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Vascular Access for Hemodialysis: Clinical Predictors of Recurrent Cephalic Arch Stenosis and Impact of Access Flow Reduction on Patency Rate

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Hemodialysis (HD) patients are increasingly elderly and diabetic, requiring a well-functioning vascular access that allows adequate access flow for dialysis. The location of arteriovenous fistulas (AVFs) has shifted towards upper arm AVFs, which are associated with high access flow and an increased risk of cephalic arch stenosis (CAS). CAS is often resistant to conventional percutaneous transluminal angioplasty (PTA) and recurrent, resulting in poor access patency rates. The cephalic arch is particularly vulnerable to CAS due to its anatomy and hemodynamic factors. Low wall shear stress (WSS) and high venous pressure contribute to the development of CAS. Here, studies that investigated risk factors of recurrent CAS are discussed with respect to a high cephalic vein (CV) to brachial artery (CA) ratio as it increases venous pressure and access flow rate. Endovascular banding may be an effective measure to deal with recurrent stenosis in the cephalic arch.