VASCULAR ACCESS

Management of Clinically Significant AV Graft Lesions

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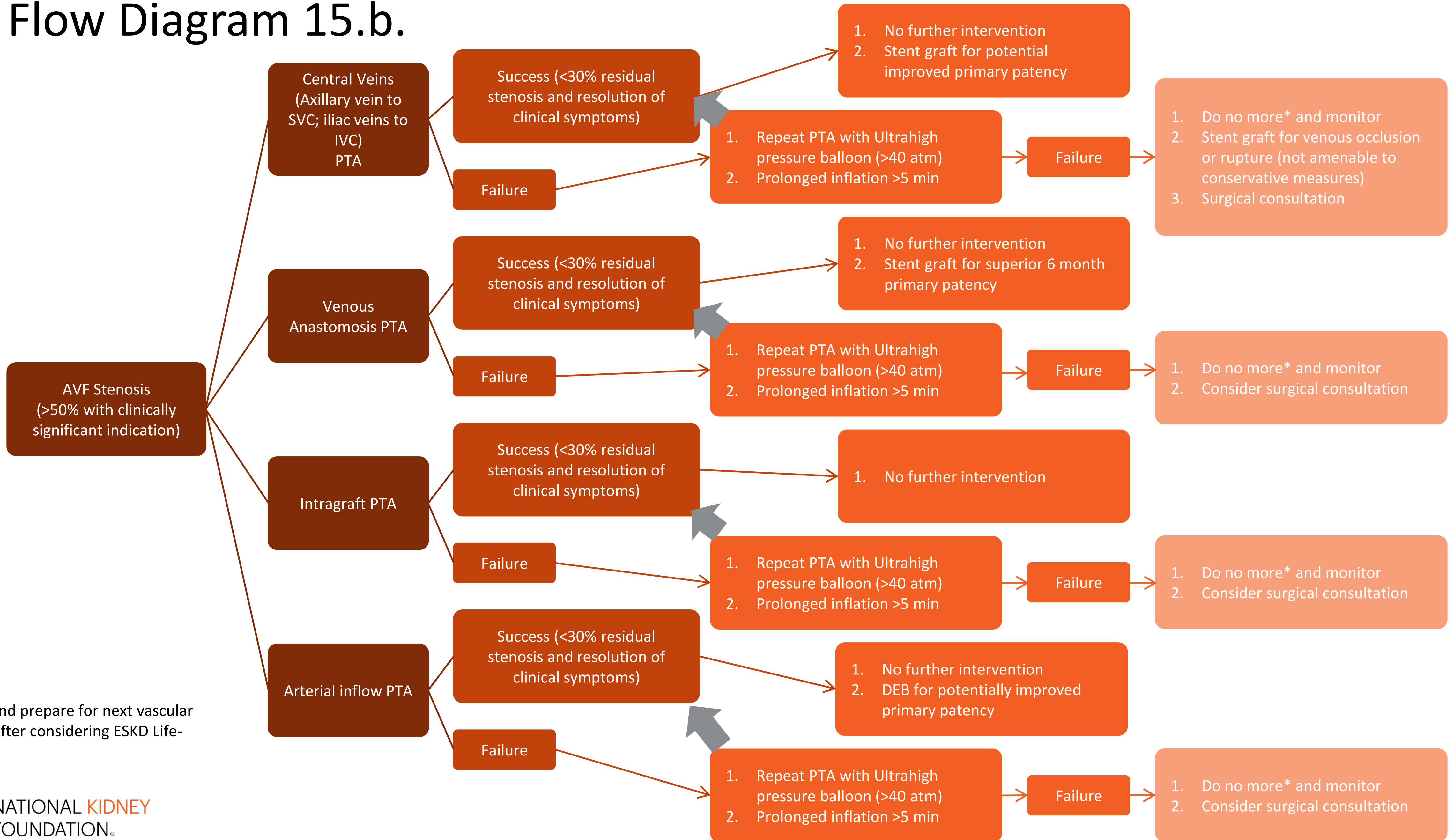
Key Messages

- Confirm clinical indication before proceeding with confirmatory imaging
- Intervene only if both clinical indication is present and lesion is >=50% stenosis
- First line of endovascular therapy in most situations is PTA
- Stent graft may be used in certain circumstances (see Table) but must FIRST ensure that it does not cross cannulation zones and would not impede future vascular access, if it is anticipated per ESKD Life-Plan

Flow Diagram 15.b.



* Plan and prepare for next vascular access after considering ESKD Life-Plan

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Indication for use of stent grafts in AV Grafts*

Clinically significant graft-vein anastomotic stenosis in AVG
Recurrent graft-vein anastomotic thrombosis in AVG
In-stent re-stenosis in AVG
Treatment of ruptured venous stenotic segment of AVG
Treatment of highly select AV access aneurysm/pseudoaneurysm

* Quality evidence for stent graft superiority to POBA for 6 month primary patency only.