outcome of side to side median basilic vein to brachial artery AVF. All surgeries are performed by the Nephrologist independently. This type of AVF is not discussed in literature frequently, but is technically very simple as the vein and the artery lie in close proximity just below the elbow crease.

METHODS: In this prospective study, all patients undergoing median basilic vein to brachial artery AVF, were analysed for primary outcome of successful vascular access, defined as cannulable cephalic vein above elbow giving Doppler flow more than 450 ml/min on surveillance monitoring and blood flow of more than 350 ml/min during dialysis after 3 weeks of surgery. We also looked at predictors of successful AVF and complications. Based on author’s personal experience patients with prominent “V” at the elbow were taken for this type of fistula. (Prominent V at the elbow is formed by median basilic and median cephalic veins.)

RESULTS: During the study period of April 2016 to June 2017, 110 patients underwent median basilic vein to brachial artery AVF. Of the study group 10 patients were lost to the follow up and 6 patients died before completing three weeks of post operative period. Of 94 patients, 86 patients (92.3%) patients had successful AVF. Male outnumbered females (56 males and 38 females). Hypertension (72.8 %) was the most frequent co-morbidity, followed by Diabetes Mellitus (39.4%). Failure of maturation was seen in 6 patients and arm edema in 4 patients.

CONCLUSIONS: Side to side median basilic vein to brachial artery arteriovenous fistula — promising vascular access. Prominent “V” at the elbow is a strong predictor for success of such AVF.

PROMINENT V AT THE ELBOW IS PREDICTOR OF SUCCESSFUL MEDIAN BASILIC TO BRACHIAL ARTERY ARTERIOVENOUS FISTULA: A CASE FOR SONI BARNELA

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INTRODUCTION AND AIMS: A functioning Arteriovenous fistula (AVF) is key to survival of patients on maintenance hemodialysis. In this study, we have looked at the...