Clinical Use Of Prosthetic FAV OMNIFLOW II With Deep Venous Circle As Alternative To The "Long Term" Catheter In Haemodialitic Patient

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INTRODUCTION

The loss of the superficial veins in order to create arteriovenous fistula (FAV) for haemodialysis determines the development of a considerable venous deep circle. In those patients, the setting of a "long term" CVC presents a limited duration and more thrombotic and infective complications and the alternative to the CVC is the prosthetic FAV in the forearm that uses the deep circle of the veins "comites" as a venous downflow. Our work was aimed to evaluate the primary and secondary patency of the biosynthetical prosthesis OMNIFLOW II using the deep venous circle for anastomosis.

PATIENTS AND METHODS

From January 2005 to January 2007,38 patients undergoing to hemodialysis (18 M-20 F) were setted with 38 OMNIFLOW II prosthesis (Distrex, Padova), having a loop configuration perfoming in every case an arterious anastomosis in L-T with radial artery "to the origin" and venous anastomosis with a "comites" vein of the brachial artery. A flebography was perfomed in all patients in order to assess precisely the peripherical and central venous district. RESULTS After 12 months primary patency was 90% and secondary patency was 94%. No complications were observed.

CONCLUSIONS

The grafts OMNIFLOW II used for the anastomosis of the deep venous circle allowed in these patients to delay the positioning of a CVCp. Moreover this prosthesis has introduced a greater biocompatibility. The prosthesis OMNIFLOW II, possesses a positioning facility, elasticity, elevated compliance, reduced thrombogenicity, resistance to the repeated punctures, absence of intimal hyperplasia, reduced infectious risk, revealing itself as the most suitable prosthesis for these patients. However such data must be supported from a wider range of patients and a longer period of observation.