Arteriovenous fistula between the femoral artery and superficial femoral vein a good choise?

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Introduction

- Male patient, 65 years old, in a regular dialysis program since November 2005.
- Patient with mental illness, dependent on self-care and management of therapeutic regimen, affecting the durability of the CVC.
- Placed 8 CVC since 2005.
- AVF in the upper limbs placed without success.
- Decided construction autogenous access in lower limb.
- Vascular access plan was to exclude the existence of central stenosis by angiography, and to verify the possibility of construction AVF humerus-basilica right and / or left humerus-Basilica AVF.
- The angiography showed superior of vena cava Syndrome.
- It was decided, with the vascular surgeon to construct a femoro-femoral AVF

Methods

Case study

Conclusions

- **The ideal vascular access is the one able to provide adequate and sustainable flow with low complications rate.**
- **Among all possible vascular accesses, the AVF is the one closest to be ideal.**
- **We must never give up the construction of an ideal access when the patients study shows that possibility.**
- **Teamwork is crucial when we decided to move on to new challenges.**

Results

Figure 1. Arrival at the Centre after femoral-femoral AVF construction

Figure 2. Marking of cannulation after doppler

Figure 3-Rope lander cannulation

Figure 4- Cannulation

Arteriovenous fistula	Matured	QB	KT/V	QA	hemostasis	Complications associated
Femoral-femoral	4 moths	400ml/min	1,83	1310	15mint	Infection

Tabel 1- AVF details

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