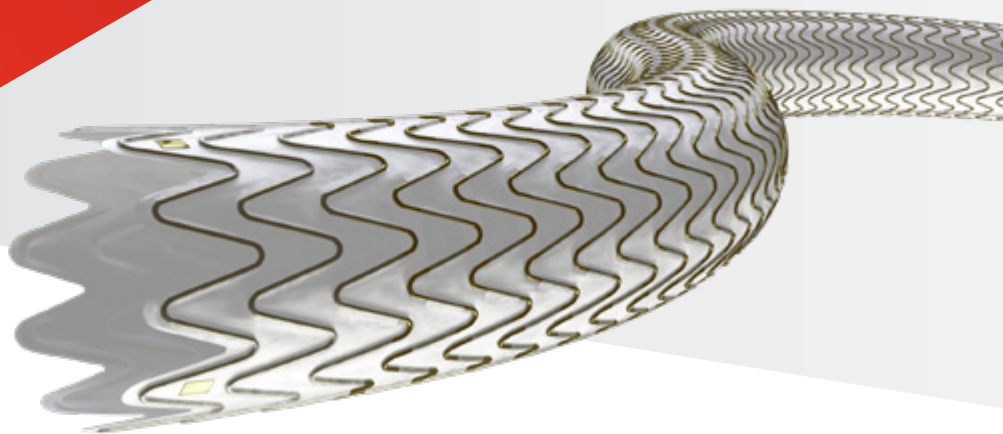


GORE® VIABAHN®

Endoprosthesis with PROPATEN
Bioactive Surface*

CASE STUDY

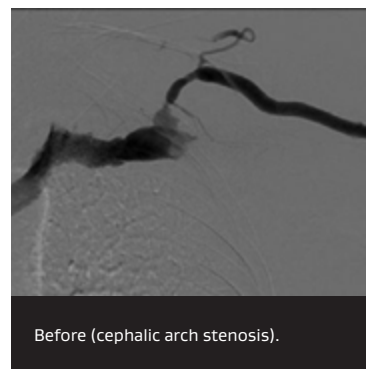


Treatment of cephalic arch stenosis in dysfunctional brachiocephalic fistulae

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



Before (cephalic arch stenosis).

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® Endoprosthesis with PROPATEN Bioactive Surface and post-dilatation



After (following deployment and post-dilatation of a 7 mm x 5 cm GORE® VIABAHN® Device).

Images courtesy of R. Jones, M.D. Used with permission.

*As used by Gore, PROPATEN Bioactive Surface refers to Gore's proprietary CBAS® Heparin Surface.



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).¹

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.

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