

## عنوان مقاله:

The Relationship Between Proximal Radiocephalic Arteriovenous Fistula Flow Rate at the First and Third Months After Construction and Function of AVF in a One-Year Follow-Up

## محل انتشار:

مجله جراحی عروق و اندوواسکولار ایران، دوره 2، شماره 1 (سال: 1400)

تعداد صفحات اصل مقاله: 6

## نویسندگان:

Mohsen Khaleghian - *Department of Surgery, Iran University of Medical Sciences, Tehran, Iran*

Amirhossein Tafreshian - *Department of Surgery, Iran University of Medical Sciences, Tehran, Iran*

## خلاصه مقاله:

Background: A proximal RadioCephalic arteriovenous fistula (PRC- AVF) could be beneficial for multiple reasons. First, this configuration can increase the chance of creating a functional autogenous AVF while preserving future upper arm options. In addition, PRCFs have theoretically fewer complications compared to brachiocephalic fistulas (BCFs) because of hemodynamic effects. Methods: In this prospective study, color Doppler ultrasound was used to measure cephalic vein outflow volume at 1 and 3 months, postoperatively. Results: 160 were considered suitable for construction of PRC-AVF. 2 patients died and 4 patients refused further participation during the study. Out of 154 patients who had a forearm PRC-AVF, 130 (84.4%) proceeded to successful AVF dialysis, and 24 (15.6%) ceased function within the first 30 days postoperatively. The mean flow at 30 days for patent fistulas was 716 SD204 mL/min, and by the third month had increased to 733 SD222 mL/min. At the 1st month, 95/130 (73%) patients had a flow rate >500 mL/min and 35/130 (27%) patients had a flow rate <500 mL/min. All patients were advised to do hand exercise and followed for 2 months. At the 3rd month, 98/130 (75.3%) patients had a flow rate >500 mL/min. 32/130 (24.7%) patients had a flow rate <500 mL/min. 60% of the low-flow fistulas in the 1st month and 88% percent of high-flow fistulas in 1st month had successful patency within 1 year. Conclusions: A PRC-AVF flow rate >500 mL/min in the 1st month predicted more successful HD than a flow rate <500 mL/min (88% vs. 60%). Without intervention, low flow AVFs do not improve significantly. We recommend ultrasound imaging for all patients at 30 days to identify and promptly correct stenosis in those with low flow rates.

## کلمات کلیدی:

Arteriovenous fistula, color doppler ultrasonography, fistula blood flow, fistula patency

## لینک ثابت مقاله در پایگاه سیویلیکا:

<https://civilica.com/doc/1582148>

