ProCol Mesenteric Vein Graft For Difficult AV Access

NOTES

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Kidney Disease Outcomes Quality Initiative (KDOQI) guidelines dictate preferential options for establishing long-term arterio-venous access. As primary arteriovenous fistula (AVF) or venous transposition is not always successful, or even possible, in many patients PTFE grafts must be used but with less favorable results. Revision and failed grafts pose an even more challenging dilemma.

The ProCol Bovine Mesenteric Vein Graft (PBMG, Hancock Jaffe Labs Inc., Irvine CA) was evaluated as an alternative for dialysis access in 46 patients implanted between January 2004 and August 2005 (21 male, 15 female). This graft utilizes preserved venous tissue to mimic the characteristics of native tissue.

Indications

Initial access using PBMG was established in 11 patients who were not candidates for primary native AVF. Ten patients previously had a nonfunctioning or failed AVF. Twenty-four patients had previous access established using PTFE. Five patients had graft infections with recent graft removal within the previous 7 days.

The ProCol Mesenteric Vein Bioprosthesis appears to be a safe and durable alternative to PTFE for primary and secondary long term dialysis access. Details of this case series will be discussed in the presentation.

Table 1. Graft Locations

Graft Location	No. of Patients
Upper Arm	23
Forearm	11
Composite Jump	5 (3 vein / 2 PTFE)
Chest	1
Femoral	6