

# Transposition of Basilic Vein : ONE STAGE

Julien SFEIR MD

Assistant Professor of Surgery – Lebanese University

Lebanese University Hospital Geitaoui - BEIRUT

## Disclosure

I do not have any potential conflict of interest

- Radiocephalic AV-fistula is still superior to all other accesses
- Brachiocephalic is the second
- Brachiobasilic is the third ( Transposition of the basilic vein )

BUT , IN :

- Absence of suitable cephalic vein
- In patients with failed proximal AV fistulas
- One stage or two stage ??? Still a debate

# Favors two stage

J Vasc Surg. 2011 Jun;53(6):1632-8; discussion 1639. doi:  
10.1016/j.jvs.2011.01.064. Epub 2011 Apr 30.

## A comparison between one- and two-stage brachiobasilic arteriovenous fistulas.

Reynolds TS<sup>1</sup>, Zayed M, Kim KM, Lee JT, Ishaque B, Dukkipati RB, Kaji AH, de Virgilio C.

## A comparison of the outcomes of one-stage and two-stage brachiobasilic arteriovenous fistulas.

Vrakas G<sup>1</sup>, Defigueiredo F, T...  
Calder F.

⊕ Author information

J Vasc Surg. 2013 Jun;55(6):1171-8. doi:  
10.1016/j.jvs.2013.03.011. Epub 2013 Jun 28.

**No prospective randomized studies**

# Favors one stage

Nephrol Dial Transplant (2005) 20: 2168–2171

doi:10.1093/ndt/gfh997

Advance Access publication 19 July 2005

*Original Article*

**Nephrology  
Dialysis  
Transplantation**

## **Excellent performance of one-stage brachial–basilic arteriovenous fistula**

Xavier H. A. Keuter<sup>1,6</sup>, Frank M. van der Sande<sup>2</sup>, Alfons G. Kessels<sup>3</sup>, Michiel W. de Haan<sup>4</sup>,  
Arnold P. G. Hoeks<sup>5,6</sup> and Jan H. M. Tordoir<sup>1,6</sup>

<sup>1</sup>Department of Surgery, <sup>2</sup>Department of Nephrology, <sup>3</sup>Department of Clinical Epidemiology and

<sup>4</sup>Department of Radiology, University Hospital Maastricht and <sup>5</sup>Department of Biophysics,

<sup>6</sup>Cardiovascular Research Institute Maastricht (CARIM), University Maastricht, The Netherlands

## **Brachiobasilic Fistula Formation – Single versus Two Stage Procedure**

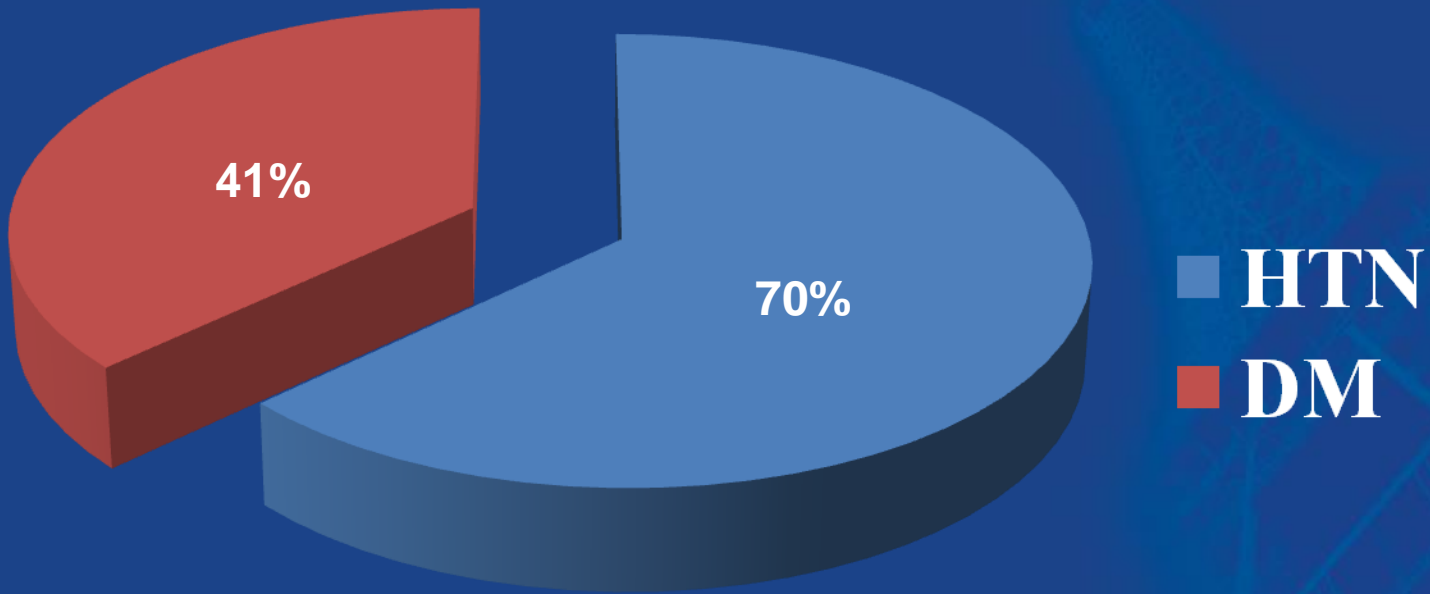
**B.F. Robertson, G.A. Robertson, L. Khan, Z. Raza \***

Royal Infirmary, Edinburgh, United Kingdom



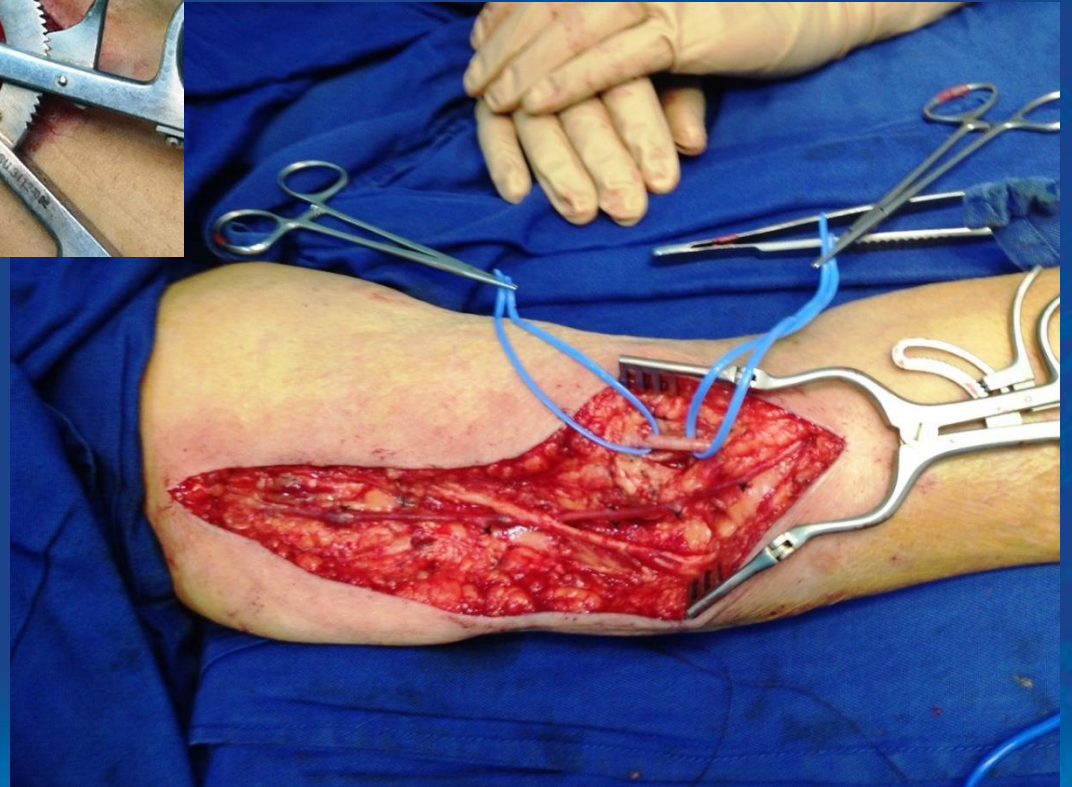
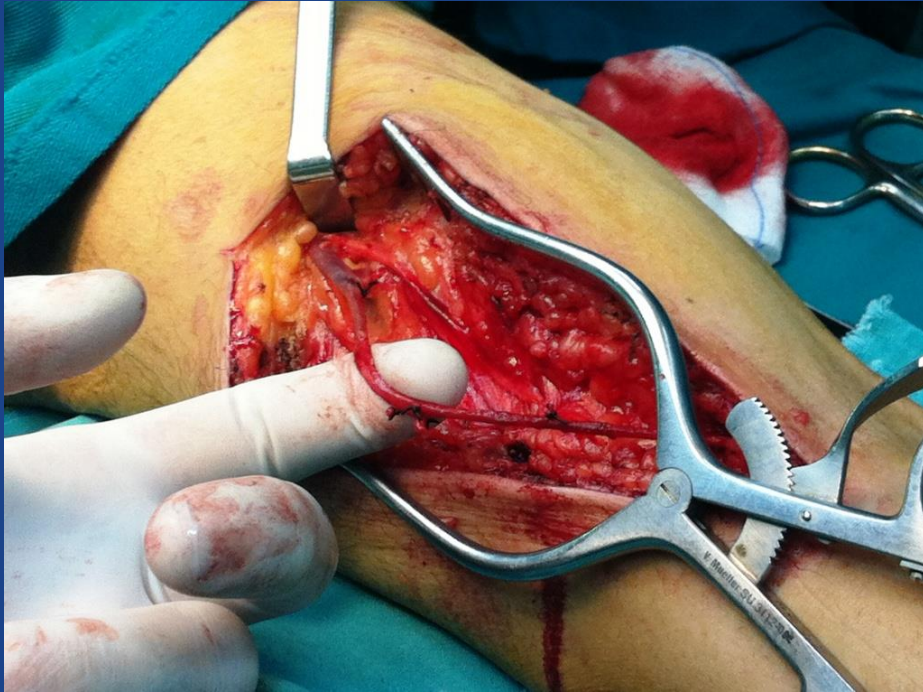
# Our Experience

- 106 BBAVF over 7 y period
- BV was evaluated pre-op by Duplex US
- One stage superficialization technique :
  - Mobilizing the BV up to the junction with the brachial vein
  - A-V anastomosis by prolene 5.0 running sutures
  - Anterolateral displacement of BV over the arm fascia

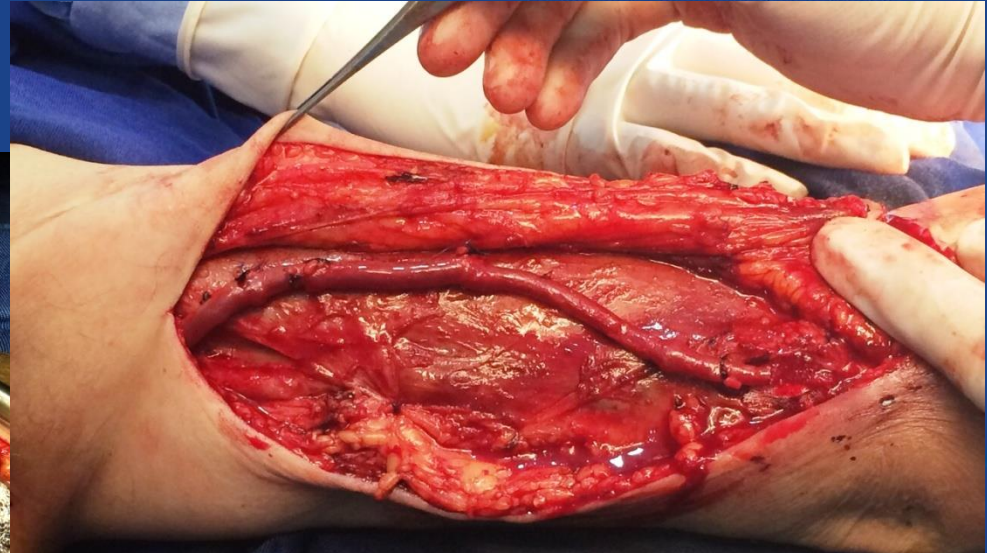




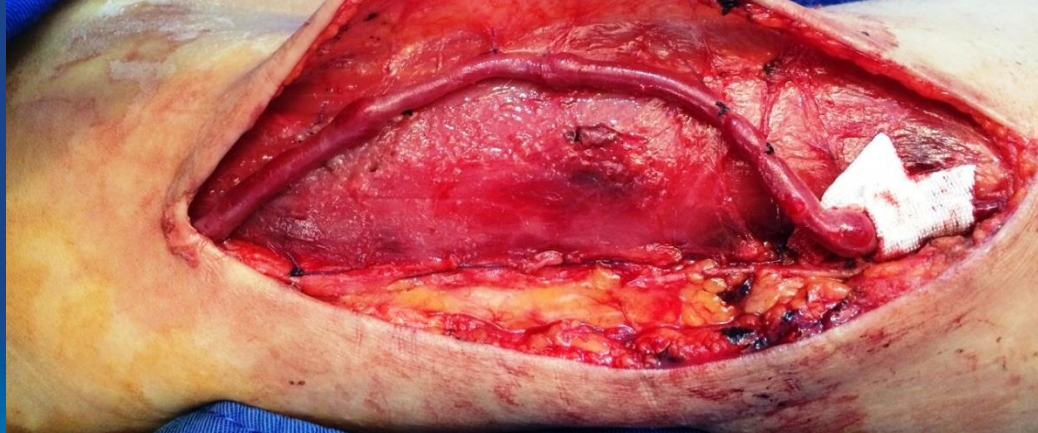
- Mean age was 51 y
- Ipsilateral CVC present in 17% of cases
- Mean time to use the fistula was 42 days
- Maturation was evaluated clinically or by Duplex US when necessary



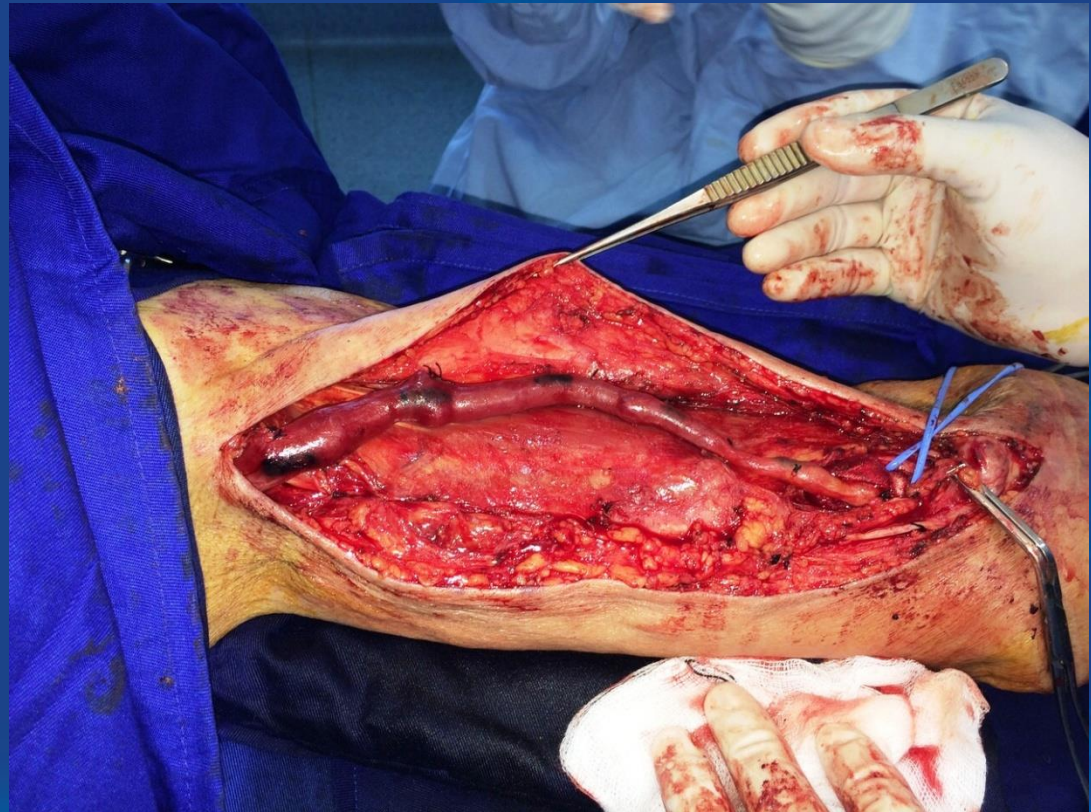




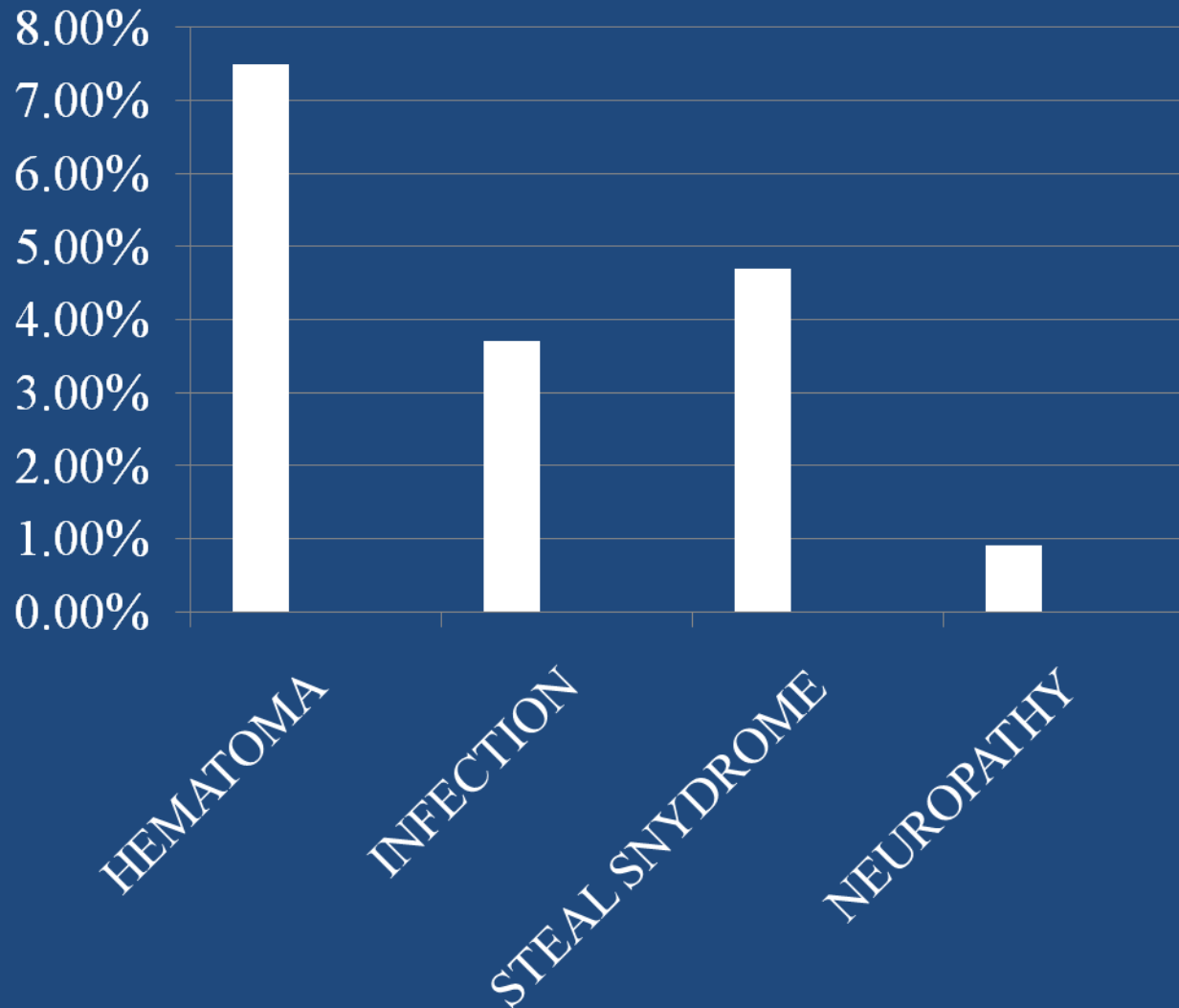








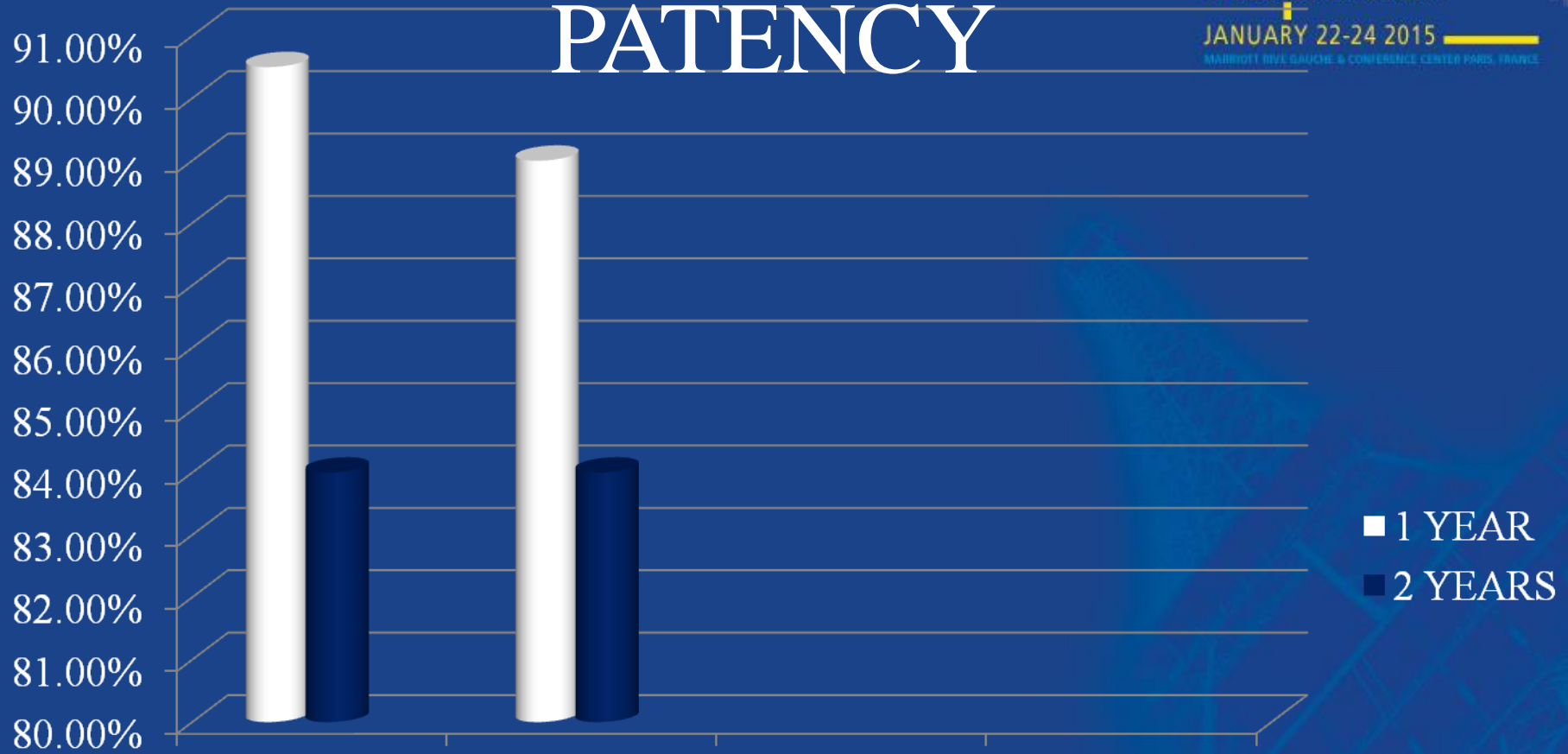
# COMPLICATIONS







# PATENCY



PRIMARY PATENCY  
SECONDARY PATENCY

**ENDOVASCULAR  
PROCEDURES FOR  
CENTRAL VEIN  
STENOSIS DONE IN  
12% OF PATIENTS**

# IN CONCLUSION

- Single stage BBAVF offers several advantages
  - Early fistula utilisation
  - High maturation rate
  - primary and secondary patency as good as results reported in the literature
  - Low complication rate
- So when needed we **RECOMMEND** a **SINGLE STAGE PROCEDURE**



**SO LAURENT  
NO WORRIES ,  
IT'S OK , LET  
IT GO .....**





JANUARY 22-24 2015

MARIBOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

