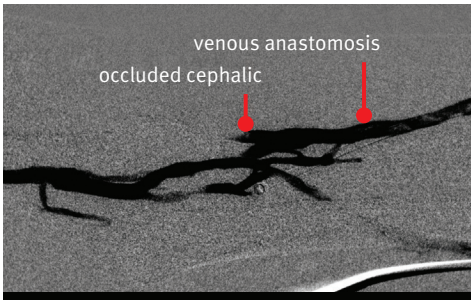
How the GORE® VIABAHN® Endoprosthesis changed the natural history of a rapidly failing arteriovenous (AV) access circuit

Case submitted by Minneapolis Vascular Physicians

Challenges:

- **Severe stenosis across the elbow of a 78-year-old patient**
- **A rapidly failing forearm loop graft that thrombosed three times over a 40-day period**
- **The graft worked well for nearly two years before the first of the three thrombosis events**

1 First intervention: Declot and percutaneous transluminal angioplasty (PTA) was chosen to treat the thrombosed graft.



March 2012

Declot and PTA procedure

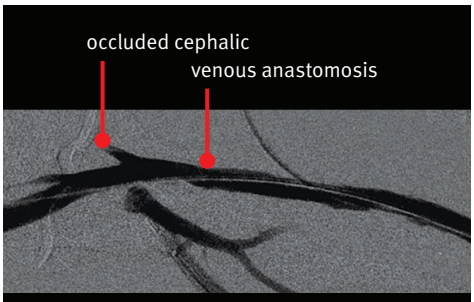
- The thrombosed graft was secondary to a severe venous anastomotic stenosis
- The circuit had been working well for nearly two years

Treatment rationale

- Give the lesion an opportunity to “declare its natural history”

RESULT: Nice angiographic result initially with restored flow, however, the patient returned *12 days* later with a clotted graft.

2 Second intervention: Declot and PTA was chosen again to treat the thrombosed graft.



April 2012

Declot and PTA procedure

- Only 12 days passed after the first intervention
- Patient again presented with thrombosed graft secondary to severe venous anastomotic stenosis

Treatment rationale

- Continue to allow the lesion an opportunity to “declare its natural history”

RESULT: Nice angiographic result achieved with restored flow, however, the patient returned *28 days* later with a clotted graft.

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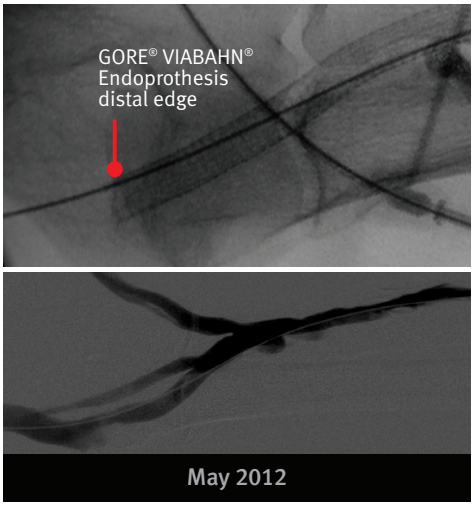
3 Third intervention: A GORE® VIABAHN® Endoprosthesis placed across the elbow to treat recurrent severe venous anastomotic stenosis.



The GORE® VIABAHN® Endoprosthesis procedure

- Placed the GORE® VIABAHN® Endoprosthesis across the elbow instead of abandoning circuit

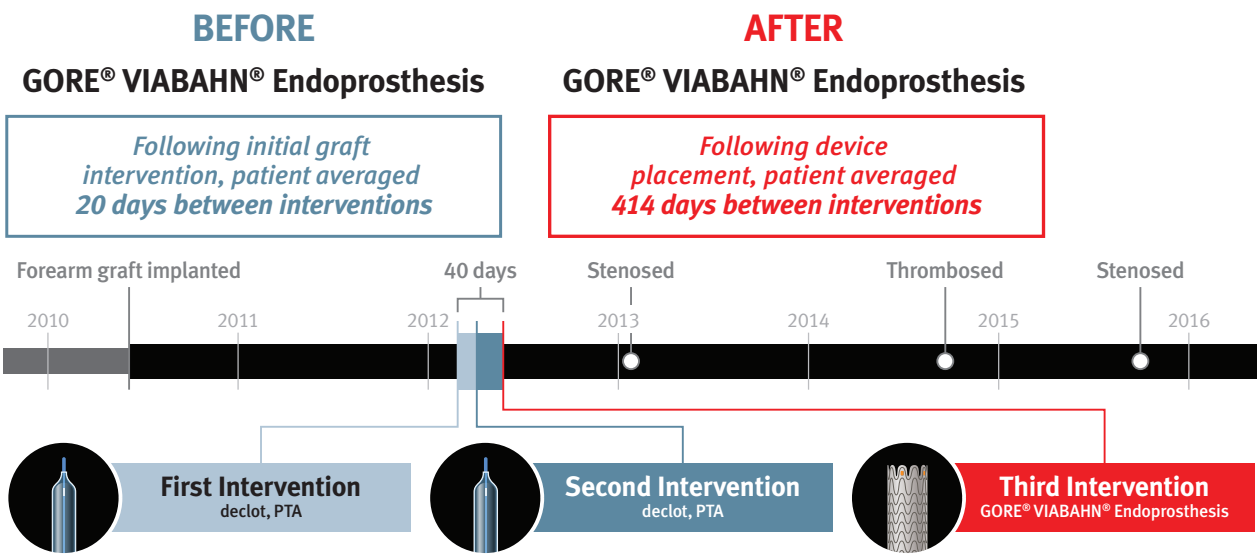
Treatment rationale

- Accurate deployment of the GORE® VIABAHN® Endoprosthesis allows for treatment of stenosis across elbow while saving upper arm real estate

RESULTS: Nice angiographic result. Flow was restored. Accurate deployment left open the possibility of upper arm fistula. Long term, the GORE® VIABAHN® Endoprosthesis broke the clotting cycle of this graft. The patient returned for three interventions (two PTA of stenosis and one declot) from May 2012 to January 2016, with an average of *414 days* between interventions.

Case takeaways

Placing the GORE® VIABAHN® Endoprosthesis across the elbow extended the life of the graft without sacrificing the opportunity for an upper arm access.



INDICATIONS FOR USE IN THE U.S.: The GORE® VIABAHN® Endoprosthesis is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in superficial femoral artery de novo and restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 7.5 mm, in superficial femoral artery in-stent restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 6.5 mm, and in iliac artery lesions up to 80 mm in length with reference vessel diameters ranging from 4.0 – 12 mm. The GORE® VIABAHN® Endoprosthesis is also indicated for the treatment of stenosis or thrombotic occlusion at the venous anastomosis of synthetic arteriovenous (AV) access grafts.

CONTRAINDICATIONS: The GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface is contraindicated for noncompliant lesions where full expansion of an angioplasty balloon catheter was not achieved during pre-dilatation, or where lesions cannot be dilated sufficiently to allow passage of the delivery system. Do not use the GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface in patients with known hypersensitivity to heparin, including those patients who have had a previous incidence of Heparin-Induced Thrombocytopenia (HIT) type II. Refer to *Instructions for Use* at goremedical.com for a complete description of all warnings, precautions and adverse events. ℞ Only

Products listed may not be available in all markets.

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