

Evaluation of autogenous transposed upper arm arteriovenous fistula: A 7 year retrospective review from Wellington Regional Hospital

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Abstract

Abstract Purpose: In keeping with established international guidelines our institute follows a “all-autogenous” policy with regard to the formation of haemodialysis access. Upper arm transposition arteriovenous fistulas allow for access options when forearm autogenous options are not suitable. We evaluate our experience with a single staged brachio basilic upper arm transposition fistulas to assess efficacy and patency. **Methods:** Over a 7-year period of time (January 2005 to December 2011) 30 single staged brachial basilic transposition fistulas were created on 30 patients. **Results:** Median age was 50 years, 16 (53%) patients were male. Renal failure was associated with diabetes in 11 (37%) patients and 22 (73%) patients were already receiving haemodialysis prior to fistula formation. For 8 (26%) patients brachial basilic transposition was the first attempt at upper extremity access. Median basilic vein diameter was 4.5 mm (range of 2.8- 6.7 mm). Median length of follow up was 15 months. Primary patency rates at 6 months, 1 year, and 2 year were 72%, 68 %, and 58 % respectively. Primary assisted patency rates were 92%, 86%, 71% and secondary patency rates were 96%, 90%, 83 % respectively. No patients went on to have a prosthetic graft placement. A total of 20 secondary procedures were required to maintain patency, 15 surgical revisions were performed on 9 patients and 5 endovascular procedures on 4 patients. **Conclusion:** In our experience a single stage brachio basilic transposition arteriovenous fistulas provide an excellent option for haemodialysis access with good long term patency.

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