CLINICAL CASE STUDY

Thrombectomy of AV Fistula with Standard Fogarty Embolectomy Catheter and Fogarty Adherent Clot Catheter

A 65-year-old female diabetic with a history of failed AV dialysis grafts in both arms was brought to the OR for a thrombectomy of her 4 week old AV fistula PTFE graft located in the right upper thigh. An incision was made over the venous side of the loop and a transverse graftotomy was made. Three passes with a standard #4 Fogarty Embolectomy Catheter resulted in the removal of a mixture of fresh and mature thrombus (see top of figure). Blood flow through the graft loop improved but it was suspected that additional material remained.

Consequently, a 3-10mm Fogarty Adherent Clot Catheter was introduced in collapsed form into the 6mm loop graft and advanced to the venous anastomosis. The sliding knob on the handle was retracted slowly, causing the diameter of the corkscrew shaped balloon to increase in size. The Fogarty Adherent Clot Catheter was then slowly withdrawn through the graftotomy. The diameter of the corkscrew was continuously adjusted according to resistance encountered during withdrawal. Four passes with this device on both the venous and arterial side of the graftotomy resulted in the removal of a considerable quantity of additional mature thrombus (see bottom of figure).

Upon clamp release, markedly improved flow was observed and the graftotomy and incision were closed in standard fashion.

Thrombectomy of PTFE hemodialysis graft, showing the catheters that were used and the material removed by each catheter. Performed by Perry Shoor, M.D. at Sequoia Hospital on 04/26/91.