MANAGEMENT OF AV FISTULA ANEURYSMS

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AVF Aneurysms: DISCLOSURES:

• None

AVF Aneurysms: WHY DO ANEURYSMS FORM?

• NOT PRESSURE

• Repeated wall trauma

• Turbulence

AVF Aneurysms: WHEN TO TREAT THEM?

• Unclear

• Definite:
  – Skin breakdown, infection, thrombosis

• Relative:
  – Reduced areas for access, cosmetics, gravity effects

• High flow problems – CHF, steal

AVF Aneurysms: HOW TO TREAT THEM?

• Localized:
  – Local repair

  – Transverse –otomy (tourniquet) allows continued use of fistula
AVF Aneurysms:
THE “MEGAFISTULA”

- Long segment, diffuse dilation
  - Most often high flow, steal
AVF Aneurysms: MEGAFISTULA

- July 2012-January 2014: 35 patients
- 86% salvage rate
- Results better with skin flap (versus leaving under incision)

Powell: AVS 2015;29:1327-31

AVF Aneurysms: MEGAFISTULA

- Kaiser: 50 patients
  - TA (rather than GIA)
  - No internal bougie
- 91% fistula salvage at one year, 85% at three years


AVF Aneurysms: SUMMARY

- No clear cutoff for when an aneurysm should be fixed
- Localized: Breakdown
- Diffuse: Steal or failure
  - Plicate over 20Fr bougie, staples for speed
  - Place under virgin skin flap
  - “Rehabilitates” the fistula and physiologically increases resistance