**DIALYSIS. VASCULAR ACCESS**

**SP003 EARLY ENDOVASCULAR TREATMENT OF STENOSIS IN VASCULAR ACCESS BEFORE THE FIRST CANNULATION IN HEMODIALYSIS PATIENTS**

Young Ok Kim¹, Myeong A Cheong² and Sang Hyun Kim³

¹The Catholic University of Korea, Department of Internal Medicine, Seoul, Republic of Korea, ²Korea Cancer Center Hospital, Department of Internal Medicine, Seoul, Republic of Korea, ³Inje University Paik Hospital, Department of Internal Medicine, Seoul, Republic of Korea

**Introduction and Aims:** It was reported that the patency rates of the vascular access such as arteriovenous fistula (AVF) and arteriovenous graft (AVG) in hemodialysis (HD) patients were not high. But the vascular access patency after early endovascular treatment is still undetermined.

The aim of this study was to evaluate the patency of vascular access after early endovascular treatment.

**Methods:** This study was a retrospective single center study that included 89 HD patients who underwent early endovascular treatment after the vascular access creation between June 2004 and December 2012. Early endovascular treatment was defined as endovascular intervention of significant stenosis detected in venography before the first cannulation or within 2 weeks of the first cannulation. Vascular access patency was followed-up for 1 year after percutaneous transluminal angioplasty (PTA).

**Results:** The mean age was 60.8 ± 14.6 years and 43.8% (n = 39) of the patients were male. Diabetics were 62.9% (n = 56) of the patients. AVF operation was conducted in 73.0% (n = 65) of patients and AVG operation was 27.0% (n = 24). In AVF, main stenosis sites were anastomosis site (n = 12), swing point (n = 35) and mid vein (n = 18). Central vein was not included. In AVG, main stenosis sites were venous anastomosis (n = 21) and mid vein (n = 3). Arterial anastomosis, graft and central vein were not included.

98.9% (n=88) of the patients had immediate radiologic and clinical success. The one patient performed reoperation because of venous rupture during PTA. The patency rate for 6 months was 89.9% (n=80/89) and the patency rate for 1 year was 74.2% (n=66/89).

**Conclusions:** This study suggests that early endovascular treatment of stenosis in the vascular access before the first cannulation is effective. We found that the primary patency rates of AVF and AVG were high. Our results suggest that early endovascular treatment may improve primary patency rates of vascular access in HD patient.