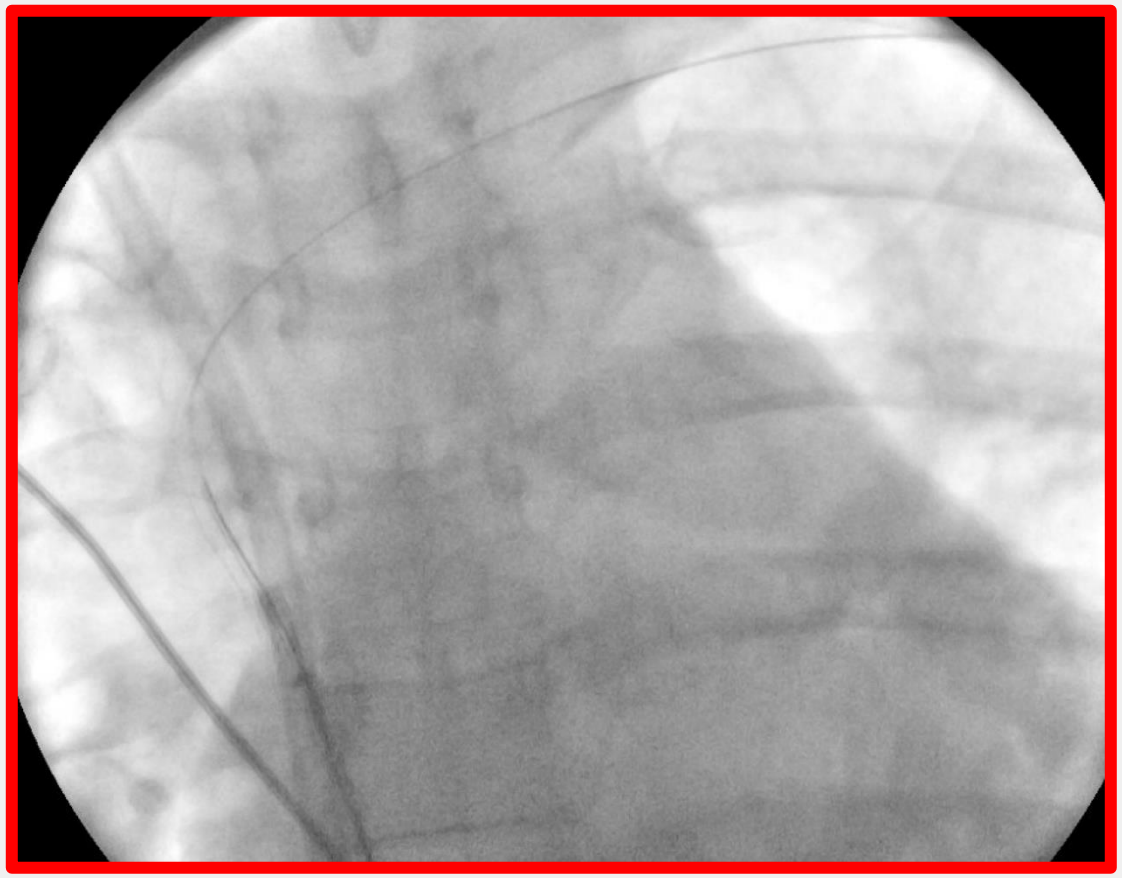
Snare the Baylis Wire





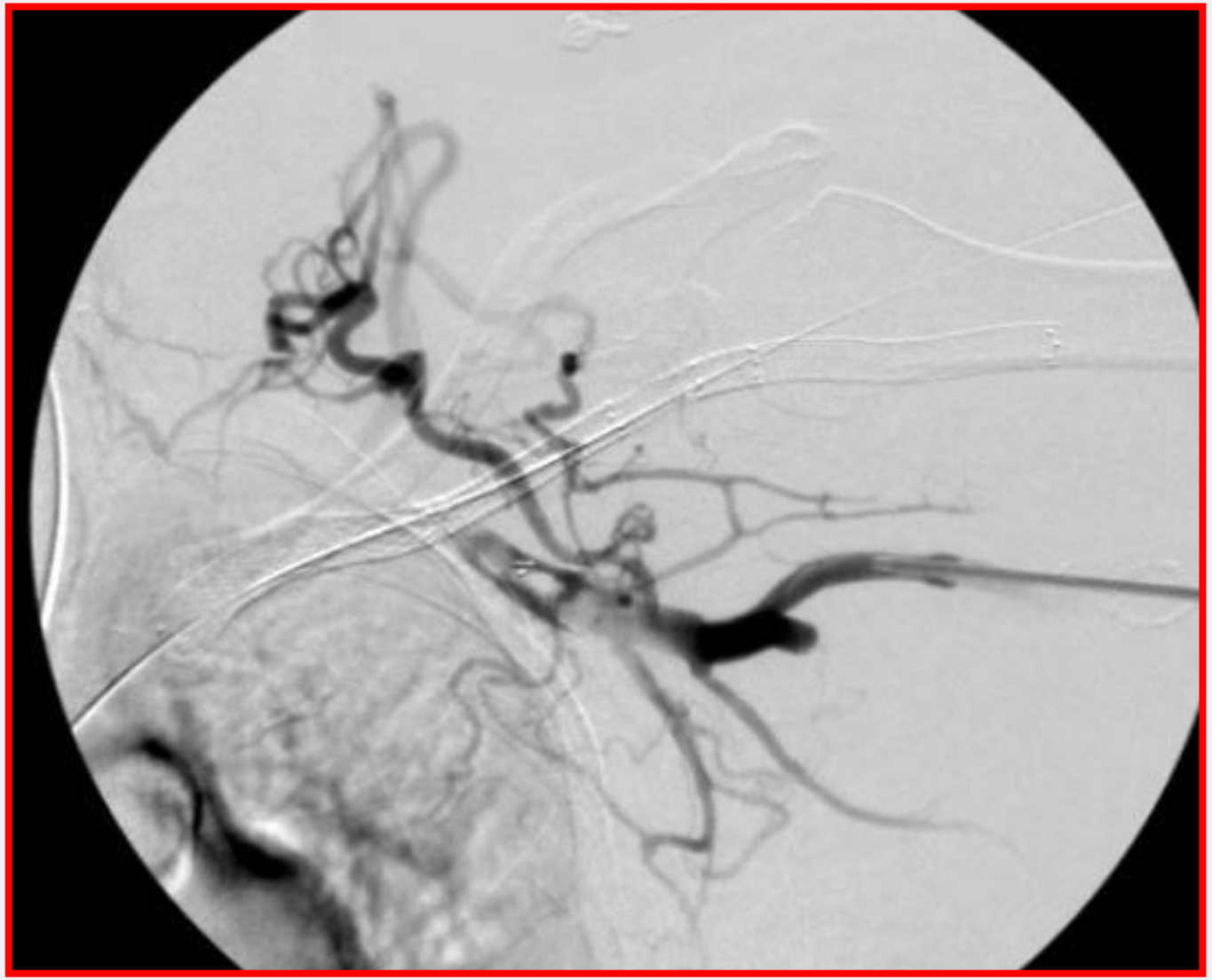


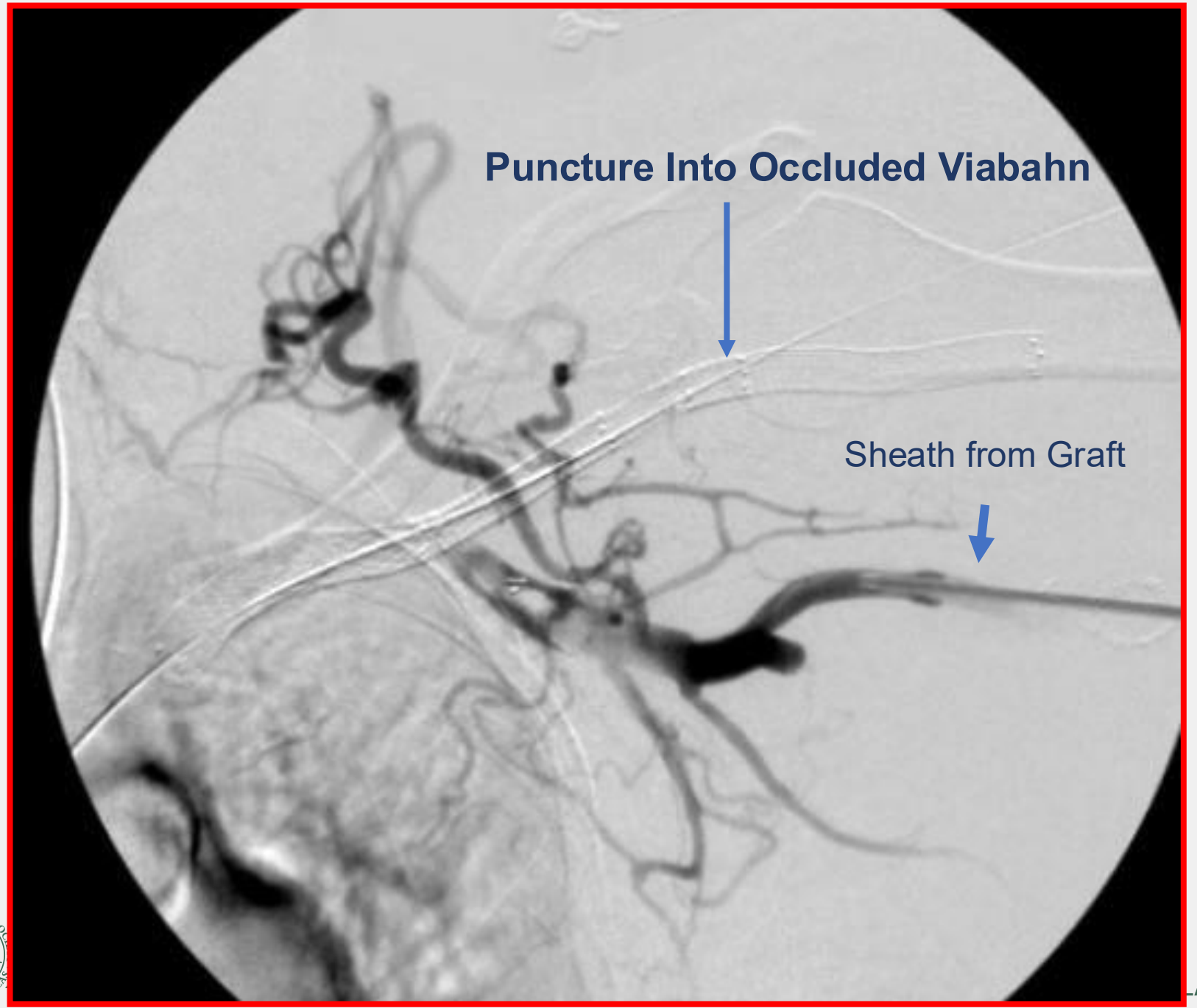
Externalize the Wire-PTA & Stent

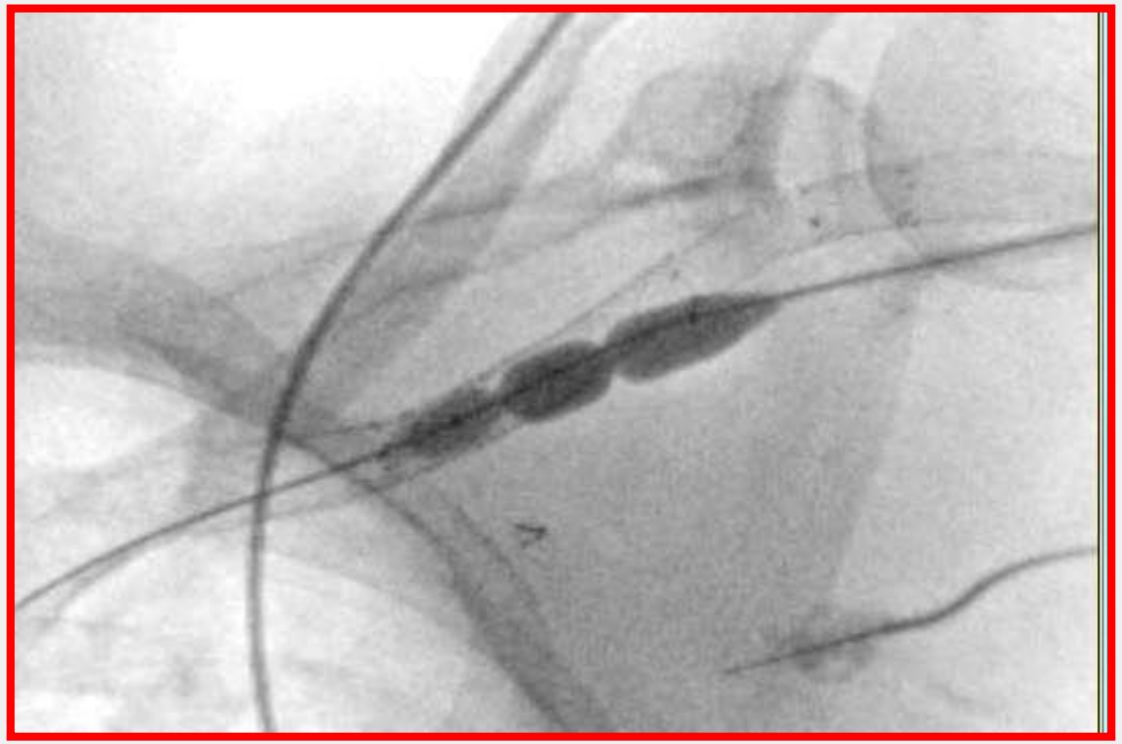


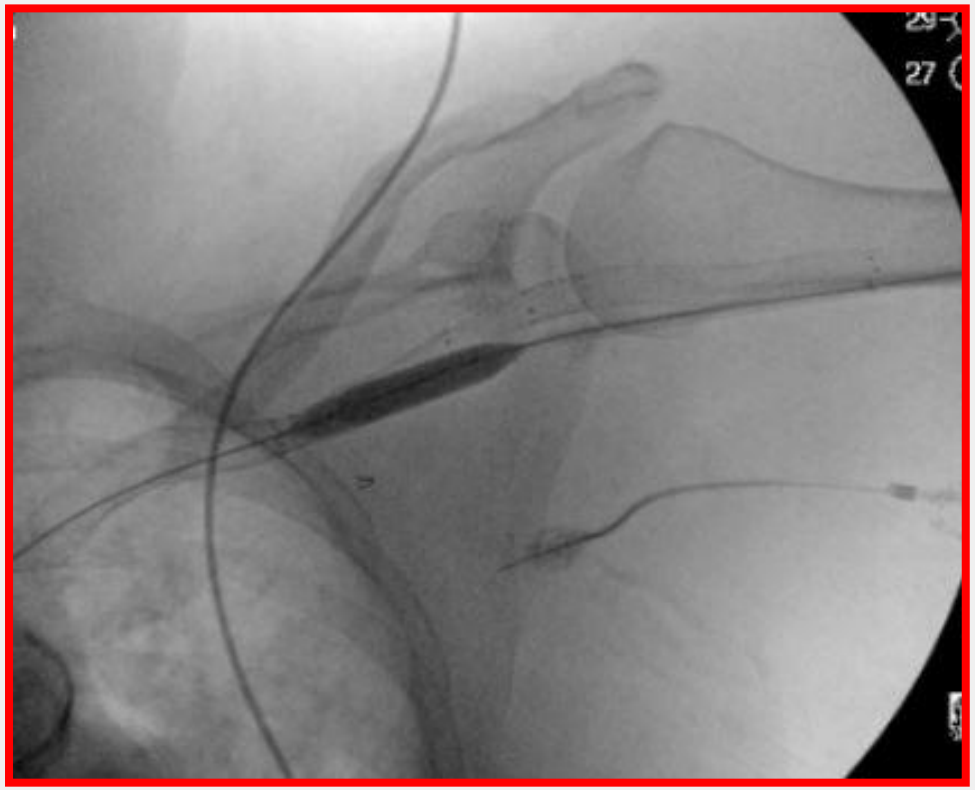


Low Flows and Arm Edema

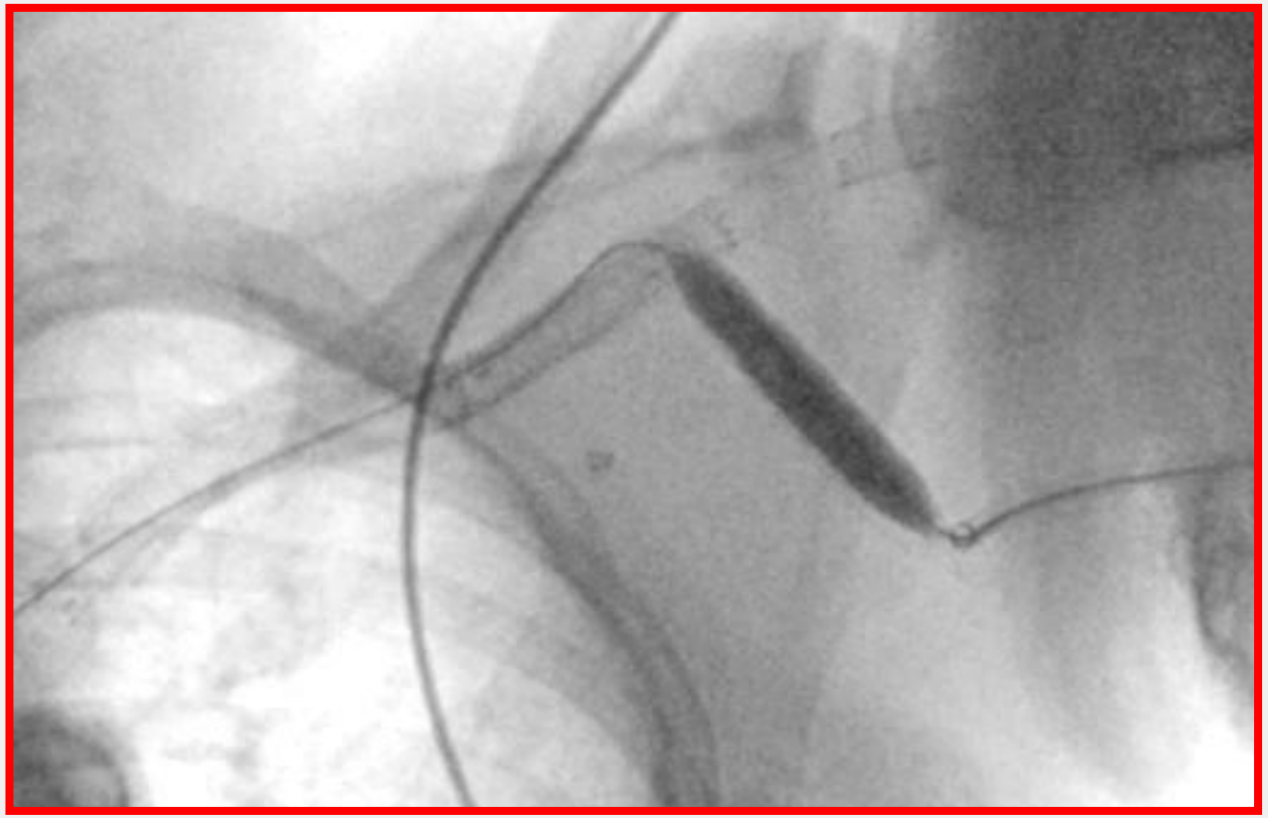


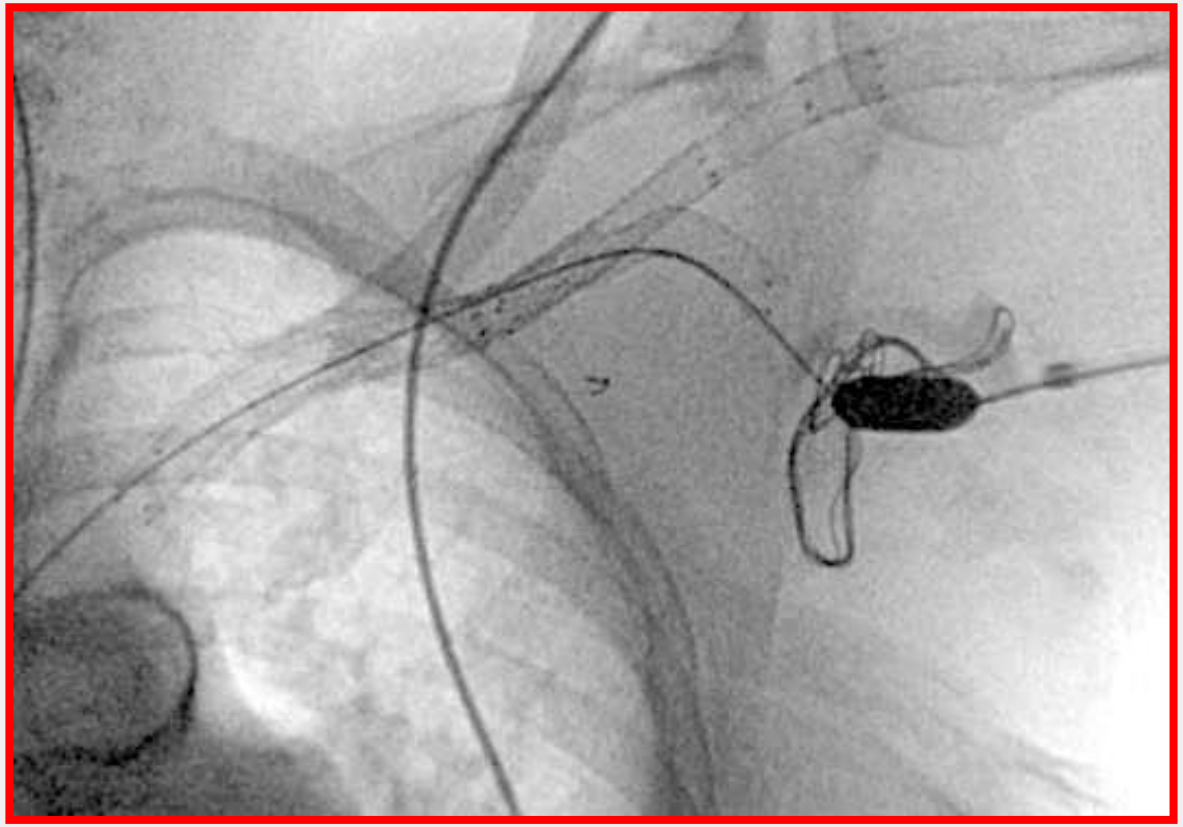

Puncture Into Occluded Viabahn
Sheath from Graft

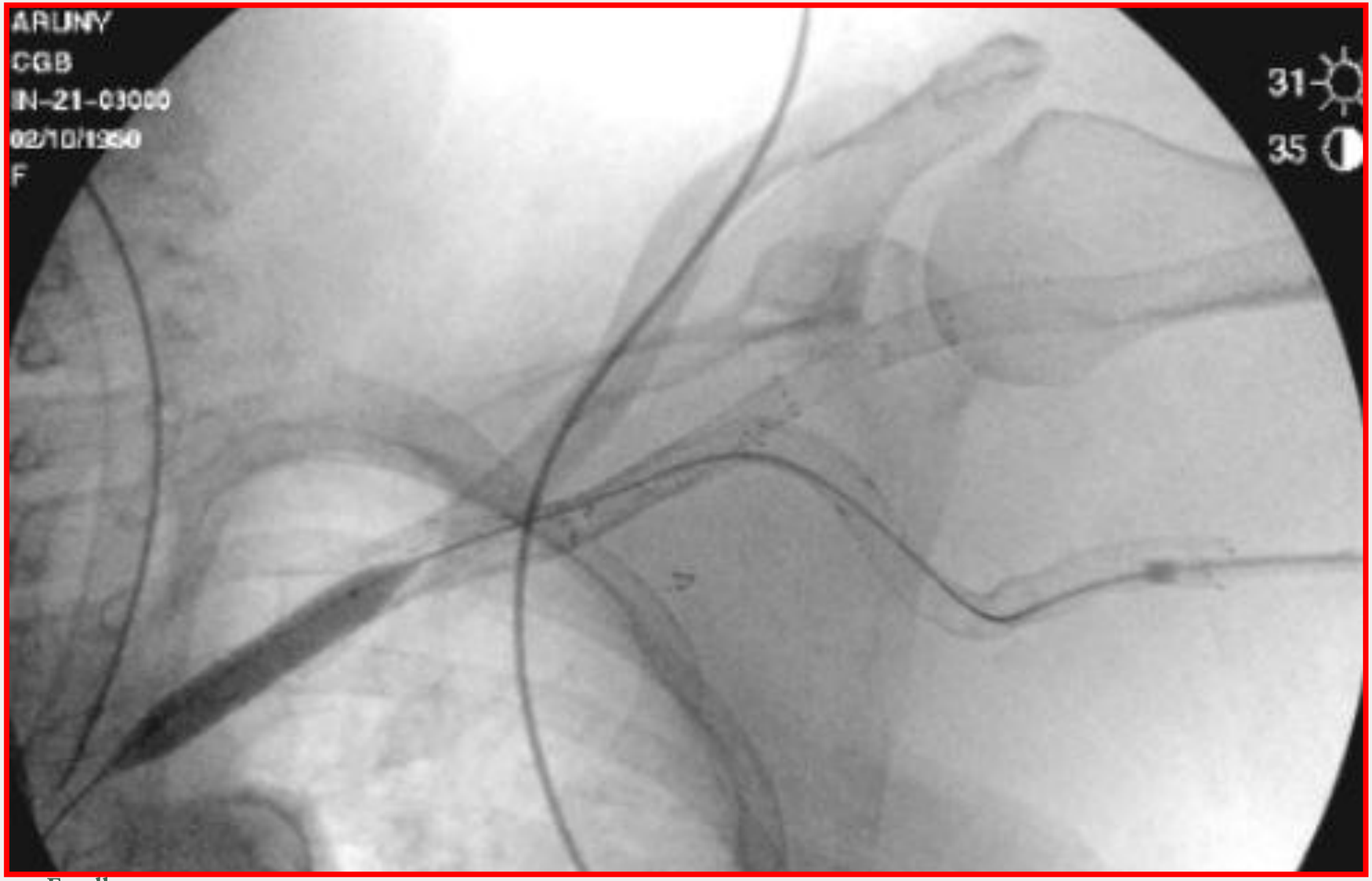


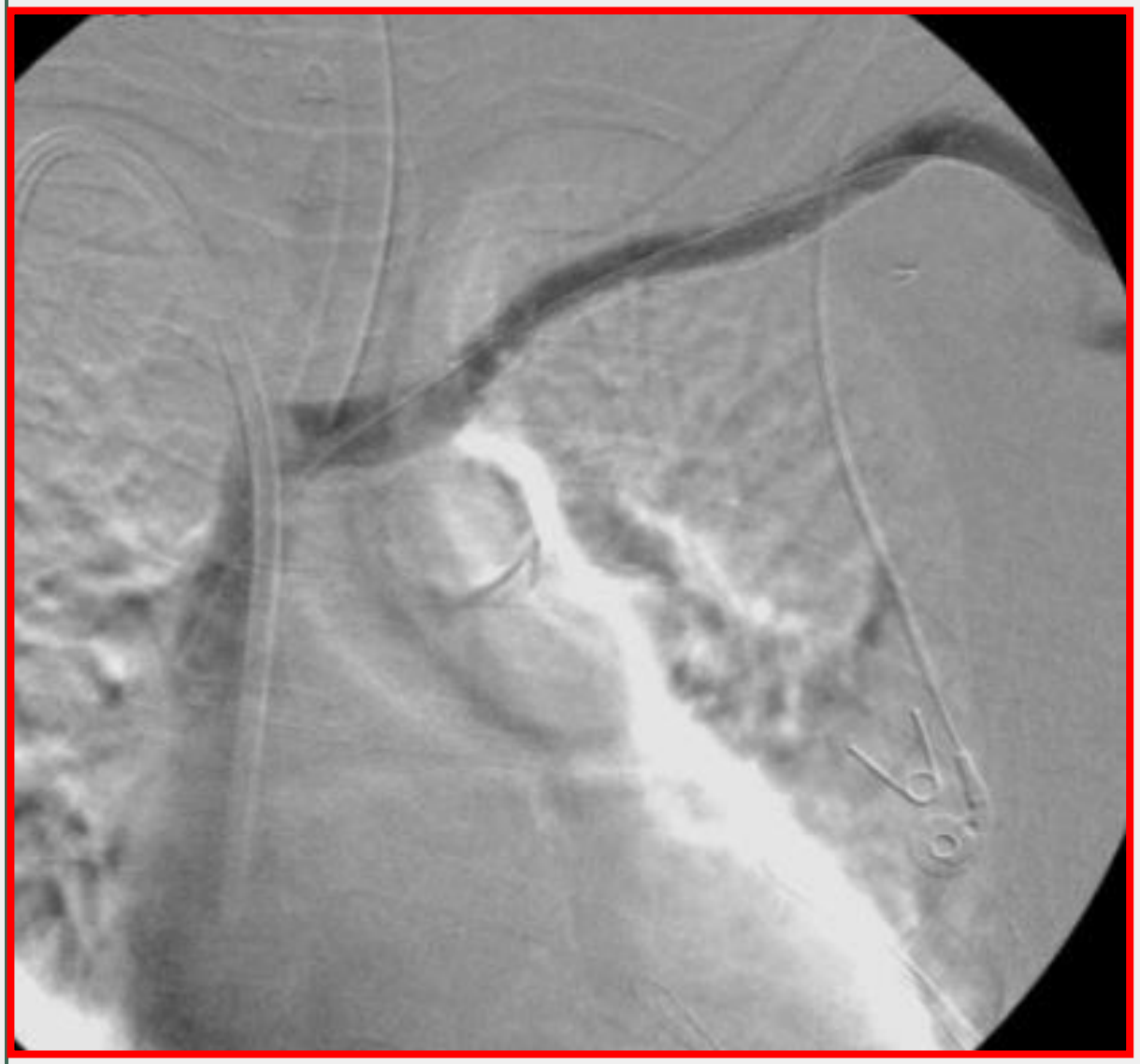


Tunnel to Complete the Circuit

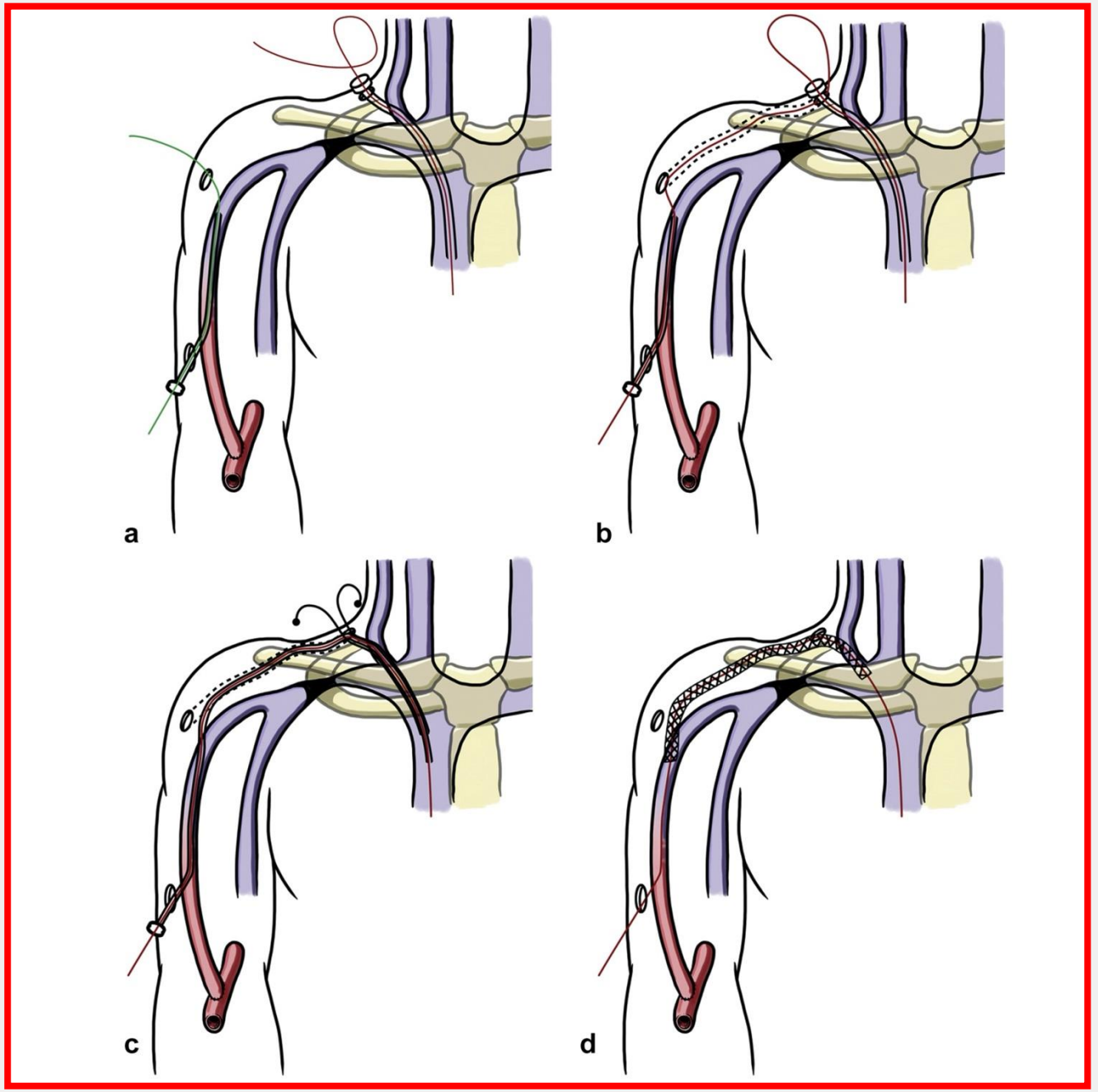


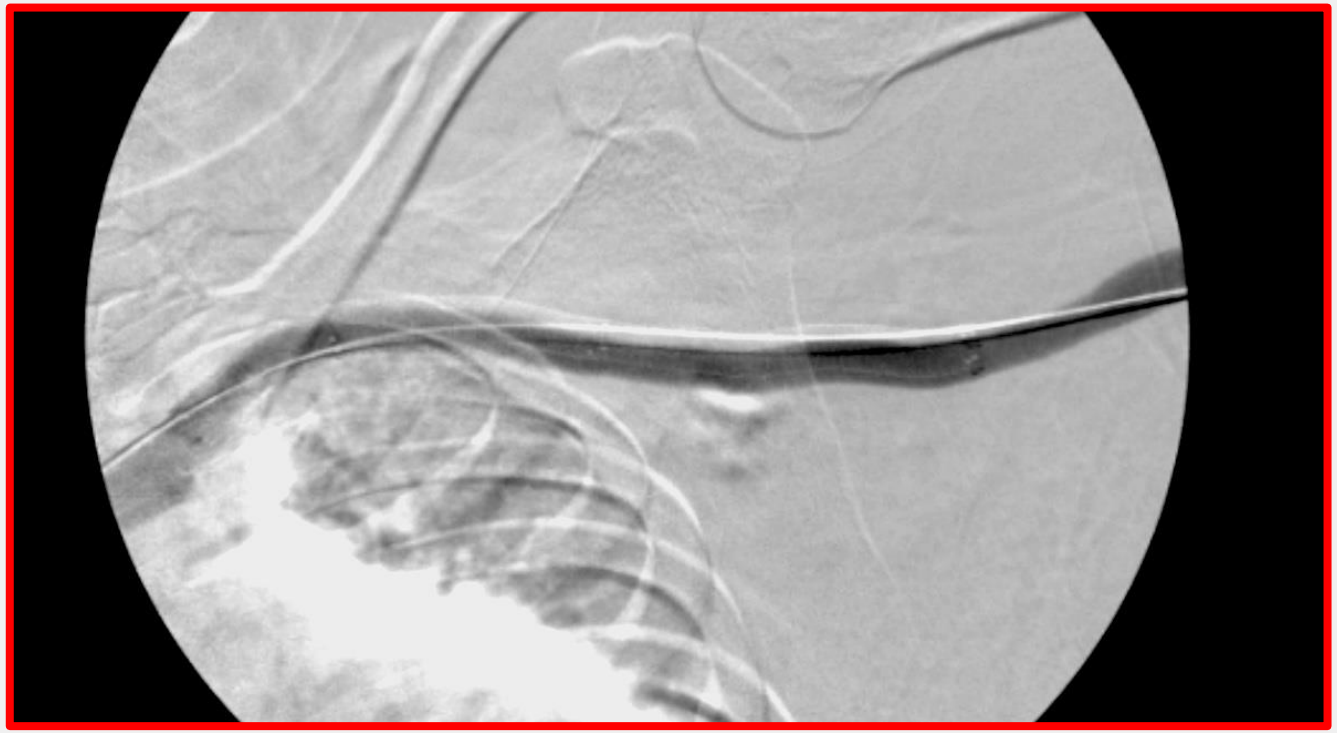


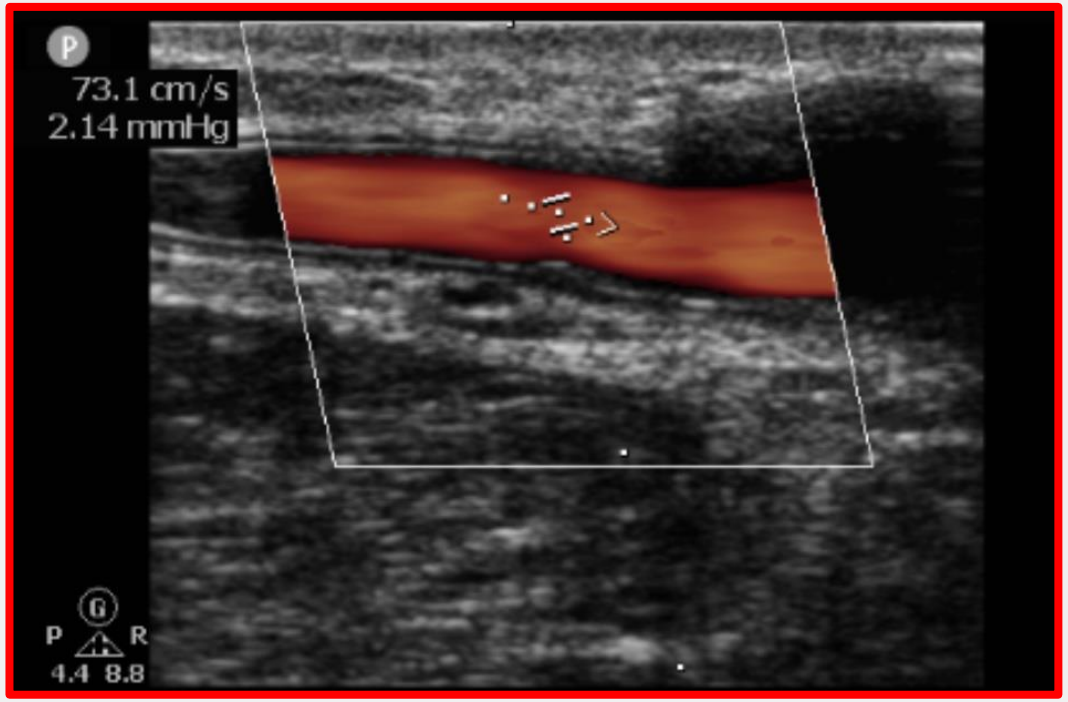

ARUNY
CGB
IN-21-03000
02/10/1950
F
31
35






a
b
c
d




P
73.1 cm/s
2.14 mmHg
G
P
R
4.4 8.8

Summary

- Cross It and Treat it
- If Occluded-Define meaningful reconstitution.
- Attack the Anastomosis in a retrograde manner
- Go Femoral if no room above the graft
- Baylis Firewire can salvage a failed recanalization