A computational model for surgical planning of vascular access

Jan Tordoir, Maastricht



CONTROVERSES CONTROVERSIES & UPDATES IN VASCULAR SURGERY

Faculty Disclosure

Jan H.M. Tordoir

I have **no financial relationships** to disclose.



Current practice preoperative workup



Input parameters modeling tool

Advanced Ultrasonography

- Arterial & venous anatomy
- Arterial & venous diameters
- Arterial & venous distensibility
- □ Arterial flow









Lumped parameter modelling

1 D Lumped parameter model with pulse wave propagation



Computer simulation for access planning 1 D pulse wave propagation model





Simulated and measured postoperative flows for the created AVF



Correlation between measured and predicted brachial artery blood flow volume at 40 days after AVF surgery

Empty circle: radiocephalic (RC) end to end (E-E); full circle: RC side to end (S-E); full triangle: brachiocephalic (BC) S-E; empty triangle: brachiobasilic (BB) S-E.)



Alt-Blandman plot for variation in simulated and ultrasound measured bloodflow

Computational Simulation to Predict Maturation



Bloodflow volume adaptation following vascular access surgery. a= radiocephalic (RC) end to end (E-E) and side to end (S-E) b = brachiocephalic (BC) S-E).

Computational Simulation to Predict Maturation



Correlation between preoperative (Pre-op) radial artery diameter and measured brachial artery blood flow volume at 40 days after surgery (post-op) in 39 patients with distal AVF

Preoperative assessment: computational simulation

Summary

□ Patient-specific assessment & surgical planning

□ Multi-scale computational modelling framework

□ Dedicated preoperative vessel imaging

□ Input of high quality duplex scanning parameters

□ Improvement of Short-term maturation?

Preoperative assessment: computational simulation Future directions

- Multicenter randomised clinical study comparing conventional vs computer simulation work up for AVF creation in incident patients
- 8 sites in the Netherlands (4 university and 4 general hospitals)
- **Expected number of patient inclusions: 364 (in 3 years)**
- Primary outcome parameters: early failure rate and time to first cannulation
- Secondary outcome parameters: primary patency between both groups