

Percutaneous Interventions on the HeRO Device: etiologies for graft dysfunction

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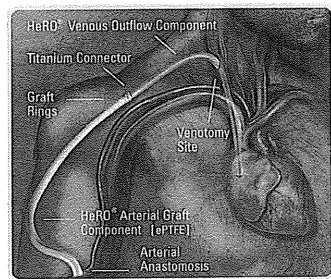


HeRO Device

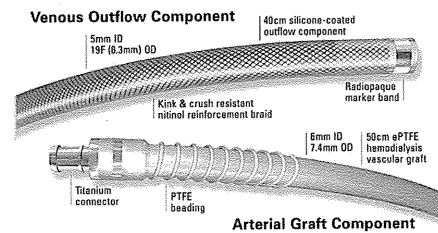
- Hemodialysis Reliable Outflow (HeRO) Vascular Access Device (Hemosphere Inc, Minneapolis, Minn)
- FDA approved for use in patients with end stage renal disease who have exhausted all peripheral venous access.
 - Central venous pathology
 - No adequate vein for AVG/AVF



HeRO Device

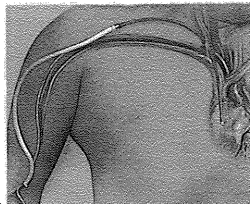


HeRO components



AV graft dysfunction

- Venous anastomosis stenosis: #1 cause
- HeRO device: anastomosed to artery
- Outflow connected to 19F catheter: tip in RA
- No venous anastomosis
- What causes dysfunction?



Purpose

- To evaluate the etiology of thrombosed and abnormally functioning HeRO devices



Materials and Methods

- 50 patients underwent surgical HeRO device insertion between 02/06-10/10.
 - Avg. age 55.8 (33-83)
- 25 different grafts referred for percutaneous intervention
- Total of 60 declots and 8 shuntograms during this time period.

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Results

- First time thrombosis or dysfunction occurred on avg. 170 days (range 15-470 days)
- Median of 3 interventions per graft for a total of 68
- Technical success rate at restoring function was 100%.

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Results

Location of stenosis	# unique grafts affected	Total # Interventions
Intragraft	20 (80%)	38
- Venous limb	8	25
- Peri-coupler	6	7
- Mid-graft	3	3
- Arterial limb	3	3
Arterial anastomosis	6 (30%)	11
Native artery	2 (4%)	2
No lesion identified	11 (44%)	15

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25 intervened upon HeRO's, 68 interventions

Results

- Uncommon causes included:
 - Fibrin sheath
 - Kinking of the venous limb of the graft
 - Catheter side-walled
 - Azygous stenosis.

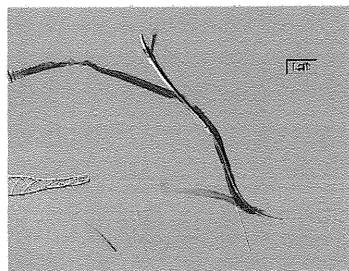
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Normal



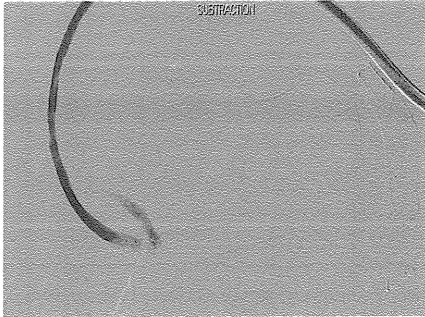
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Venous limb



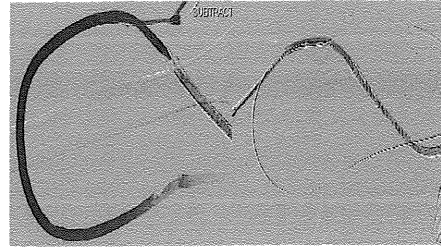
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Arterial Anastomosis



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Peri-coupler Stenosis



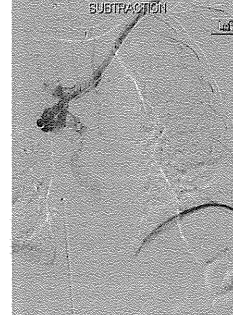
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Side-Walled



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Azygous Stenosis



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HeRO Graft

- Conclusion:
 - Most common cause of HeRO graft thrombosis or dysfunction was an intragraft stenosis.
 - Percutaneous interventions were highly successful at restoring function.

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