A recent study concluded that "thigh grafts are an excellent option and should be considered in preference to catheters in patients who have exhausted all options for permanent access placement in both of the upper extremities." The study reported that in patients with exhausted arm access sites, thigh grafts had better long-term survival than fistulas and arm grafts making a significant contribution to total dialysis time and hence to the longevity of these patients1.

Clinical experience demonstrates that when the ProCol® bovine mesenteric vein graft is utilized as an access graft in the thigh position improved long term functional patency can be achieved with lower risk factors and lower intervention rates compared to ePTFE grafts. In a study of 50 patients receiving ProCol® in the thigh cumulative patency at three years was 65%, comparable to or better than arm grafts. The potential for infection, lower limb ischemia and persistent lymphatic leaks are particular concerns associated with thigh grafts and in this study the additional time on dialysis offered to these patients came with a lower rate of infection than is generally reported for ePTFE grafts in the thigh and with no symptoms of steal, or seroma. The most frequent complication was thrombosis which occurred at a rate of 0.31/graf yr, lower than reported for ePTFE arm and thigh grafts1,2.

References:

INDICATIONS FOR USE The ProCol® Vascular Bioprosthesis is intended for the creation of a bridge graft for vascular access subsequent to at least one previously failed prosthetic access graft. CONTRAINDICATIONS None known. WARNINGS The device should not be used when host vessels are of insufficient quality to avoid anastomotic aneurysms. PRECAUTIONS The device should not be used unless there is adequate runoff. The safety and effectiveness of the ProCol® Vascular Bioprosthesis in de novo patients have not been established. POTENTIAL ADVERSE EVENTS The following adverse events may be associated with the use of a vascular access graft: needle stick damage resulting in bleeding and/or pseudoaneurysms, hemorrhage, anastomotic aneurysms, steal, patient sensitivity to device materials; graft dilatation, thrombosis/occlusion of graft, infection, swelling of affected limb, embolic events, stenosis, slow wound healing, failure to achieve access, events associated with an invasive surgical procedure.

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