Managing Challenge AV Fistula Restenosis

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Disclosure

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

I do not have any potential conflict of interest
Treatment of AV Fistula Restenosis

• Repeated angioplasty

• Surgical revision
Repeat and repeat...
Etiology of Restenosis: Neointima Hyperplasia
Etiology of Restenosis:
Neointima Hyperplasia
Beyond balloon angioplasty

• Bare metal Stent

• Stent-Graft

• Drug coating balloon (DCB)
Problems of Stent-Graft: Edge restenosis
How to minimize edge restenosis

• Stenting in selected cases with clear edge

• Adequate sizing
Case 2

3 times angioplasty within 2 months
Due to high venous pressure
Case 2
Case 3

6 times angioplasty within 8 months
Case 4

7 times angioplasty within 15 months
After DCB
DCB in AVF Restenosis

• DCB significantly reduced (but not stop) neointima formation

• From concentric and diffuse neointima hyperplasia into eccentric and localized neointima formation
Conclusion

• Graft stent is a good choice in selected case to block neointima formation
• Also a choice for recoiled lesion refractory to angioplasty
• DCB is an alternative choice to reduce neointima hyperplasia
Something important
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