



# THROMBECTOMIE DES ABORDS DE DIALYSE



## CASSIS

Centre de congrès  
Oustau Calendal

26 & 27 septembre  
**2024**

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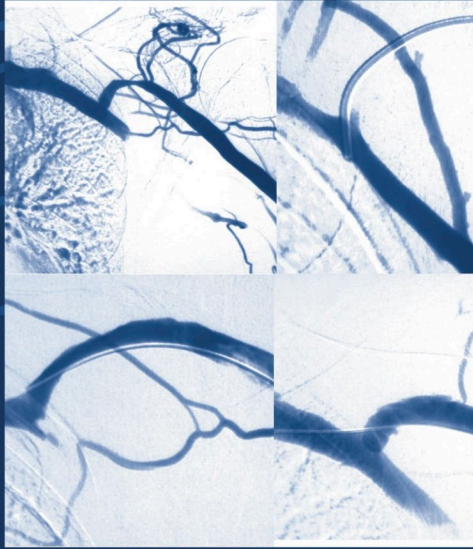
Clément Marcellin  
Le 26 septembre 2024



# INTRODUCTION

Luc Turmel

■ Radiologie  
diagnostique et  
interventionnelle des  
accès artério-veineux  
pour hémodialyse



## Manual Catheter-directed Aspiration and Other Thrombectomy Techniques for Declotting Native Fistulas for Hemodialysis

Luc Turmel-Rodrigues, MD, Alain Raynaud, MD, Bertrand Louail, MD, Bernard Beyssen, MD, and Marc Sapoval, MD

Treatment of failed native arteriovenous fistulae for hemodialysis by interventional radiology

**LUC TURMEL-RODRIGUES, JOSETTE PENGLOAN, HERVÉ RODRIGUE, GEORGES BRILLET, ANNE LATASTE, DOMINIQUE PIERRE, JEAN-LOUIS JOURDAN, and DIDIER BLANCHARD**

- 1/ Création d'une nouvelle FAV
- 2/ Chirurgie (Fogarty)
- 3/ Thrombectomie endovasculaire: Fibrinolyse, Mécanique (PTD), manuelle (seringue d'aspiration: Turmel-Rodrigues et al, 2000)

# PATHOLOGIE

- Complication majeure +> dysfonctionnement de la fistule et l'impossibilité de dialyser sur cet accès les patients.
- 45800 personnes sont dialysés en France et il survient environ 8,8% de thrombose de fistule par an, soit environ 4000 thrombectomies par an.
- La prise en charge des thromboses de fistule de dialyse doit se faire rapidement.


# CHIRURGIE / ENDOVASCULAIRE ?

- HAS : endovasculaire ou la chirurgie ouverte
- Endovasculaire est le traitement de première intention (mini-invasif et traiter la sténose par angioplastie).

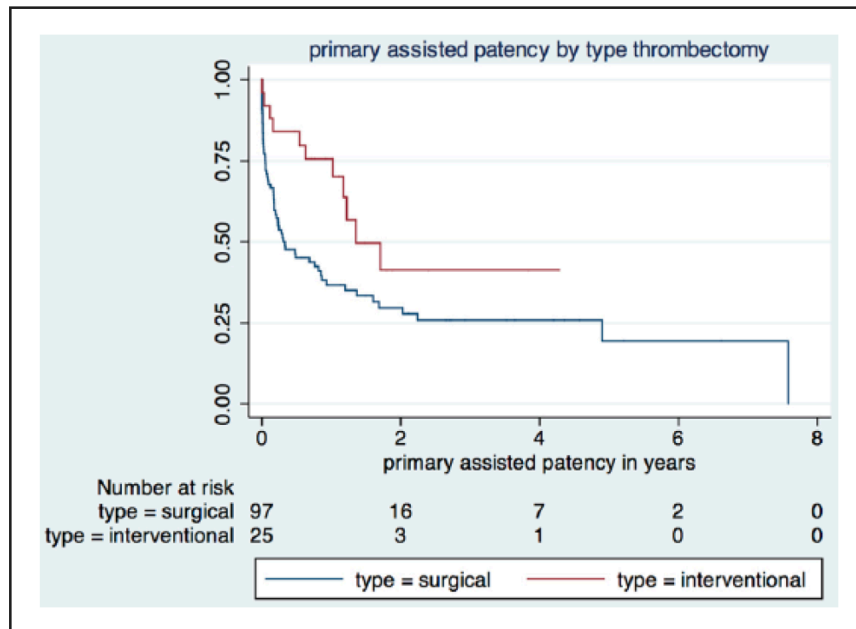
<https://patient.radiologie.fr/fr/traitements-guid%C3%A9s-par-l'image/trouver-mon-radiologue-interventionnel>



# Comparison of surgical and radiological interventions for thrombosed arteriovenous access

The Journal of Vascular Access  
1–6  
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DOI: 10.1177/1129729818762007  
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Gary Lambert<sup>1</sup>, Jonathan Freedman<sup>2</sup>, Susan Jaffe<sup>3</sup>  
and Teun Wilmink<sup>1</sup>



128 chirurgies  
27 thrombectomies endovasculaires



## Radiologues interventionnels

Angioplastie/thrombectomie

Chirurgiens vasculaires

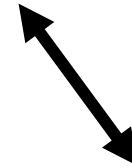
Création FAV/anse

Unités de dialyse

AURAD

Néphrologues

dialyse/suivi



# ORGANISATION



- AURAD
- Néphrologue



- Programmation  
<24-48 heures

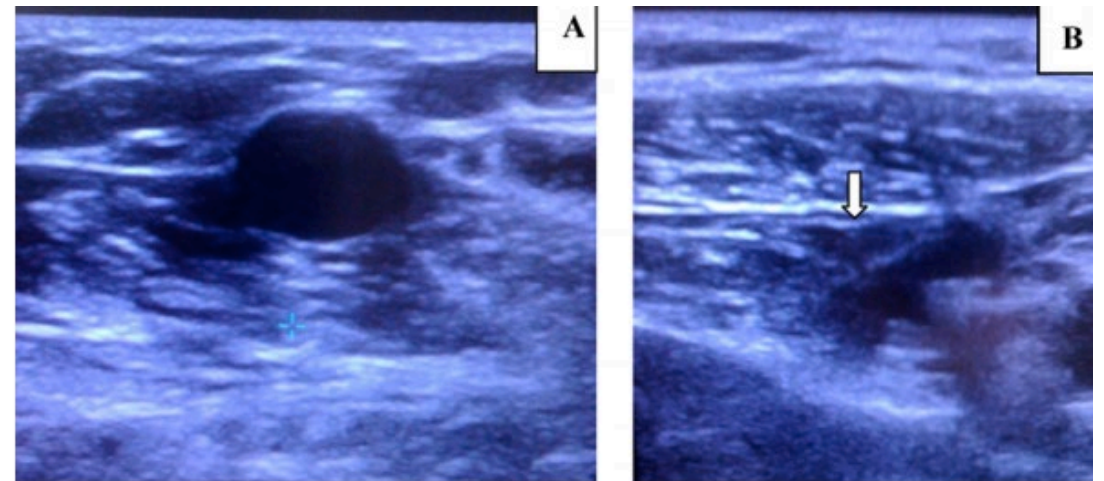
Eviter la pose d'un cathéter veineux temporaire de dialyse.



- Consultation d'anesthésie
- Échographie de référence

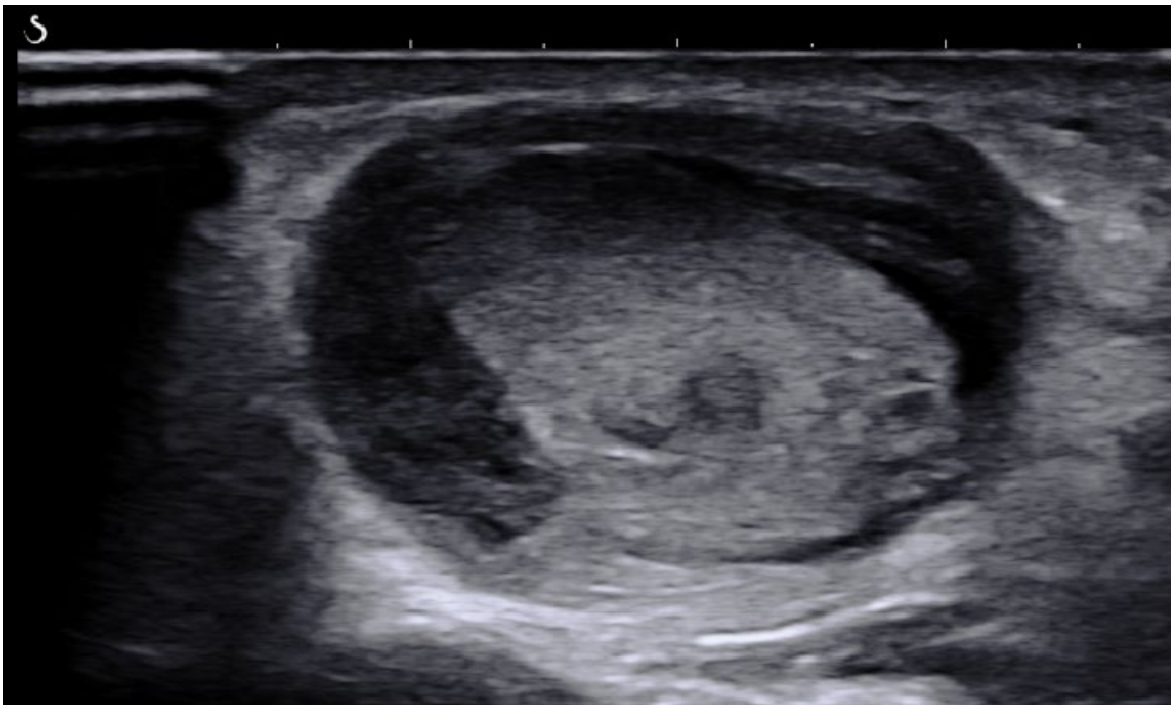
# BILAN PRE-ANGIOPLASTIE

- Anticoagulant/antiagrégant: Pas d'arrêt.
- TP, TCA, PQ
- K+, G
  
- ANESTHESIE LOCALE + SEDATION
- (ALR)
- ANESTHESIE DE LA STENOSE  
(tumescent anesthesia)

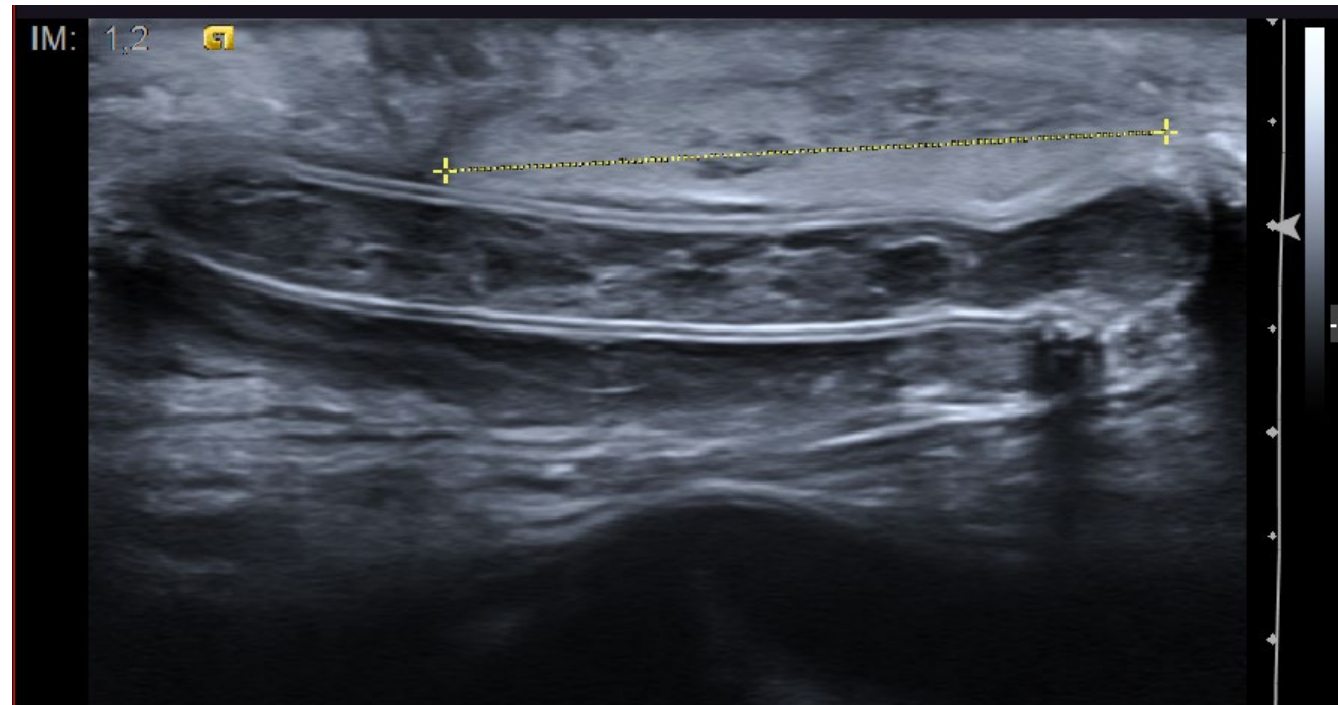




# ECHOGRAPHIE

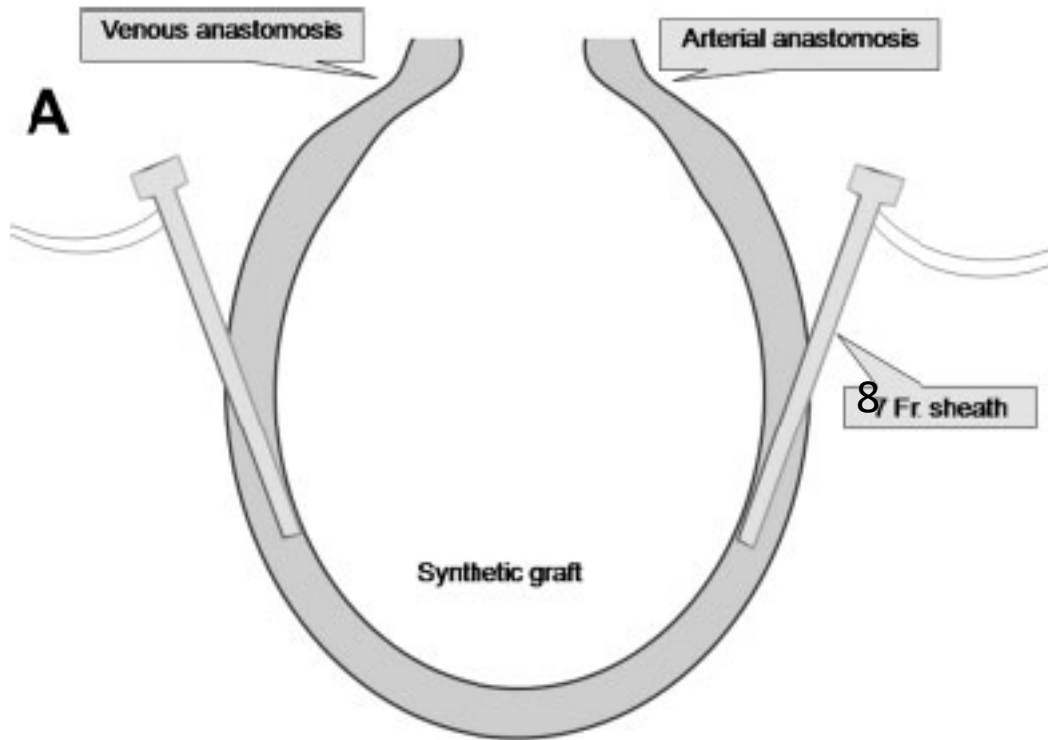


AVF



AVG

# 2 INTRODUCTEURS 8 French



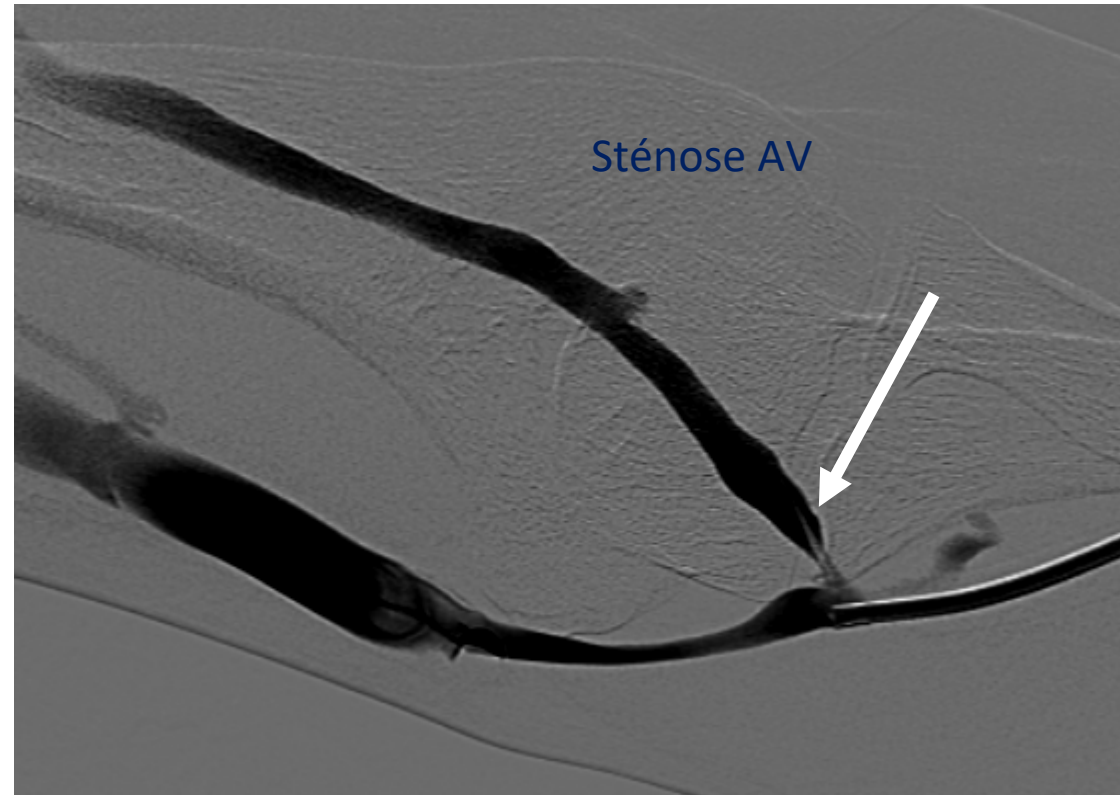
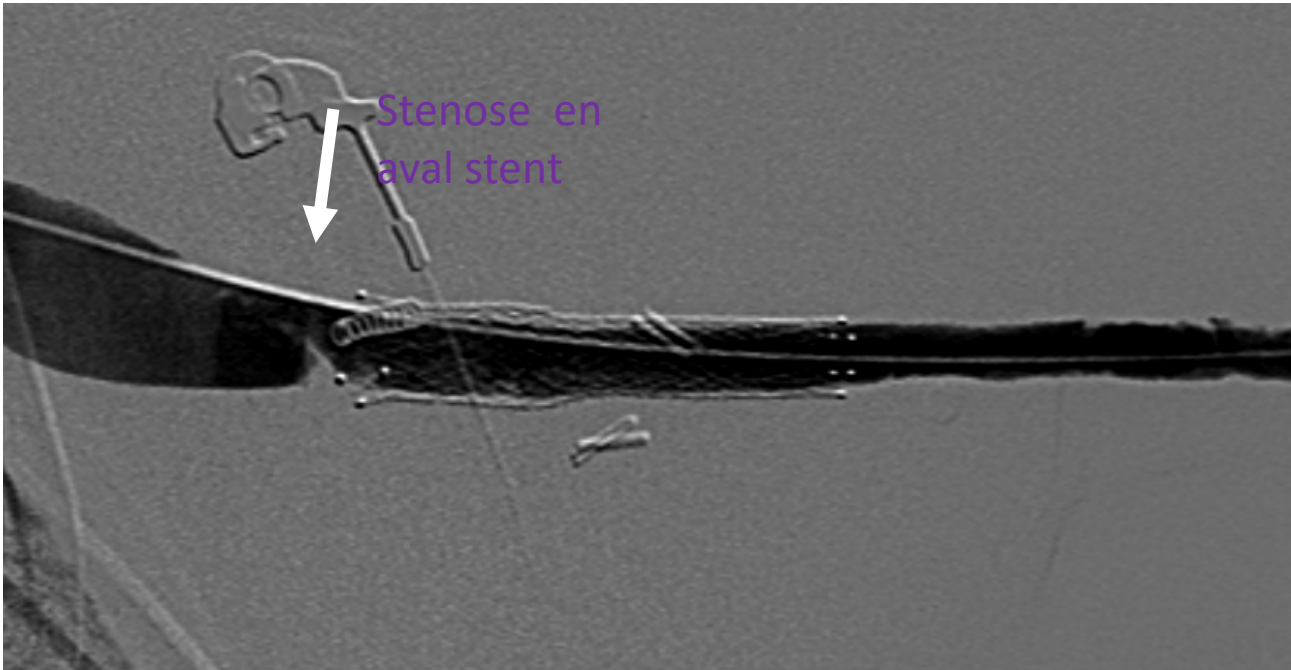
Lai et al

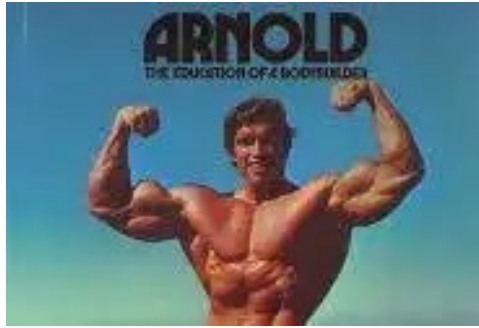
# PROCEDURE

- 2 INTRODUCTEURS 8Fr sous ECHOGRAPHIE.
- HEPARINE IV (30UI/kg) .
- ASPIRATION ANTEGRADE.
- ANGIOPLASTIE de la sténose.
- ASPIRATION RETROGRADE.

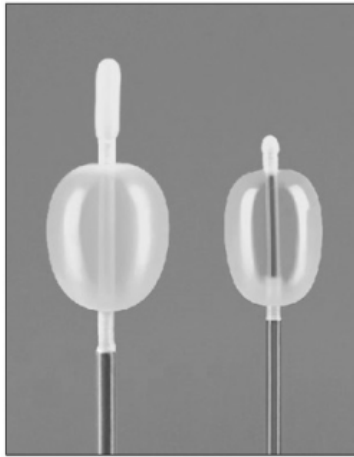
# ETIOLOGIES

- Sténoses +++
- Hypotension (greffe, choc)
- Compression





QUEL  
MATERIEL  
UTILISER ?



# BIBLIOGRAPHIE

## **Mechanical Thrombectomy in Acute Thrombosis of Dialysis Arteriovenous Fistulae and Grafts Using a Vacuum-Assisted Thrombectomy Catheter: A Multicenter Study**

Clément Marcelin, MD, Stephen D'Souza, MD, Yann Le Bras, MD, Francois Petitpierre, MD, Nicolas Grenier, MD, PhD, Jos C. van den Berg, MD, PhD, and Bella Huasen, MD

35 patients

87.5% succès technique

91.4% succès clinique

6m PP 37.5%

6PA: 50%

6mSP: 62.5%

Complication: 1 perforation

Durée : 38 minutes procédures

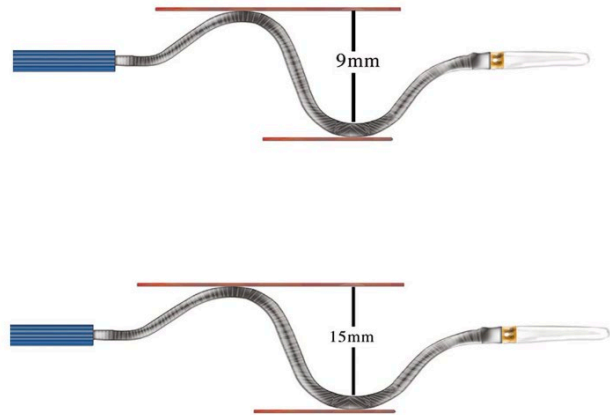
Perte sanguines: 122ml

# Cleaner XT Rotational Thrombectomy: An Efficacious Endovascular Technique for Salvage of Thrombosed Arteriovenous Access and a 12 Month Outcome Analysis

[Tiffany S. H. Bong, MBBS](#) , [Darius K. L. Aw, MD, FRCS](#) , [...], and [Jia Sheng Tay, MBBS, MMed, FRCS](#)    [View all authors and affiliations](#)

[Volume 30, Issue 3](#) | <https://doi.org/10.1177/15266028221083222>

- Durée de procédure  $62 \pm 20$  minutes.
- Perméabilité primaire à 1 an: 56%
- Perméabilité assistée à 1 an: 59%
- Perméabilité secondaire à 1 an: 94.4%



# COUT DE LA PROCEDURE

- COUTS MOYENS DETHROMBOSE
- COUT MOYEN MATERIEL : **2724,04828**
- COUT MATERIEL NON REMBOURSABLE : **2559,410345**

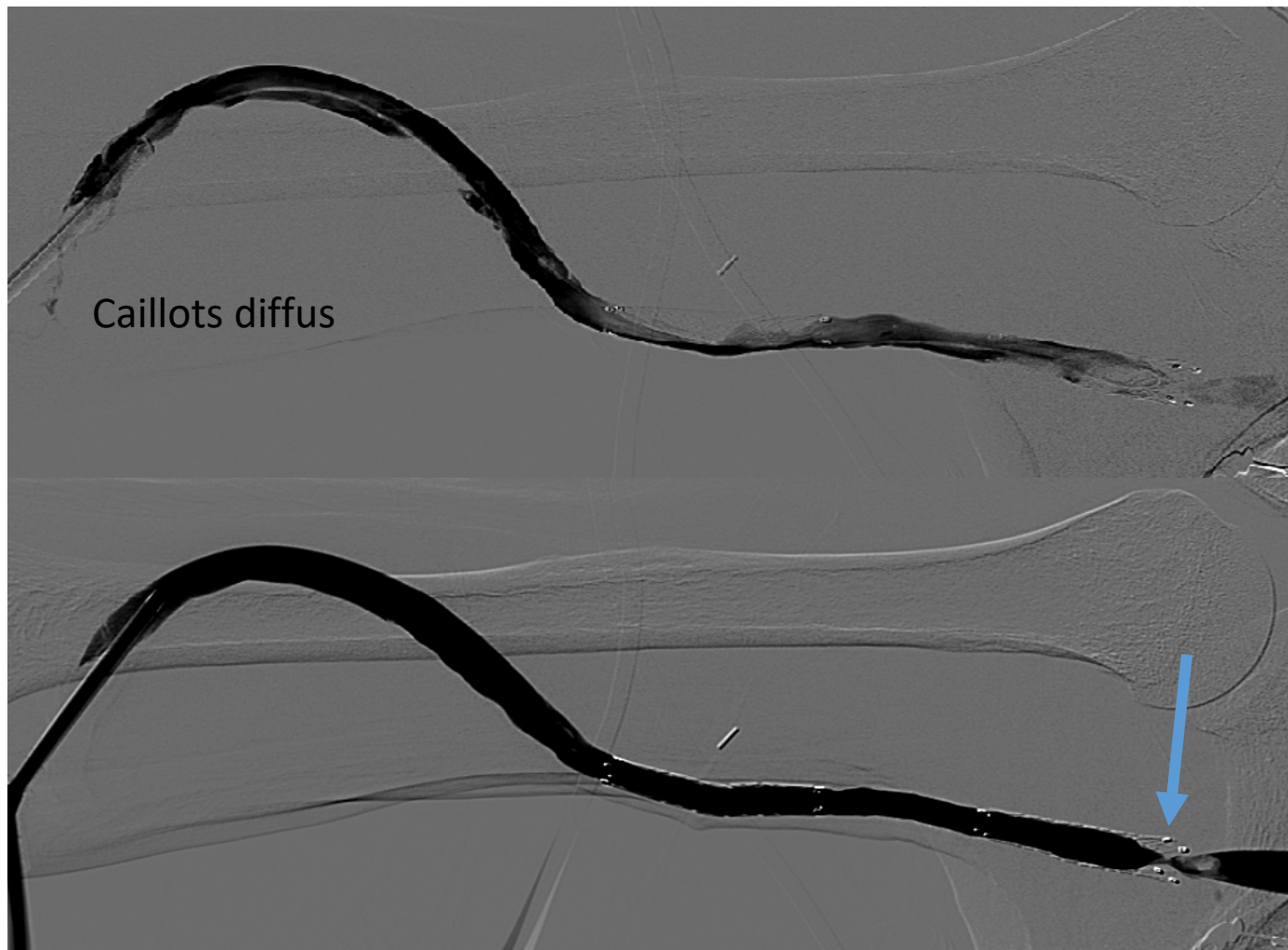
## PROBLEME DE COTATION DE L ACTE :

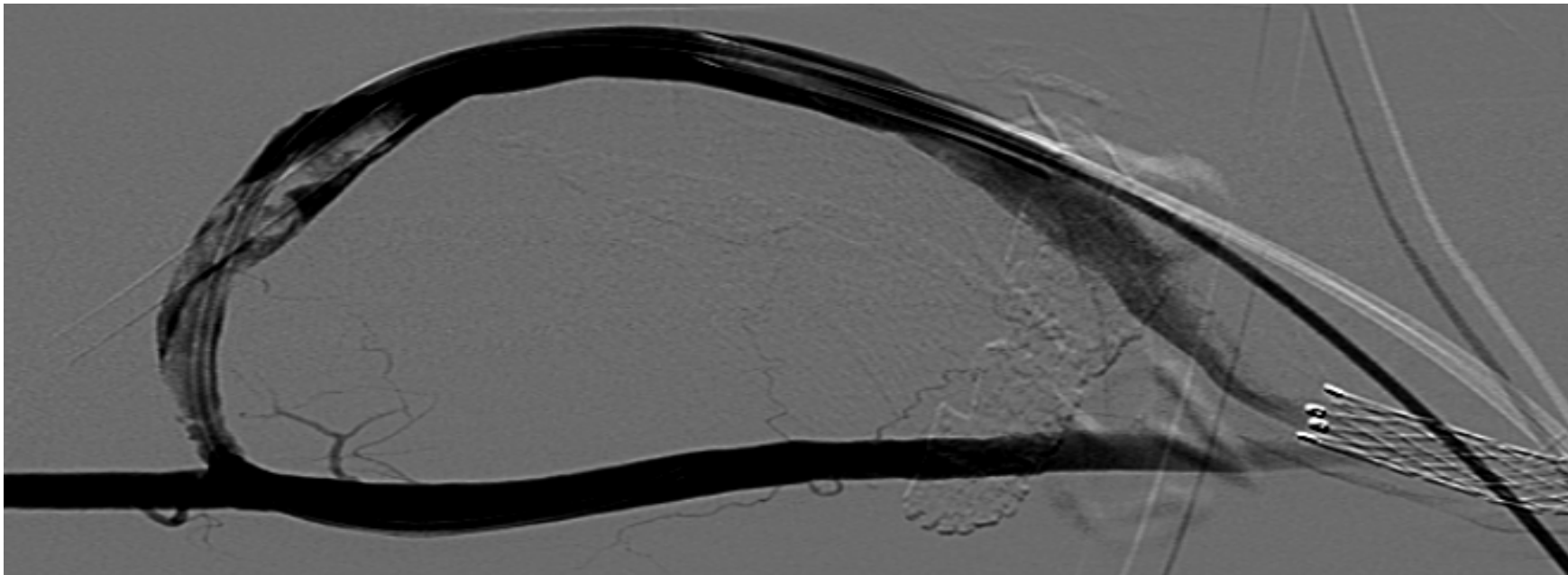
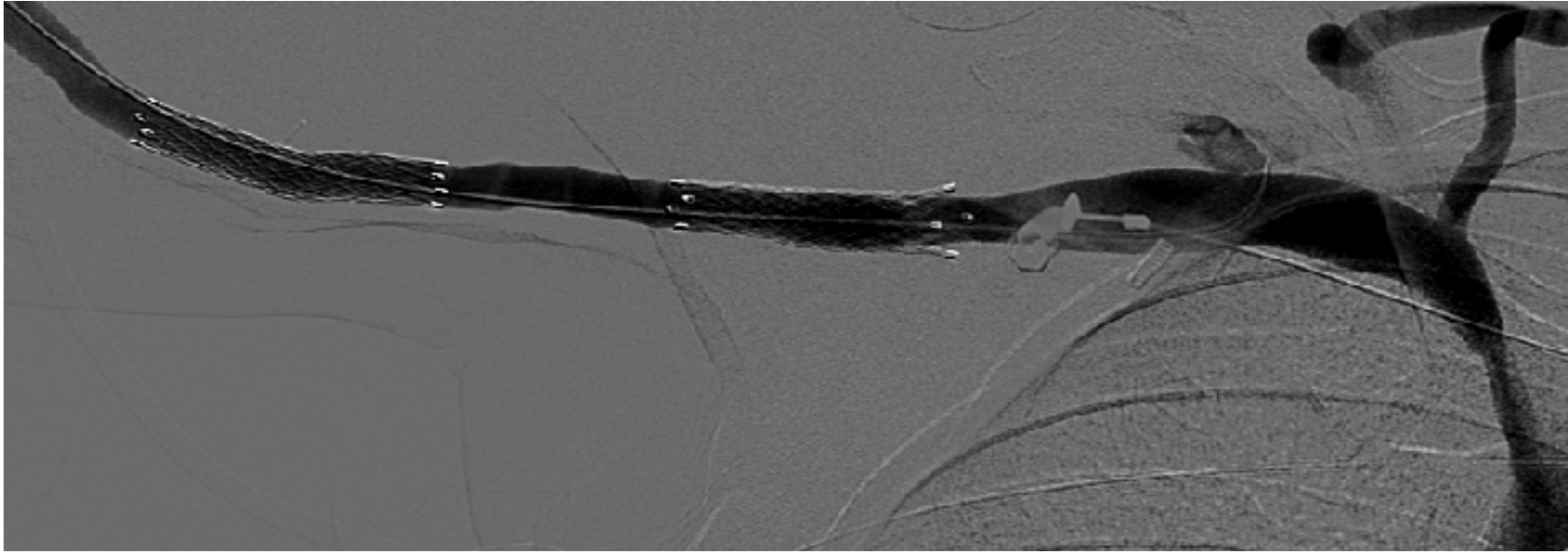
- Séance de dialyse
- Consultation externe
- Transplantation
- Créations et réfections de fistules artério-veineuses
- Acte thérapeutique sur les fistules artério-veineuses

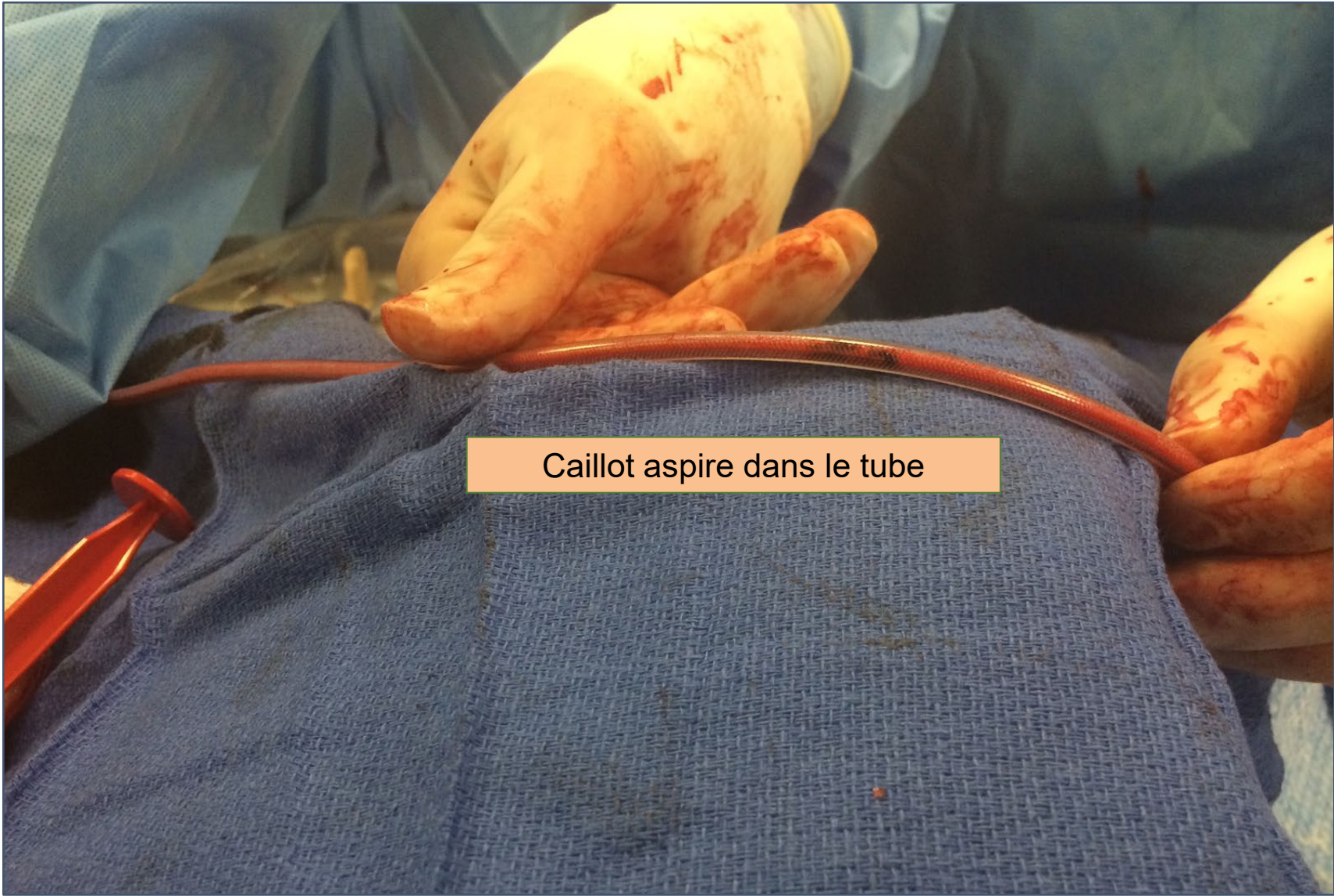


# EXEMPLE

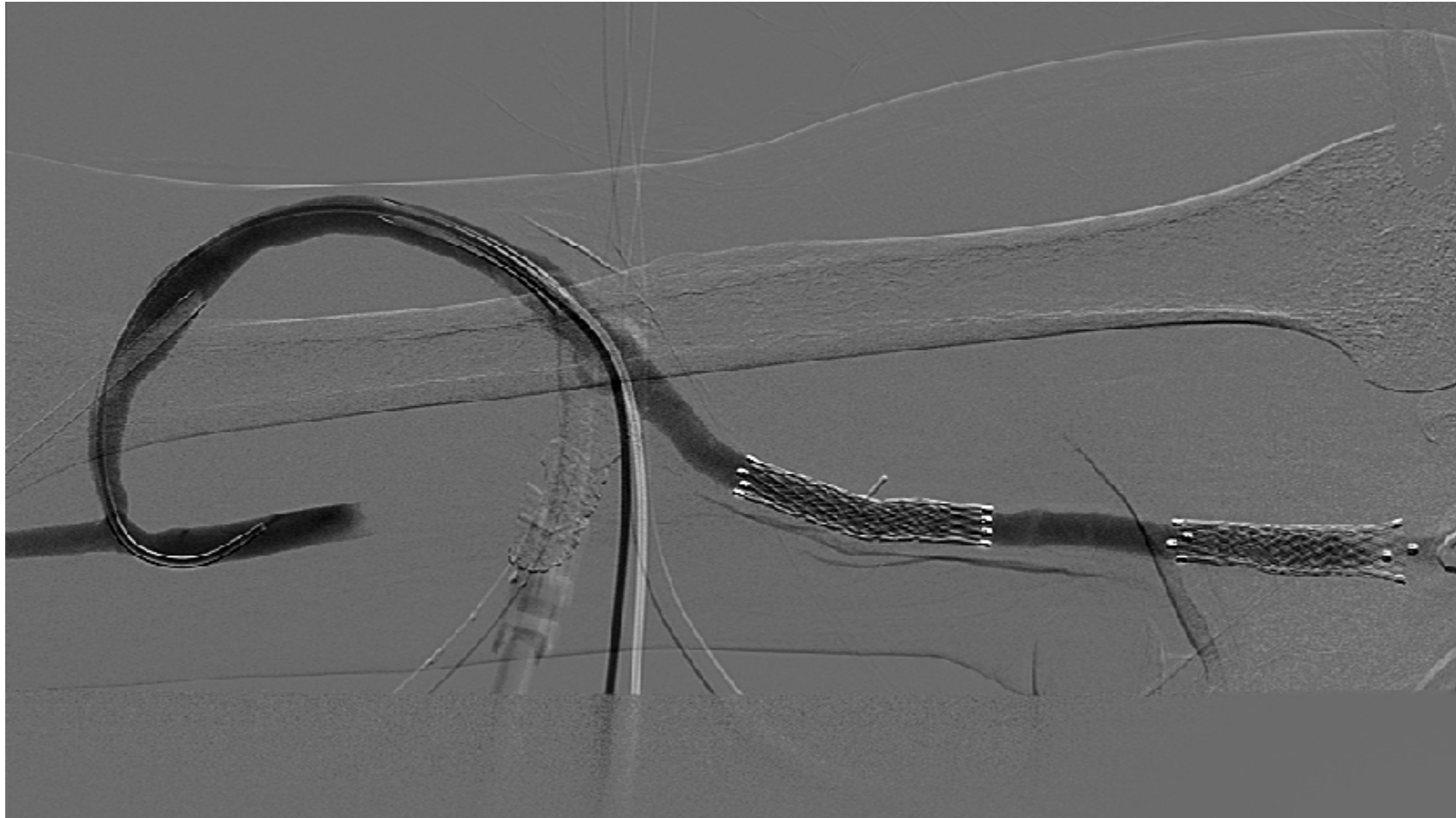
Femme de 72. Thrombose de son anse de dialyse



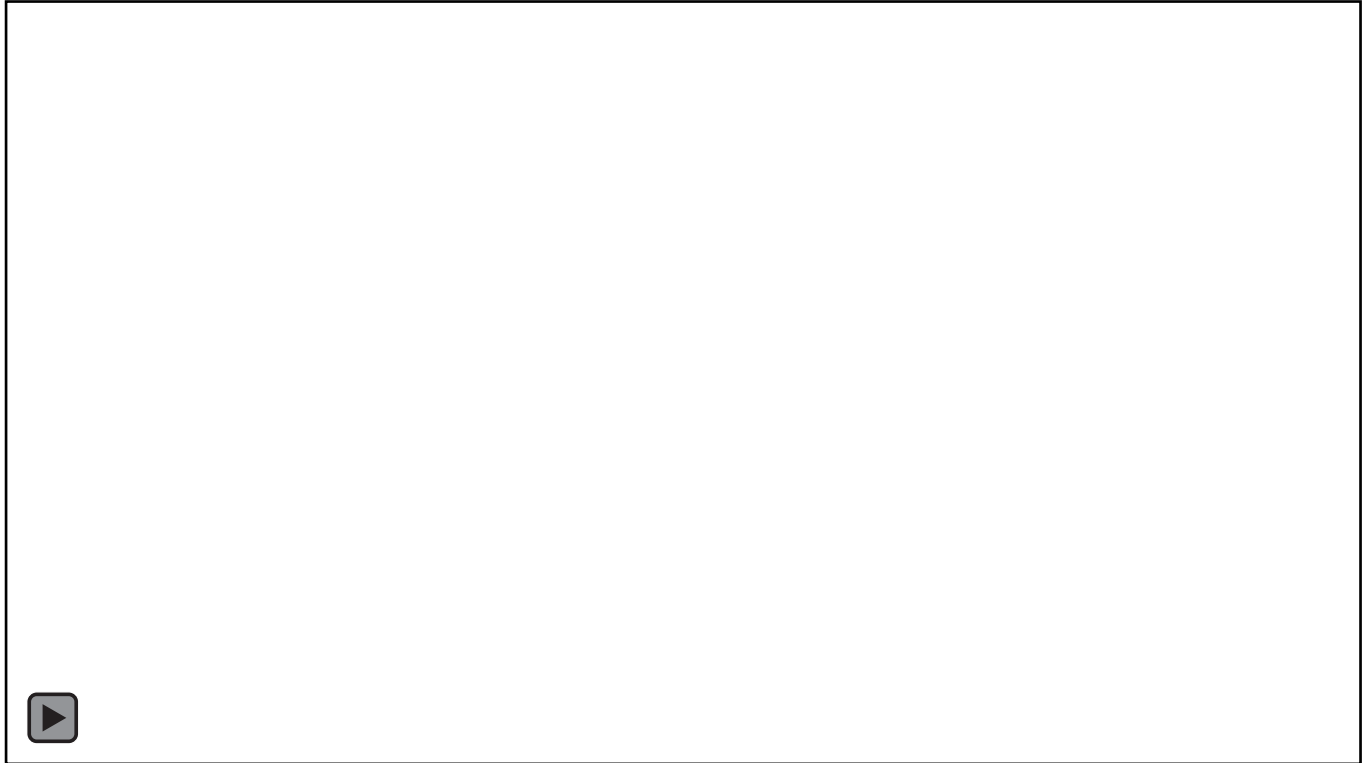
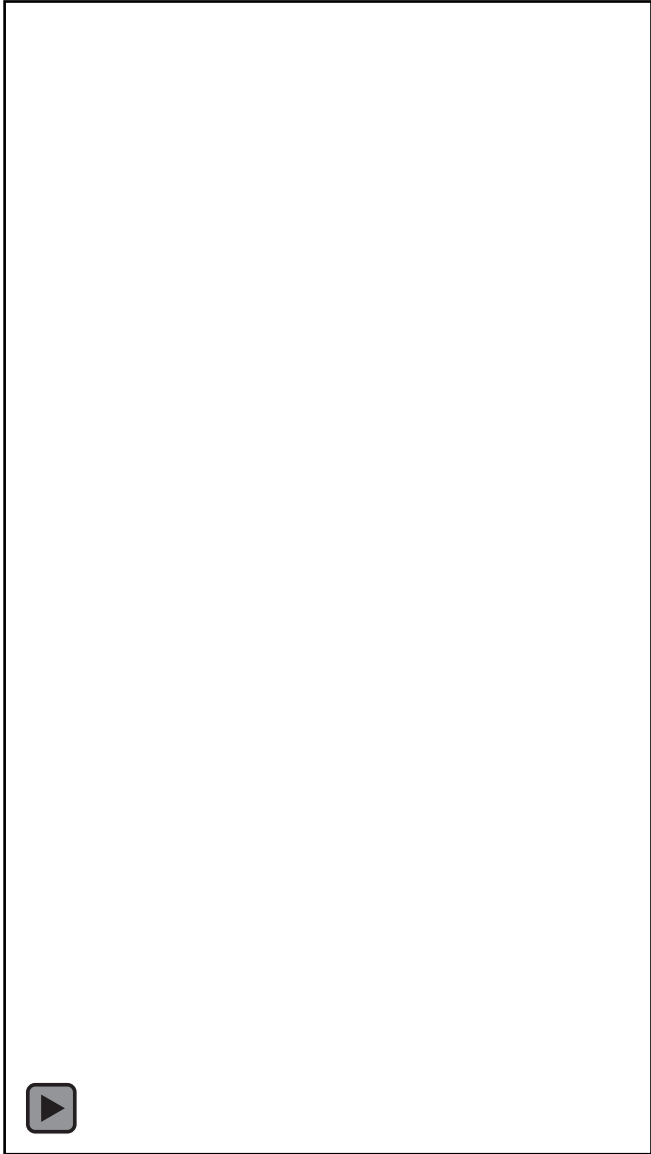




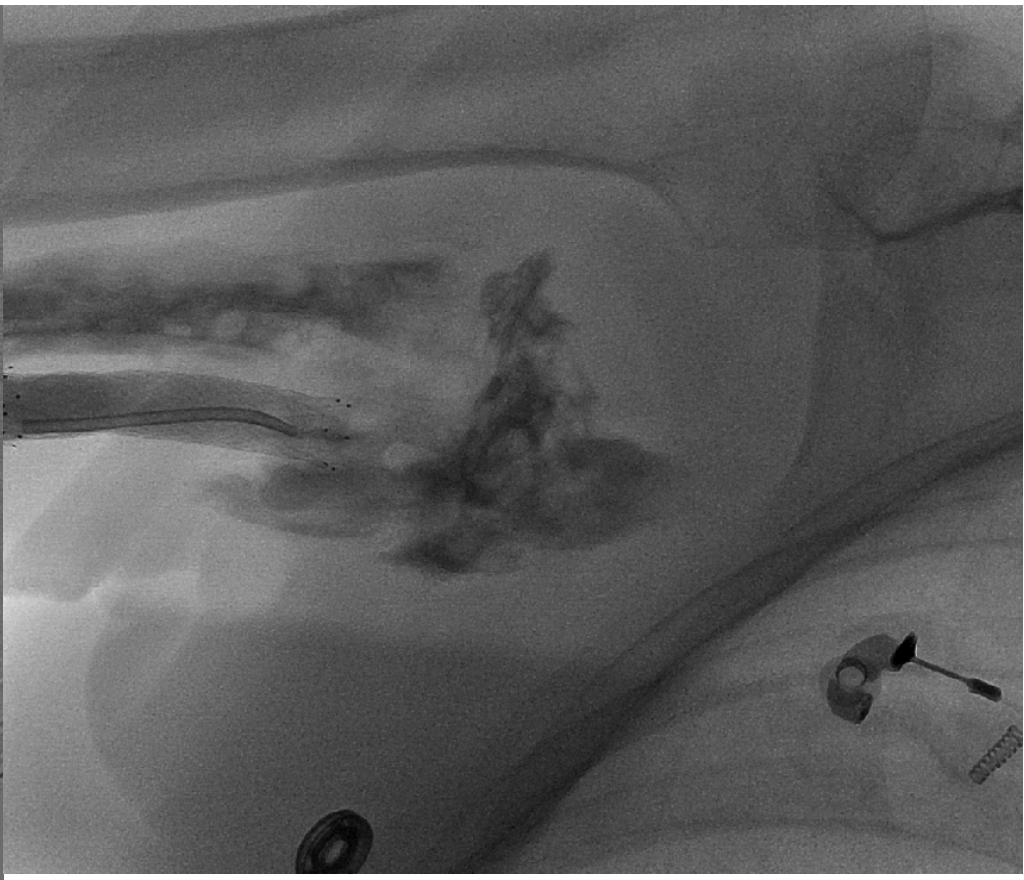
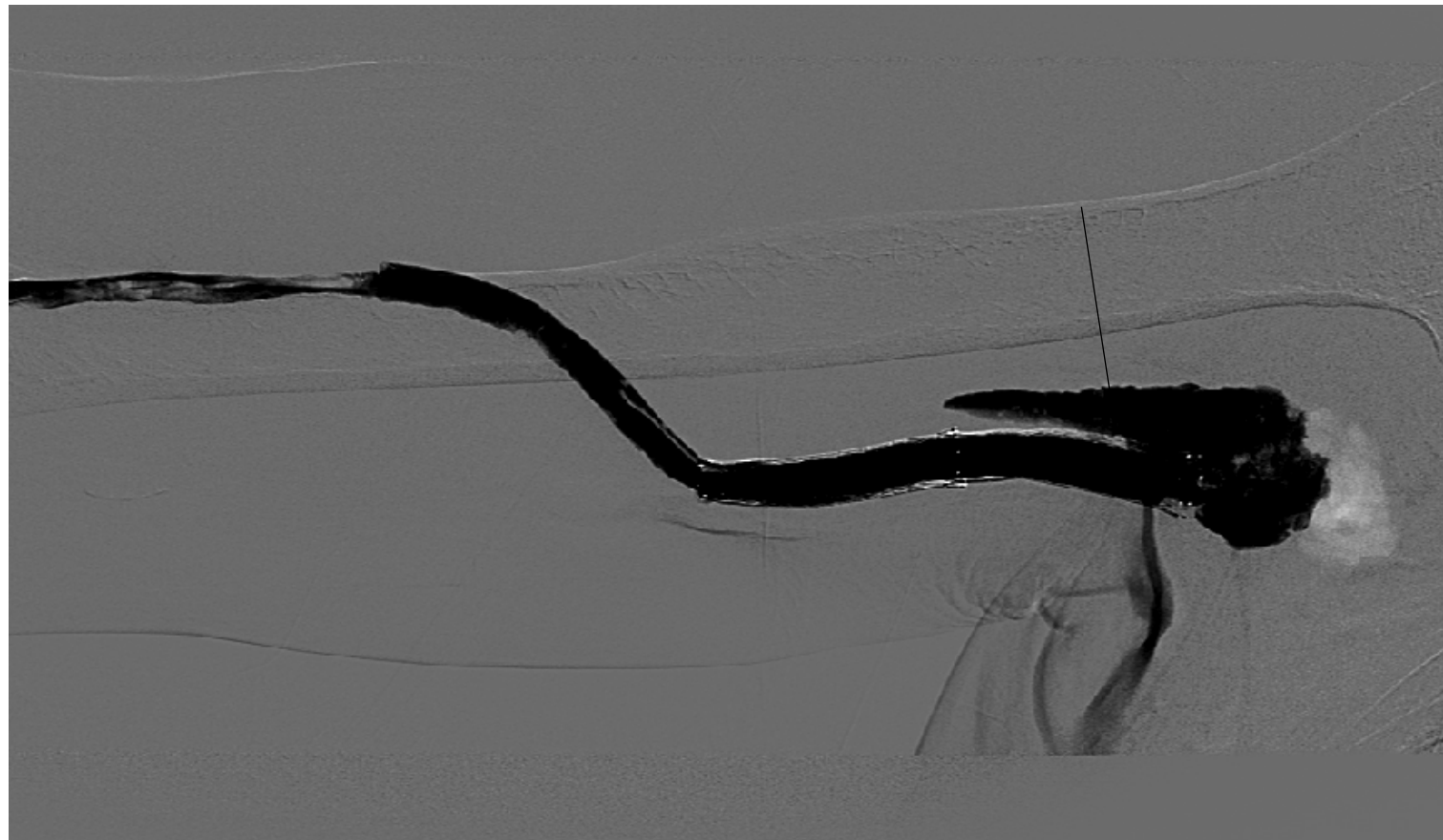
Caillot aspire dans le tube



Contrôle final : Perméabilité sans thrombus résiduel



# COMPLICATION



# CONCLUSION

- Thrombectomie de fistule dialyse sont efficace; nécessite un parcours patient bien organisé.
- Plusieurs systèmes de thrombectomie à disposition (Comdim).

**MERCI POUR VOTRE  
ATTENTION**

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