Successes and Failures of the HeRO Graft

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DISCLOSURES

• Cryolife
  – Speaker and consultant
• GORE
  – Speaker
• Hohmann Family
  – Speaker, very few listen

The HeRO Graft
(Hemodialysis Reliable Outflow)

My Clinical Experience

• Easy to implant
• “Customizable, sizable, REMOVABLE stent”
• Very inexpensive stent
• Crush resistant stent
• Starts a conversation

Tip #1 – Avoid the Belly

Do #1
“Know your audience”

• “The Water Company”: controls the flow of water – when/where and ultimately owns the customer
• “The Plumber”: lays the pipe to get the water there
• “Customer service”: makes sure the water company is able to get the water to the customer
• “The Customer”: ultimately drinks the water
Do #2: Examine the Patient

Back to the Basics
• Look
• Listen
• Feel

Do #3: Do Ultrasounds Do Venograms

PS – Do an arteriogram if you feel you need to!

If patient coming from a distance or unreliable, considering posting venogram day before planned access placement.

Do #4: Know your product

Patient with femoral catheter

Do #5: Be there for prepping

Do Have your Supplies as Well

• Ultrasound (venous access)
• Micropuncture
• 6-8F Sheath
• Bentson wire (floppy wire to get there)
• Angled glide catheter
• Amplatz wire (to stay there)
• 6-10mm balloon
Do #6: New stick if possible, but don’t be afraid to overwire

Consider Vancomycin (MRSA, recent hospitalizations, etc)

Be Mindful of Upper Body Habitus

Do #7: Do Angiography: Atriocaval junction

Do #8: Peel Sheath Outside Body

Pull sheath back, then peel
Do #9: Put on Plavix post op, if clots early consider Coumadin

Do #10: Have Fun

Success!

Don’t #1: Overcommit

• Location, location, location
• “If you like your access, you can keep your access – period!”

Don’t #2: Don’t ever place HeRO without stiff wire in IVC

Don’t #3: Put connection on arm
Don’t #4: Use Long Sheath if you don’t need it

Don’t #5: Don’t Force It – Outflow component will not track
- Maintain wire access and do not peel sheath
- Put plug back in
- Put 6-8F sheath over wire
- Get 8mm by 4-6cm balloon and PTA
- Then try to place outflow again
- Pull peel away sheath back before pealing

Don’t #6: Don’t declot without fluoroscopy
- Standard declotting technique
- Check outflow component placement before declotting
- If open declot, put small amount of contrast in Fogarty balloon to ensure outflow component is not pulled back
- If percutaneous, standard technique, avoid overballooning outflow component

Don’t #7-10: Don’t overmanipulate an arm with a contracture
- The HeRO solves the problem of venous outflow stenosis (but need to get the wire there)
- Use right IJ if possible
- New stick if possible
- Bentson to get there, Amplatz to stay – put it in the IVC!
- Put on Plavix, if clots early then Coumadin
- Declot as any other graft, if you are going to do it open, make sure to use fluoroscopy
- Pull the sheath back before pealing it
- Compare it against the catheter, not the graft

Tired of Do Nots
- The HeRO solves the problem of venous outflow stenosis (but need to get the wire there)
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NOVEMBER 17, 2015
- 77 year old male
- “Uncle Johnnie”
- Left AICD
- Multiple failed acxs
- DM II
- HTN

KEY TO SUCCESS VENOGRAM
KEY TO SUCCESS
LOOK FOR AICD

KEYS TO SUCCESS
BE THERE FOR PREPPING
DRAW. DRAW. DRAW.

KEY TO SUCCESS
THINK ABOUT POSITIONING—
ESPECIALLY C-ARM

KEY TO SUCCESS
USE EARLY STICK GRAFT TO AVOID
CATHETER

KEY TO SUCCESS
THINK ABOUT INFECTION
FINAL KEY TO SUCCESS

NO CATHETER
FUNCTIONING ACCESS

DISCHARGED HOME!

SUMMARY

• Always hit the reset button
• Avoid the pacemaker/AICD
• Be sure to do venogram
• Think hypercoagulable
• Just because someone else said it could not be done – does not mean it is true