Translocation of Great Saphenous Vein to Arm for Vascular Access in Dialysis Patient

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Objective:

An arteriovenous fistula (AVF) is used for dialysis in patients with chronic renal failure. This technique ensures that the patient continues to receive regular dialysis. When an upper extremity arteriovenous fistula has been exhausted and used unsuccessfully, autologous venous extraction from another site for arteriovenous fistula should be considered.

Methods:

a case report.

Results:

Male patient, 65 years old. The patient has had an arteriovenous fistula in the arm four times, and it has been used up to now and can no longer be used. Place catheters on both sides of the femoral and the right subclavian veins. However, the catheter does not run enough flow. The patient was carried out to remove the great saphenous vein in the left leg, transfer it to the arm, and form a loop with the proximal anastomosis into the brachial artery, the distal anastomosis into the basilar vein. After three months, we recorded the mature bridge with signs of a bruit and thrill at the arteriovenous fistula; the diameter reached 6.56 mm, and the flow volume reached 615 ml/min.

Conclusion:

Using the great saphenous vein as an arteriovenous loop of the upper extremities is an effective method with few complications. Besides, this is also the first option to consider when the veins in the upper extremities are gone.

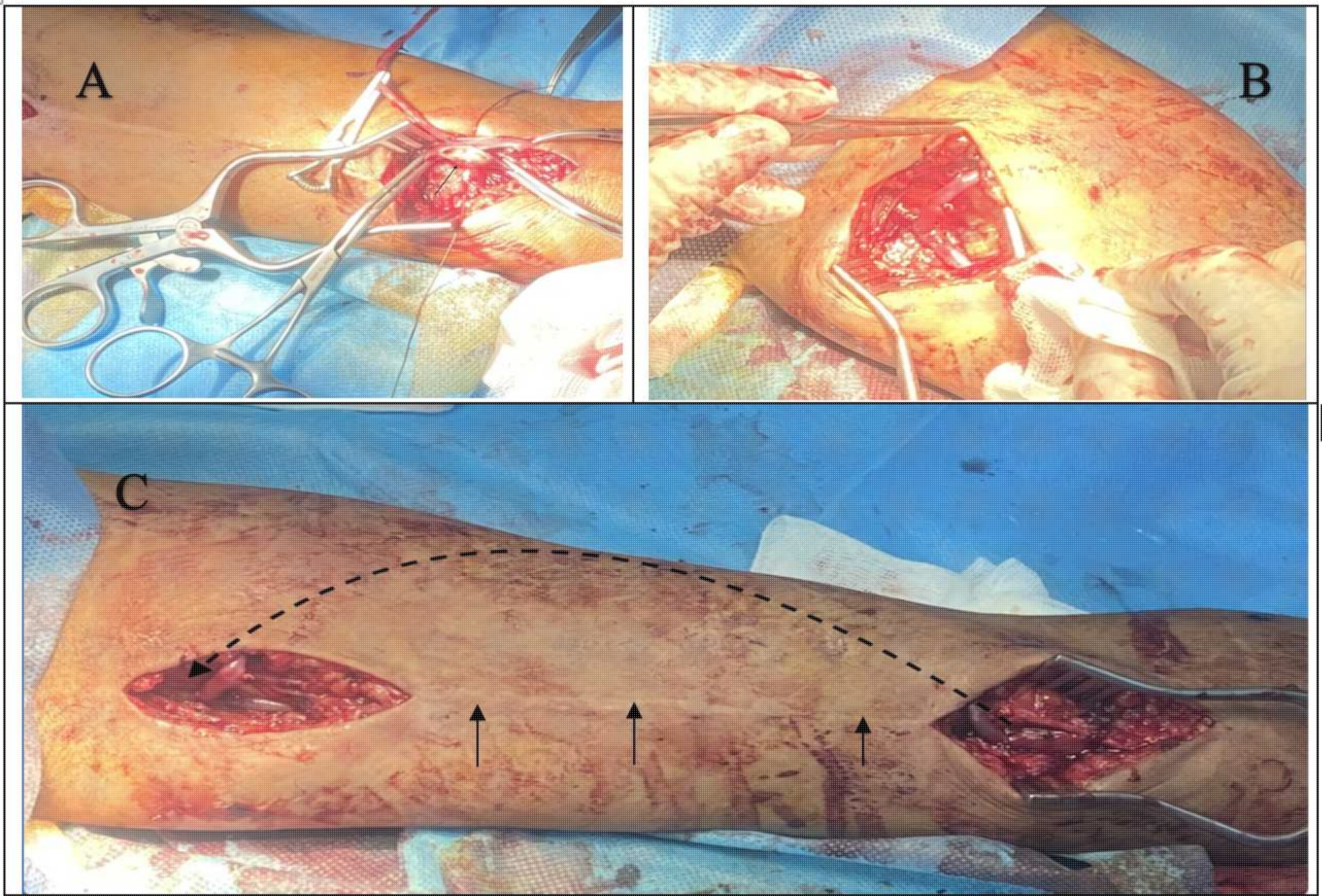

Fig 3. Create loops of arteriovenous catheterization in the left arm.
A: The mouth connects the proximal end in an end-to-side fashion (dashed arrow). **B:** Distal anastomosis. **C:** greater saphenous vein loop and direction of blood flow. And the old incision is shallow (continuous arrow).

Fig 1

Table 1. Follow -up

Variable \ Months	01	02	03
diameter (mm)	4.02	4.89	6.56
Flow (ml/min)	378	485	615
Distance (mm)	5	4.5	3.8

Fig 2