

# Clinical News Bulletin

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## Loop Technique in a dual stenosis during shunt dilatation procedure with the AndraTec Exeter Retrieval Snare

References: Prof Daniel Du Toit, Department of Vascular Surgery, Cape Gate Mediclinic South Africa

**General Information:** A dialysis shunt system is not a physiological condition. Therefore it is very prone for complications like stenosis and occlusions. An adequate blood flow of 800-1200ml/min allows the shunt for dialysis. Lower flows of < 600 ml/min and the dialysis may become inadequate and should therefore be evaluated for a possible stenosis. Dialysis patients are depending on a functional shunt, the flow conditions in the shunt area promote the development of thrombus. This is the reason for an early intervention (PTA or thrombectomy), or a surgical solution with a new anastomosis etc. The amount of dialysis related punctures (every 2-3 days) is changing the structure of the vessel wall as well. A development of calcified lesions, vessel stenosis, Intima hyperplasia is resulting out of that. These factors lead to a reduced blood flow and a shunt insufficiency.

### Case presentation:

A 50-year old male dialysis patient was referred to our department to treat a suspected lesion in the upper arm shunt. Angiography revealed 2 very tight stenosis. 1<sup>st</sup> high grade long stenosis in the brachial and 2<sup>nd</sup> high grade stenosis in the Vena subclavia in the transition to Vena brachiocephalica sinistra. Fig. 1 / Fig. 2

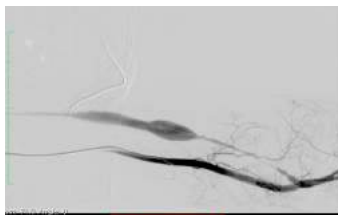


Fig. 1

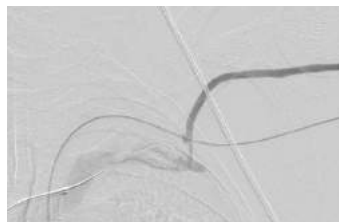


Fig. 2

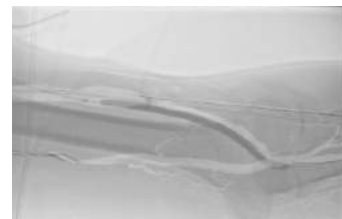


Fig. 3

### Material & Technique:

A 5F Terumo sheath has been placed for the 1<sup>st</sup> puncture in the groin and for the 2<sup>nd</sup> puncture in the upper arm. A 6x40 PTA balloon has been inserted through the transbrachial access. And a successful PTA has been performed. (Fig. 3)

The **Exeter Snare (AndraTec Germany)** has then been used to perform a Loop Technique to get the wire down to the Vena subclavia (Fig 4). Finally a second dilatation of the Vena brachiocephalica has been performed to restore the full flow again. (Fig. 5/6/7)



Fig. 4

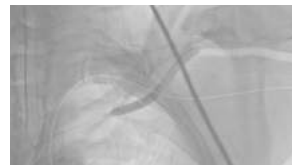


Fig. 5

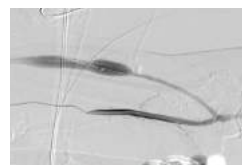


Fig. 6



Fig. 7

**Conclusion:** We have chosen the **Exeter Snare (AndraTec GmbH Germany)** because of its unique design and because of its low sheath compatibility. The performance makes it our 1<sup>st</sup> product of choice for foreign body retrieval.