Expanding Role for Endoluminal Anastomosis in Vascular Access Surgery

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Disclosures
Ownership, Consulting, Clinical Trials and Opinion

- W. L. Gore
- Cryolife
- Endologix
- InnA/Vasc
- Humacyte

Extended Reach with an Endoluminal Anastomosis

Stages of Deployment

Conventional End-to-side Anastomosis

Endoluminal Anastomosis with the GORE® Hybrid Vascular Graft

Computational Fluid Dynamics (CFD)*

Implantation Steps

There are two ways to implant the GORE® Hybrid Vascular Graft:
- Standard Technique
- Over the Wire Technique
Axillary/Subclavian Vein Pathology

Extending Access Site Patency

12 year old ePTFE Graft working
Flow Rates > 500 ml/min
Bleeding From Graft

Case 1: Old Graft/New hybrid

Extending Access Site Patency: A 12 year old Graft

Case 1: Old Graft/New Hybrid

8 mm x 10 cm VIABAHN

Case 2: Fixing a Fistula
Case 2: Fixing a Fistula

7 mm x 5 cm VIABAHN

25 ATM Balloon

Case 3: 10 cm Hybrid

4 year old graft…bleeding from access sites

Inflow

Old Graft

Outflow

Central

Case 3: 10 cm Hybrid

4 year old graft…bleeding from access sites

7 mm x 10 cm Hybrid

Just Keep Rebuilding the Access
Patient Selection for Hybrid Graft Placement
- Find all the old hardware, stents and grafts
- Make sure the outflow tract returns to the heart....
- Find an artery with a pulse
- Find a way to the connect the two
- Never be afraid to repurpose failing grafts/fistula

Endoluminal Anastomosis in AV Access
Summary:
- Endoluminal anastomosis expands treatment options for challenging site locations
- Allows for the “reuse” of access landscape
- Replaces worn out cannulation segments of functioning grafts
- Best done “over the wire”
- Requires basic endovascular skills

Thank You