GORE® VIABAHN®
Endoprosthesis with PROPATEN
Bioactive Surface\*

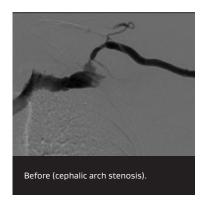
CASE STUDY

# Treatment of cephalic arch stenosis in dysfunctional brachiocephalic fistulae

Case submitted by R. Jones, Interventional Radiologist, Birmingham, U.K.

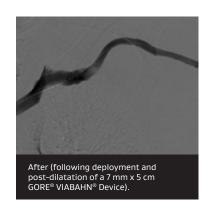
## **Challenge:**

- A 70-year-old male on hemodialysis (HD) via a left brachiocephalic fistula created 3 years previous
- One de-clotting procedure three months previous, where a cephalic arch stenosis was identified and treated successfully with balloon venoplasty
- Increased venous pressures on HD 2 months later therefore repeat procedure/intervention



### **Procedure:**

- Direct left brachiocephalic fistula access
- Venography demonstrated recurrent cephalic arch stenosis
- Venoplasty to 7 mm with a high-pressure balloon and recoil stenosis
- Upsizing of sheath access
- Deployment of a 7 mm x 5 cm GORE® VIABAHN® Endoposthesis with PROPATEN Bioactive Surface and post-dilatation





#### **Results:**

- A good result was achieved and the subclavian/axillary vein was not compromised.
- Follow-up venography at 3 months demonstrated ongoing patency.



## Case takeaways:

- Symptomatic and recoil cephalic arch stenosis requires a durable solution to restore and maintain patency.
- Cephalic arch stenosis is a notoriously difficult area to treat in the dialysis circuit. High rates of treatment failure
  and recurrent stenosis are seen with venoplasty alone.
- When venoplasty fails the GORE® VIABAHN® Device offers a durable solution as it conforms very well to the anatomical configuration of the arch without kinking.
- It is possible to accurately deploy a GORE® VIABAHN® Device in the cephalic arch without significant compromise to the axillary vein.
- Device introduction from the fistula access (as opposed to femoral access) provides more precise control during deployment and allows more accurate positioning as the GORE® VIABAHN® Device deploys distal-proximal.
- ESVS guidelines recommend that endovascular treatment with stent grafts should be considered for the treatment of cephalic arch stenosis (recommendation 63).<sup>1</sup>

#### Reference

1. Schmidli, J, Widmer MK, Basile C, et al. Vascular Access: 2018 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS). European Journal of Vascular and Endovascular Surgery 2018;55(6):757–818.

The outcomes and observations reported are based on individual case experience and the patients treated The steps described here may not be complete, and are not intended to be a replacement for the *Instructions for Use* or the education, training and professional judgment of Health Care Providers. Health Care Providers remain solely responsible for making decisions about patient care and the use of medical technologies.

Consult Instructions for Use

#### eifu.goremedical.com

Refer to Instructions for Use at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available.  $R_{X \, Only}$ 

Products listed may not be available in all markets.

CBAS is a trademark of Carmeda AB, a wholly owned subsidiary of W. L. Gore & Associates, Inc.

GORE, *Together, improving life*, PROPATEN, VIABAHN and designs are trademarks of W. L. Gore & Associates. © 2024 W. L. Gore & Associates GmbH 241347401-EN JANUARY 2024

W. L. Gore & Associates, Inc.

goremedical.com

