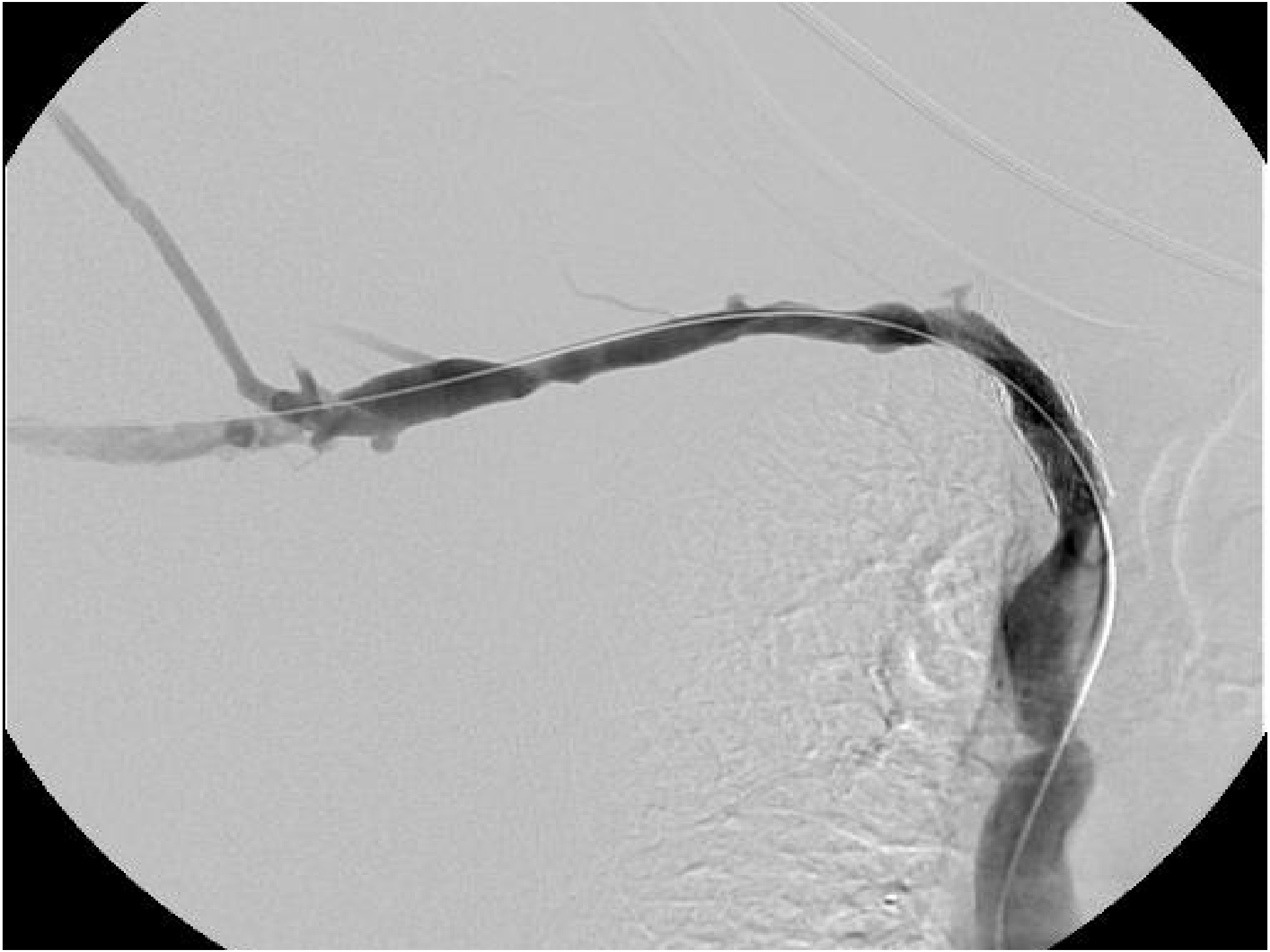

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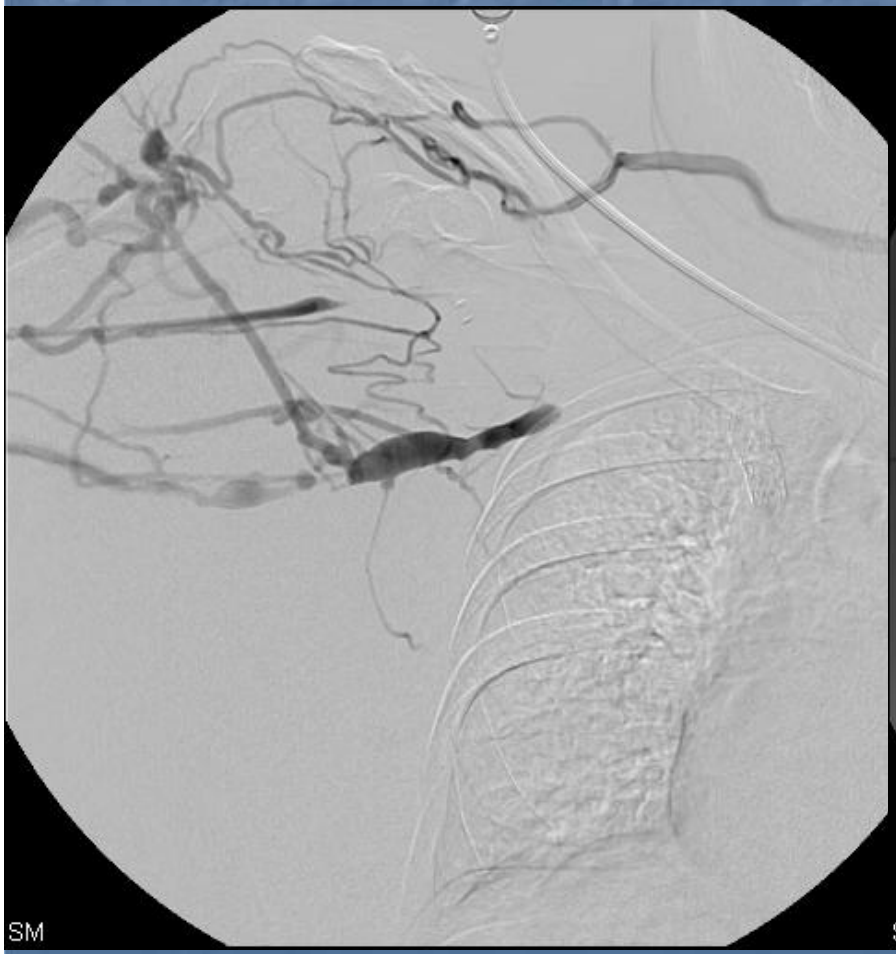

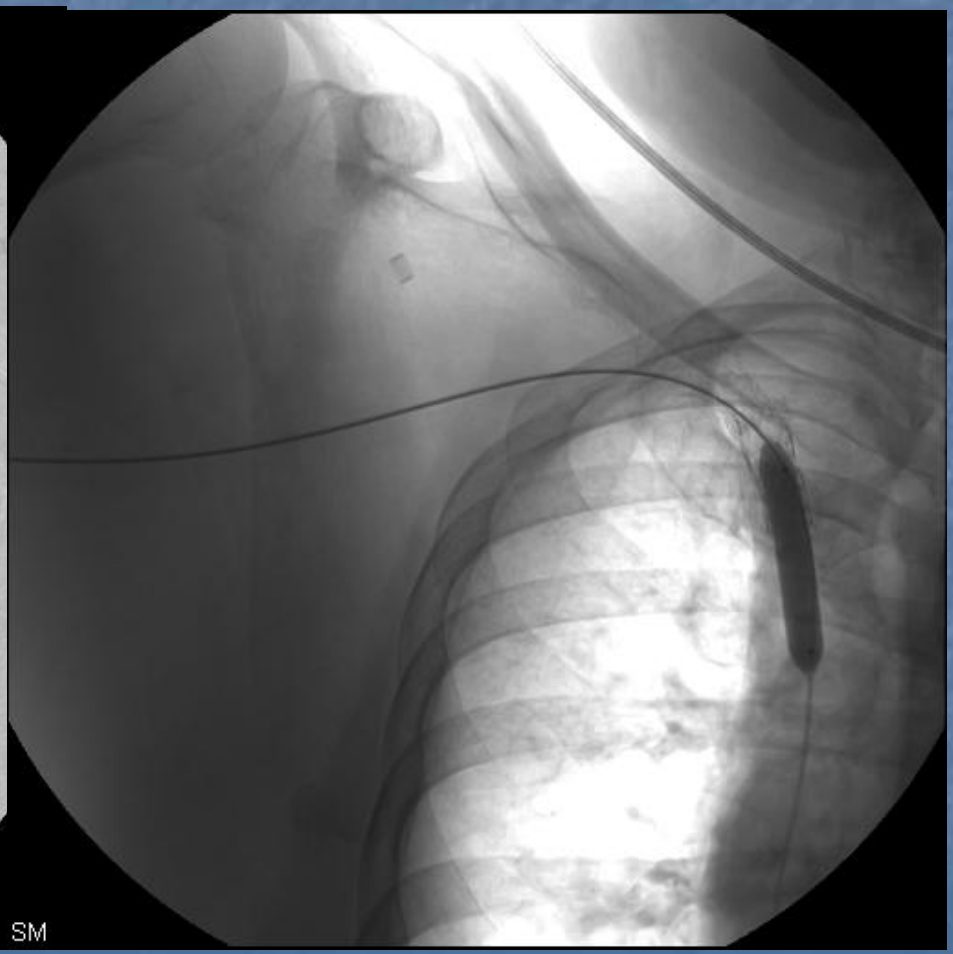

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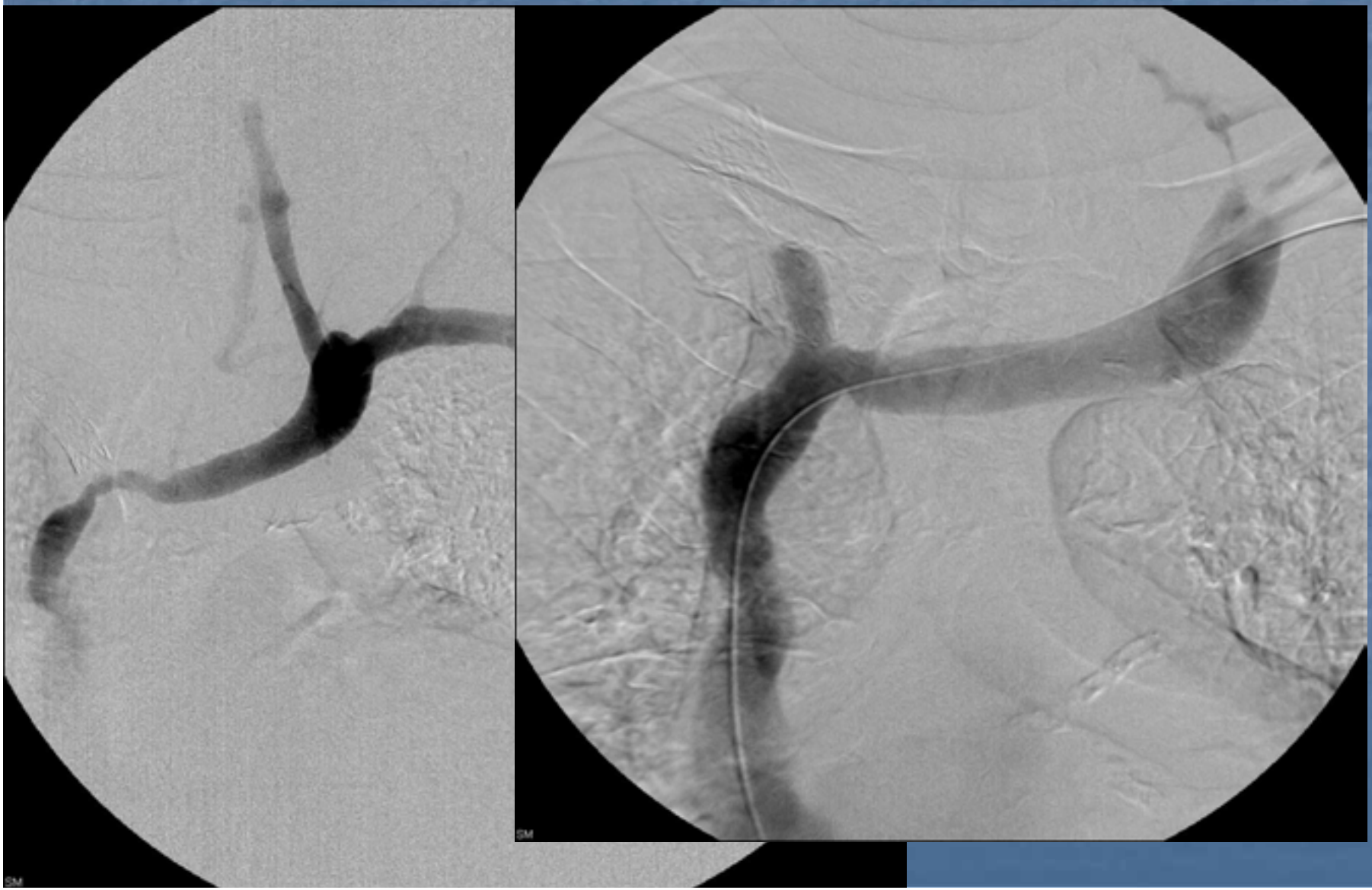

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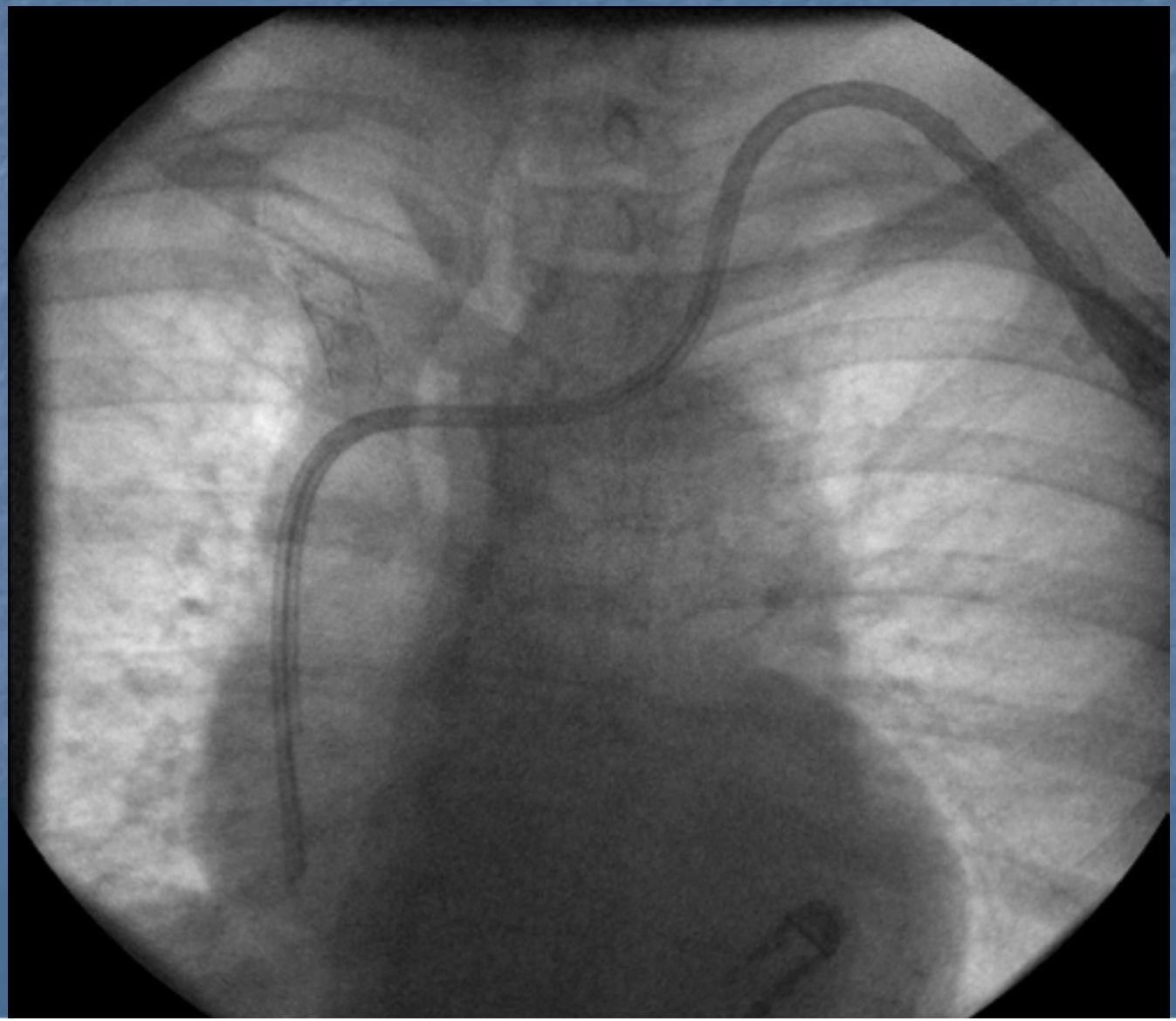

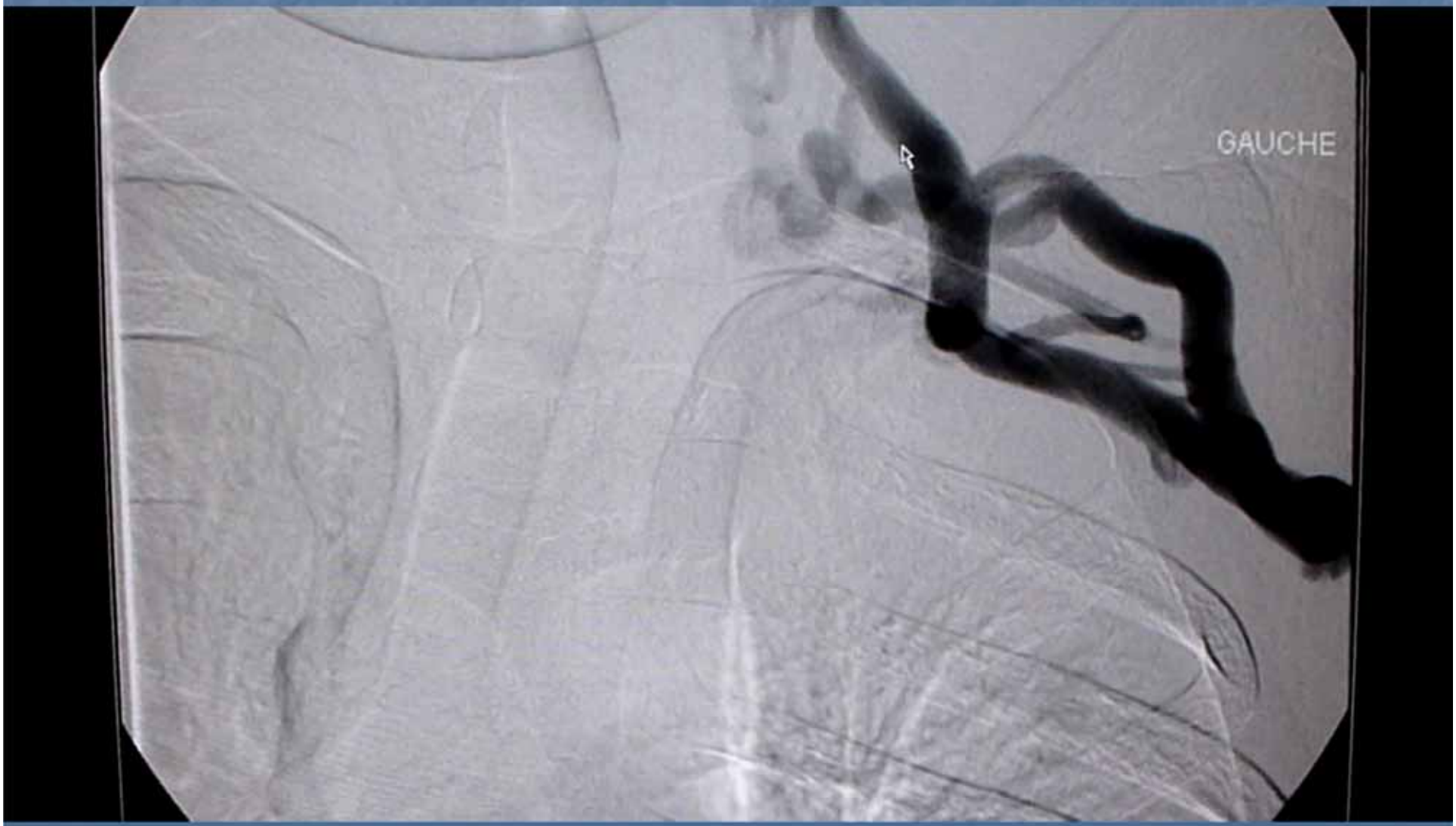
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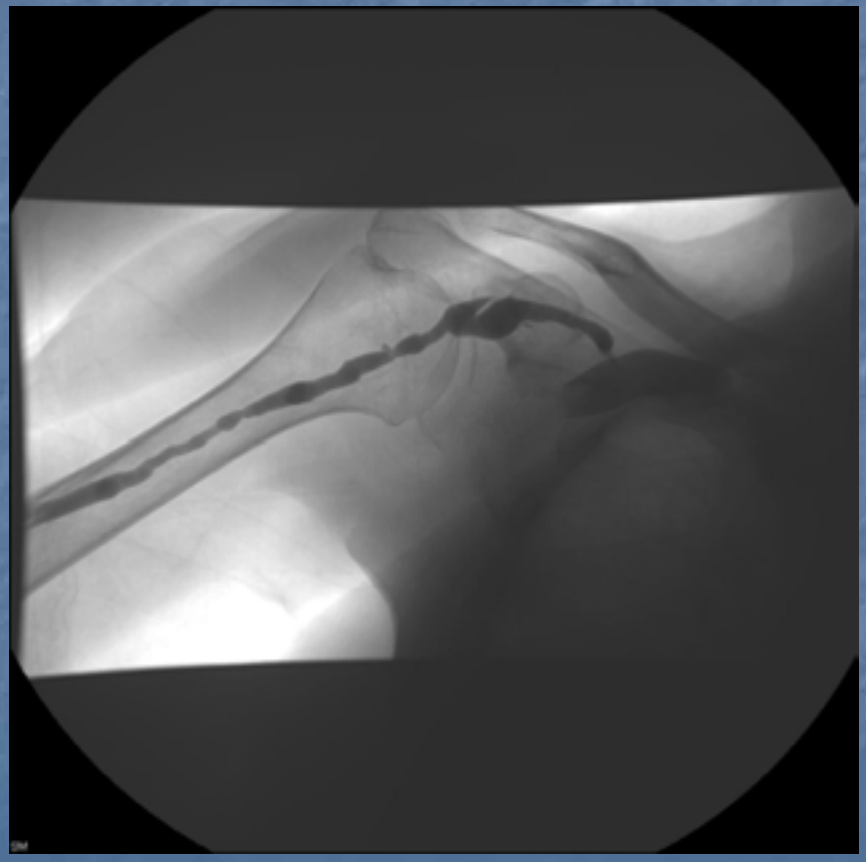
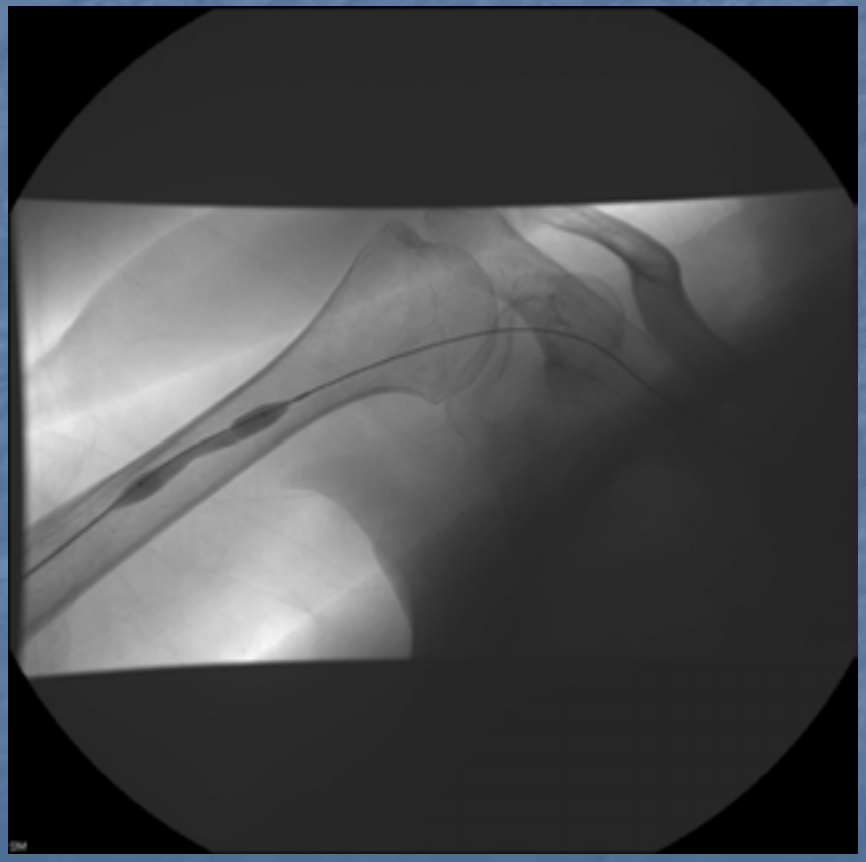
SITUATION MIXTE 2007





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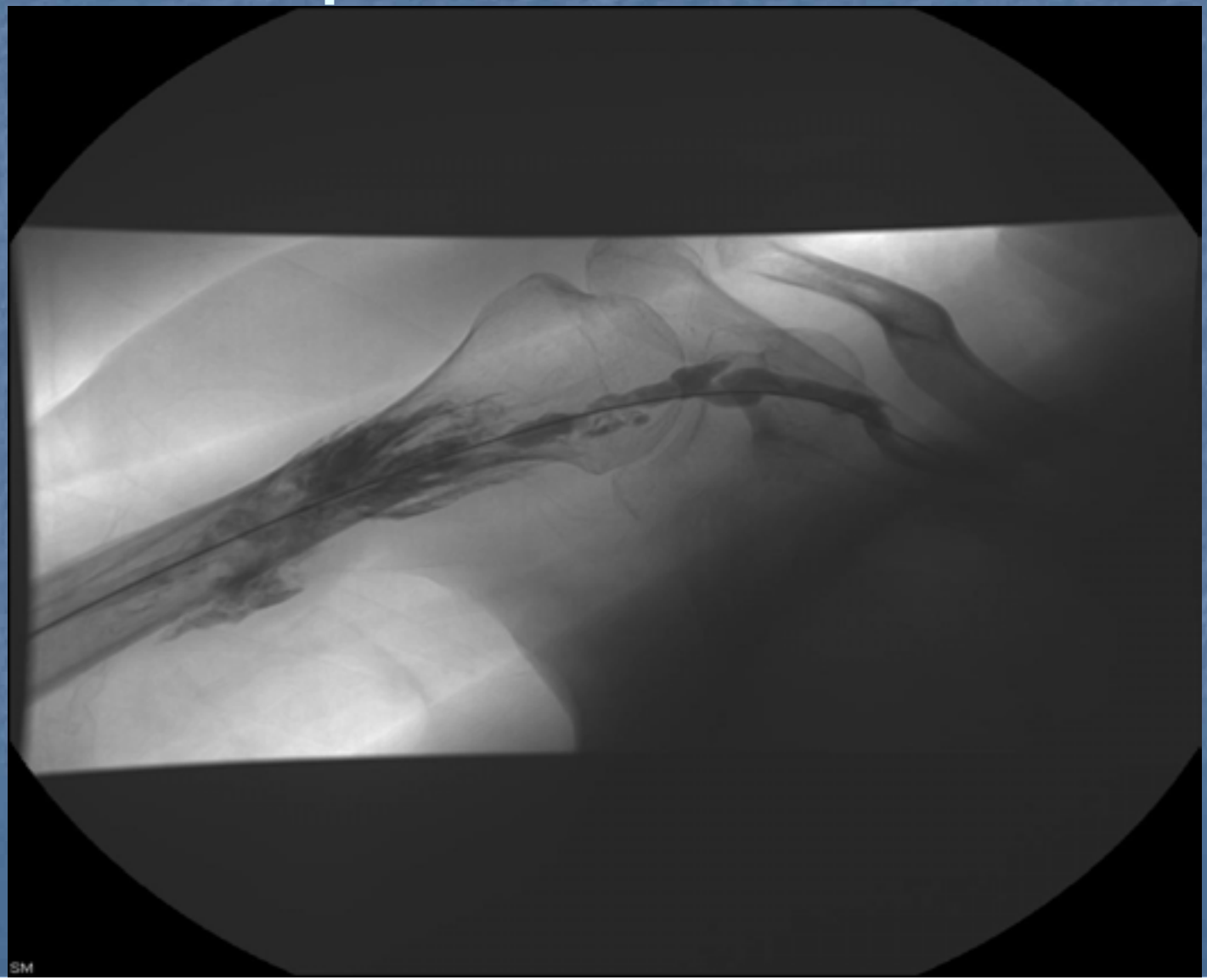
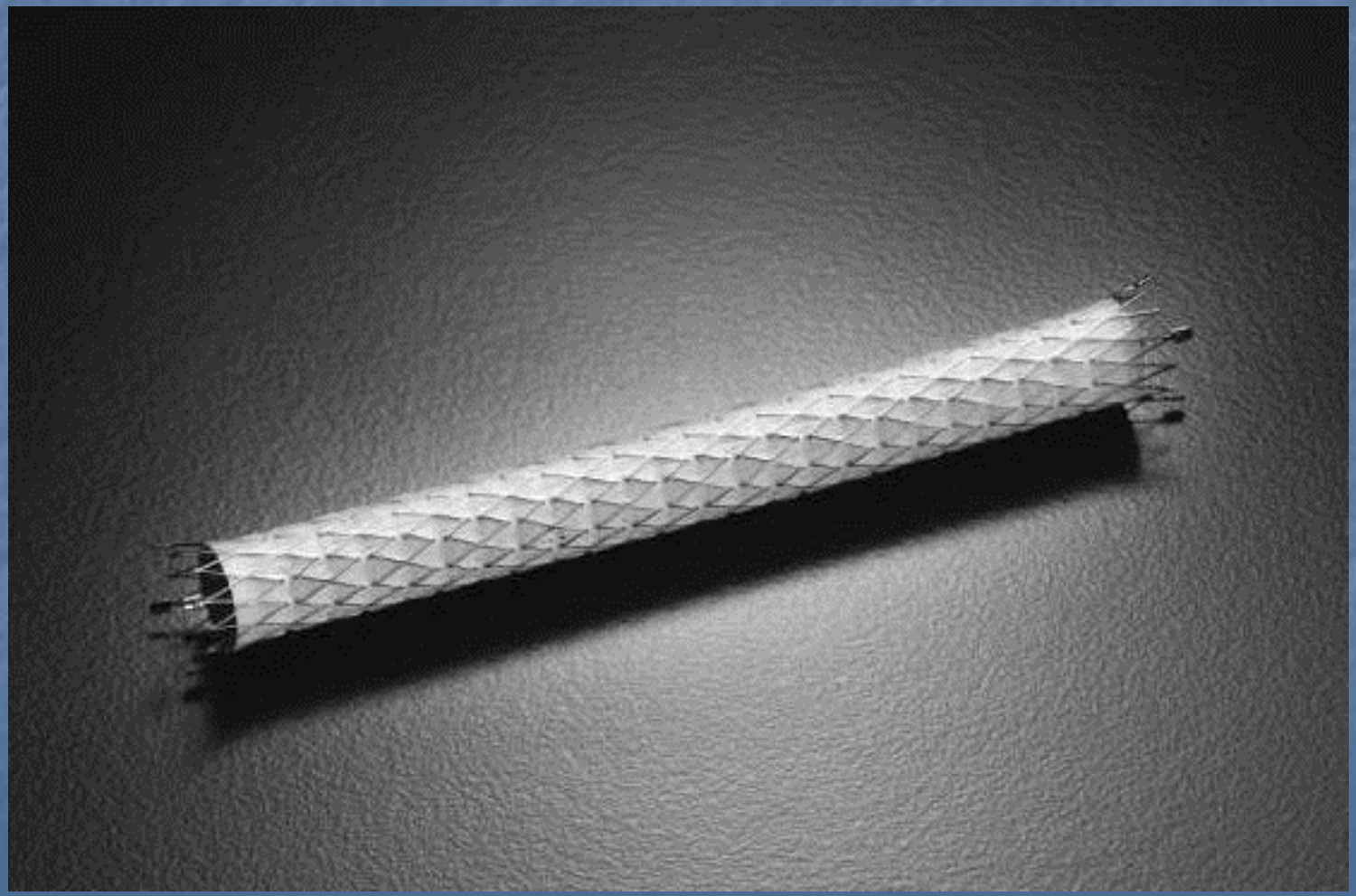
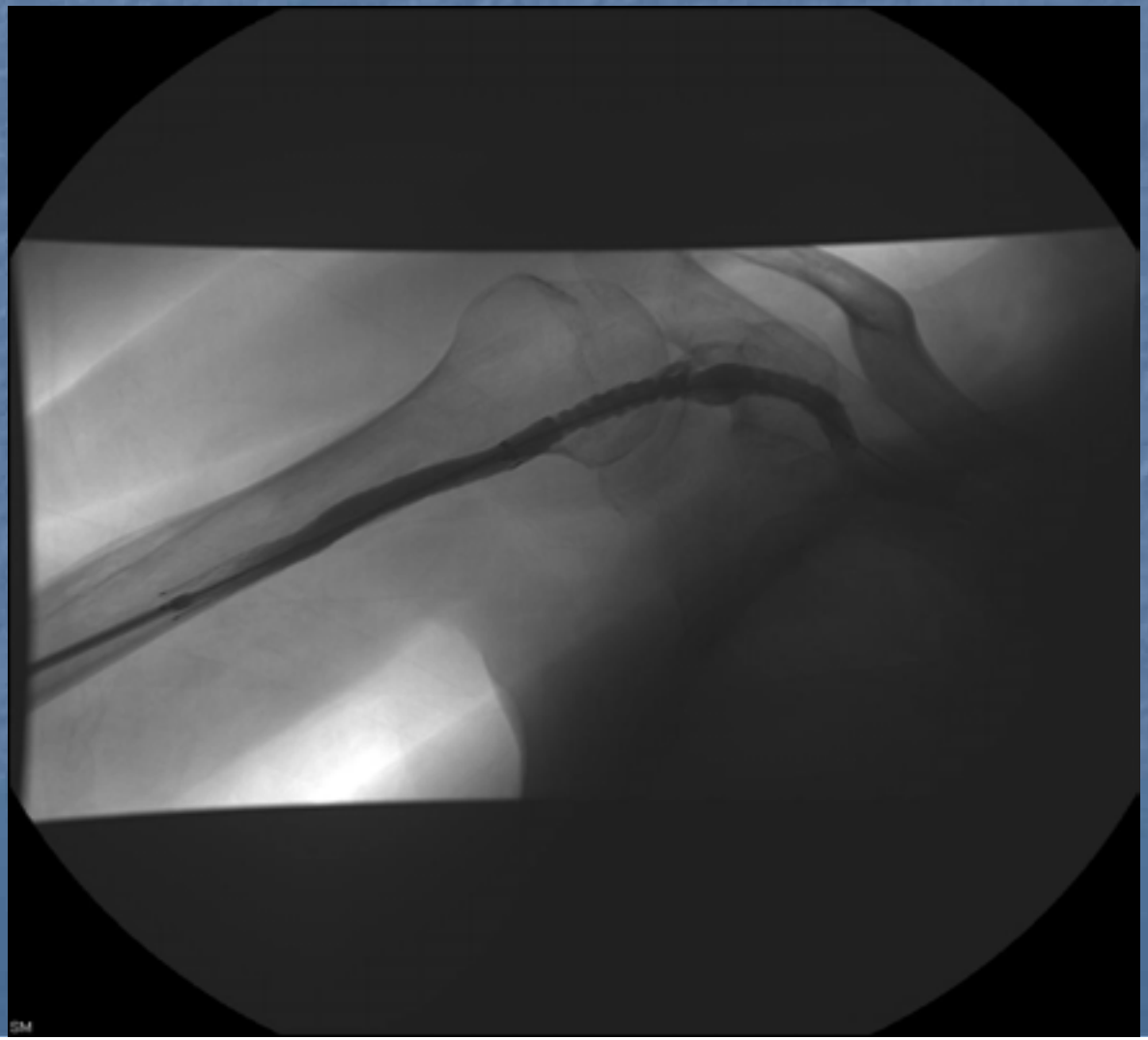
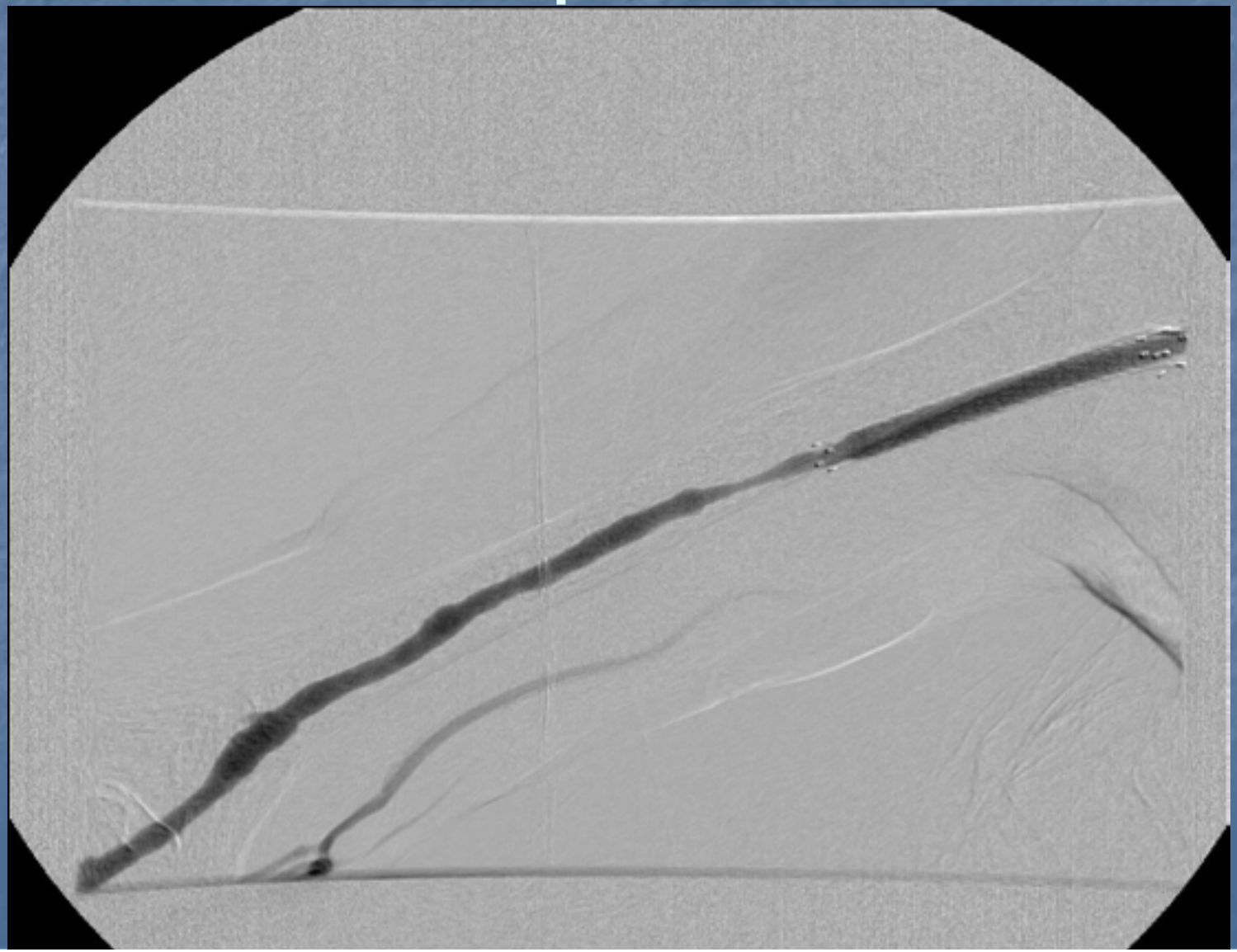


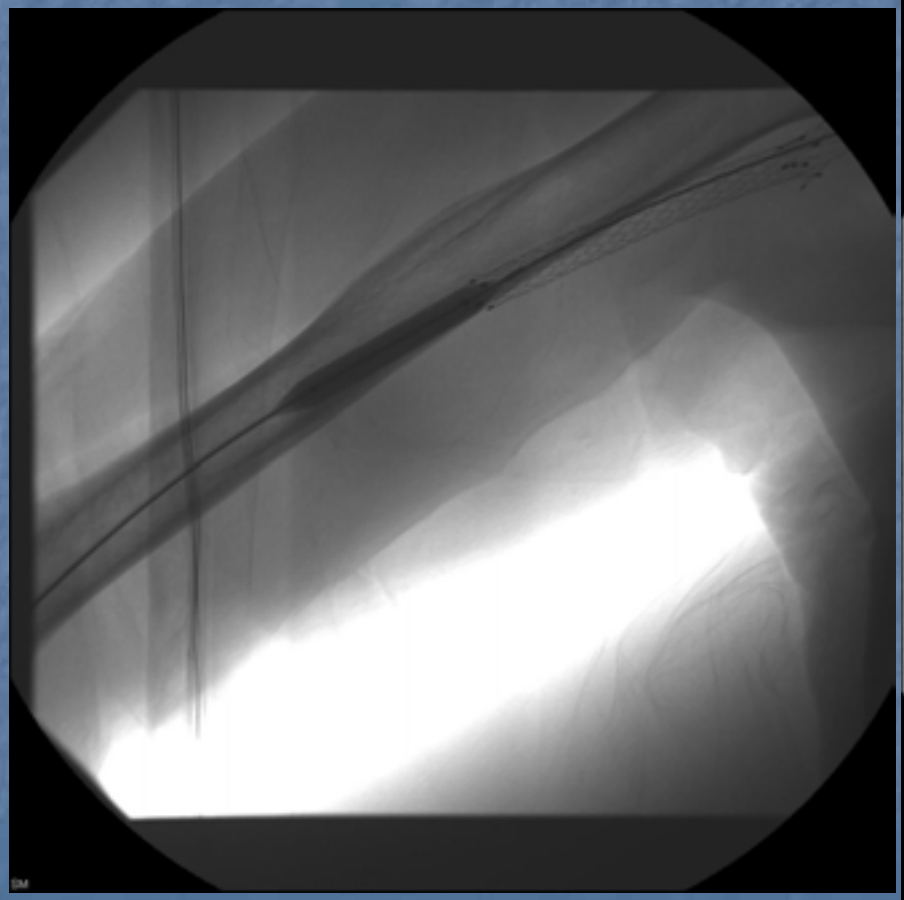


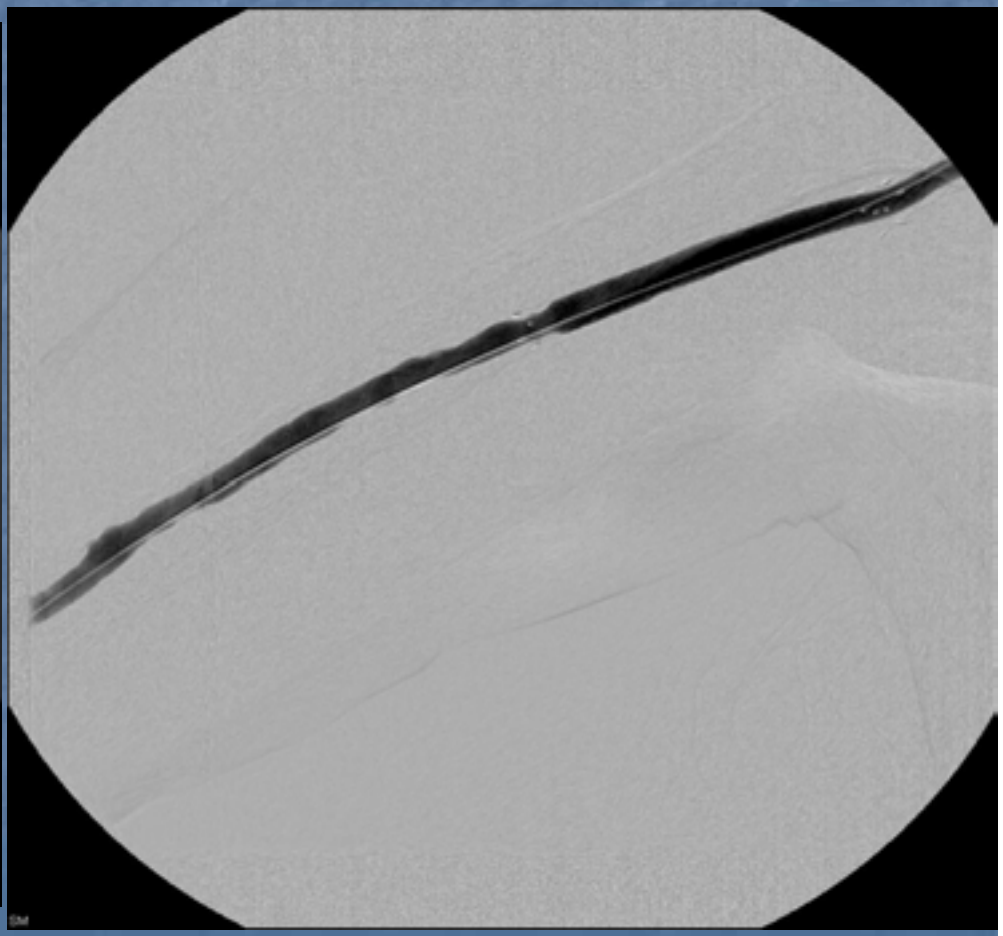
Endoprothèse couverte



4 ans plus tard







FISTULE DYSFONCTIONNELLE ischémie de la main

- Fistule à haut débit
- Douleur disparait à la compression de la fistule
- Traitement chirurgical

PSEUDO-ANÉVRISME

TROU DANS LA FISTULE!!

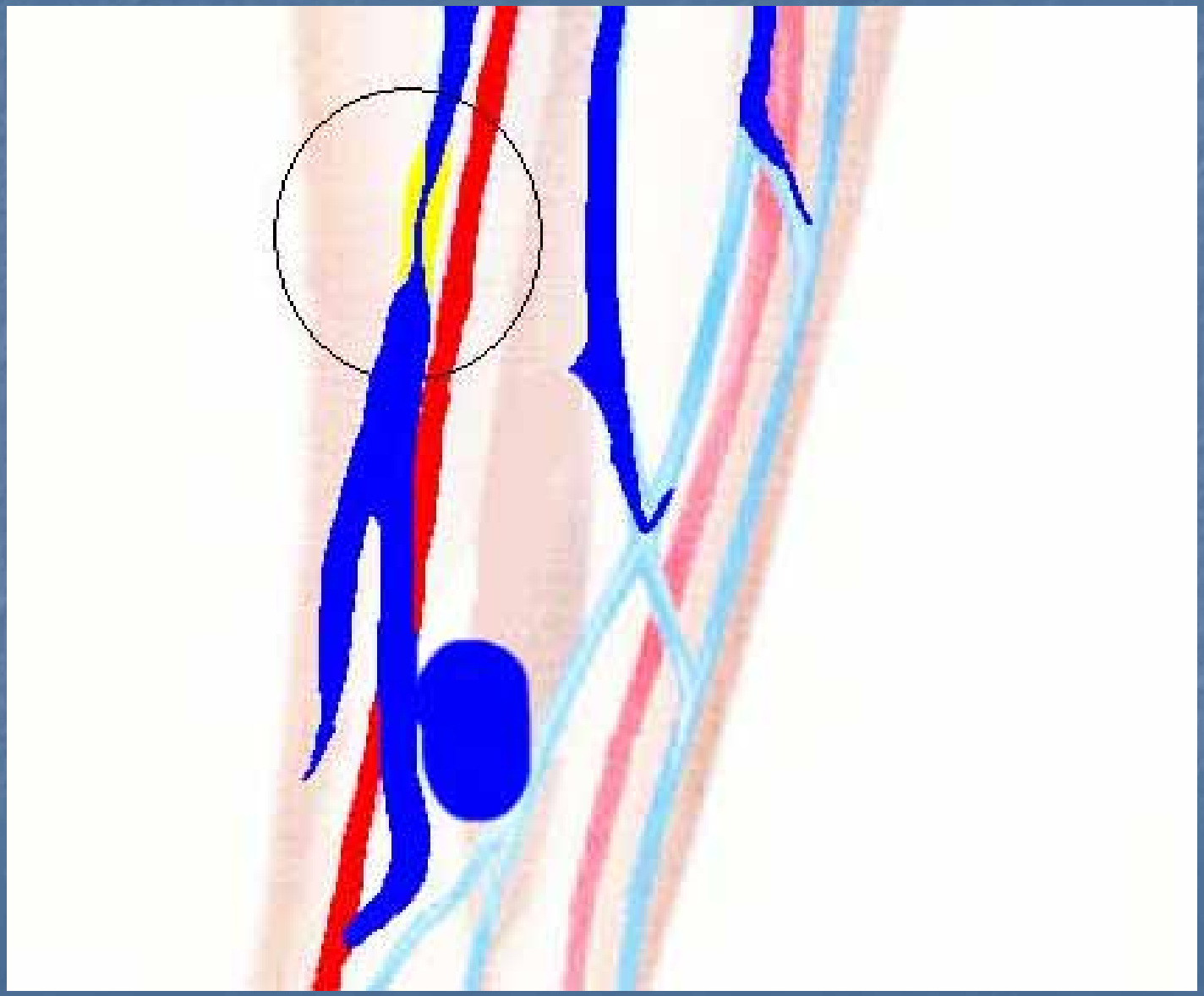
MASSE PULSATILE

TRÈS RAREMENT UN PROBLÈME ISOLÉ

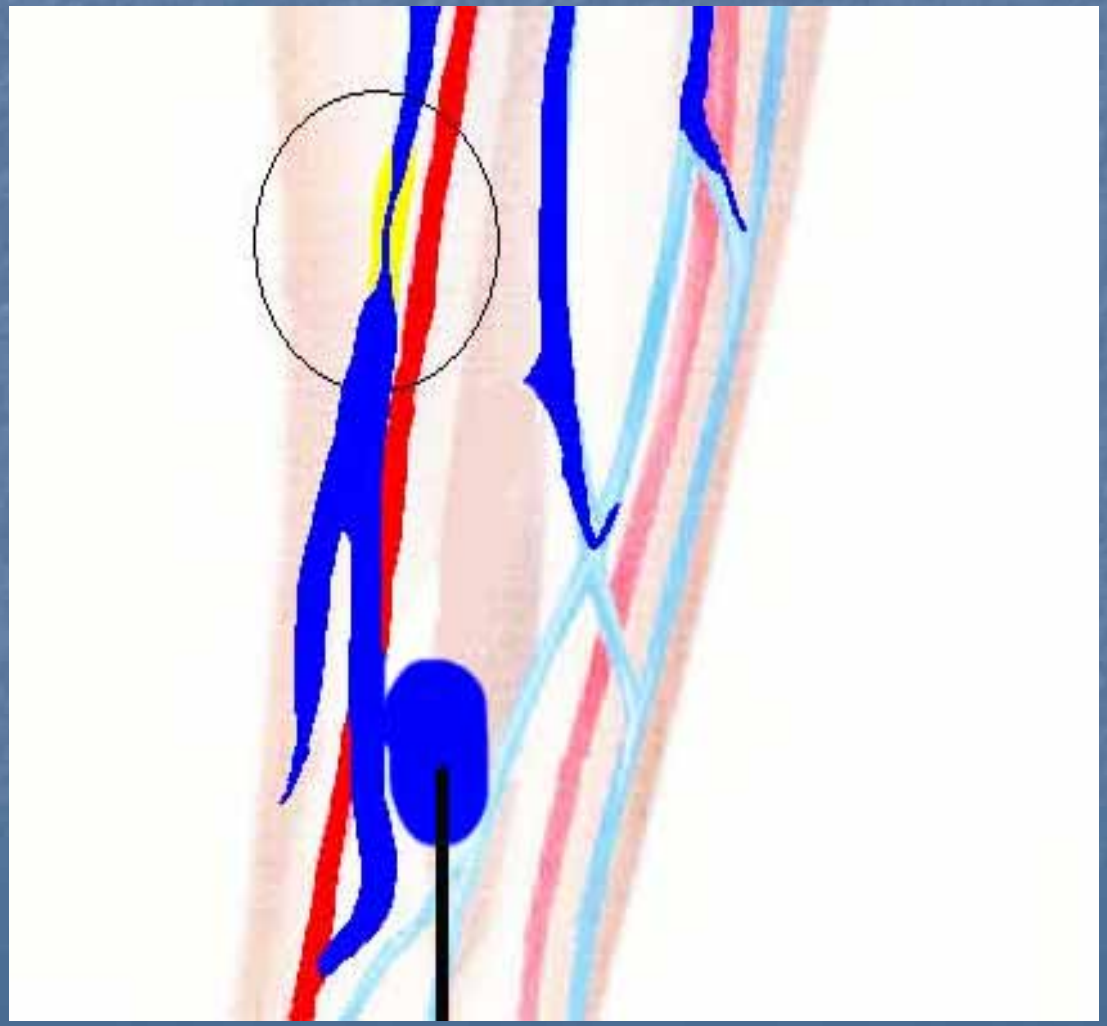
OPTIONS THÉRAPEUTIQUES

- angioplastie de la sténose
- insufflation prolongée
- injection de thrombine
- endoprothèse
- endoprothèse couverte
- chirurgie

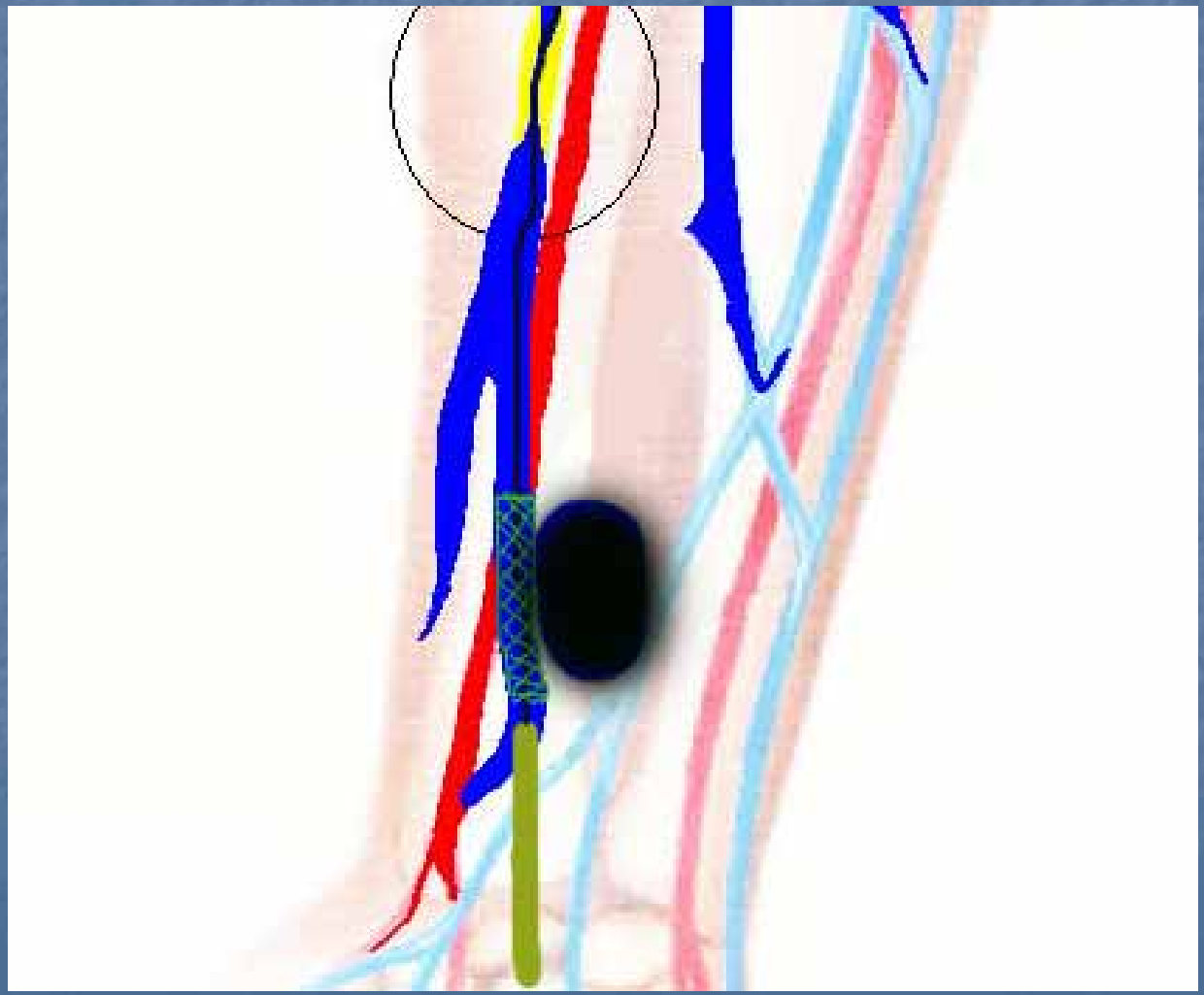
Pseudo-anévrisme



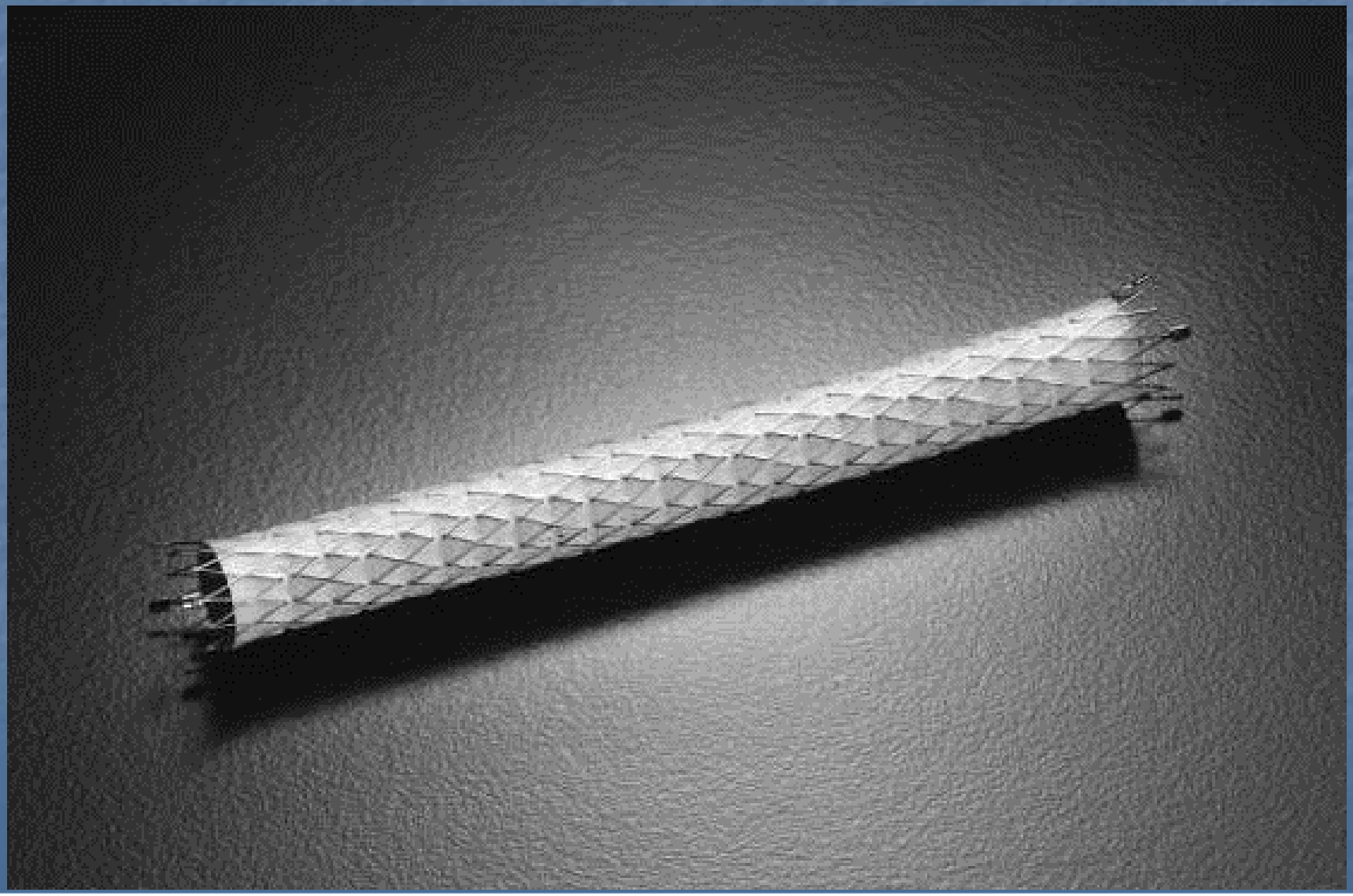
Pseudo-anévrisme injection de thrombine

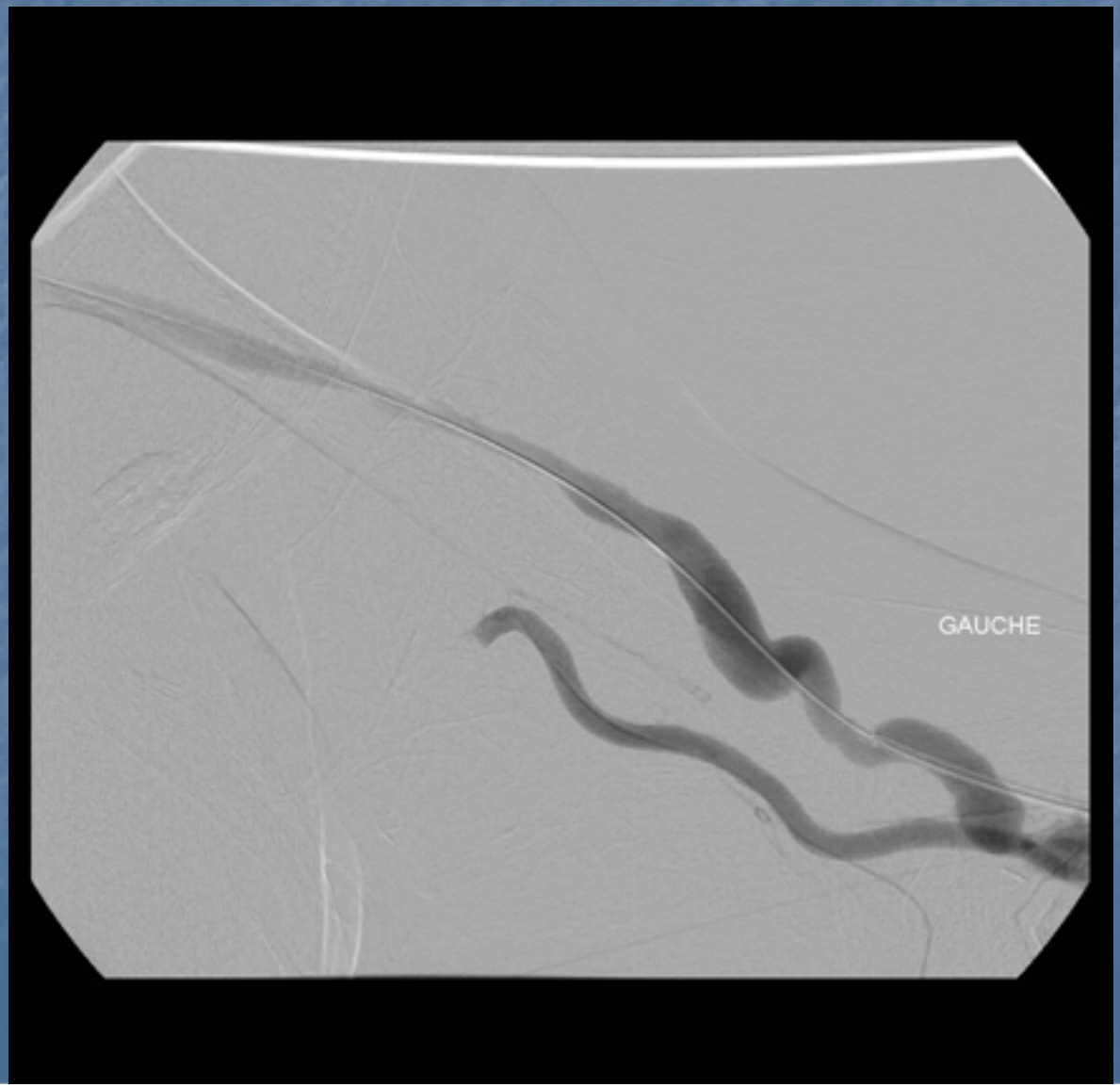


Pseudo-anévrisme stent couvert



Stent couvert

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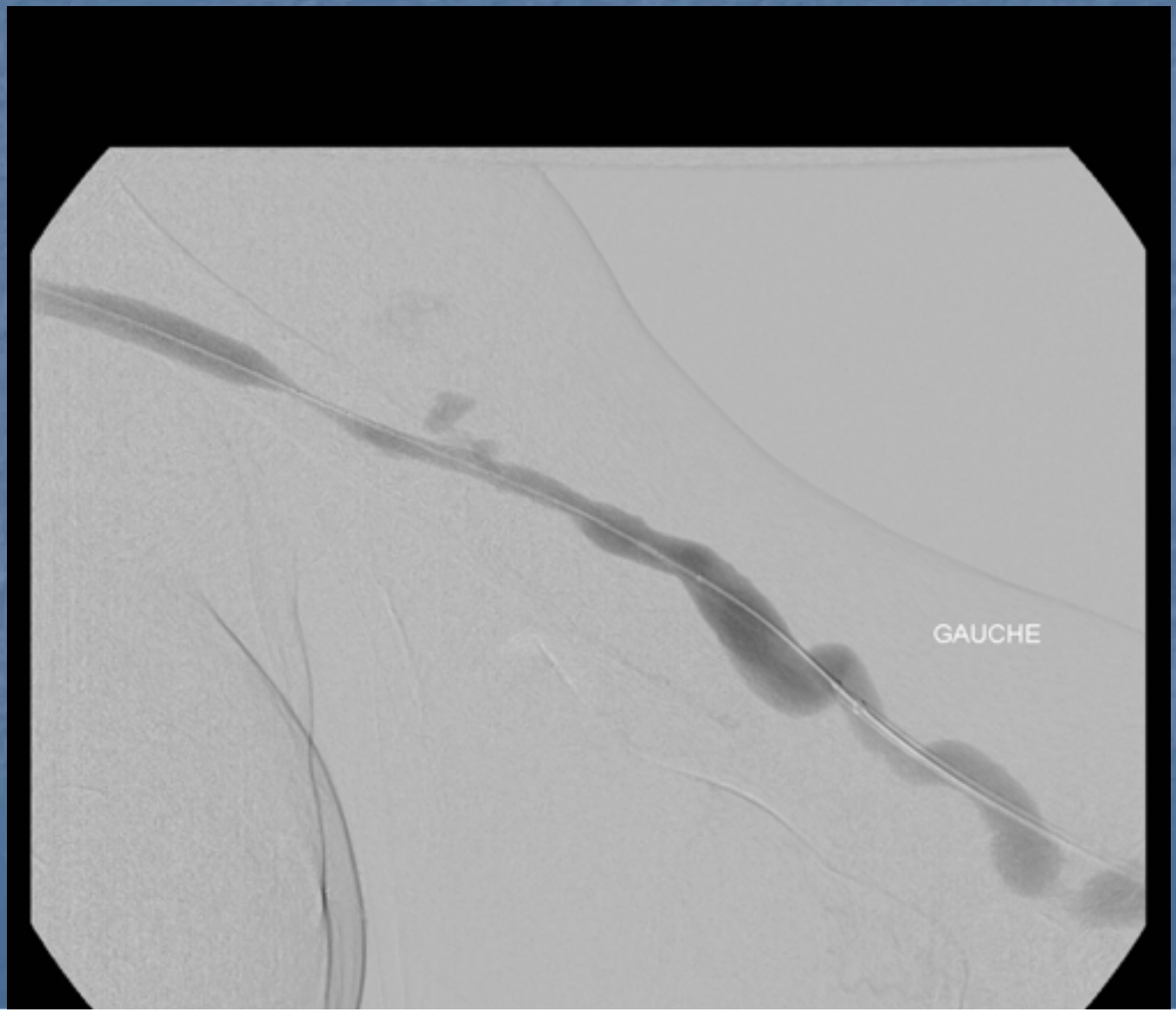
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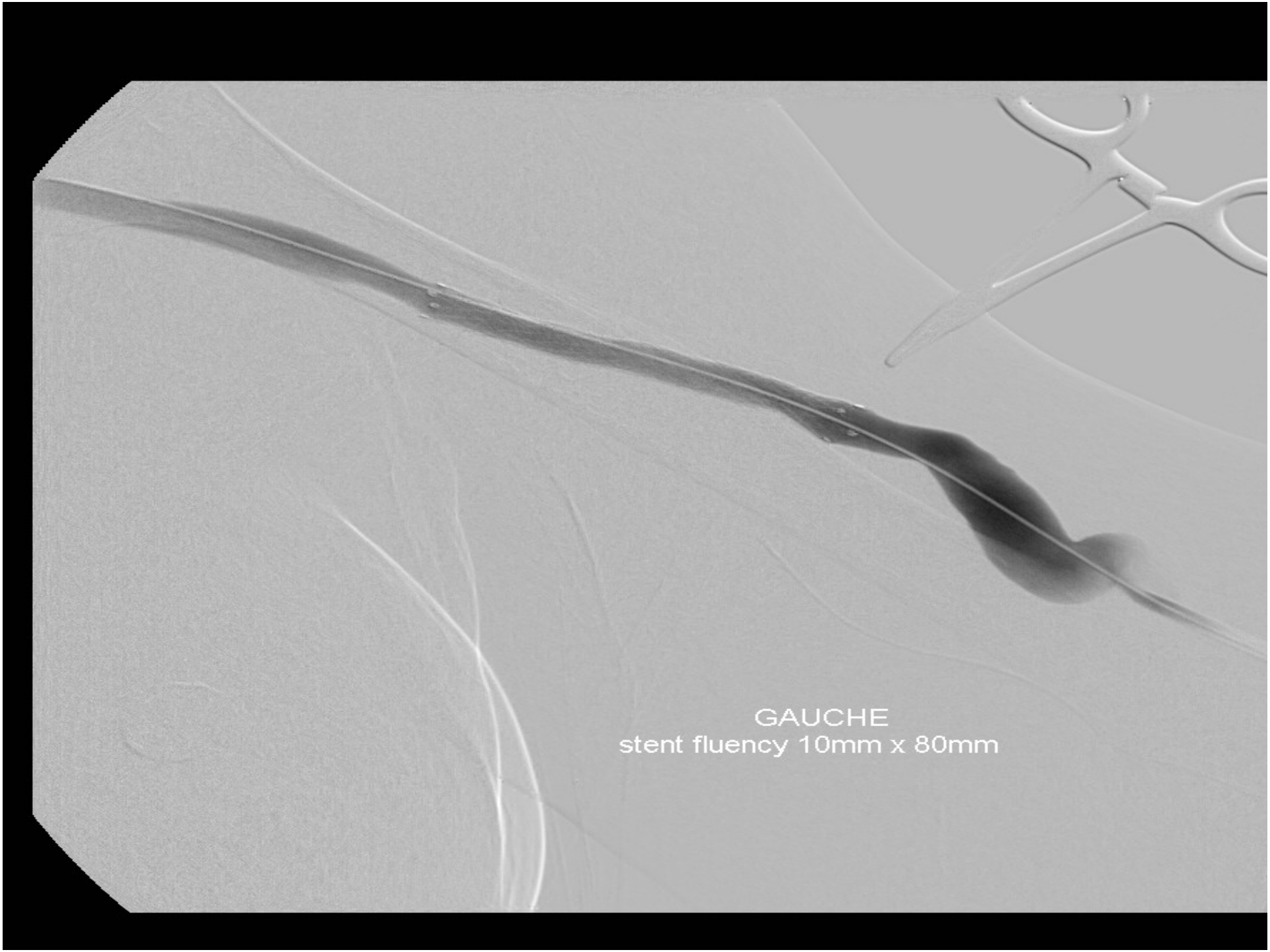
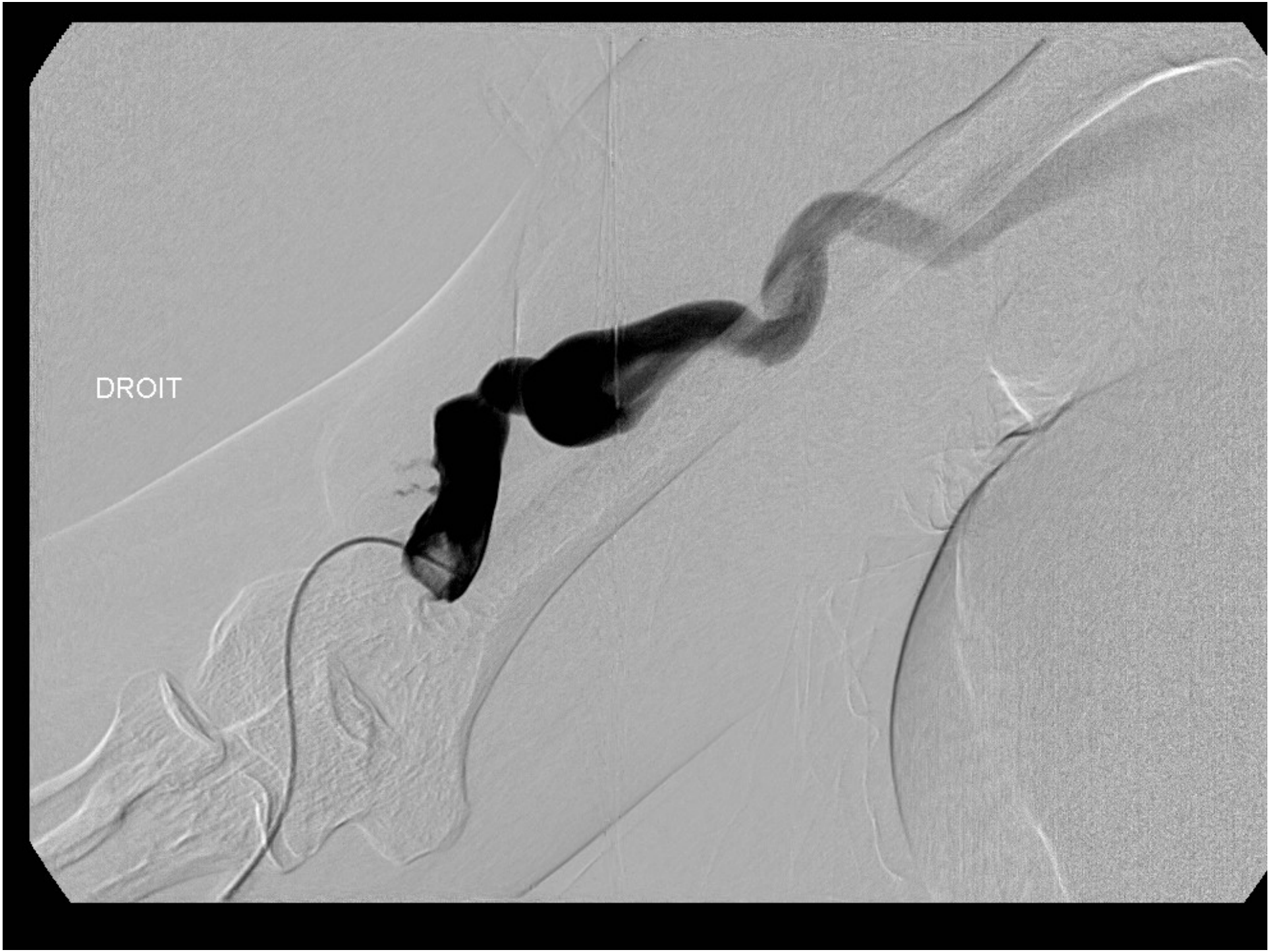
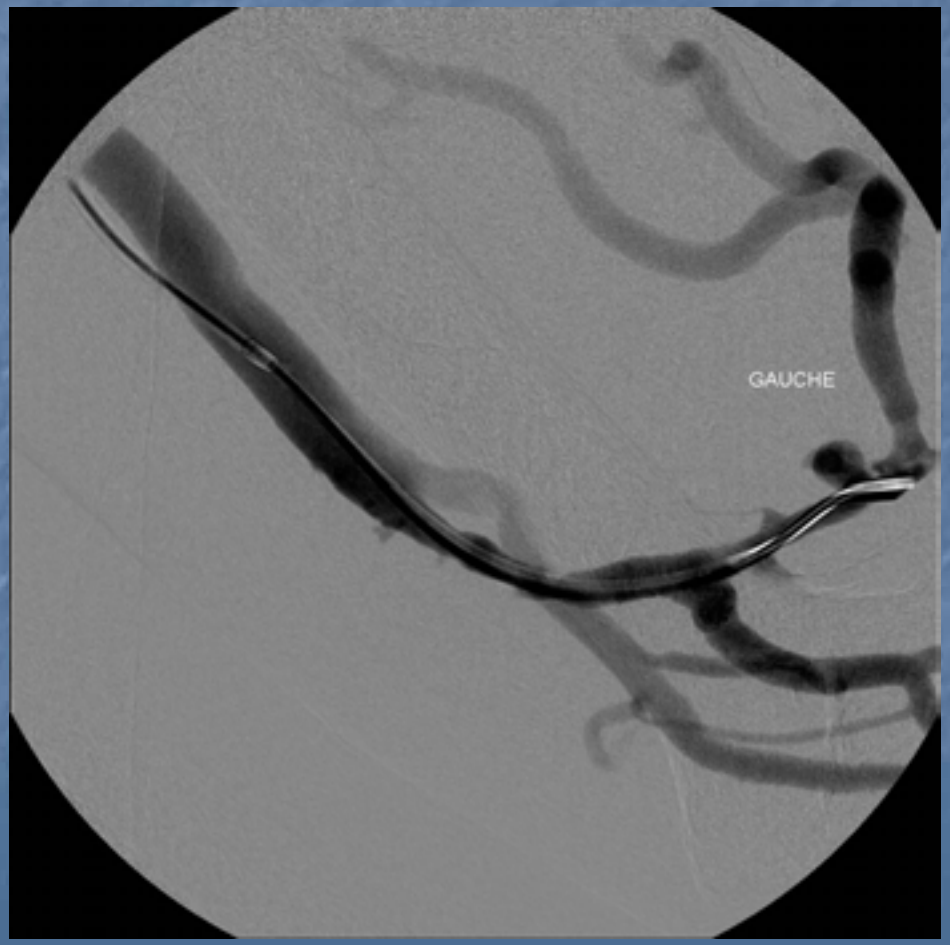

GAUCHE
stent fluency 10mm x 80mm


DROIT


GAUCHE

FISTULE THROMBOSÉE

- Prévention
- Causes

  traumatisme
  sténose
  compression
  para-néoplasique
  déshydratation

- Diagnostic

  clinique
  doppler

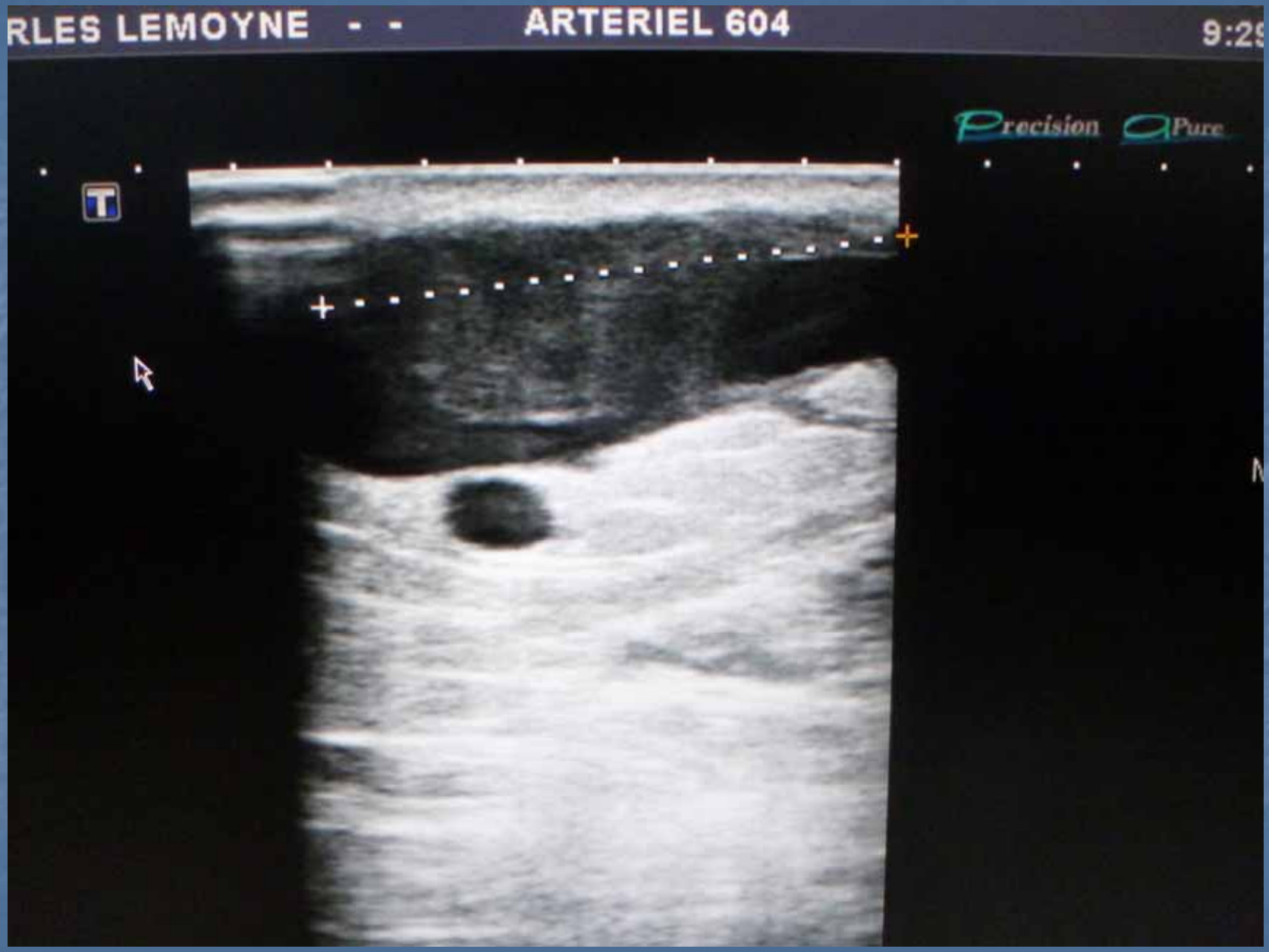
FISTULE THROMBOSÉE
traitement

- Massage!
- Thrombolyse médicamenteuse
- Thrombolyse mécanique
- Thrombectomie percutanée ou chx
- Correction des sténoses
- Endoprothèse
- Recanalisation

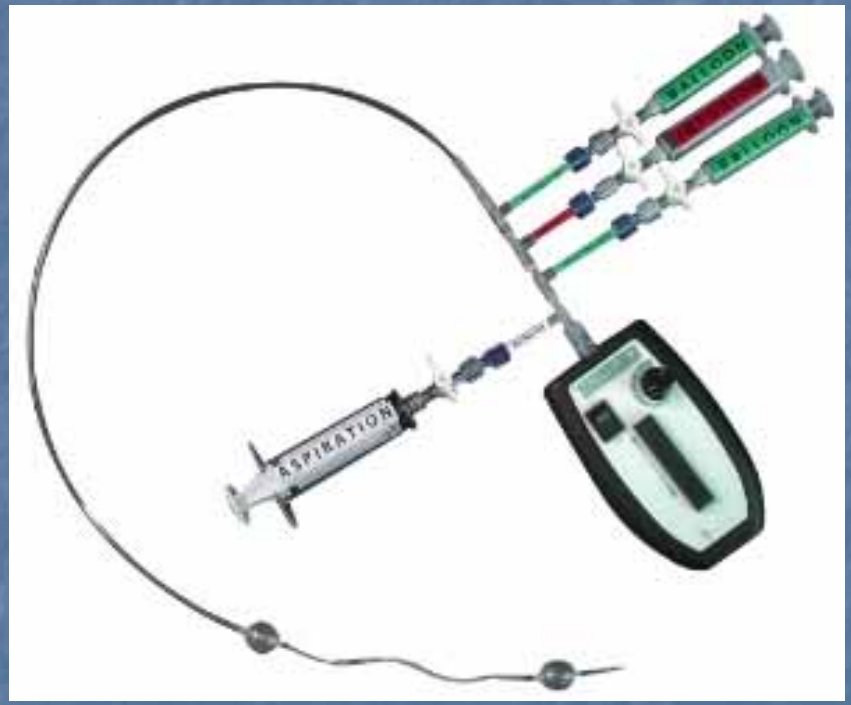
FISTULE OU GREFFON THROMBOSÉ

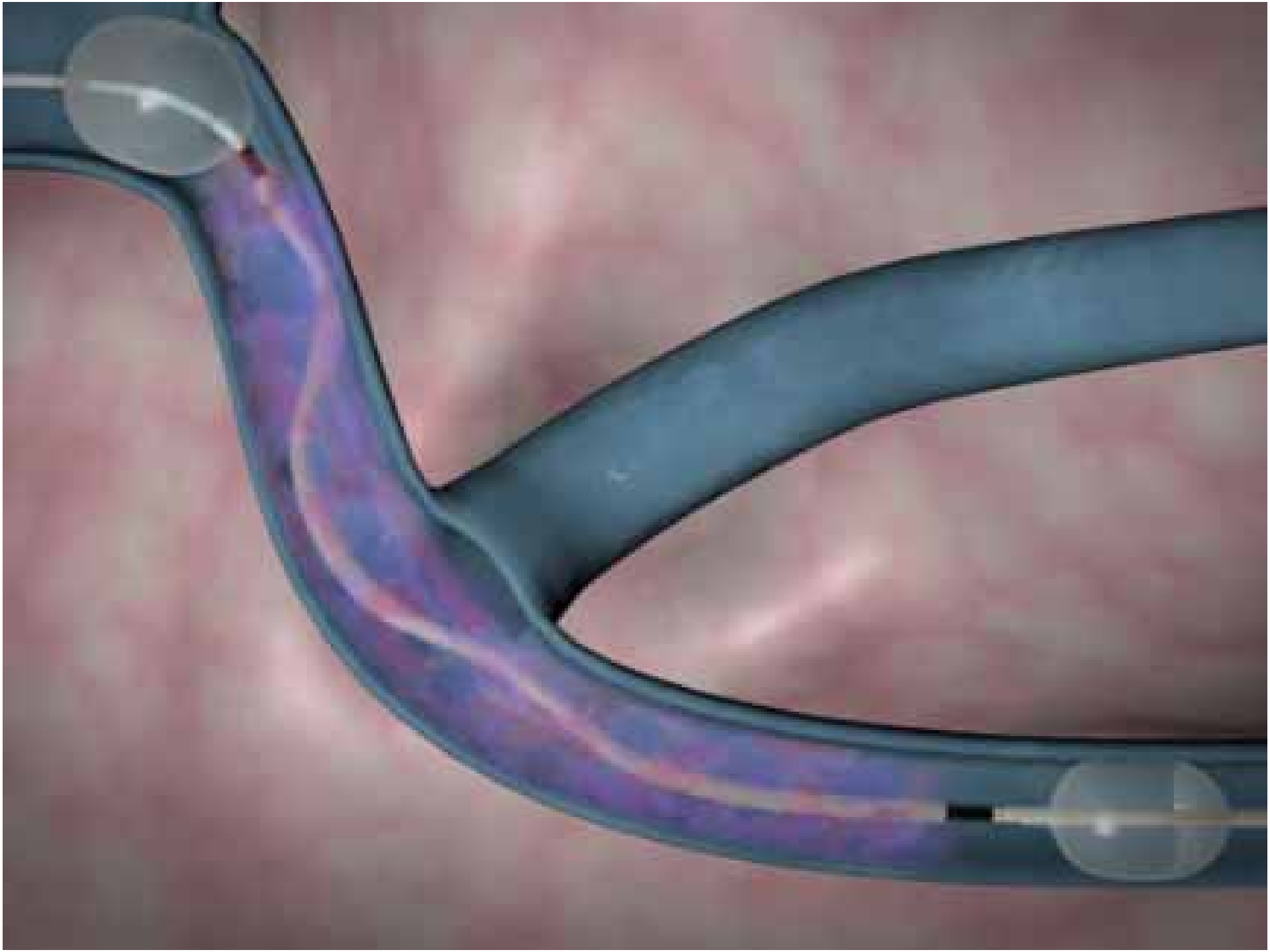
ma recette

- Etude doppler
- R-tpa
- 20 min
- Thrombolyse mécanique
- Thrombectomie
- Angioplastie ± endoprothèse
- Évaluation du potentiel de récidive

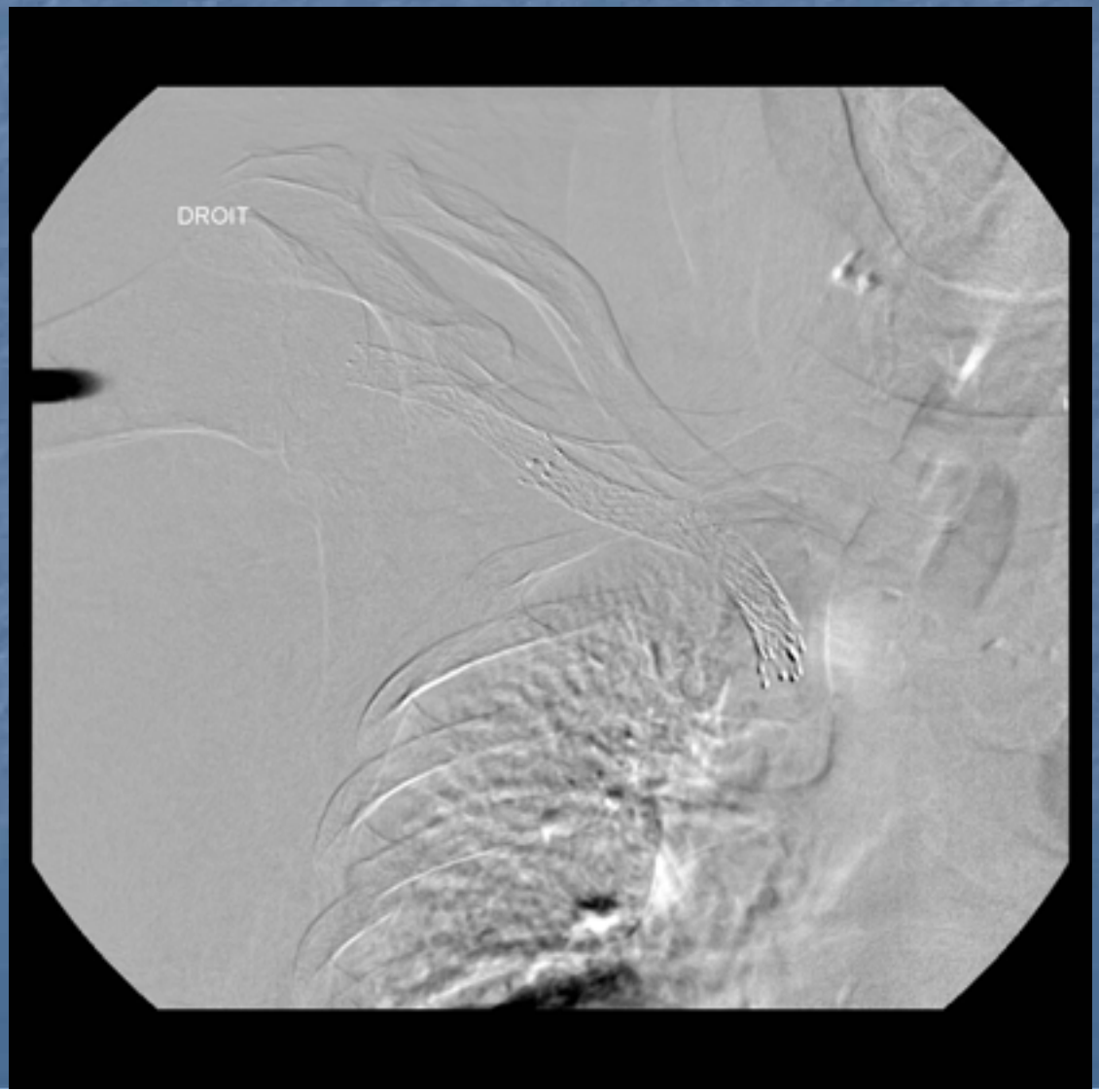

RLES LEMOYNE - -
ARTERIEL 604
9:2
Precision
Pure

Thrombolyse pharmaco-mécanique

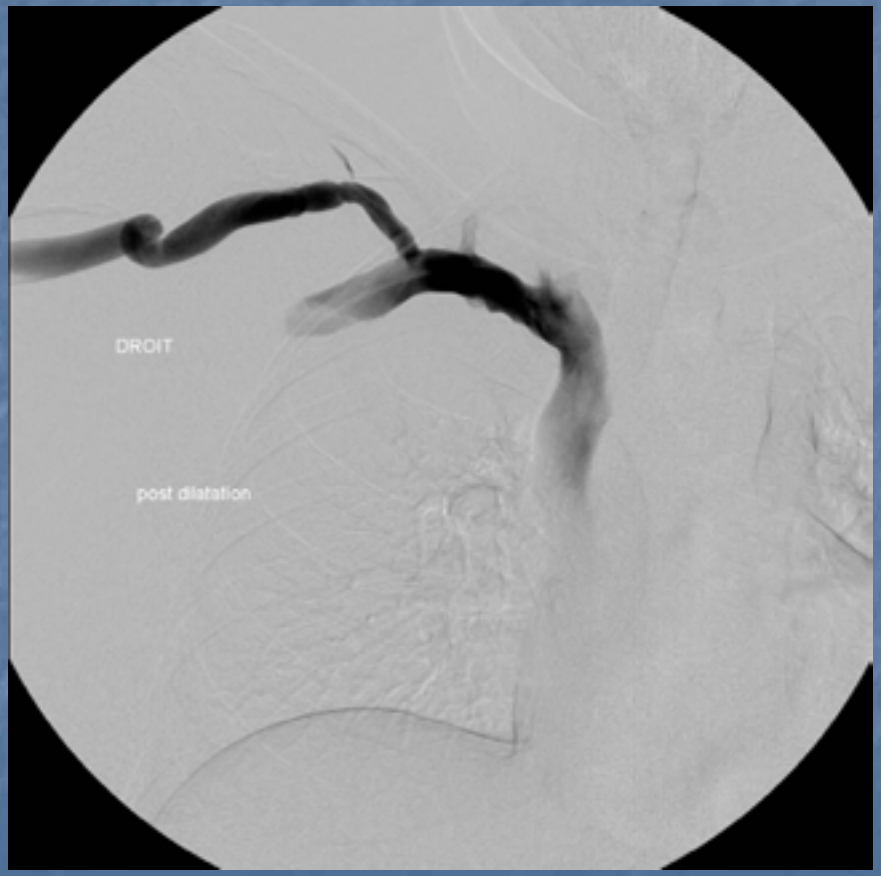




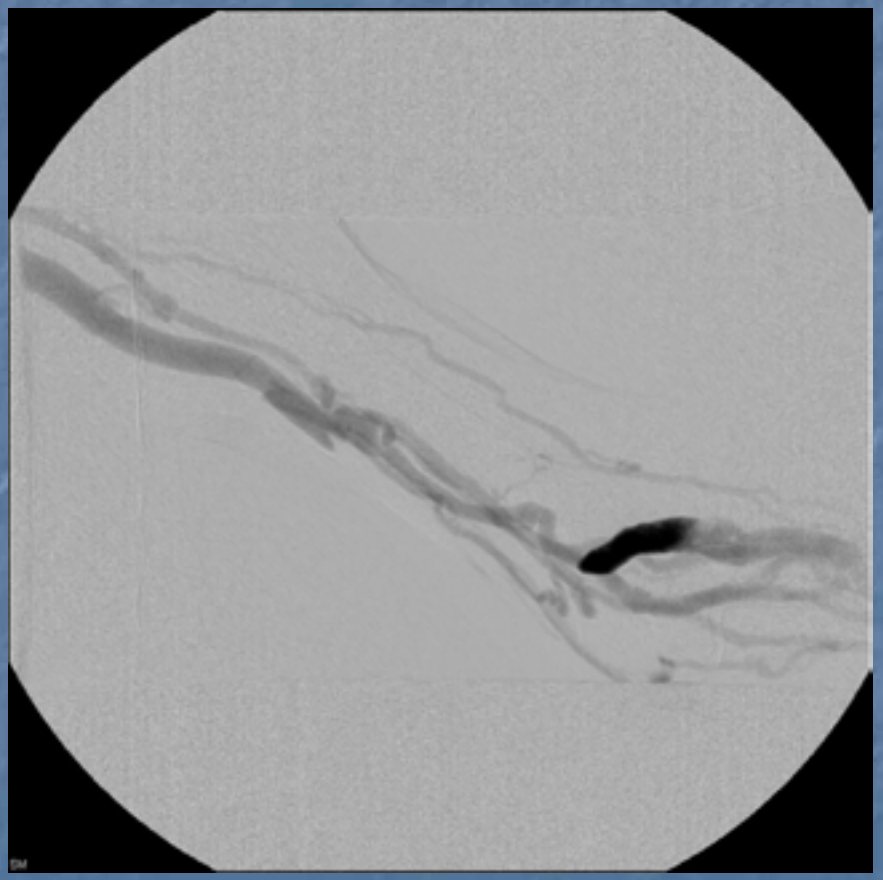
Fistule thrombosée

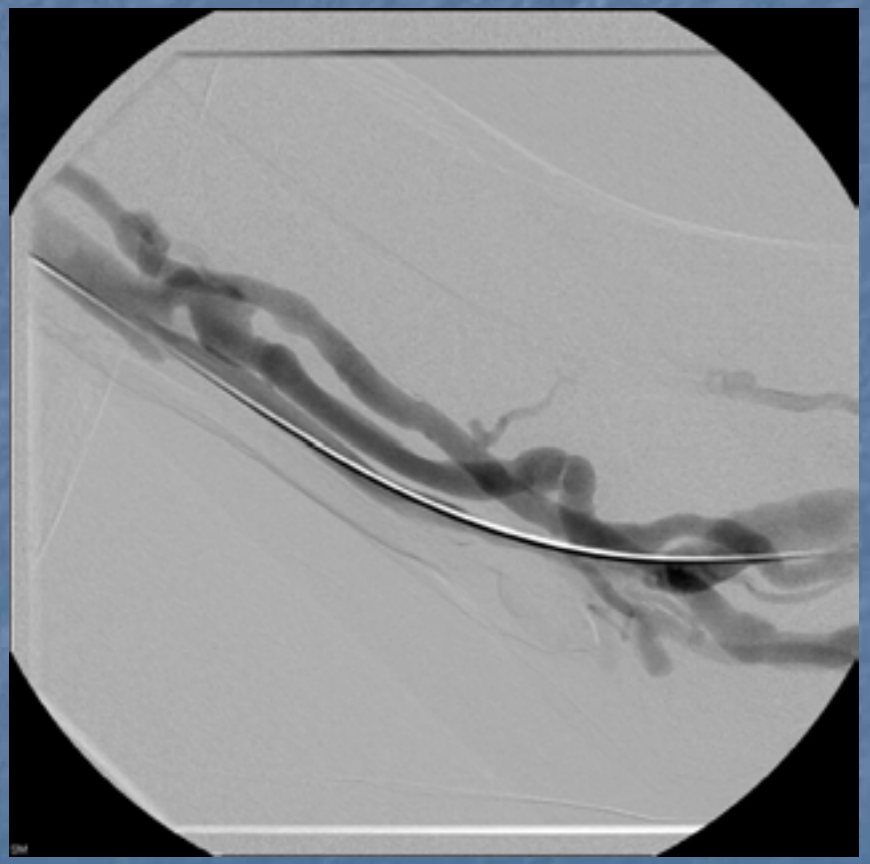


Post-thrombolyse pharmaco-mécanique

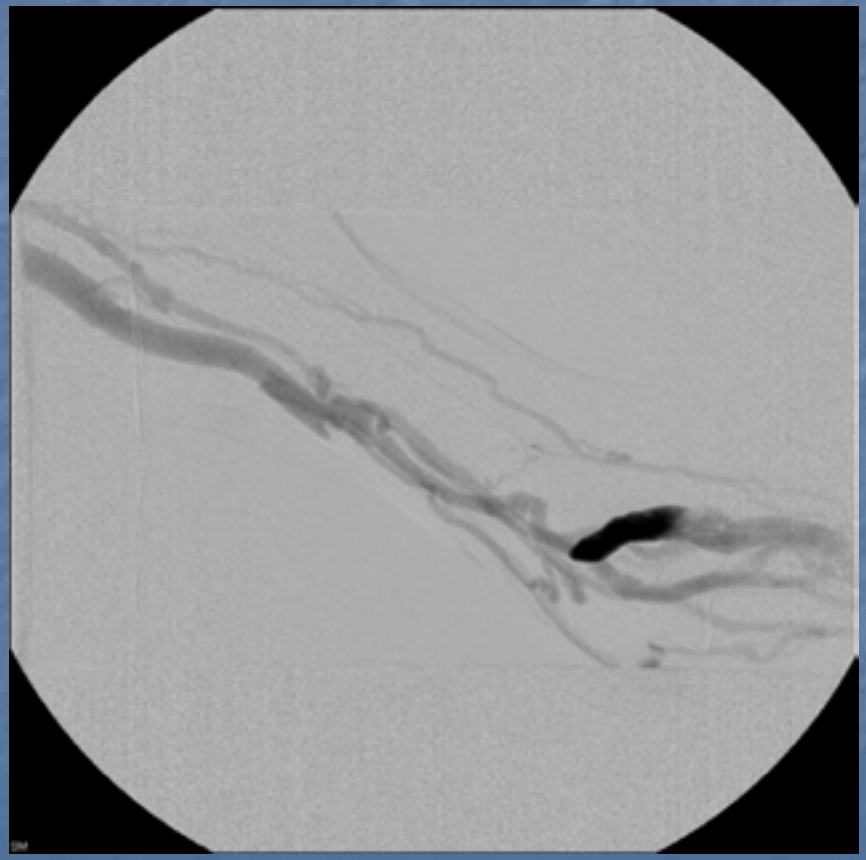


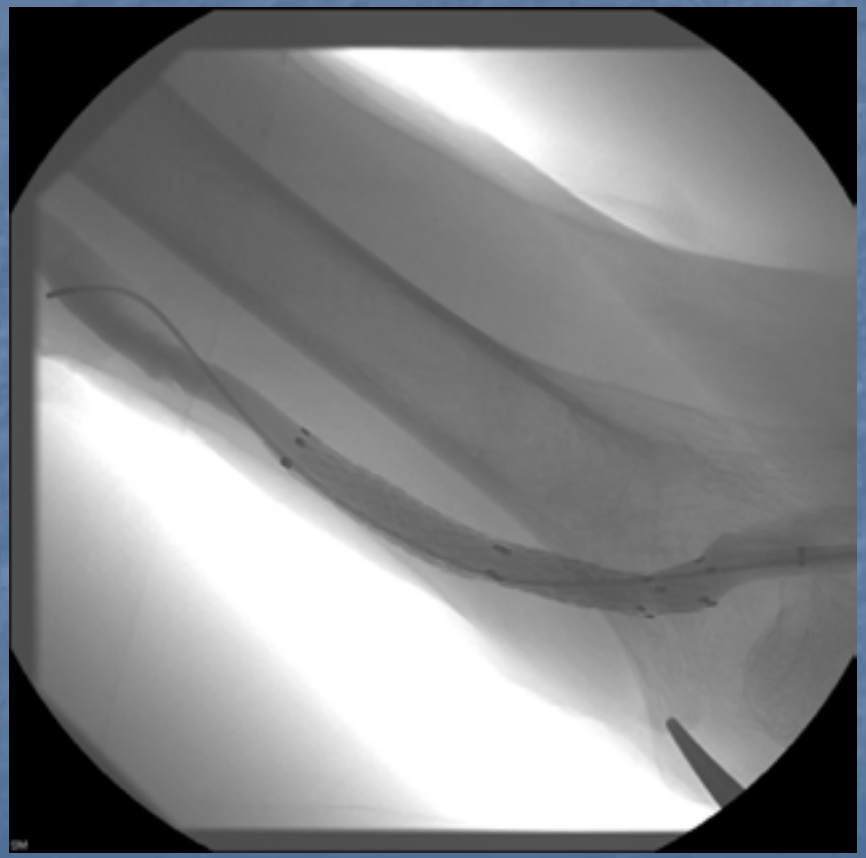
FISTULE THROMBOSÉE
recanalisation





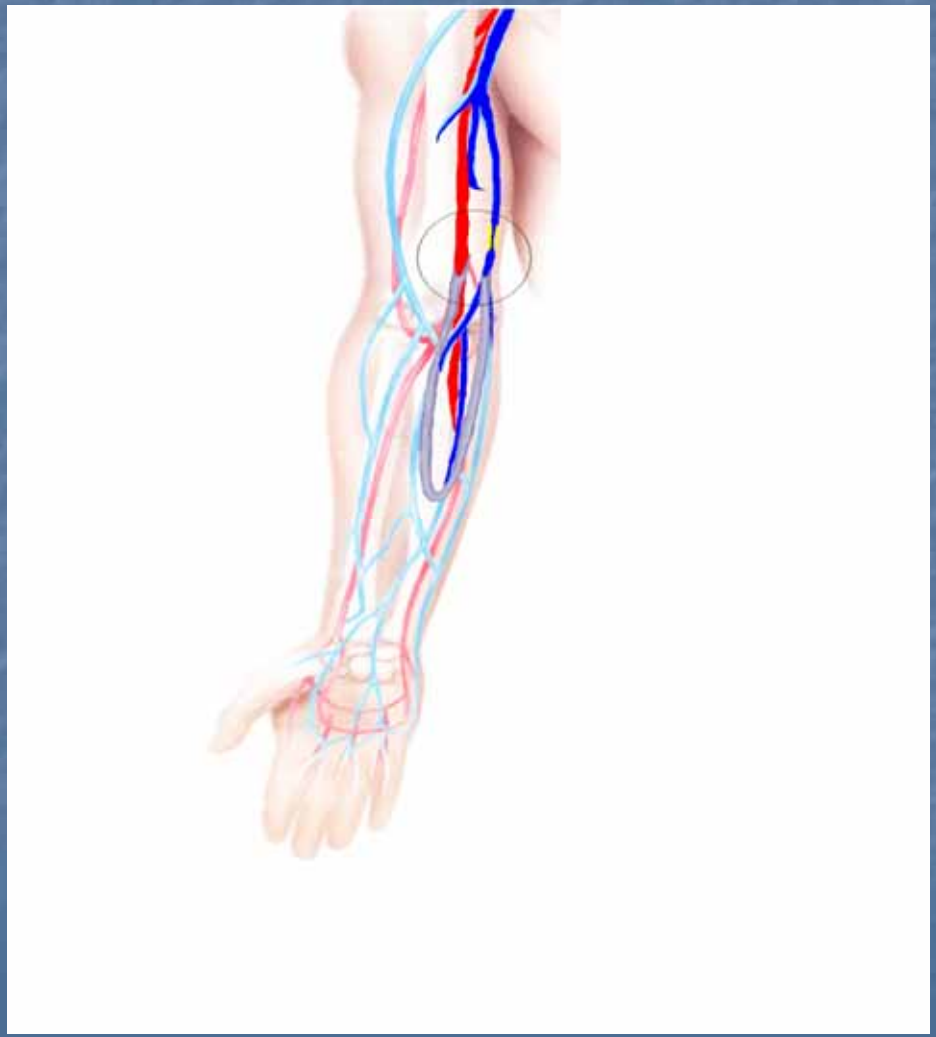
THROMBOSE ENDOPROTHÈSE COUVERTE





GREFFON DYSFONCTIONNEL physiopathologie

- Sténose veineuse
- Flux très turbulent
- Traumatisme chirurgical
- Hyperplasie intimale



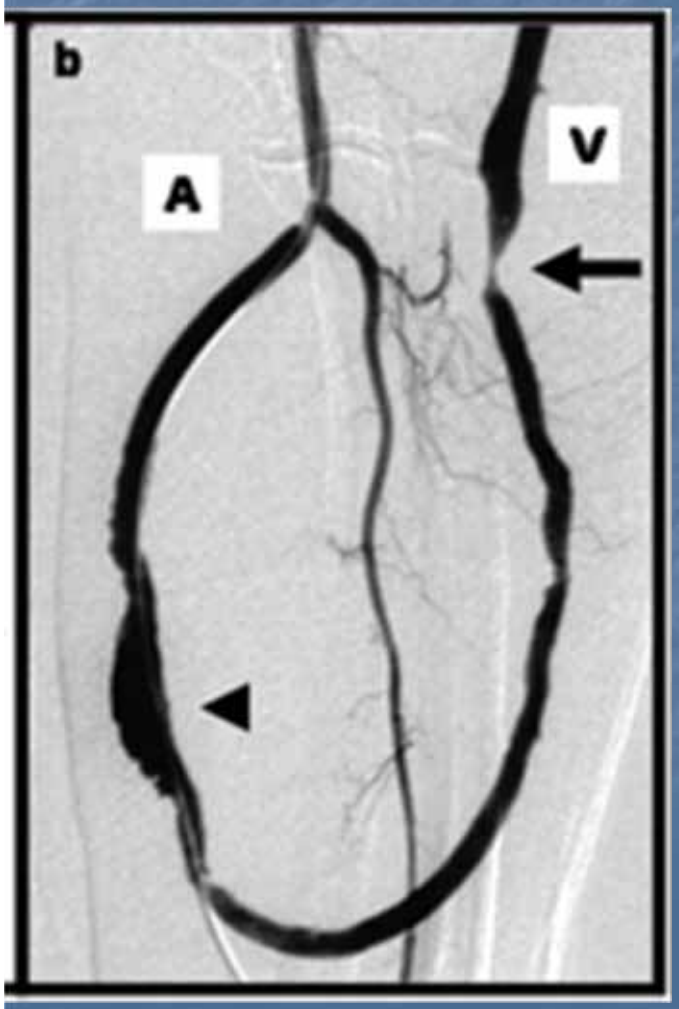
GREFFON DYSFONCTIONNEL sténose anastomose veineuse

- Diminution de débit, recirculation
- Augmentation pression veineuse
- Temps de saignement prolongé
- Examen clinique
- Etude doppler
- Traitement aggressif pour éviter la thrombose

GREFFON DYSFONCTIONNEL
traitement

- Angioplastie conventionnelle
- Ballon haute pression
- Cutting balloon
- Endoprothèse
- Endoprothèse couverte

GREFFON DYSFONCTIONNEL



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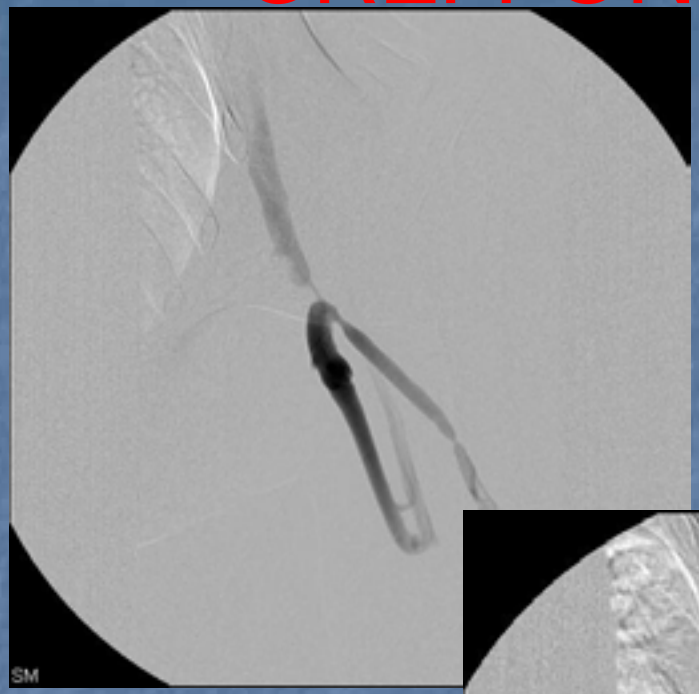

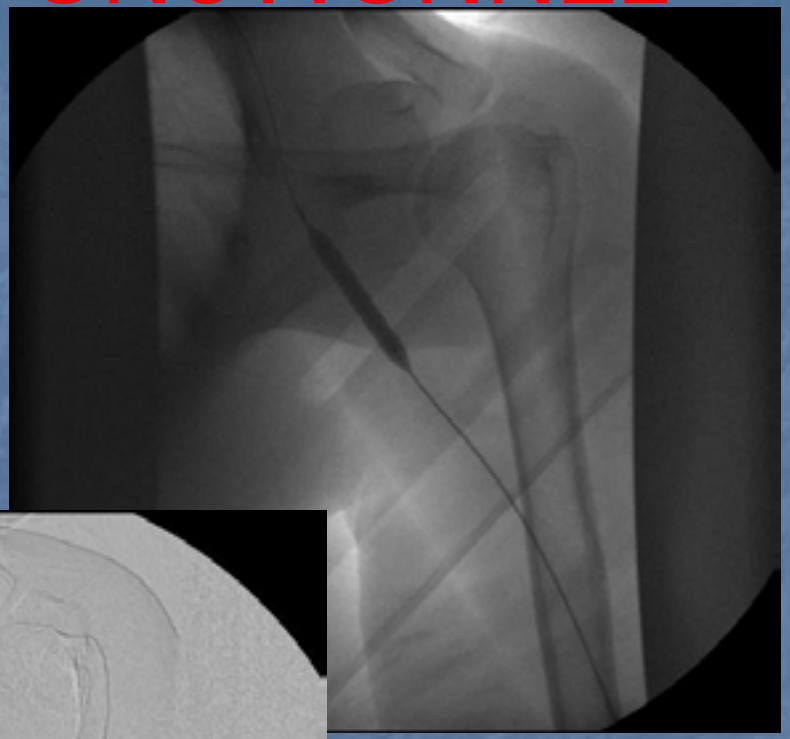

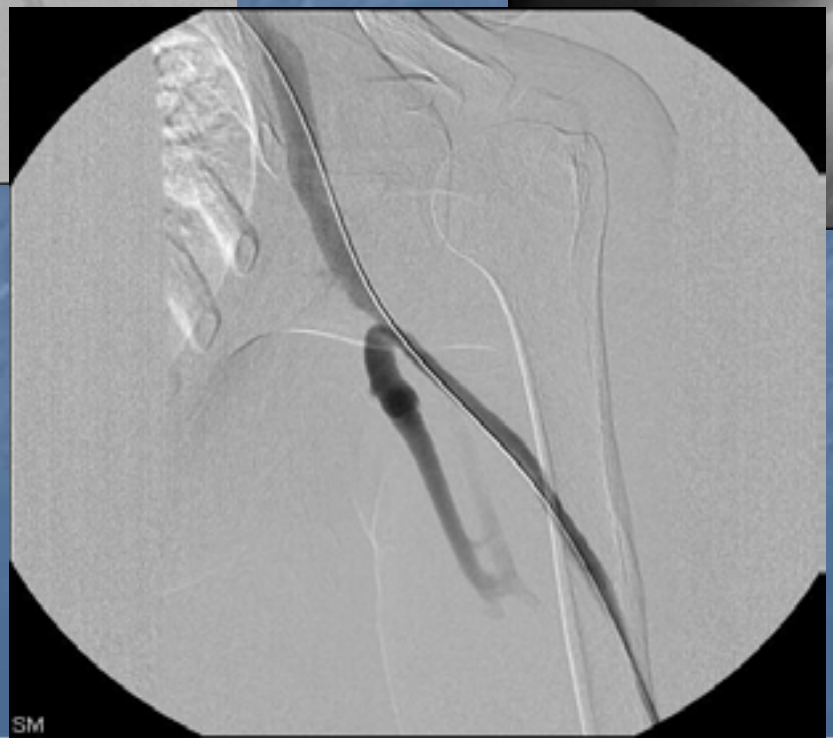

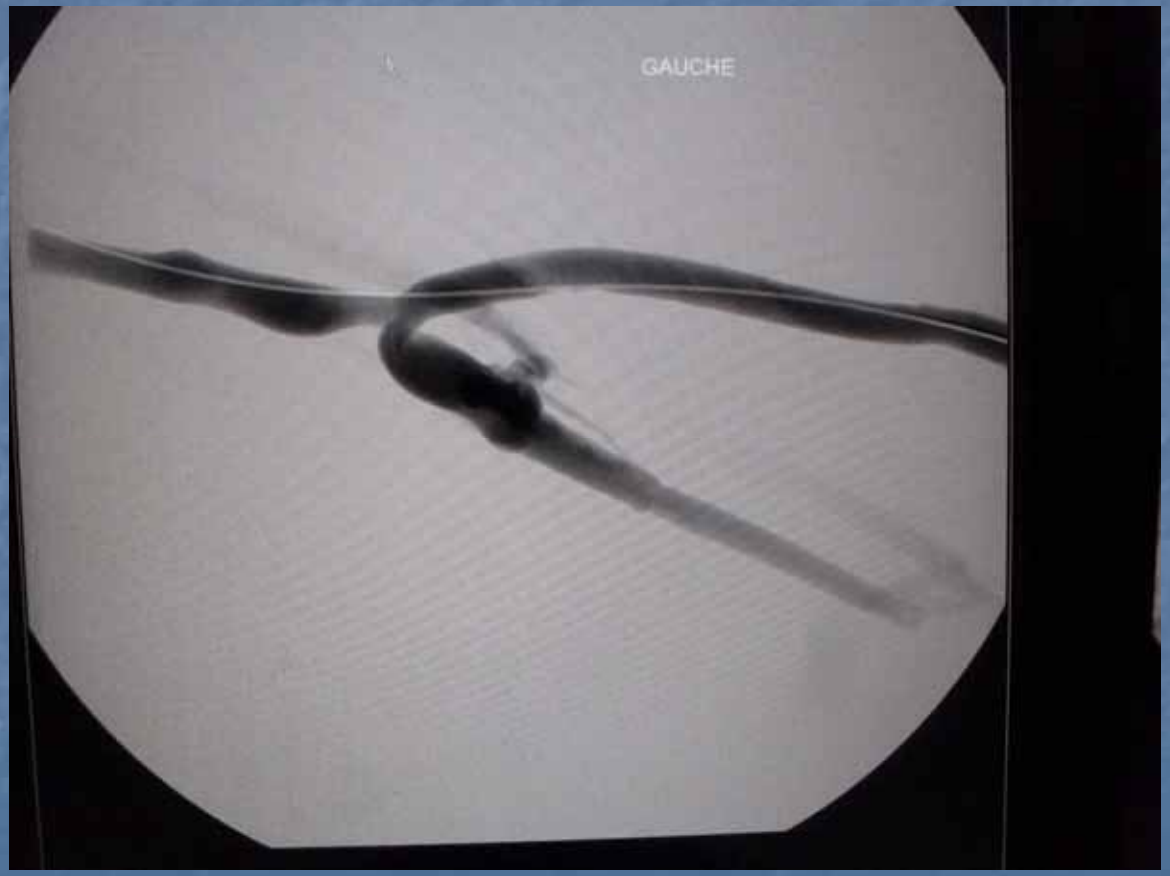
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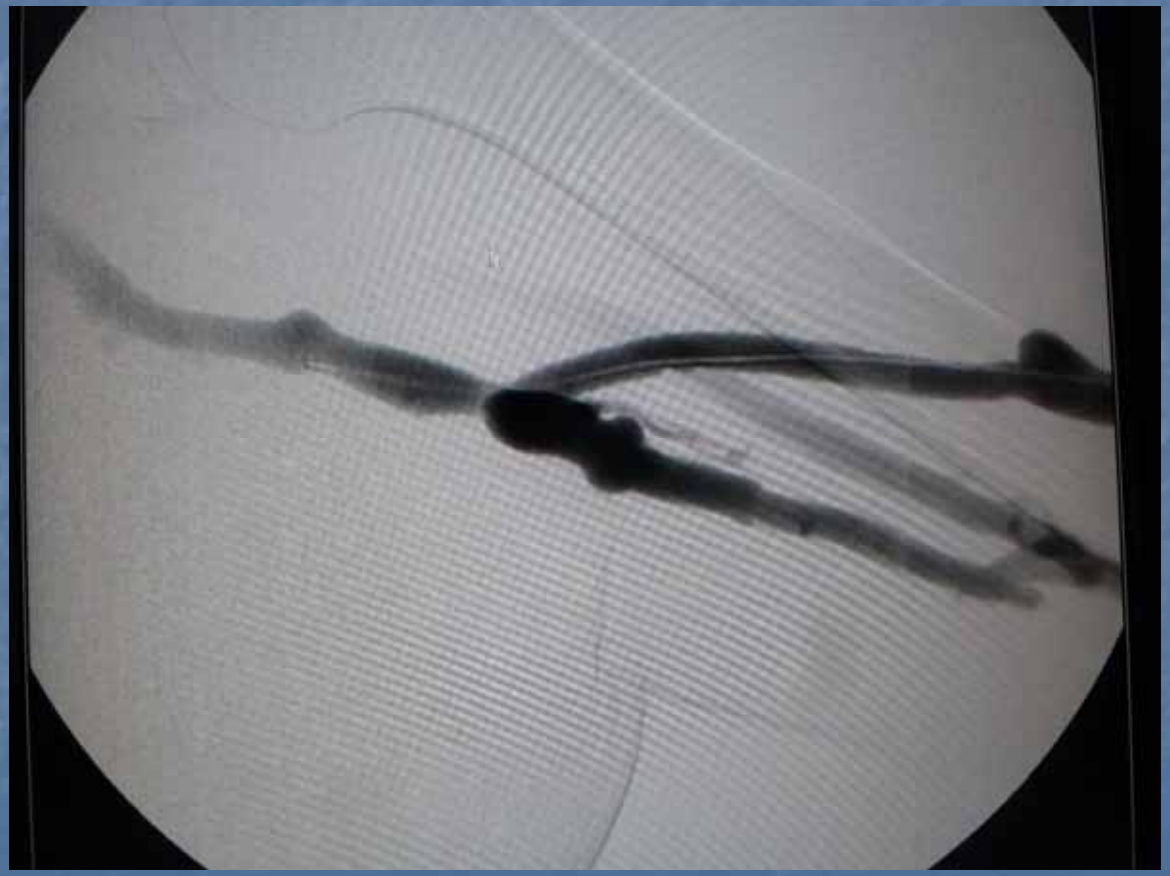


CATHETER

- ENNEMI ESSENTIEL
- IMPORTANCE DE LA PLANIFICATION
- PRÉSERVATION DU POTENTIEL VEINEUX
- INSTALLATION
- ENTRETIEN ET SUIVI

CATHETER

- INFECTION
- BRIS
- DYSFONCTION

INFECTION KT
local

- Tunnelite
- 7-10 jours (installation)
- Tardif (hygiène, entretien, immunosuppression)
- Traitement
  retrait du kt
  antibiothérapie

INFECTION KT
systémique

- Fièvre
- Leucocytose
- Hémocultures +
- Choc septique
- TRAITEMENT

  retrait KT

  changement sur guide+antibiotique

BRIS DE KT

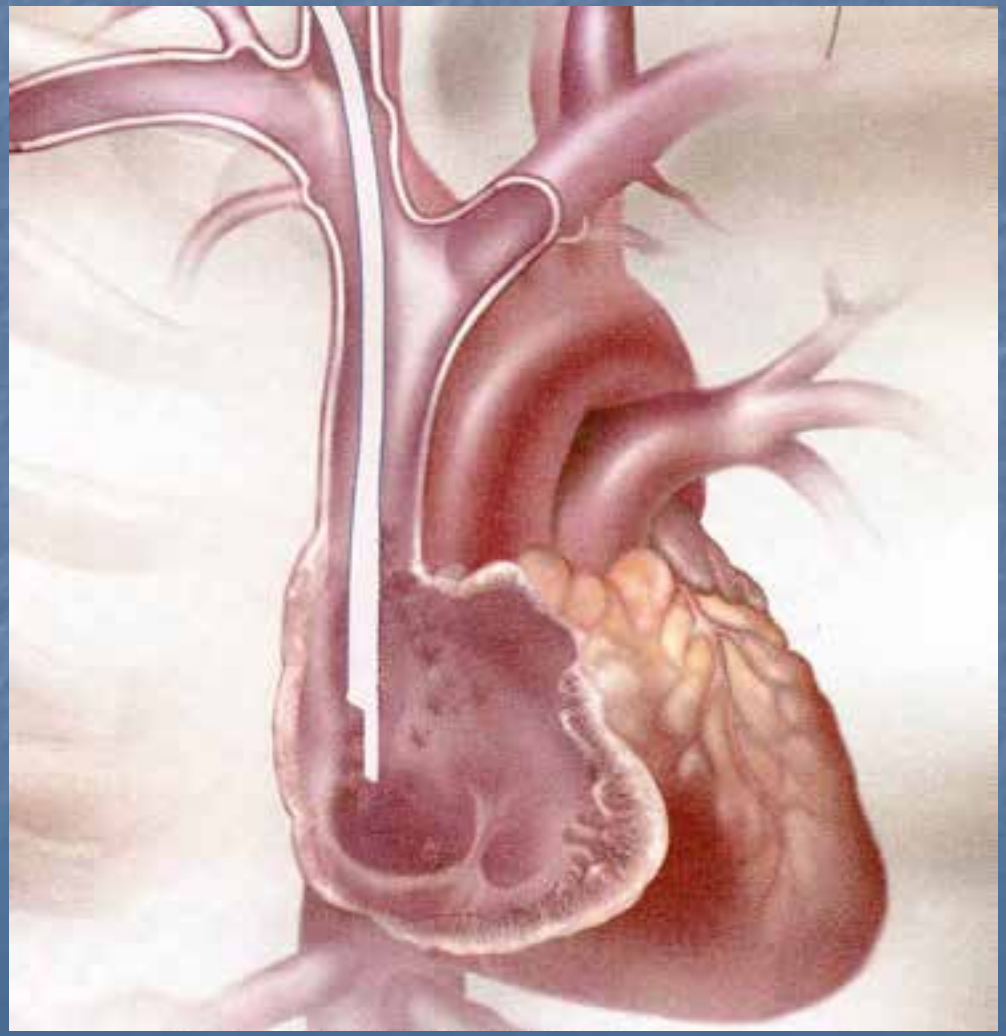
- RISQUE D'EMBOLIE GAZEUSE, D`INFECTION OU DE SAIGNEMENT
- CLAMPAGE EN AMONT
- CHANGEMENT SUR GUIDE

DYSFONCTION DE KT
causes

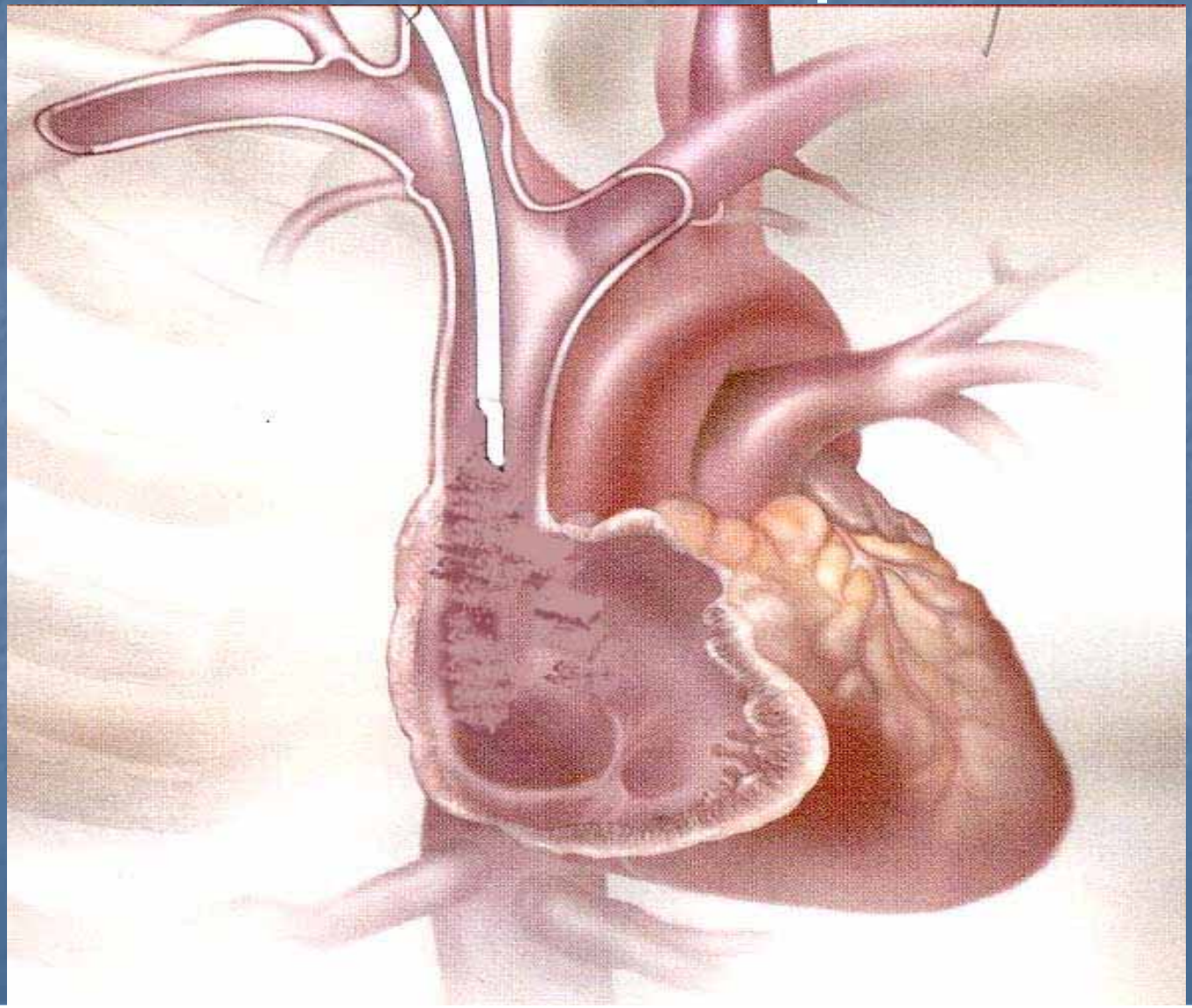
- Positionnement
- Coudure
- Thrombose veineuse
- Sténose veineuse centrale

- GAINE DE FIBRINE

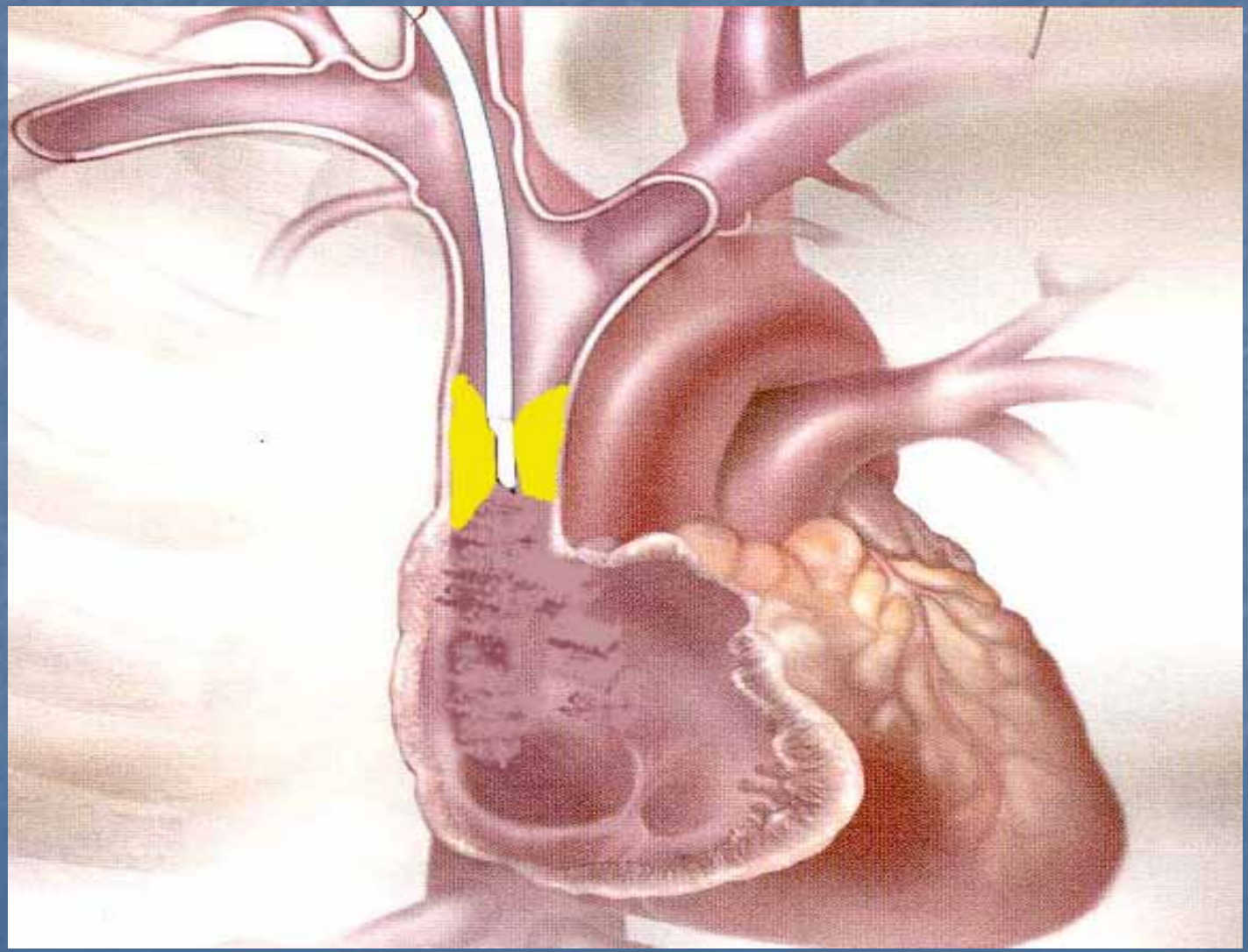
POSITION IDEALE



Position inadéquate



Position inadéquate



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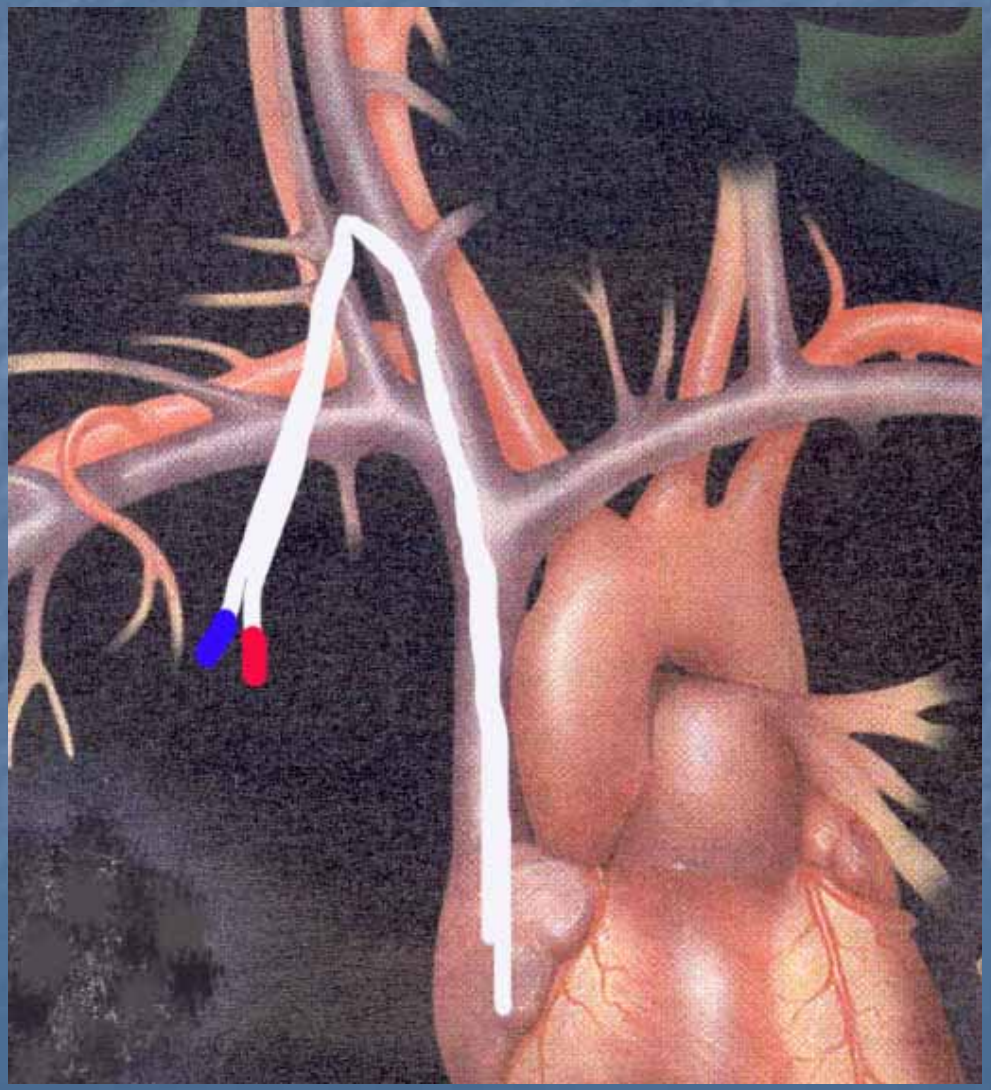
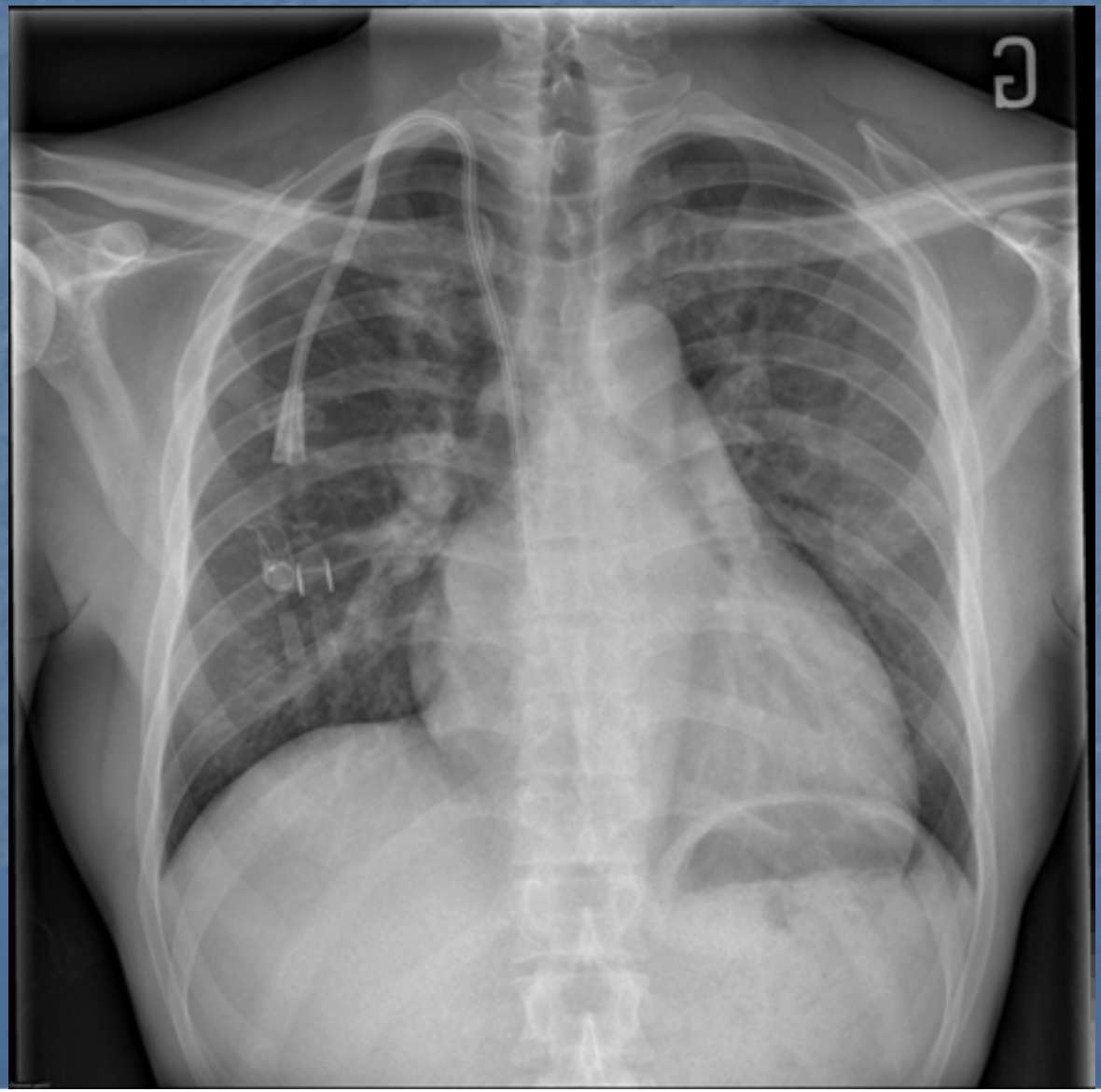
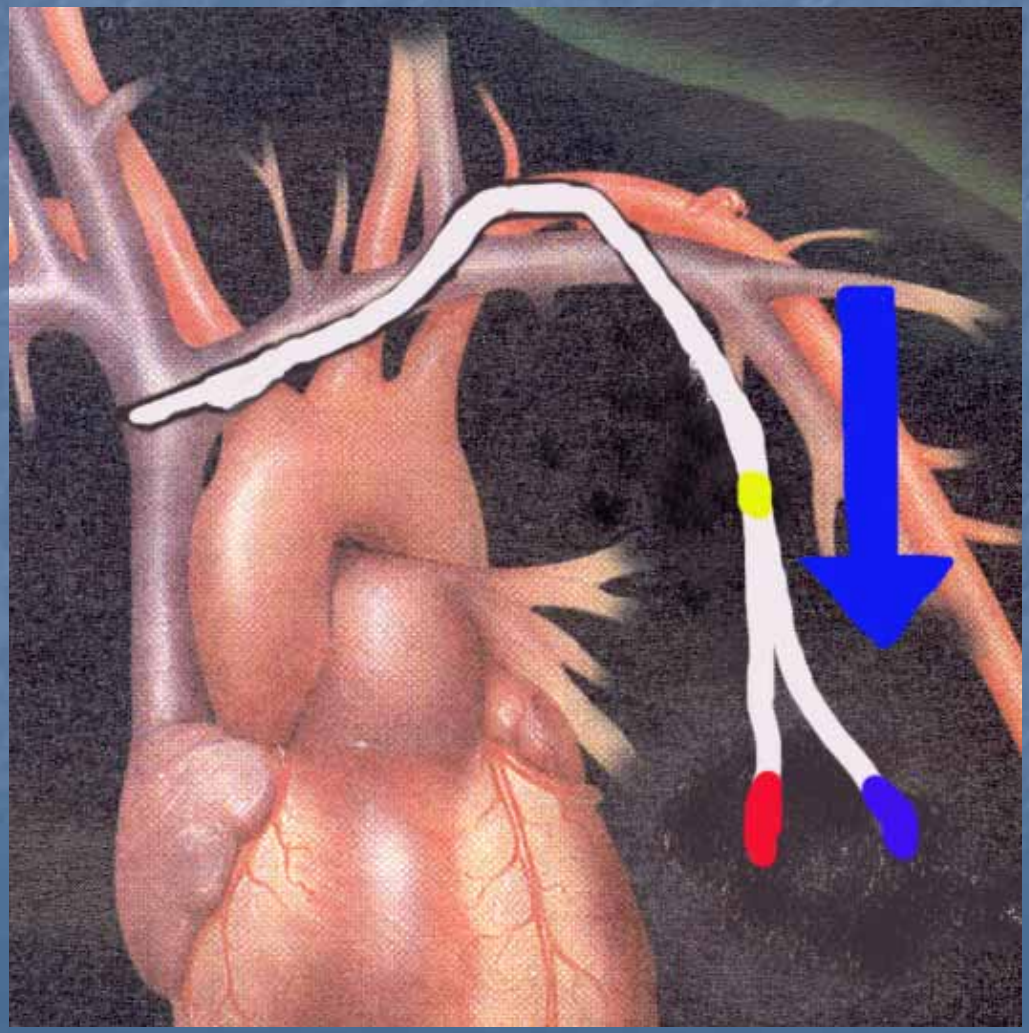


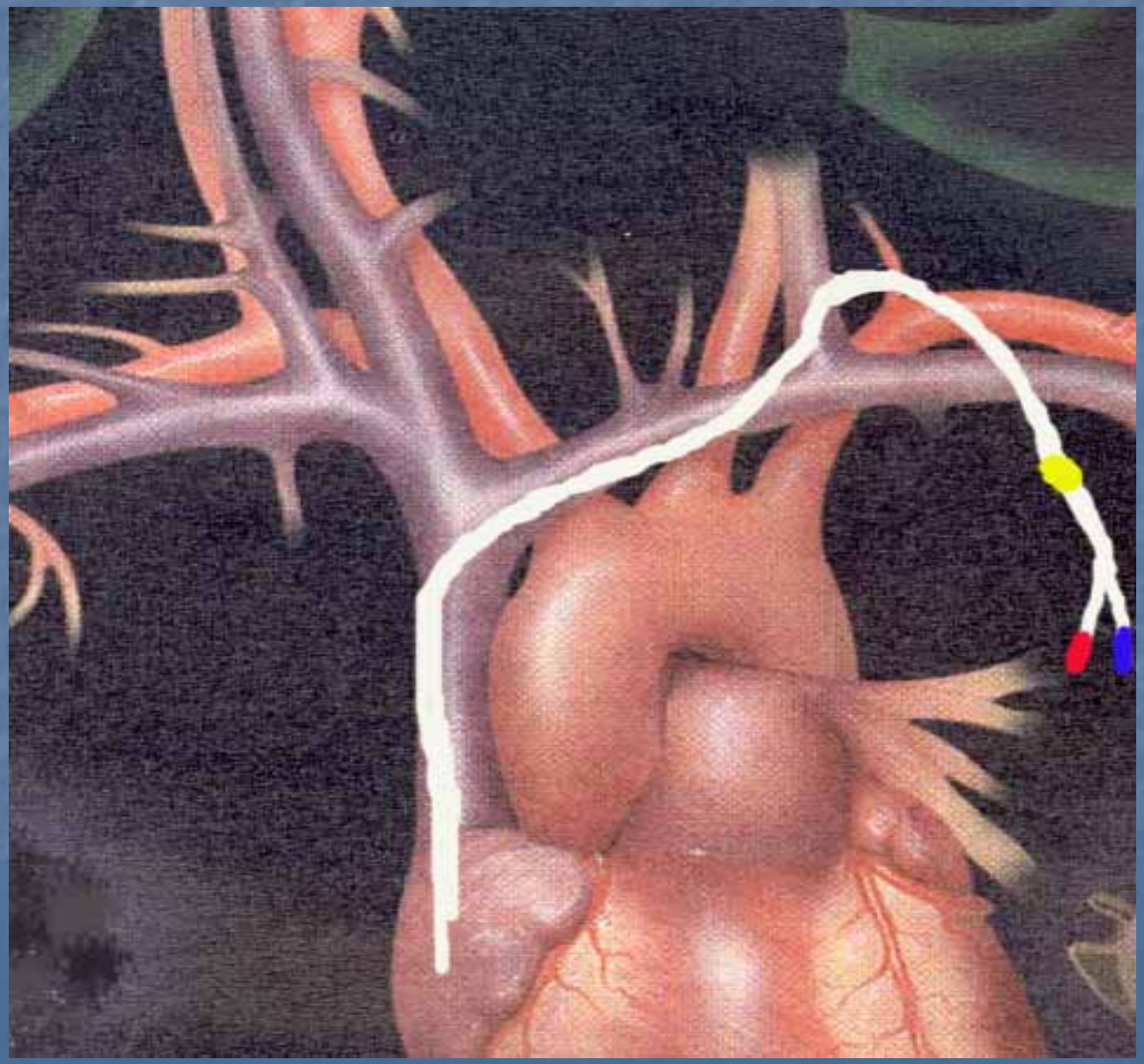
KT PRÉ-COURBÉ



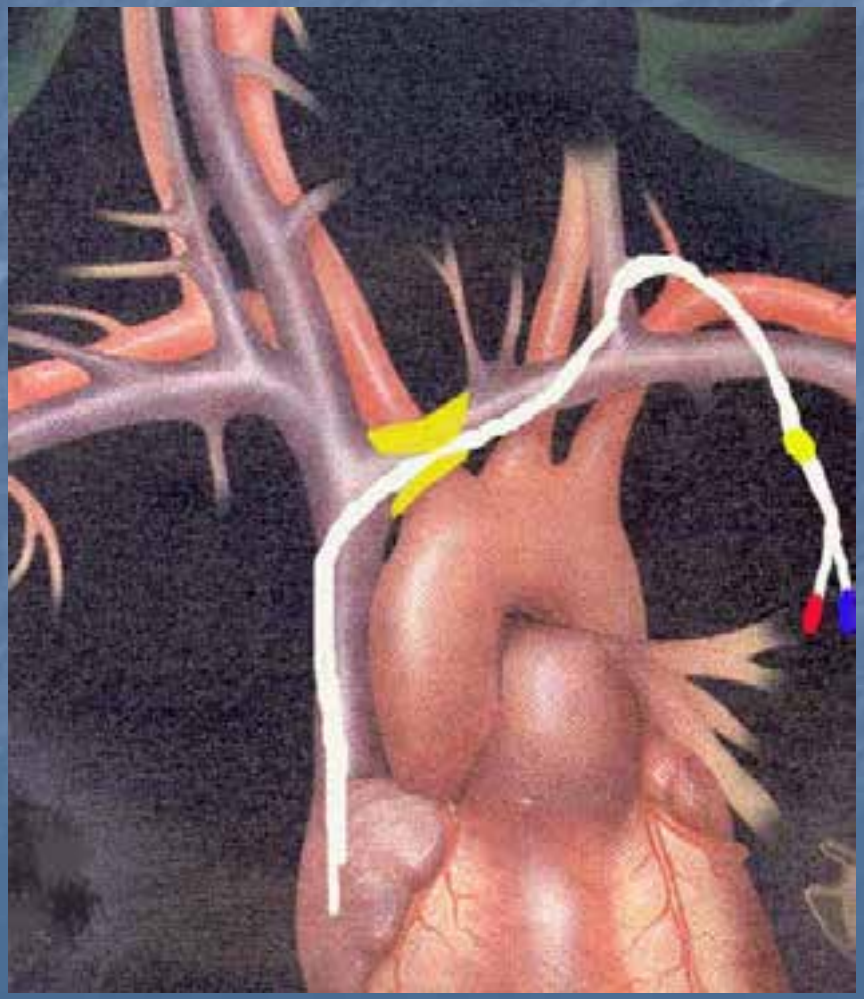
Position inadéquate



CHANGEMENT DE KT PLUS LONG



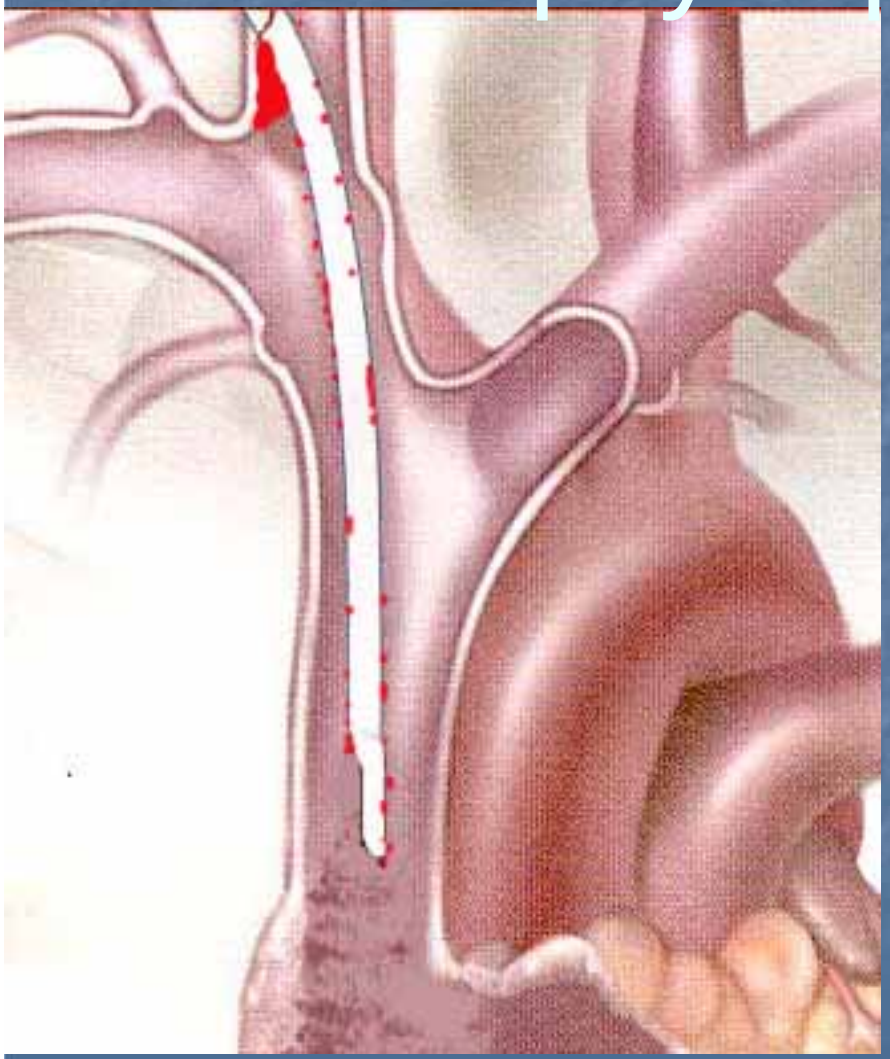
Jugulaire gauche

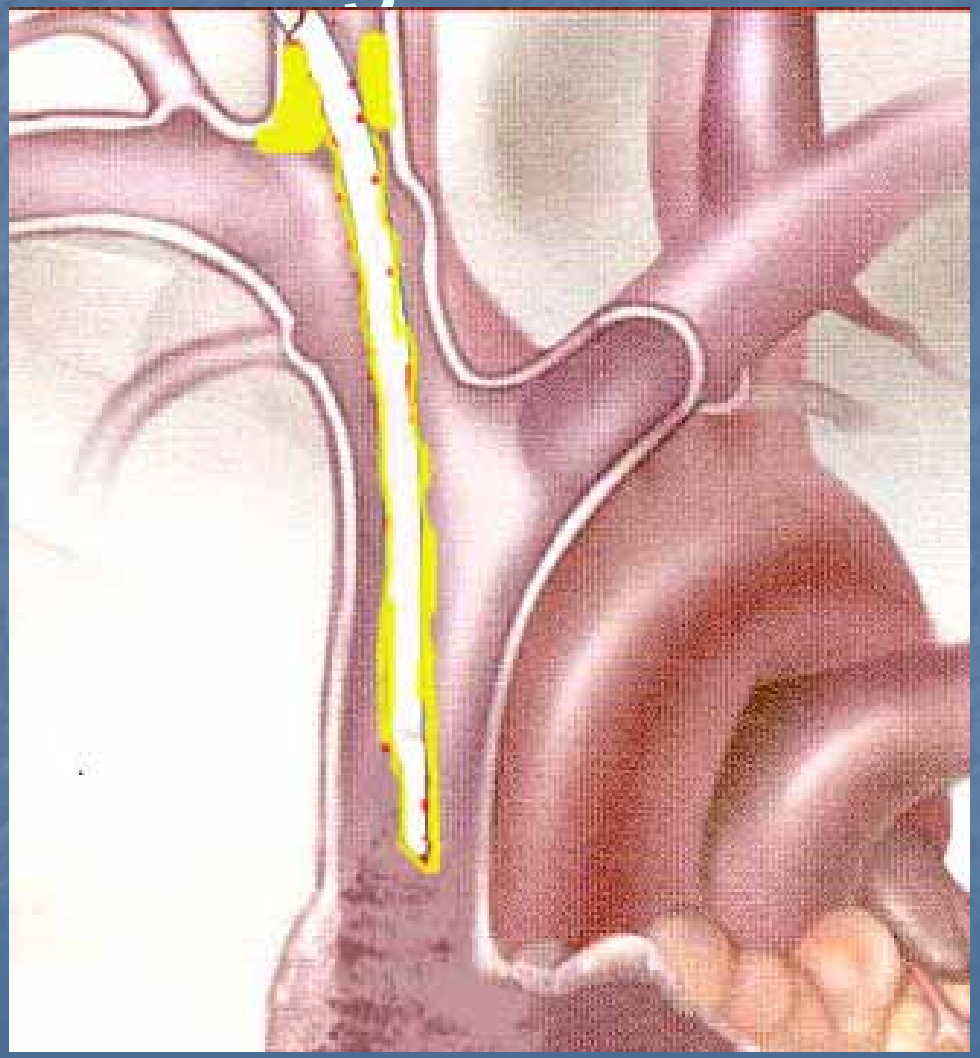


KT DYSFONCTIONNEL
physiopathologie

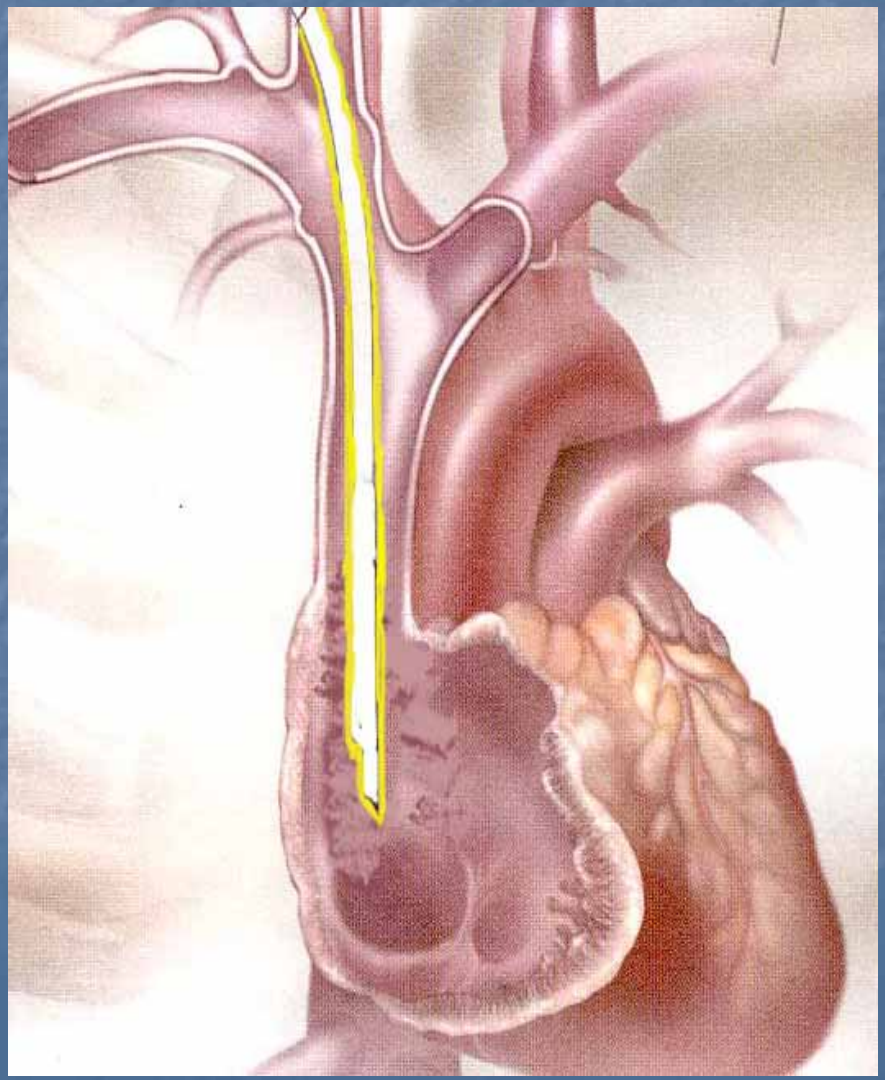
- Traumatisme à l'installation
- FORMATION DE THROMBUS
  site d'insertion
  au pourtour du kt
- ORGANISATION DU THROMBUS
  sténose veineuse
  gaine de fibrine

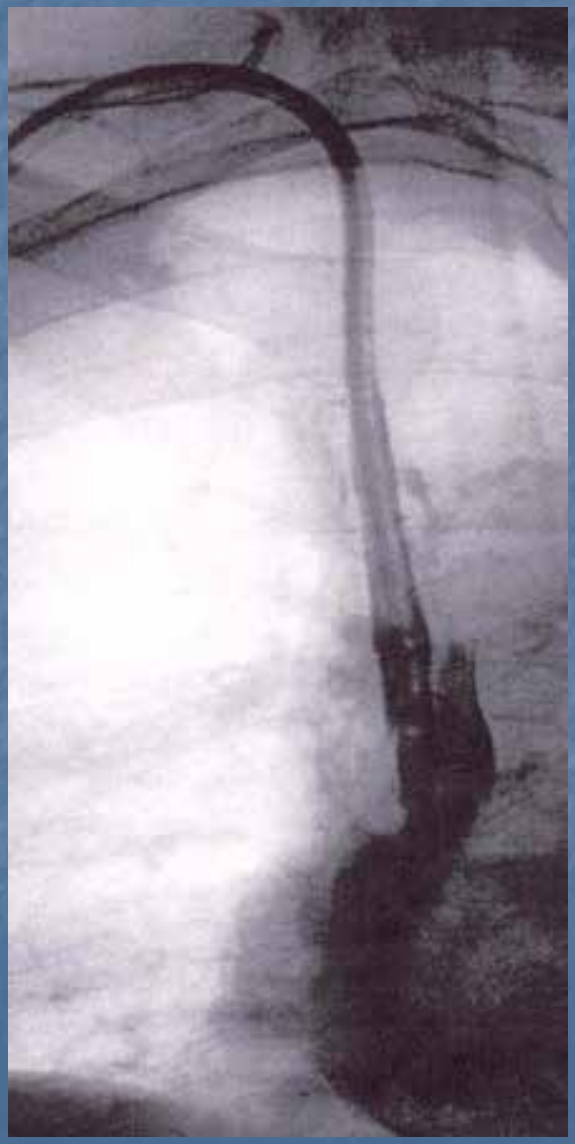
physiopathologie



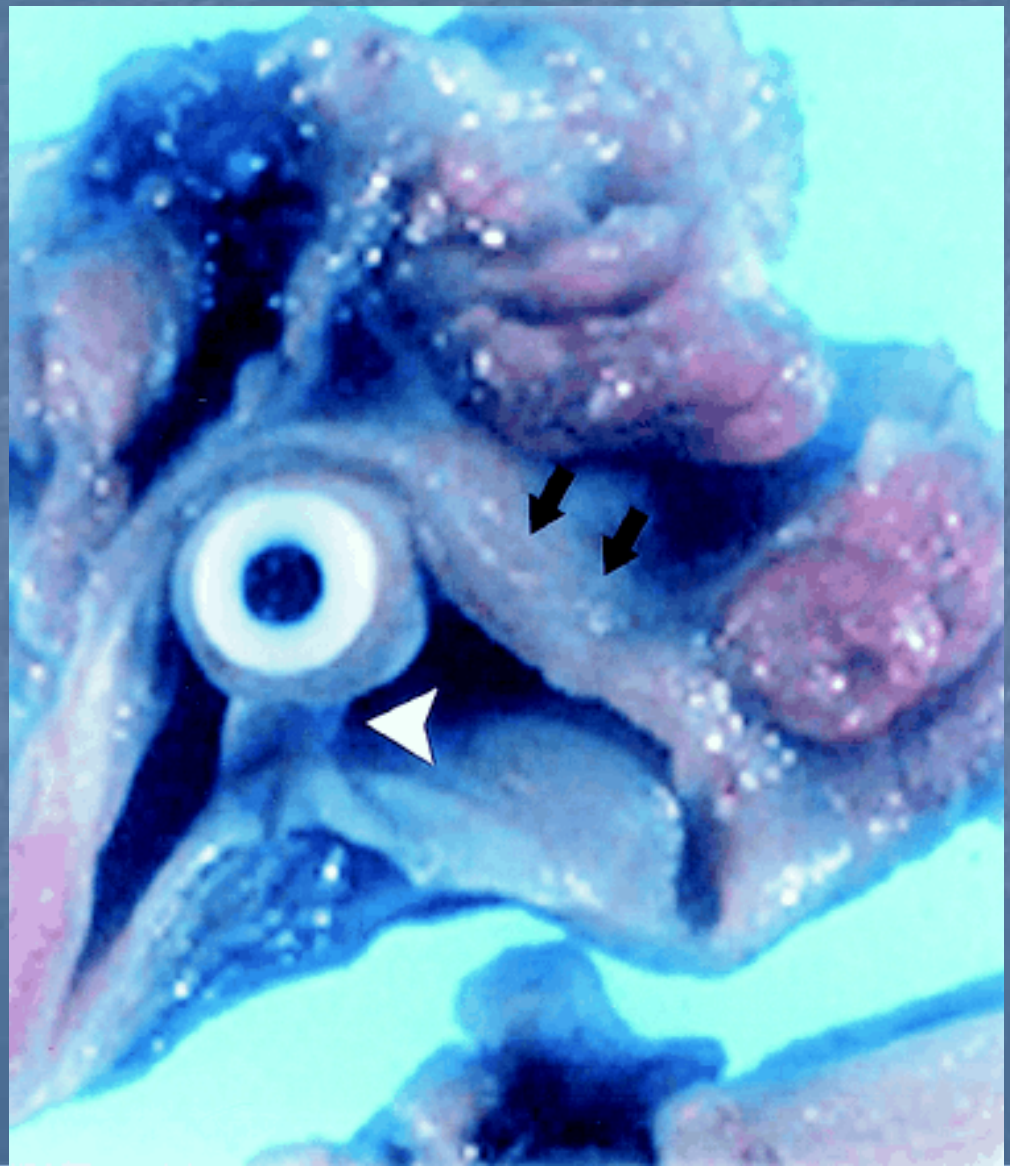


Gaine de fibrine



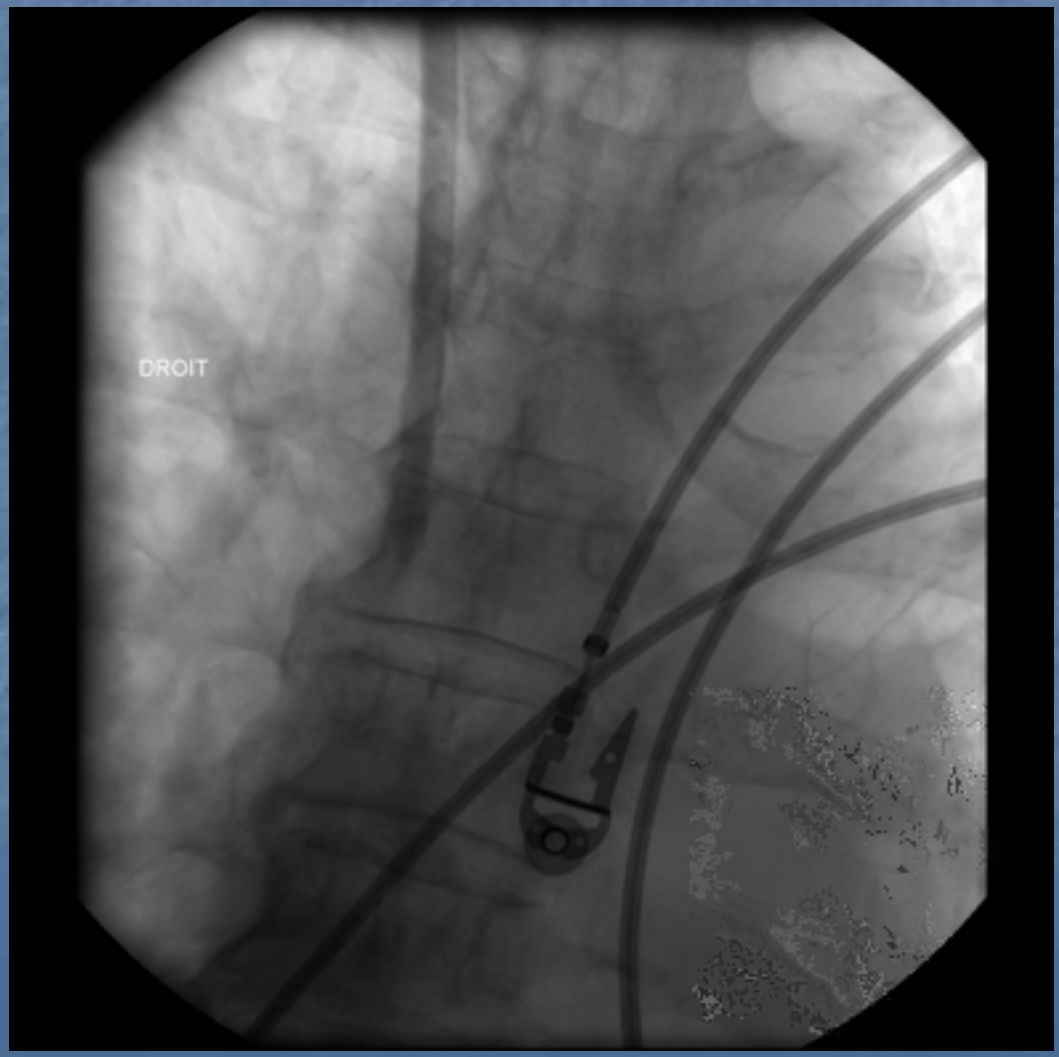


GAINE DE FIBRINE



Gaine de fibrine
options thérapeutiques

- Protocole Rt-pa
- Changement sur guide avec angioplasties
- stripping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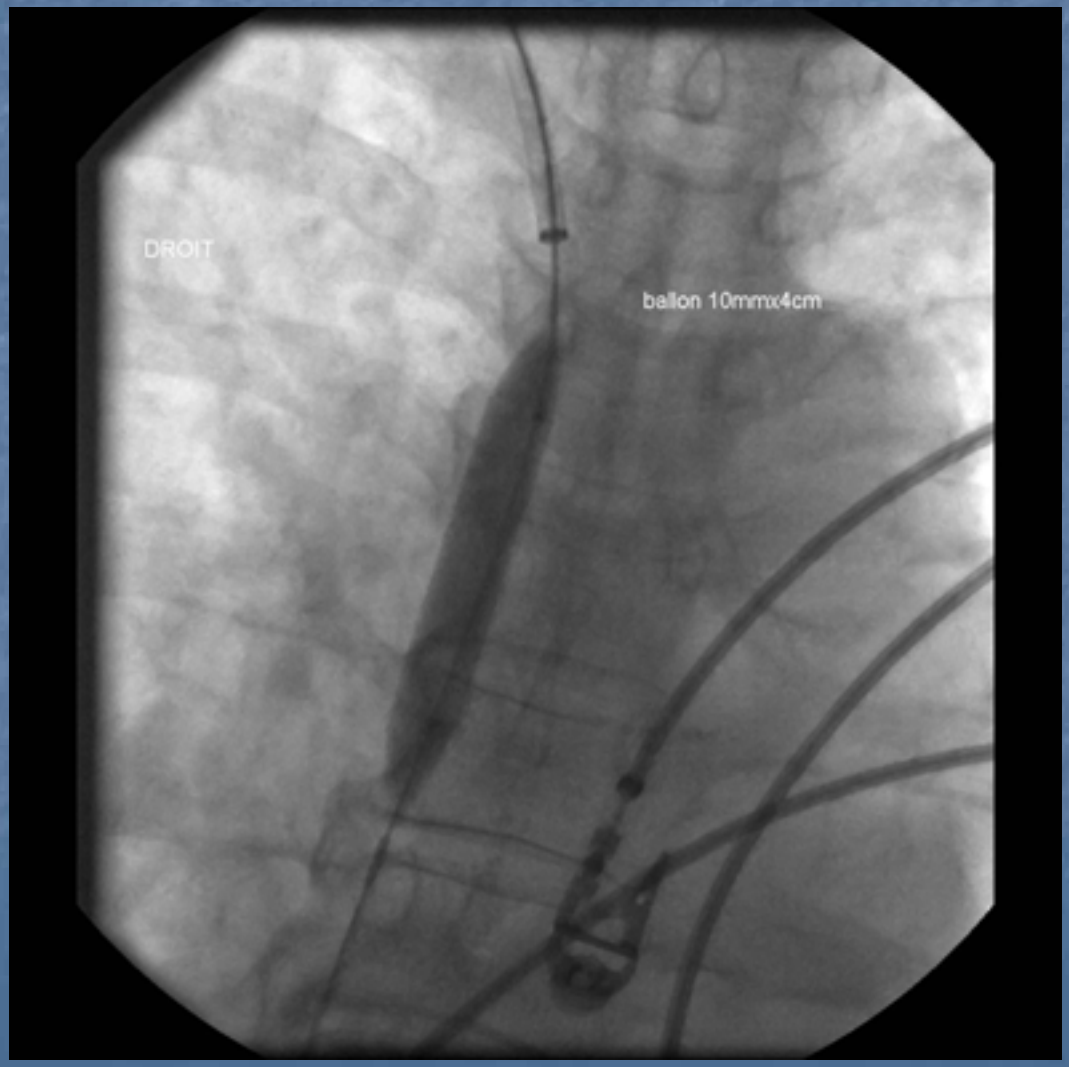
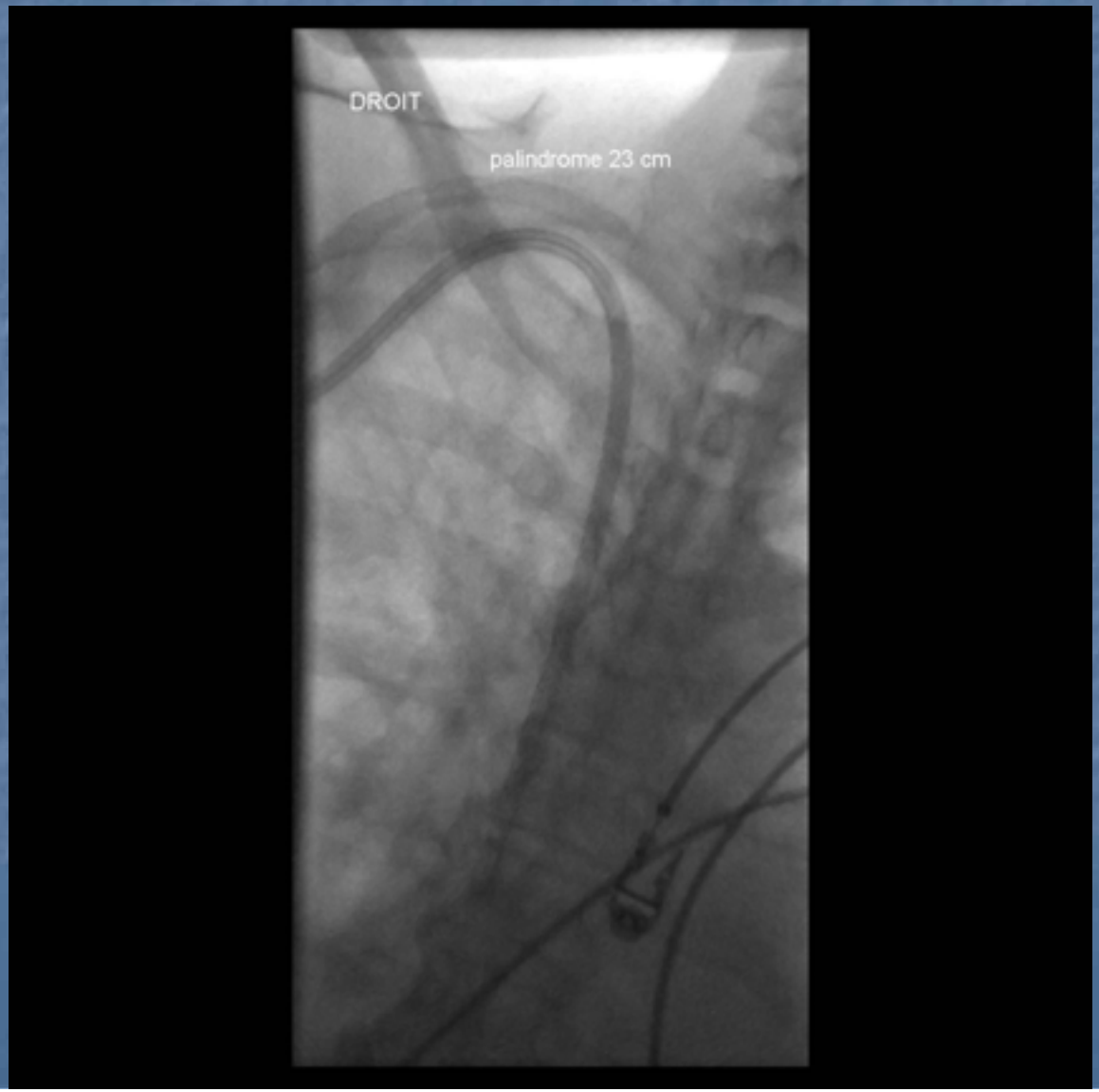

DROIT
ballon 10mmx4cm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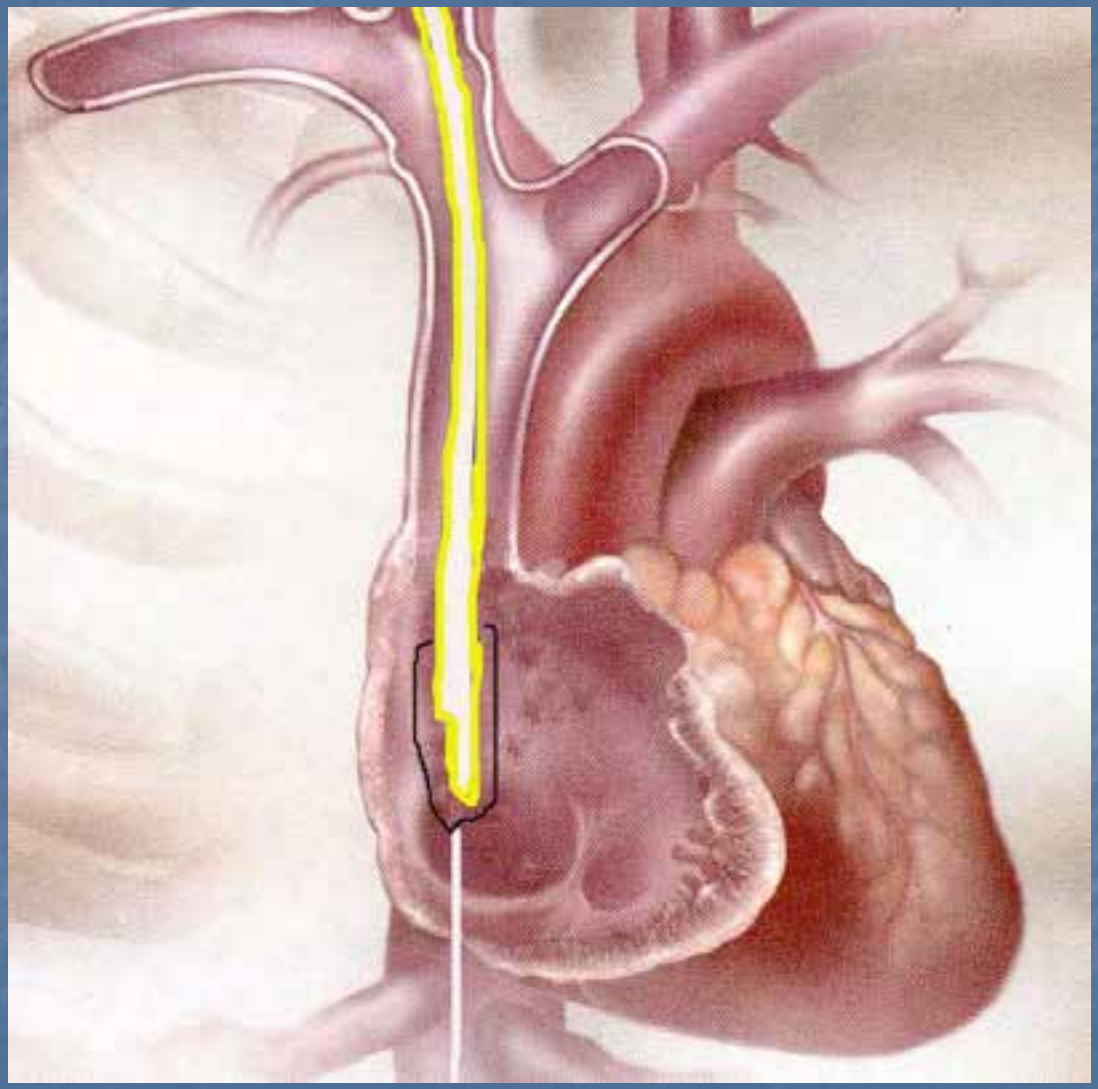
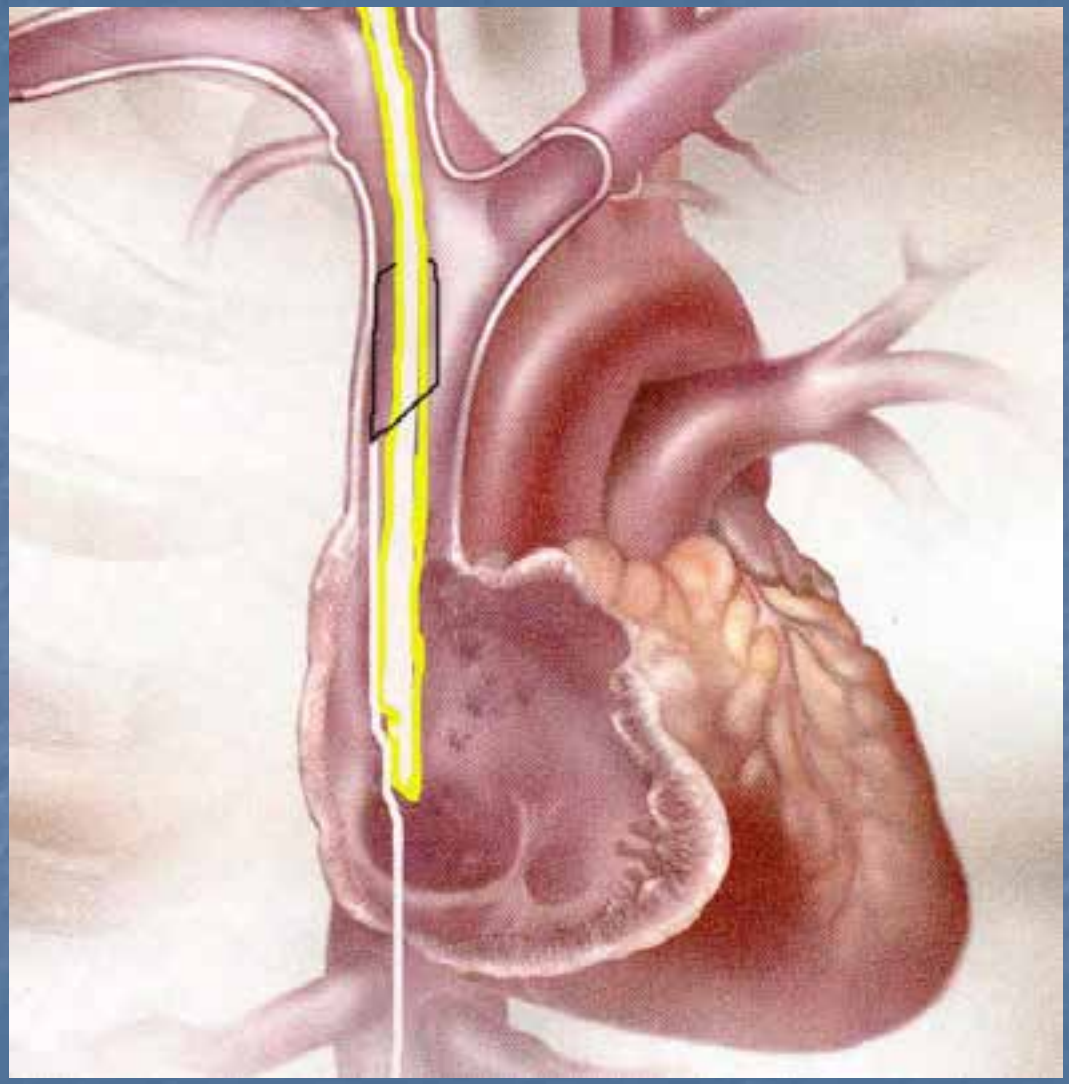
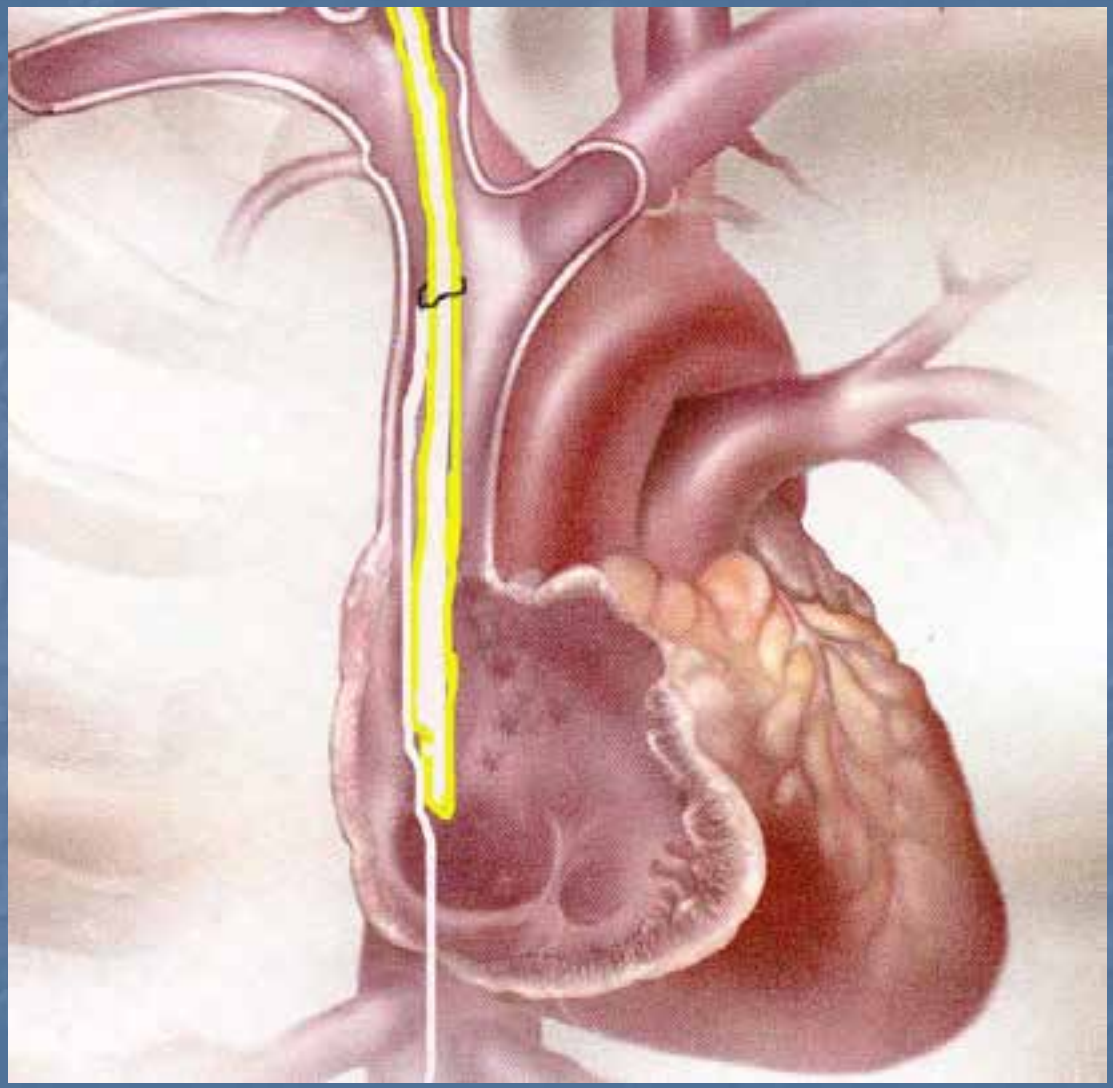
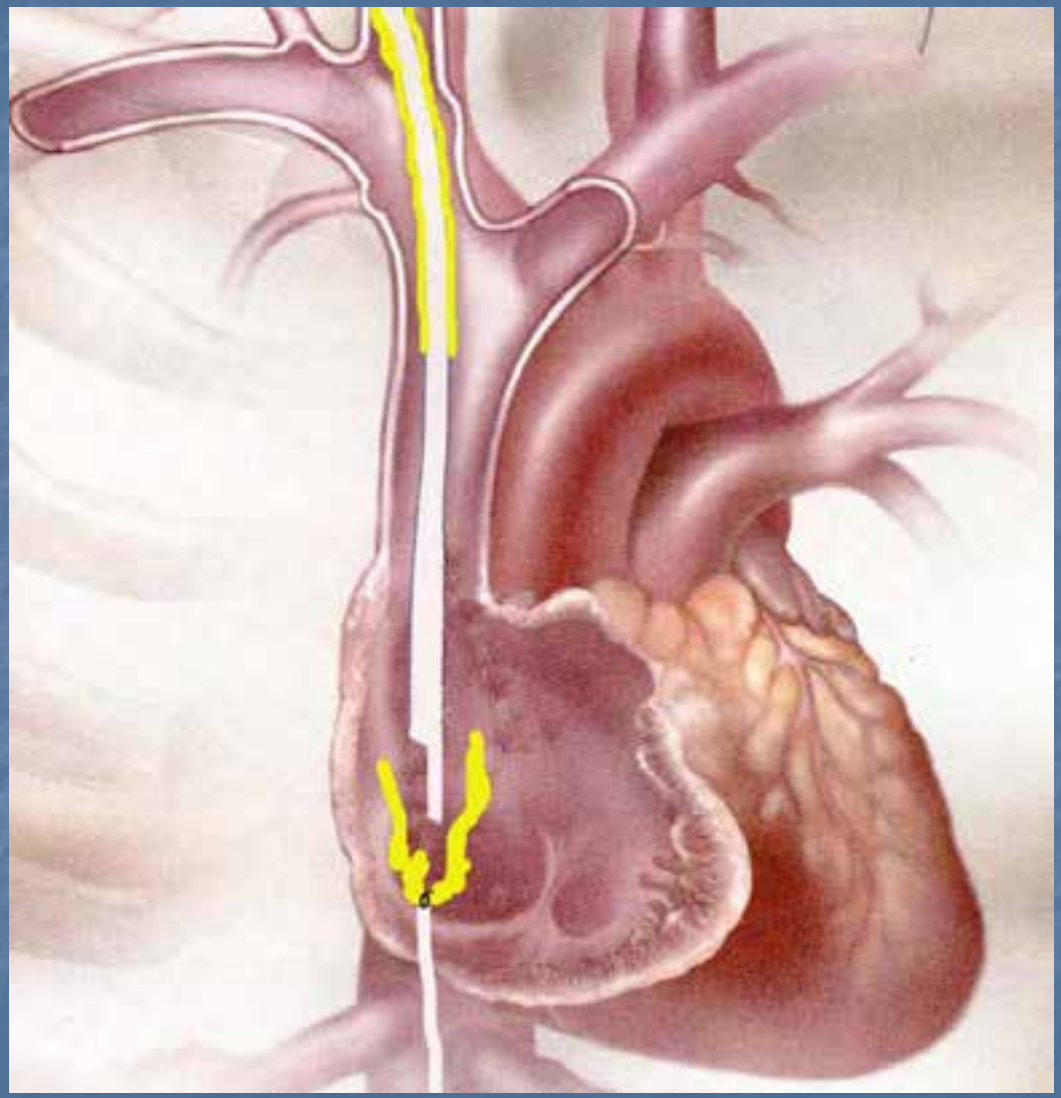
palindrome 23 cm



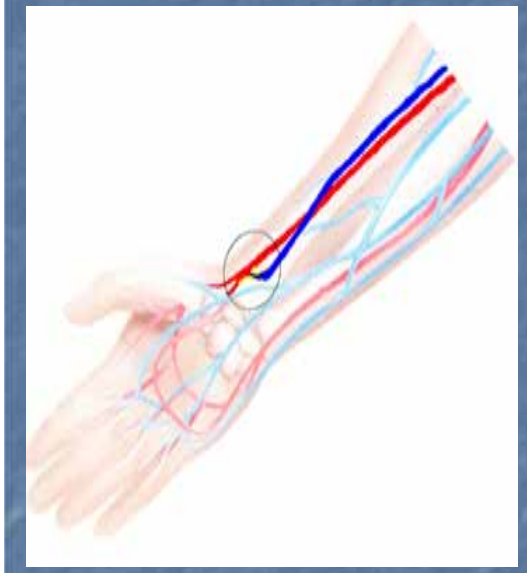


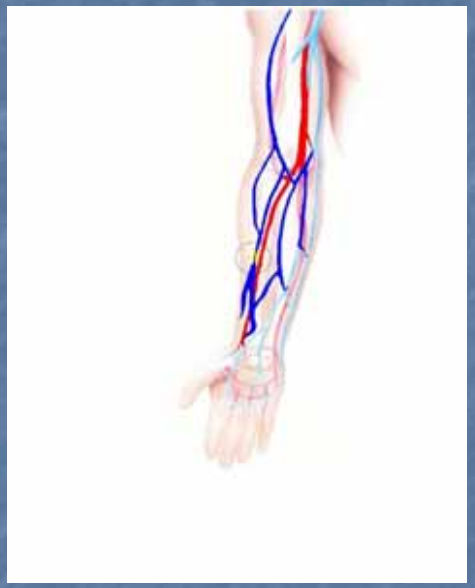


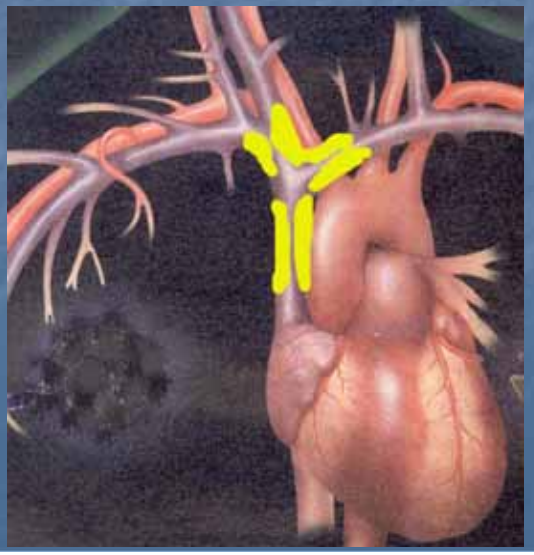


- FISTULE FONCTIONNELLE =PAS TOUCHE

5 PATTERNS





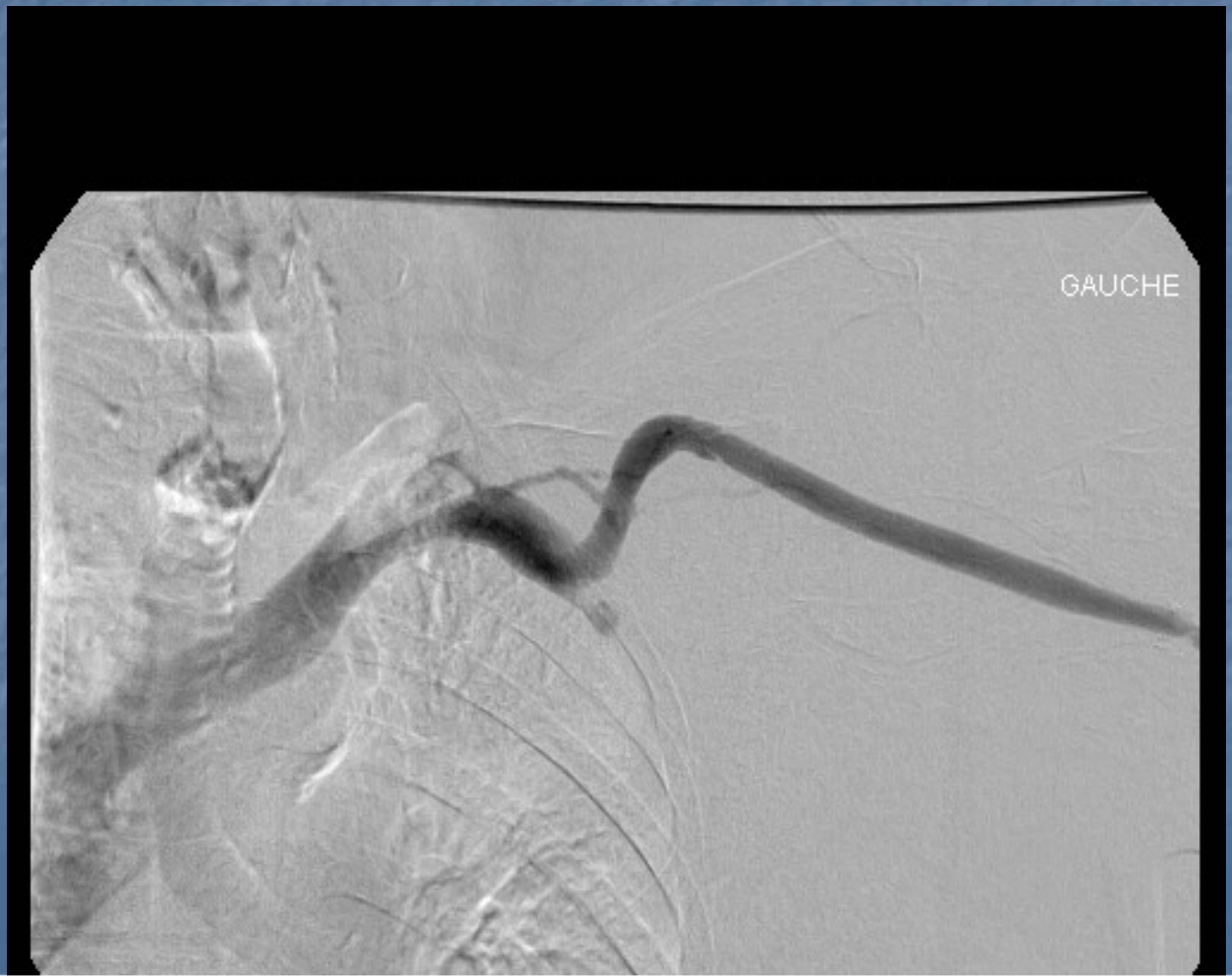


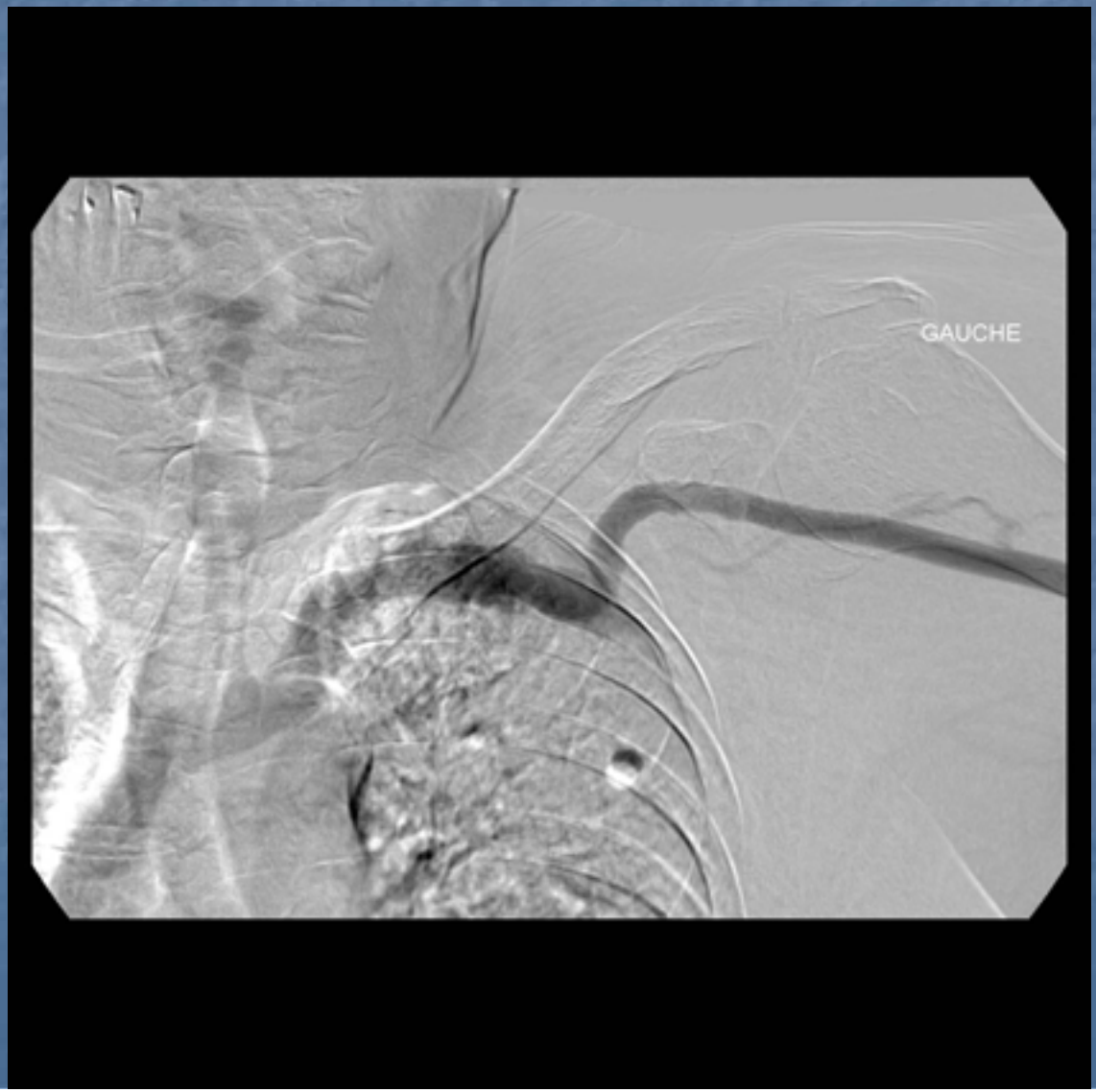
Maturation

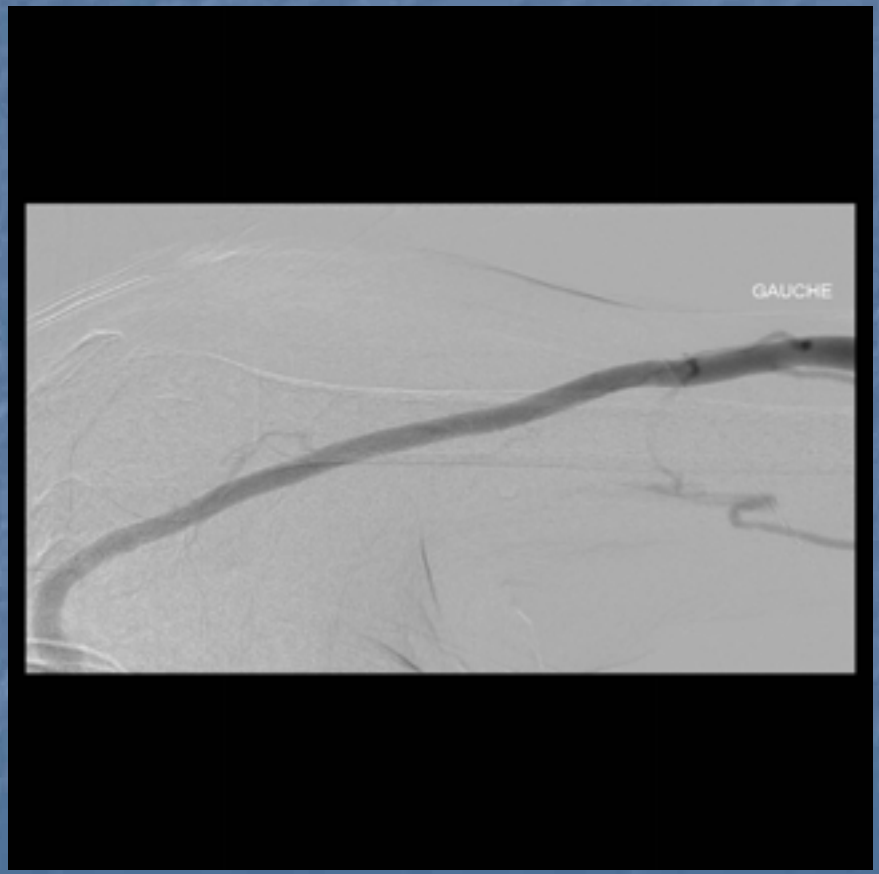
- Identification précoce des sténoses et traitement aggressif

CONCLUSION

- Travail d’équipe
- Vision long terme
- Examen clinique
- Examens diagnostiques
- Différentes options thérapeutiques


GAUCHE


GAUCHE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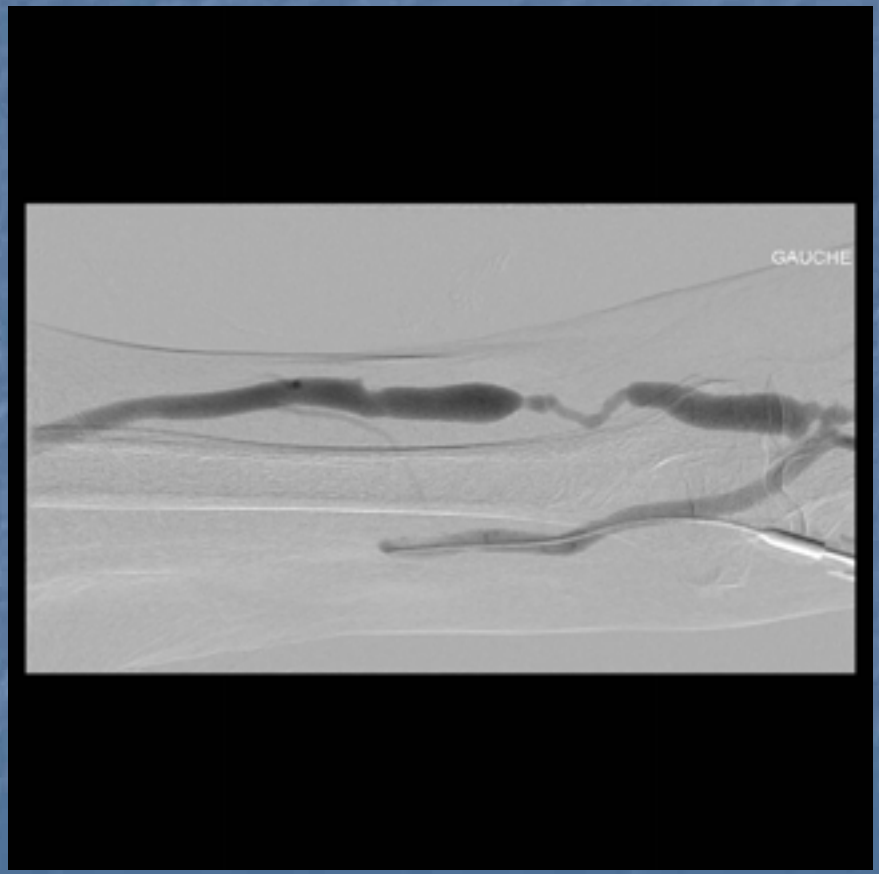
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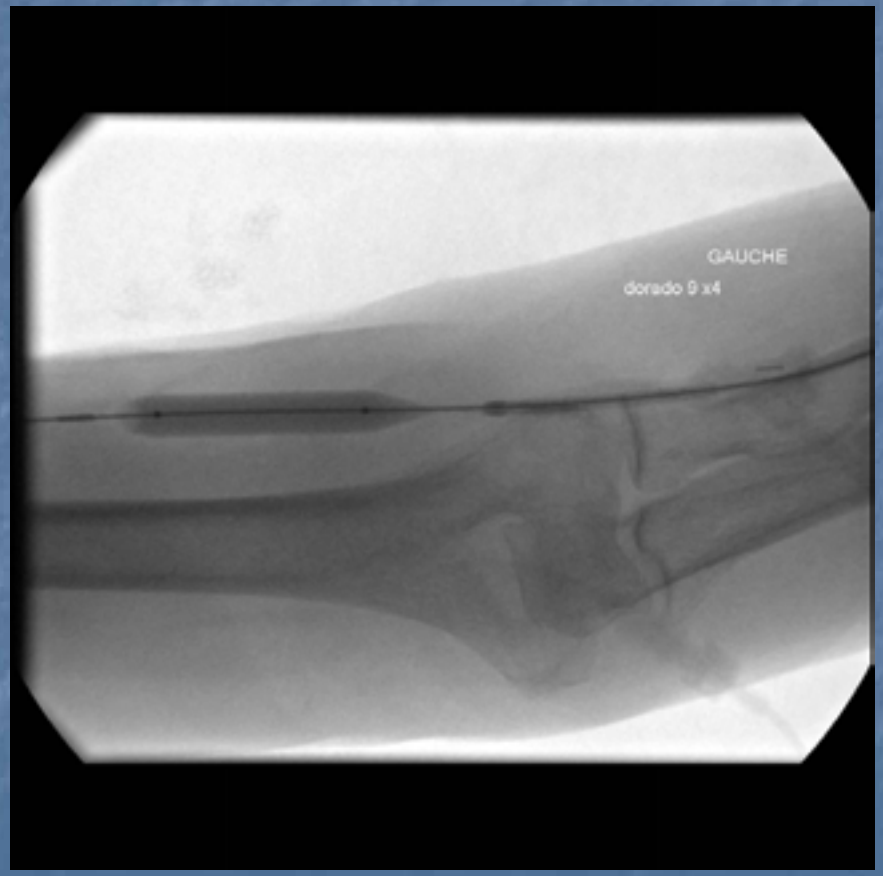
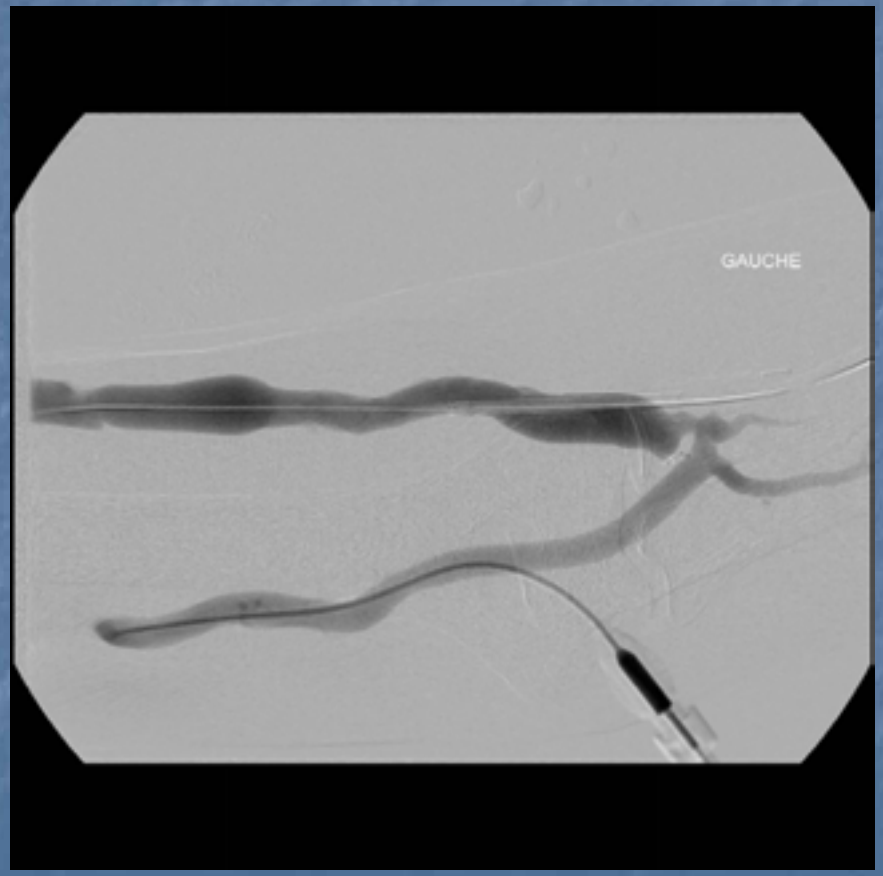

GAUCHE
dorado 9 x4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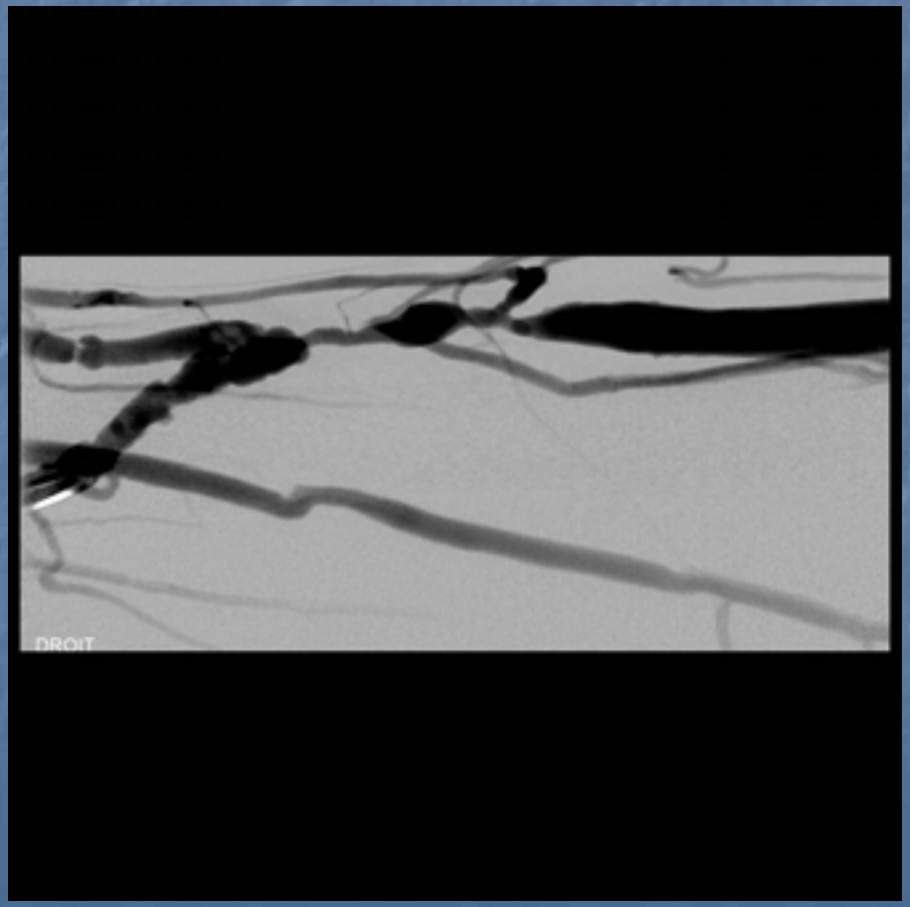
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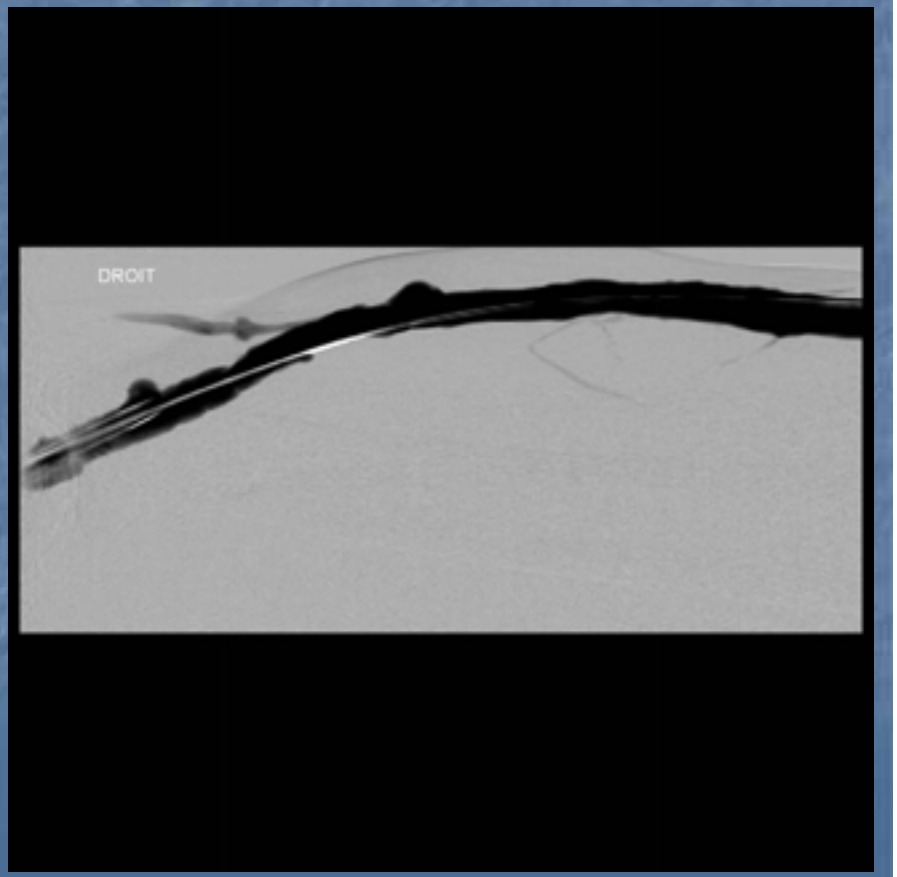
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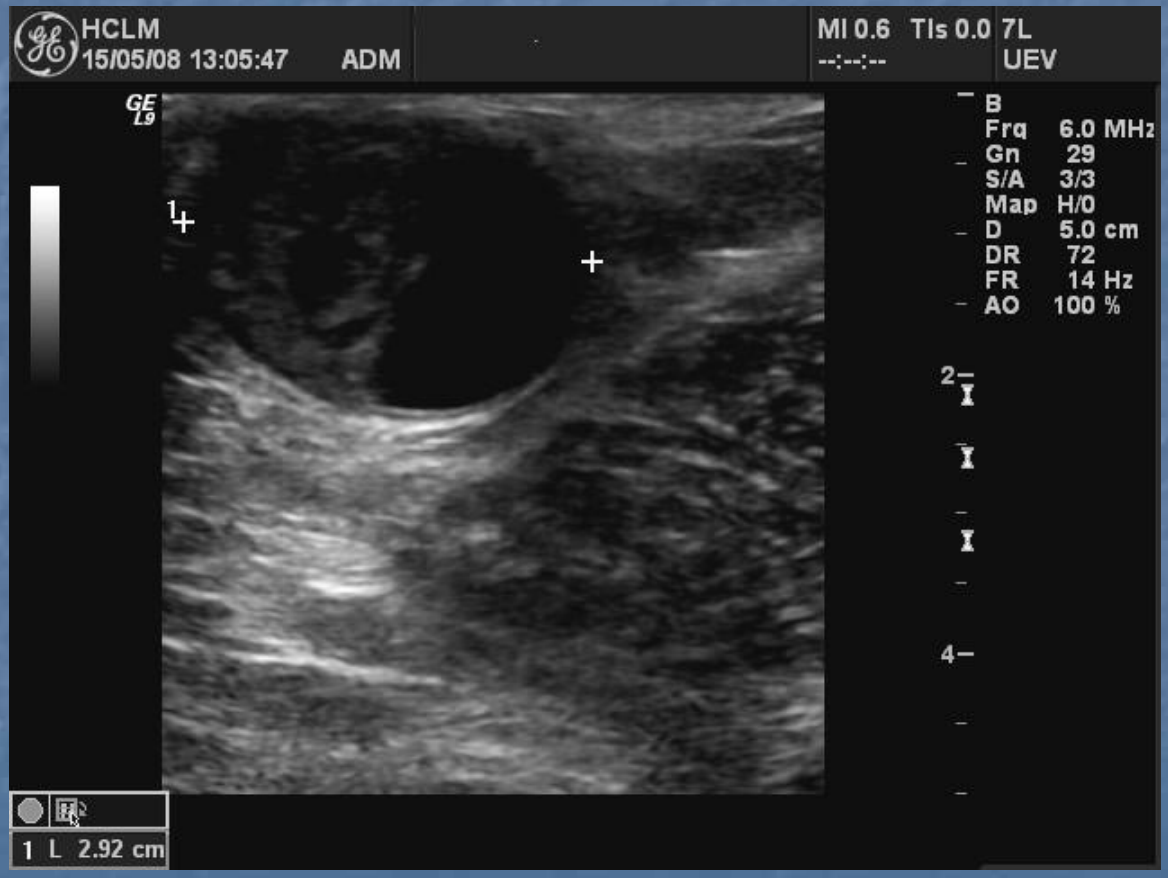
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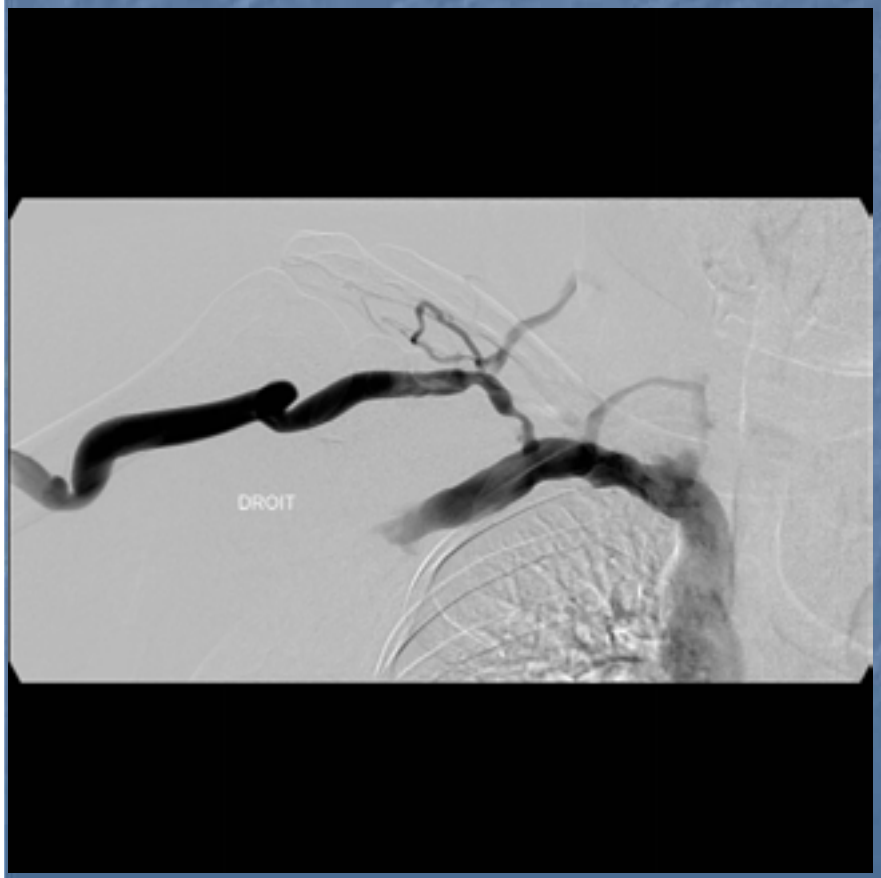
15/05/08 13:05:47
ADM
MI 0.6 TIs 0.0 7L
--:--:--
UEV
GE L9
B
Frq 6.0 MHz
Gn 29
S/A 3/3
Map H/0
D 5.0 cm
DR 72
FR 14 Hz
AO 100 %
1
2
4
1 L 2.92 cm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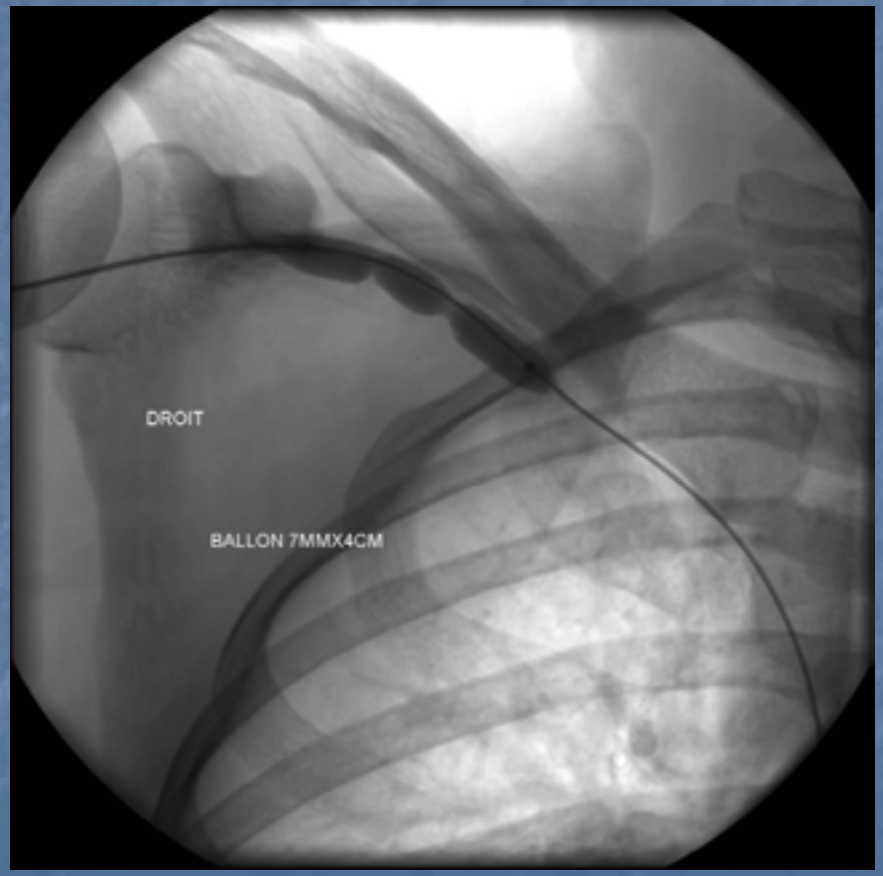
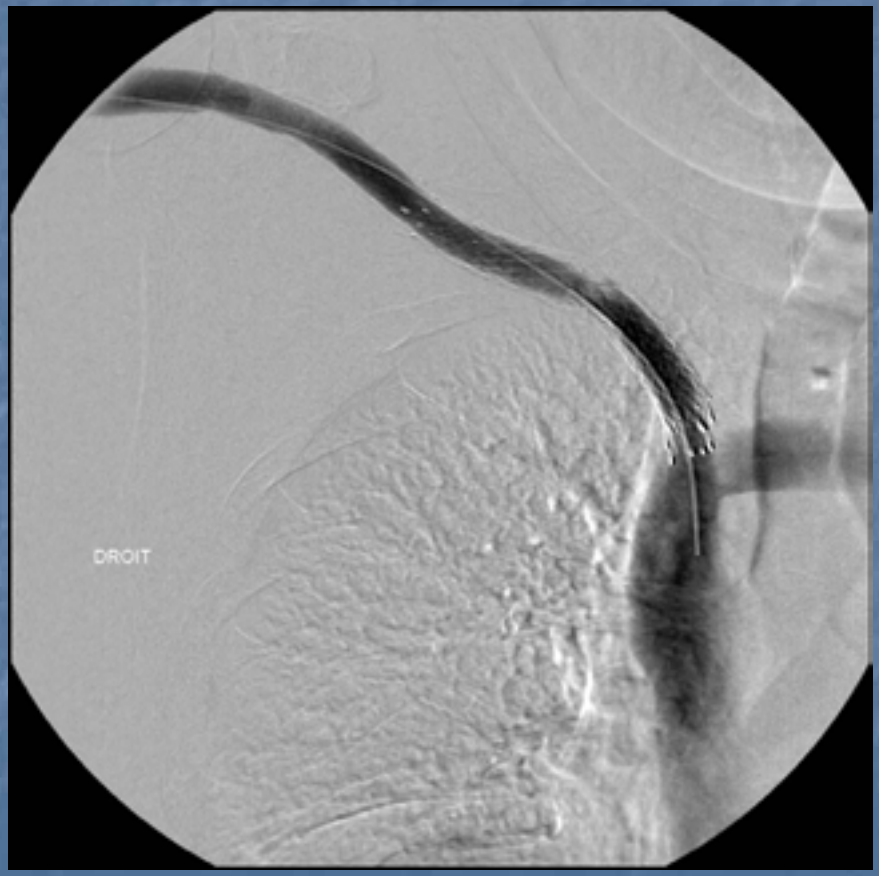

DROIT
BALLON 7MMX4CM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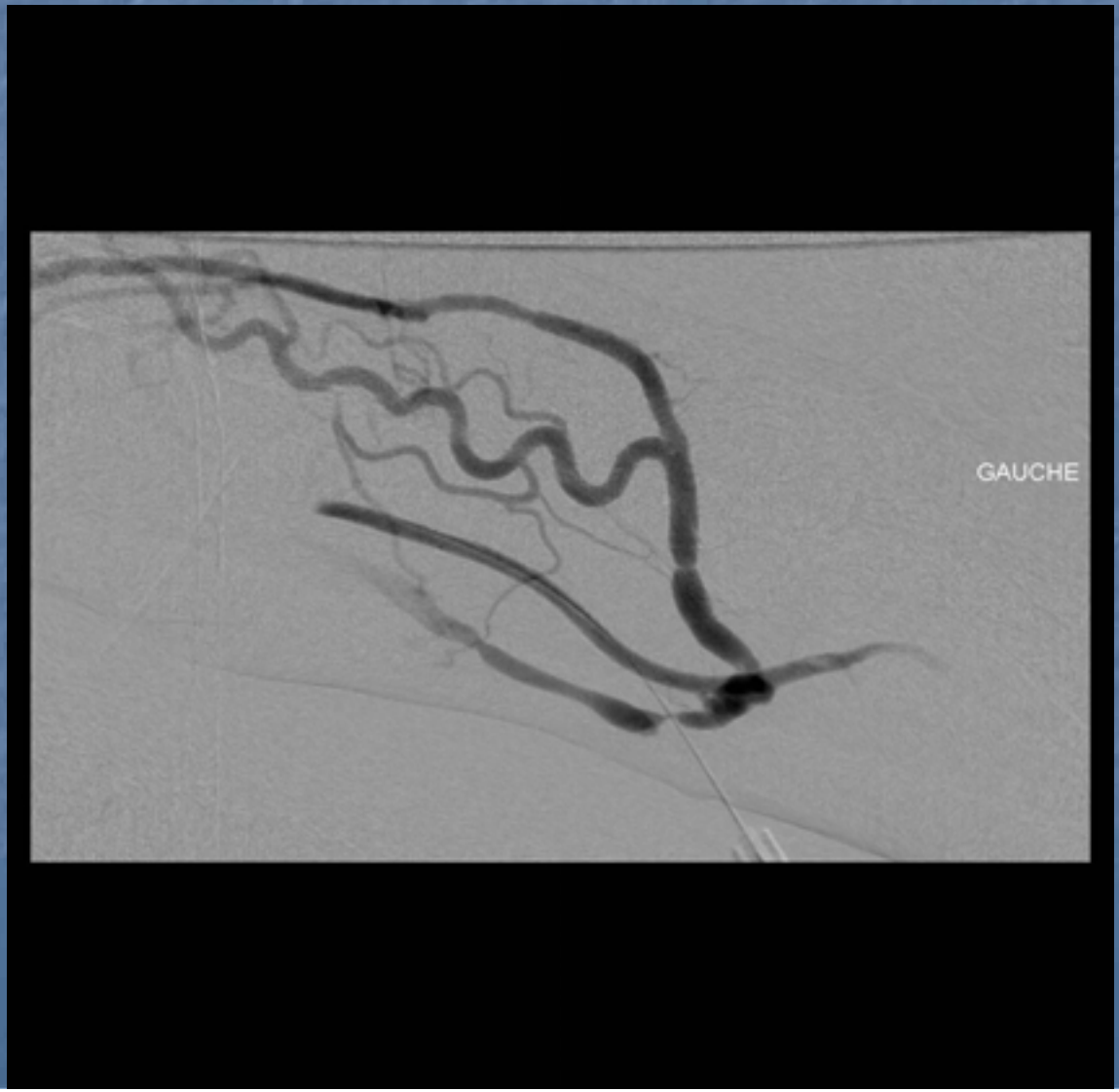
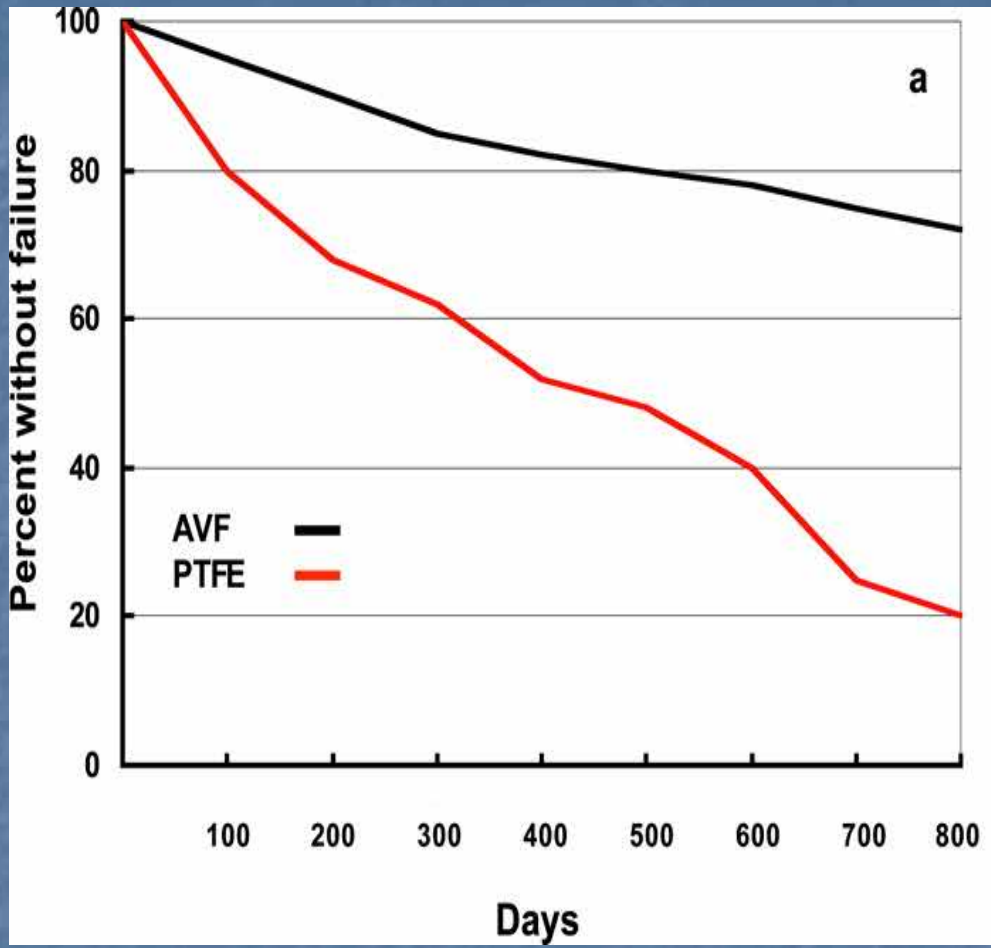
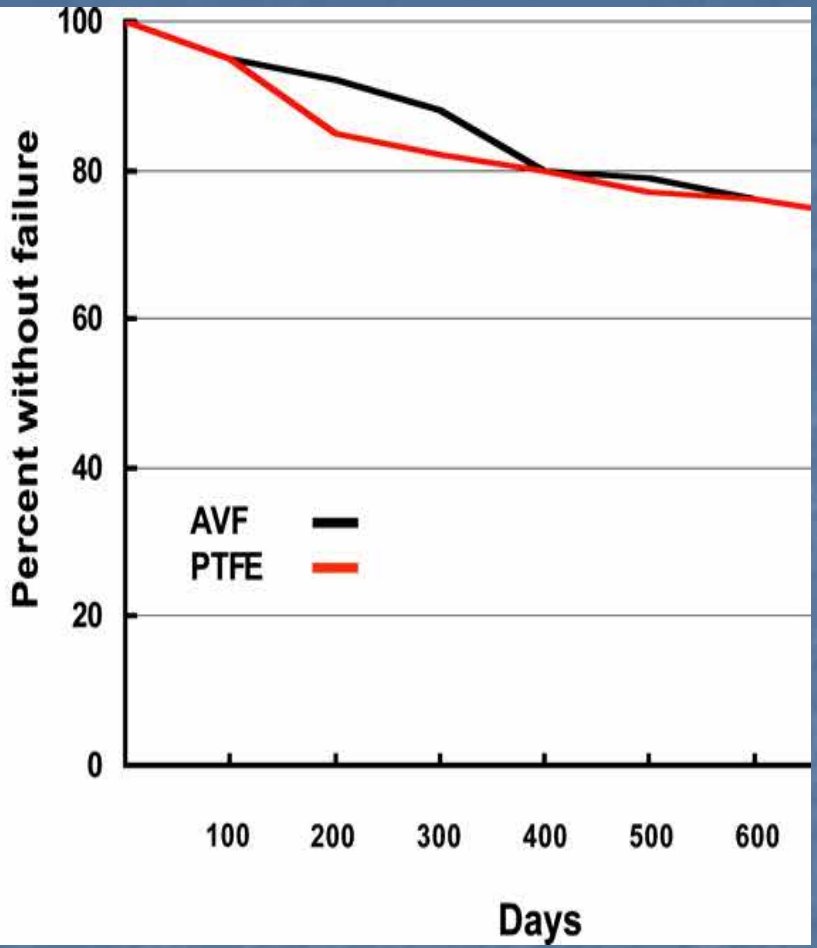
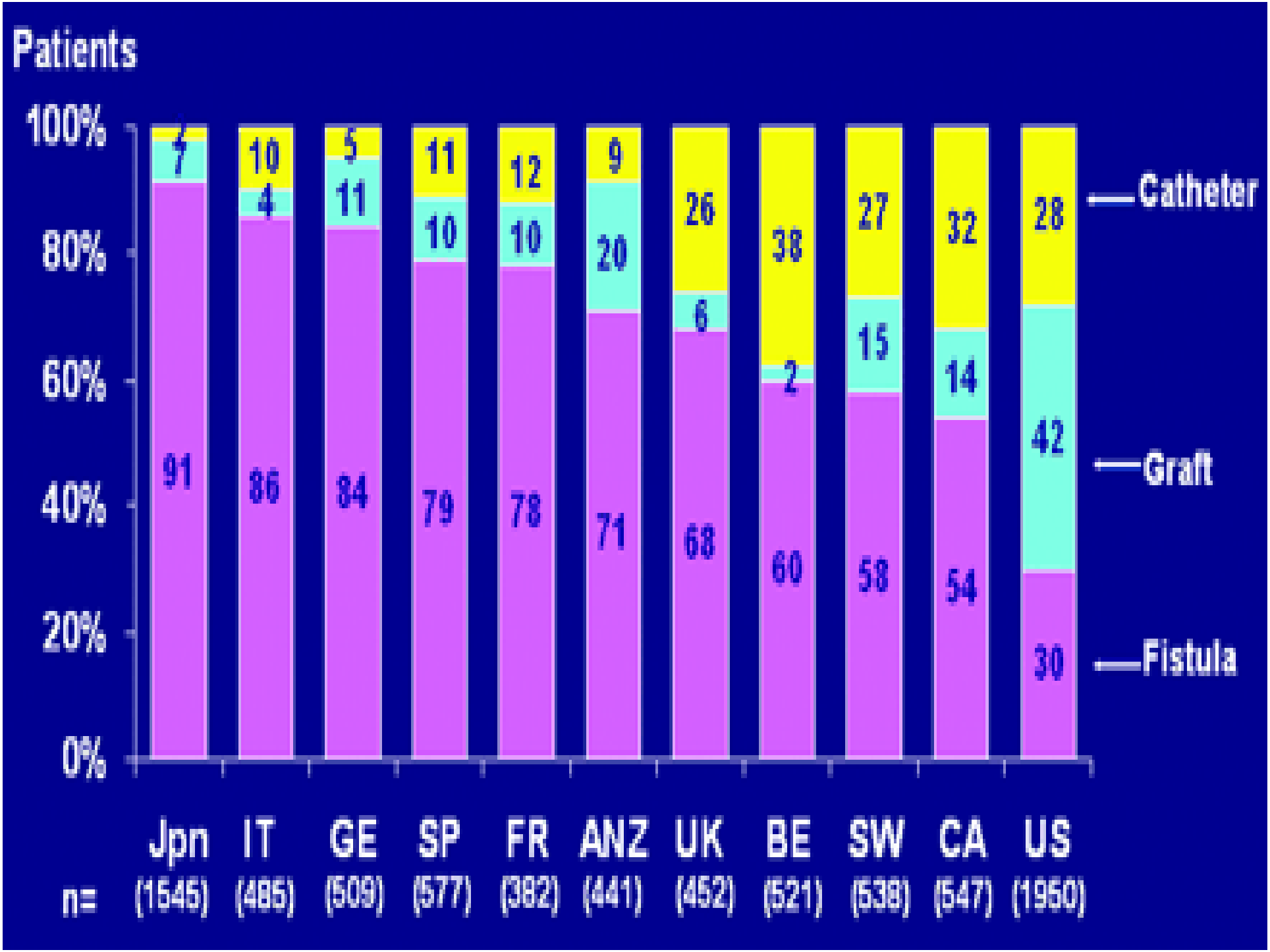

GAUCHE


a
Percent without failure
100
80
60
40
20
0
AVF
PTFE
100
200
300
400
500
600
700
800
Days


Percent without failure
100
80
60
40
20
0
AVF
PTFE
100
200
300
400
500
600
Days


Patients
100%
80%
60%
40%
20%
0%
Jpn
IT
GE
SP
FR
ANZ
UK
BE
SW
CA
US
n=
(1545)
(485)
(509)
(577)
(382)
(441)
(452)
(521)
(538)
(547)
(1950)
7
91
10
4
86
5
11
84
11
10
79
12
10
78
9
20
71
26
6
68
38
2
60
27
15
58
32
14
54
28
42
30
Catheter
Graft
Fistula

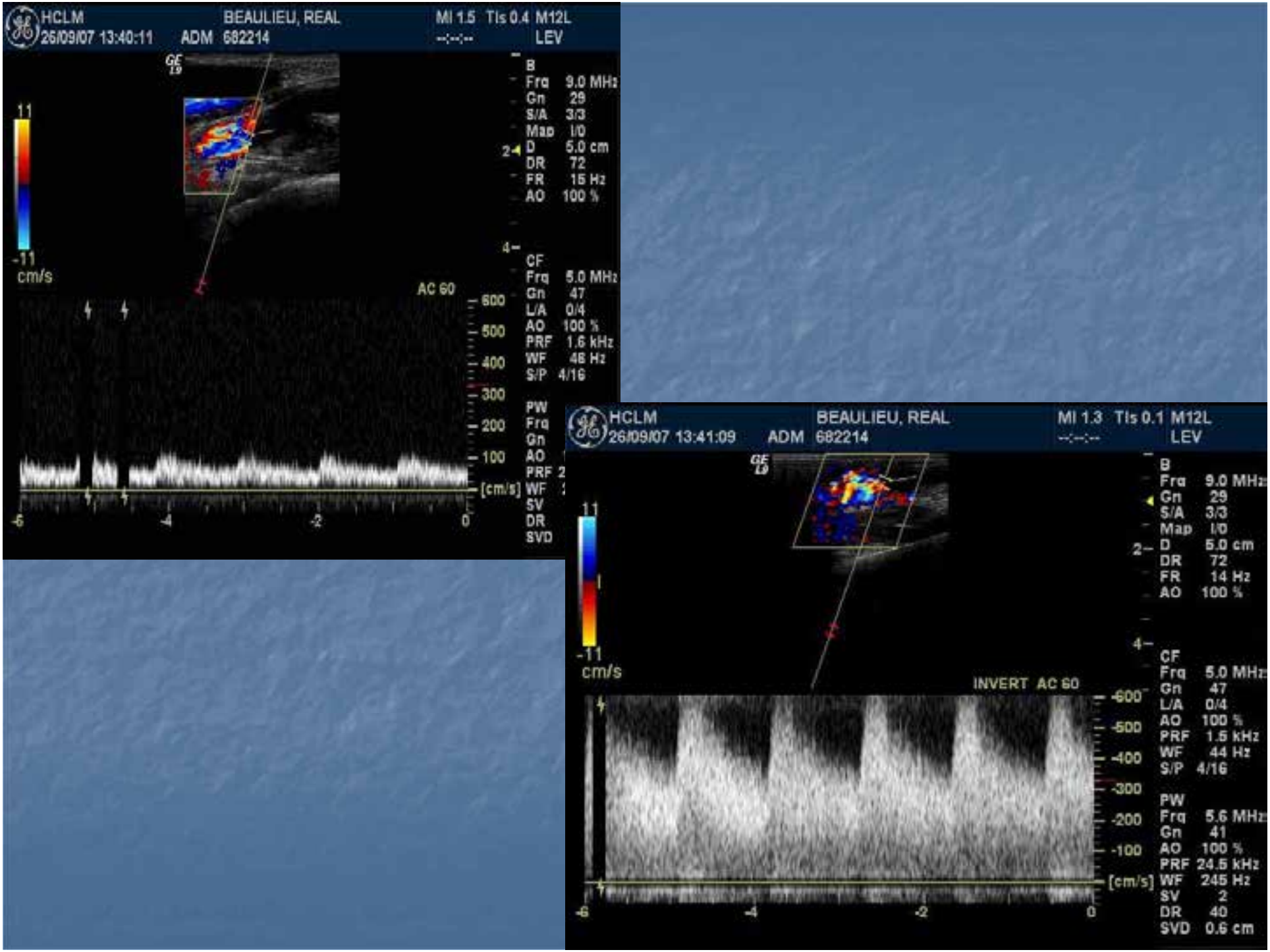
MATURATION

- FISTULE NATIVE
  3 mois

- FISTULE SYNTHETIQUE
  4 semaines

QUESTIONNAIRE

- Cathéter
- pacemaker
- Chirurgie
- Chimiothérapie
- Radiothérapie
- Thrombophlébite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26/09/07 13:40:11
BEAULIEU, REAL
ADM 682214
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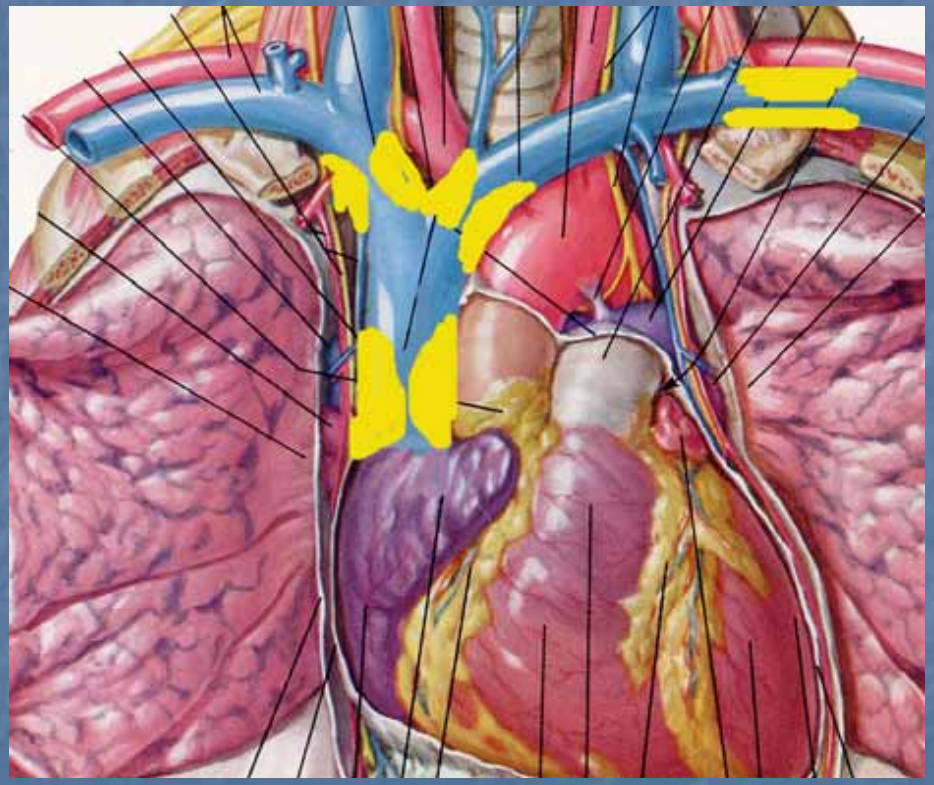
LEV
B
Frq 9.0 MHz
Gn 29
S/A 3/3
Map I/0
D 5.0 cm
DR 72
FR 15 Hz
AO 100 %
CF
Frq 5.0 MHz
Gn 47
L/A 0/4
AO 100 %
PRF 1.6 kHz
WF 48 Hz
S/P 4/16
PW
Frq
Gn
AO
PRF
WF
SV
DR
SVD
11
-11
cm/s
AC 60
600
500
400
300
200
100
[cm/s]
-6
-4
-2
0
HCLM
26/09/07 13:41:09
BEAULIEU, REAL
ADM 682214
MI 1.3 TIs 0.1 M12L
LEV
B
Frq 9.0 MHz
Gn 29
S/A 3/3
Map I/0
D 5.0 cm
DR 72
FR 14 Hz
AO 100 %
CF
Frq 5.0 MHz
Gn 47
L/A 0/4
AO 100 %
PRF 1.5 kHz
WF 44 Hz
S/P 4/16
PW
Frq 5.6 MHz
Gn 41
AO 100 %
PRF 24.5 kHz
WF 245 Hz
SV 2
DR 40
SVD 0.6 cm
11
-11
cm/s
INVERT AC 60
-600
-500
-400
-300
-200
-100
[cm/s]
-6
-4
-2
0

Sitiuation 5
sténose veineuse centrale



- Œdème
- Saignement prolongé
- Diminution de débit
- Pression veineuse
- Doppler peu utile

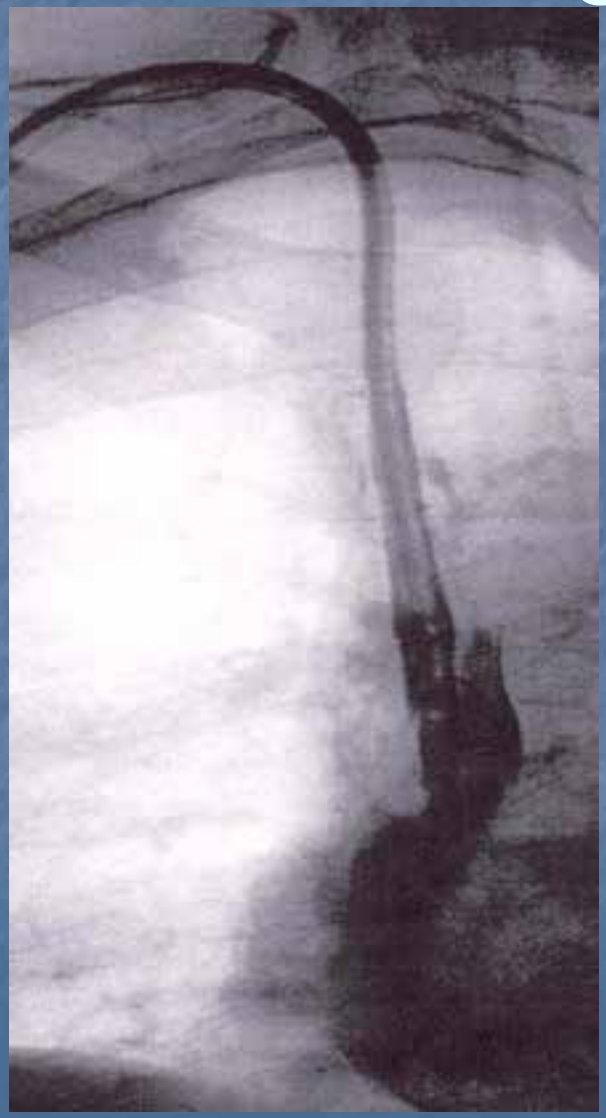
FISTULE DYSFONCTIONNELLE
étude doppler

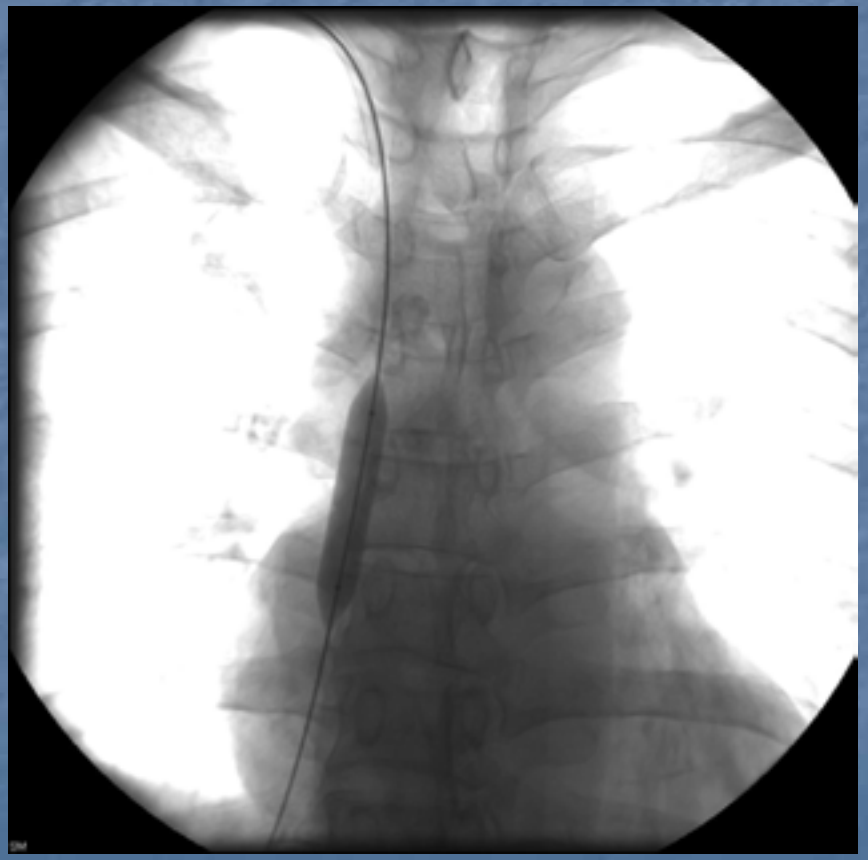
- Renseignements cliniques
- Etude anatomique
- Etude des vélocités
- Planification du traitement

FISTULE DYSFONCTIONNELLE
fistulographie

- Ponction artérielle
- Ponction fistule
- Vue d’ensemble
- Recherche de sténose
- collatérales

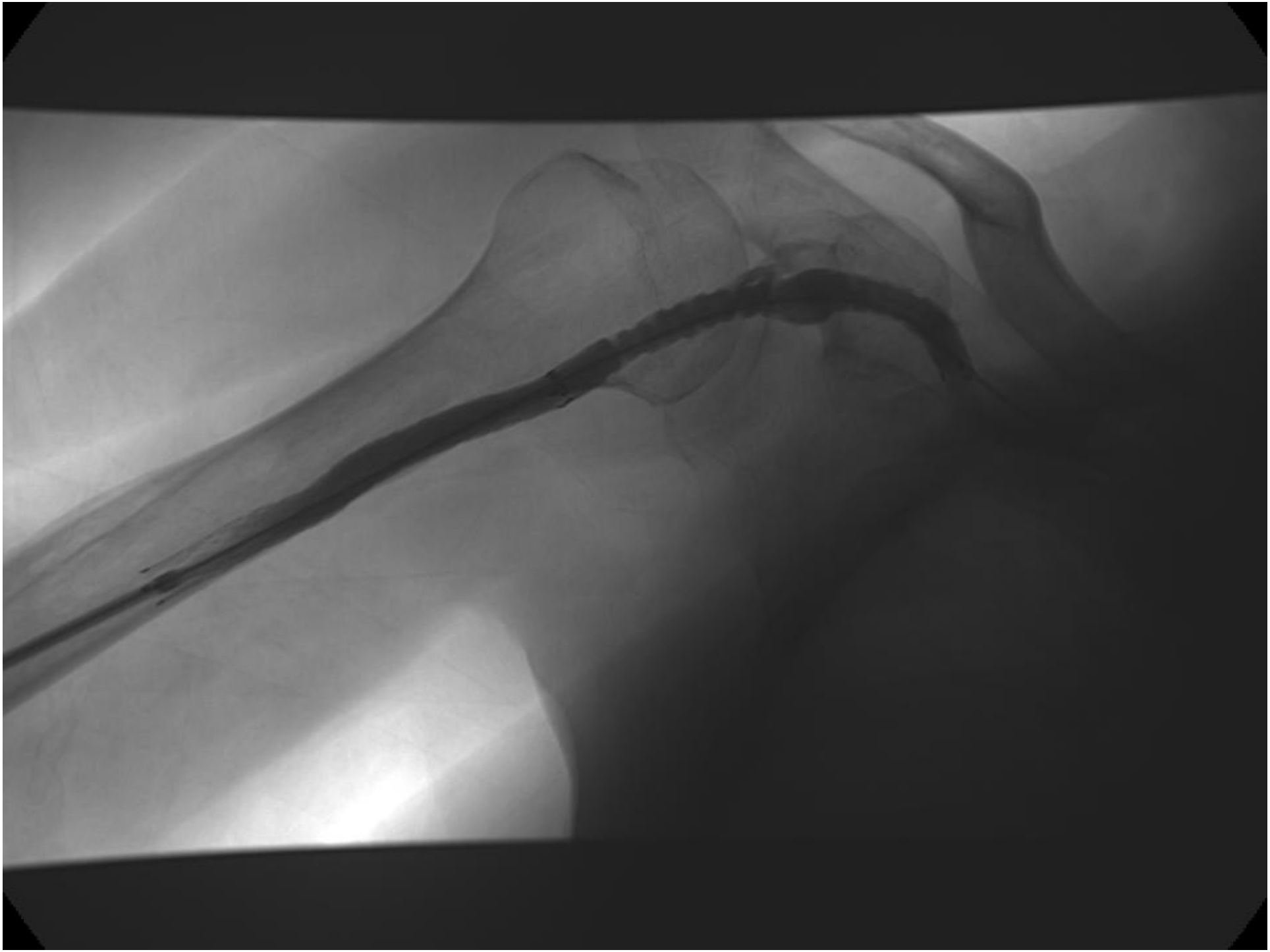
angioplastie

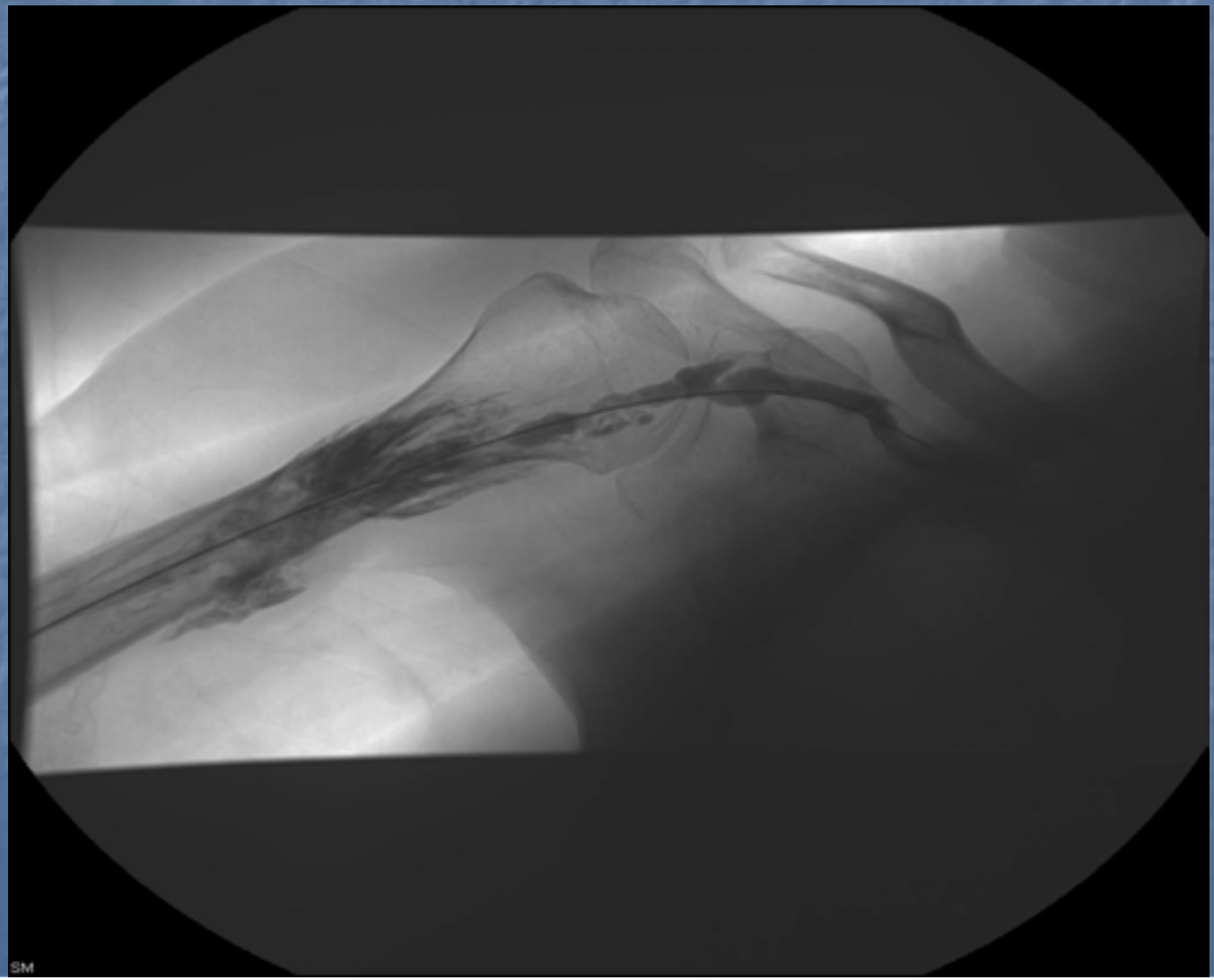




FISTULE DYSFONCTIONNELLE
pseudo-anévrisme

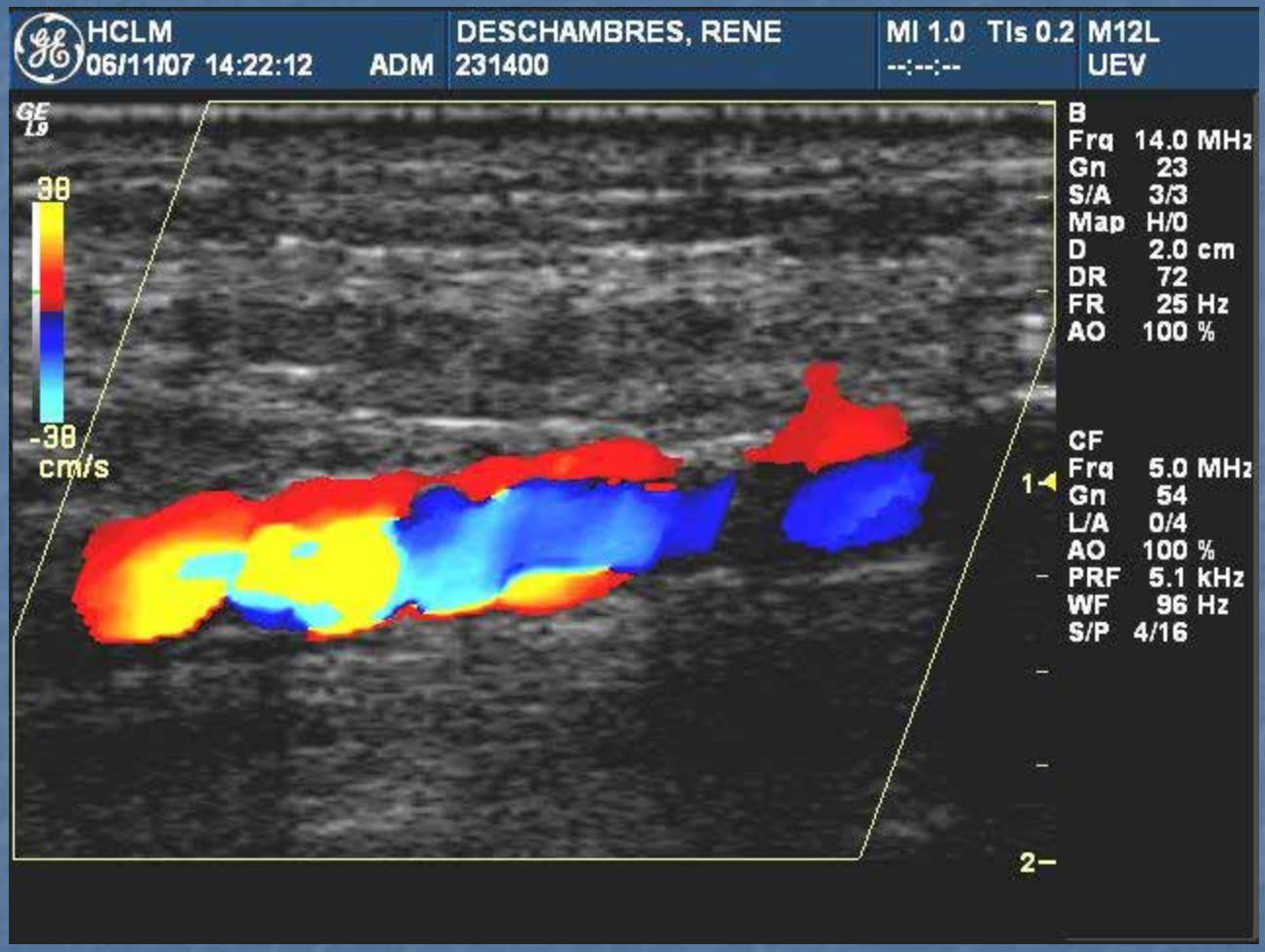
- Masse pulsatile
- Rarement un problème isolé
- Options thérapeutiques
  traiter le problème sous-jacent
  injection de thrombine
  endoprothèse couverte




SM

GAINE DE FIBRINE
option thérapeutique

- R-tpa
- Stripping par voie fémorale
- Changement de kt sur guide
- Changement de kt avec angioplastie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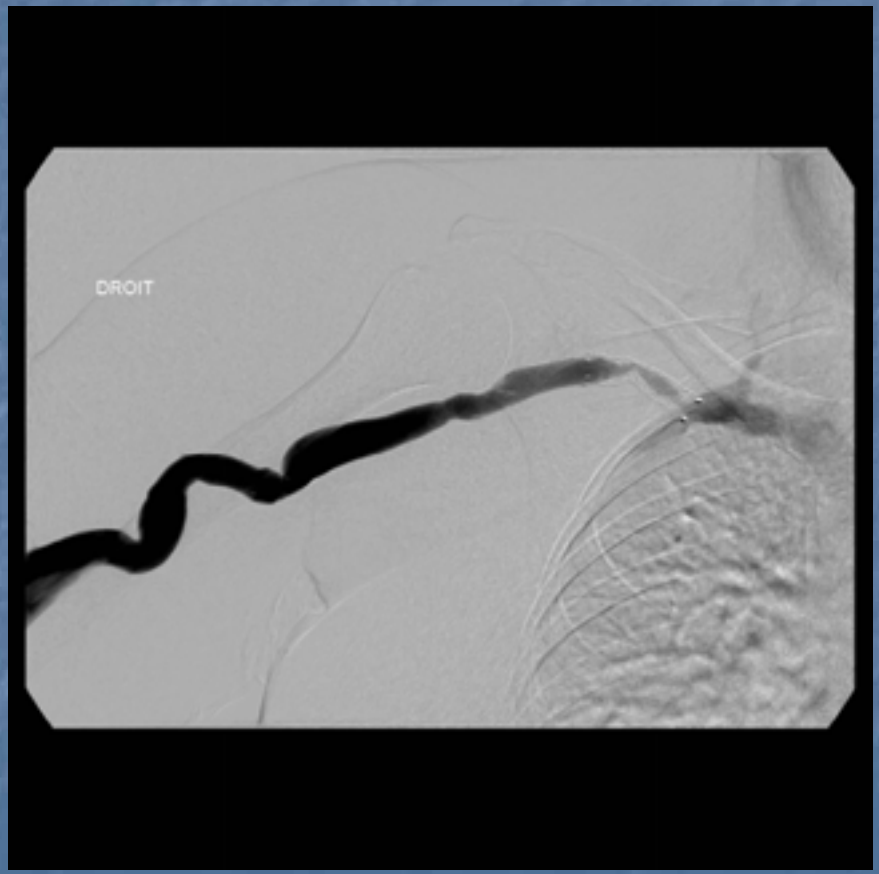
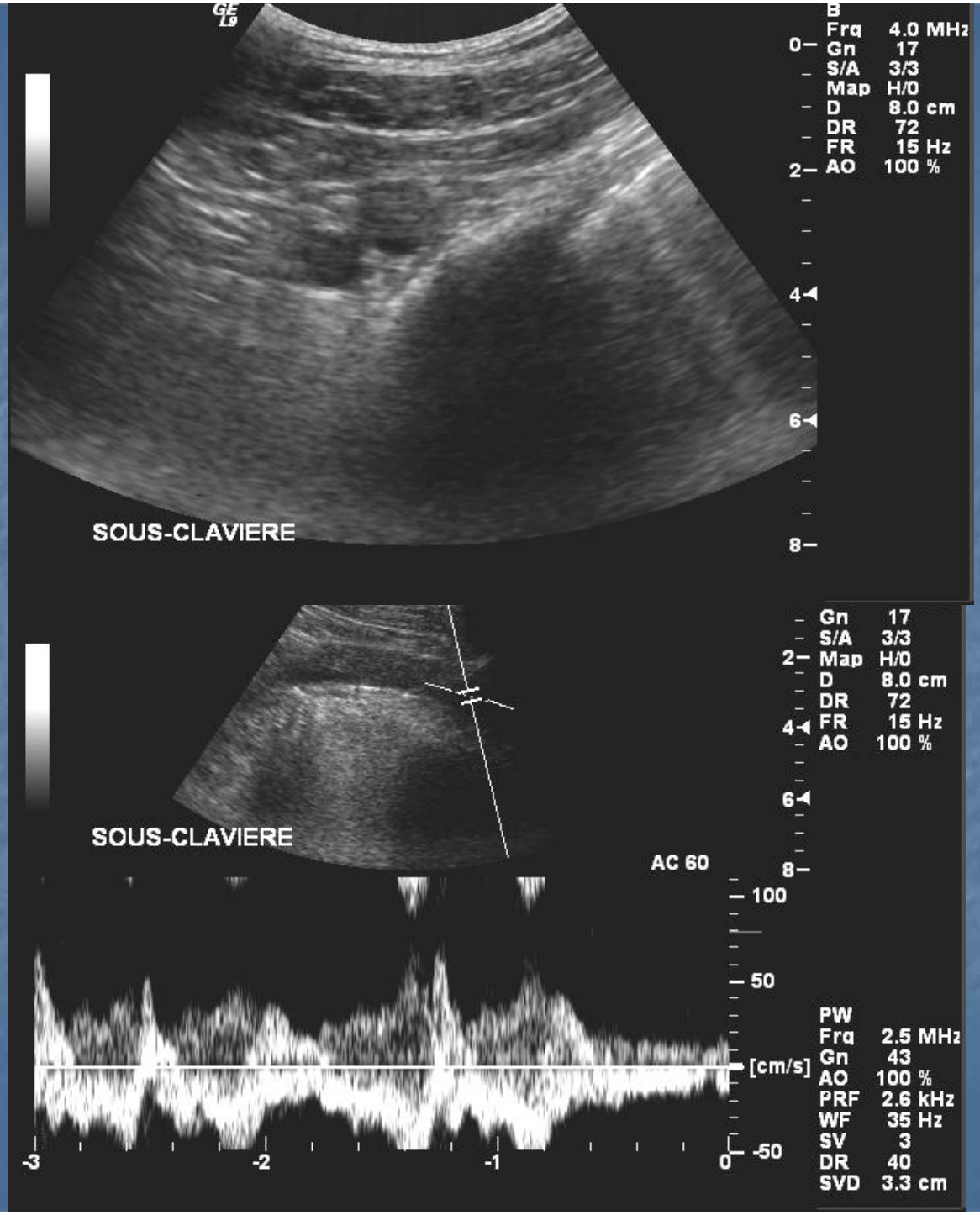
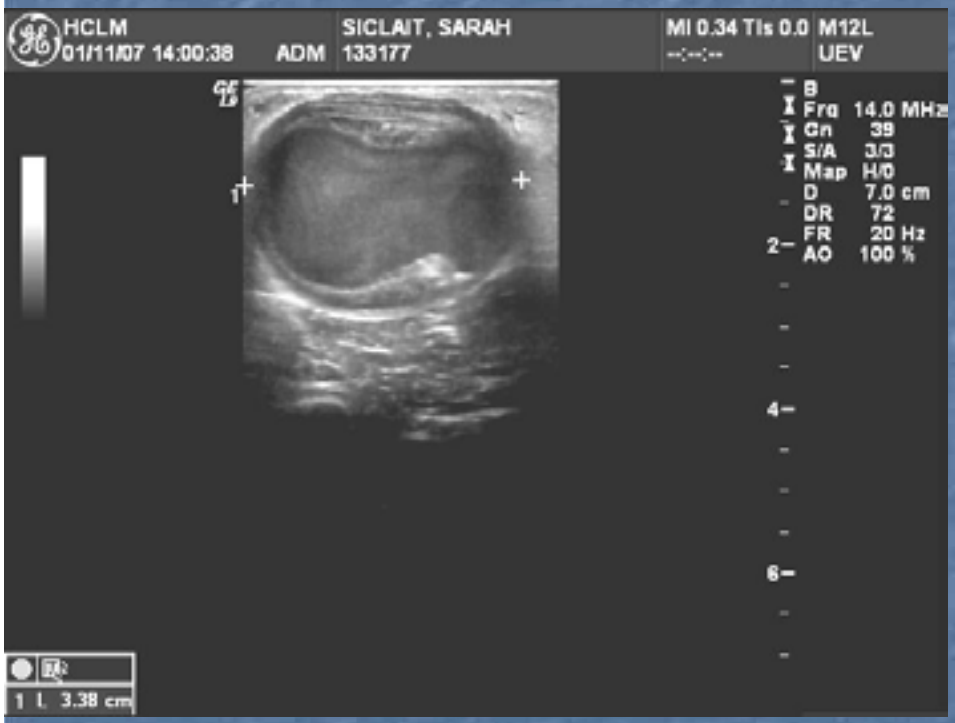
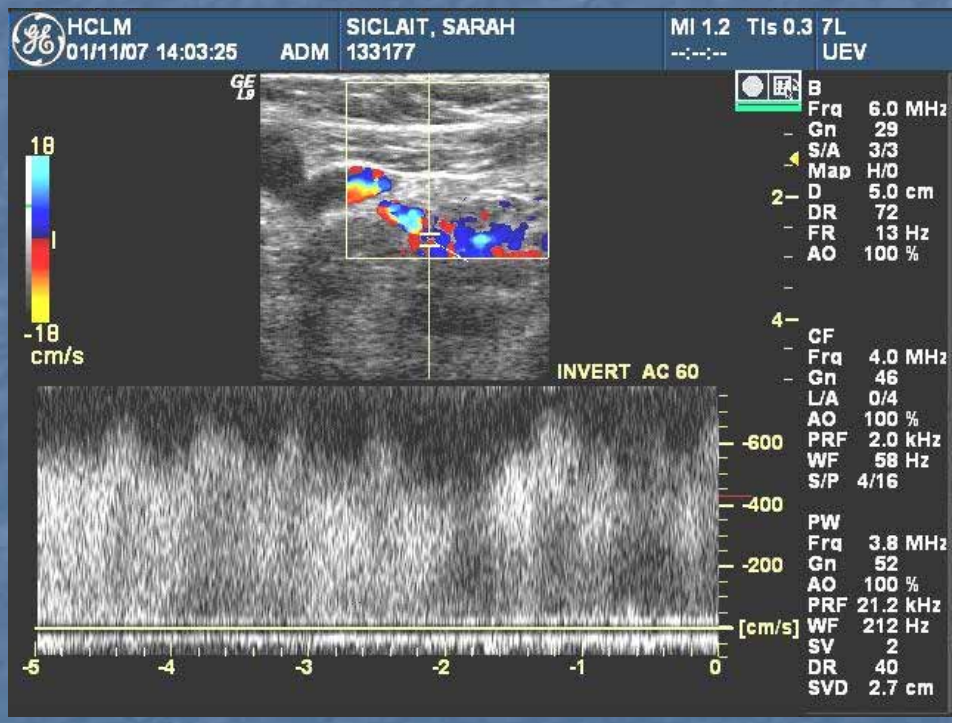
06/11/07 14:22:12
ADM
DESCHAMBRES, RENE
231400
MI 1.0 TIs 0.2
--:--:--
M12L
UEV
GE
L9
38
-38
cm/s
B
Frq 14.0 MHz
Gn 23
S/A 3/3
Map H/0
D 2.0 cm
DR 72
FR 25 Hz
AO 100 %
CF
Frq 5.0 MHz
Gn 54
L/A 0/4
AO 100 %
PRF 5.1 kHz
WF 96 Hz
S/P 4/16
1
2


DROIT


GE
L9
B
Frq 4.0 MHz
Gn 17
S/A 3/3
Map H/0
D 8.0 cm
DR 72
FR 15 Hz
AO 100 %
SOUS-CLAVIERE
Gn 17
S/A 3/3
Map H/0
D 8.0 cm
DR 72
FR 15 Hz
AO 100 %
SOUS-CLAVIERE
AC 60
100
50
[cm/s]
-50
-3
-2
-1
0
PW
Frq 2.5 MHz
Gn 43
AO 100 %
PRF 2.6 kHz
WF 35 Hz
SV 3
DR 40
SVD 3.3 cm

Sténose et pseudo-anévrisme

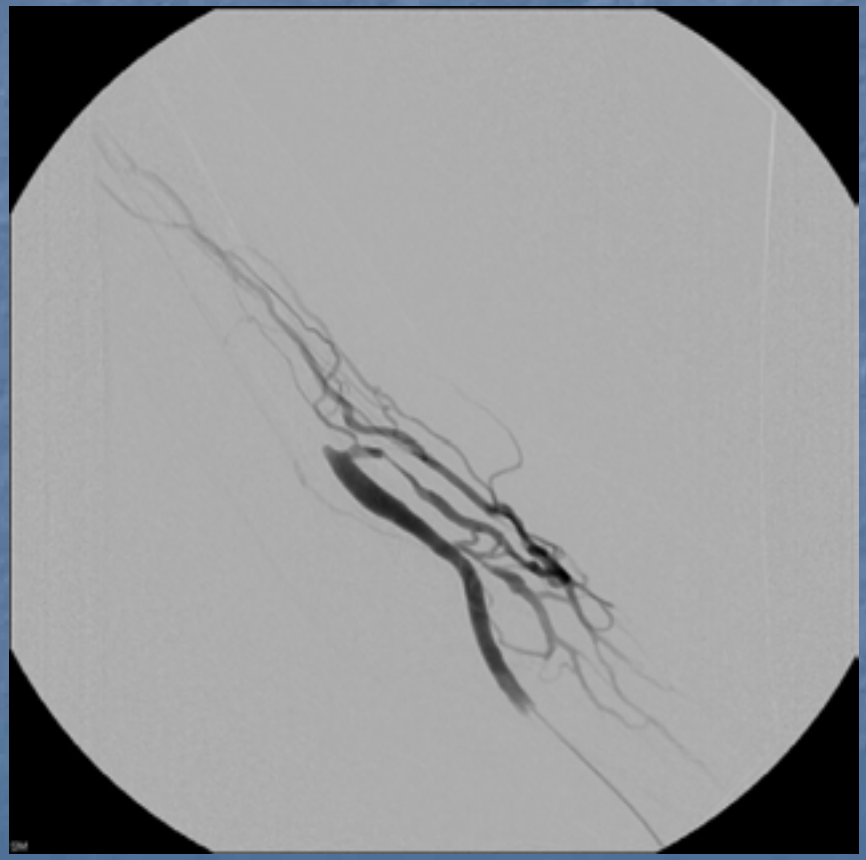


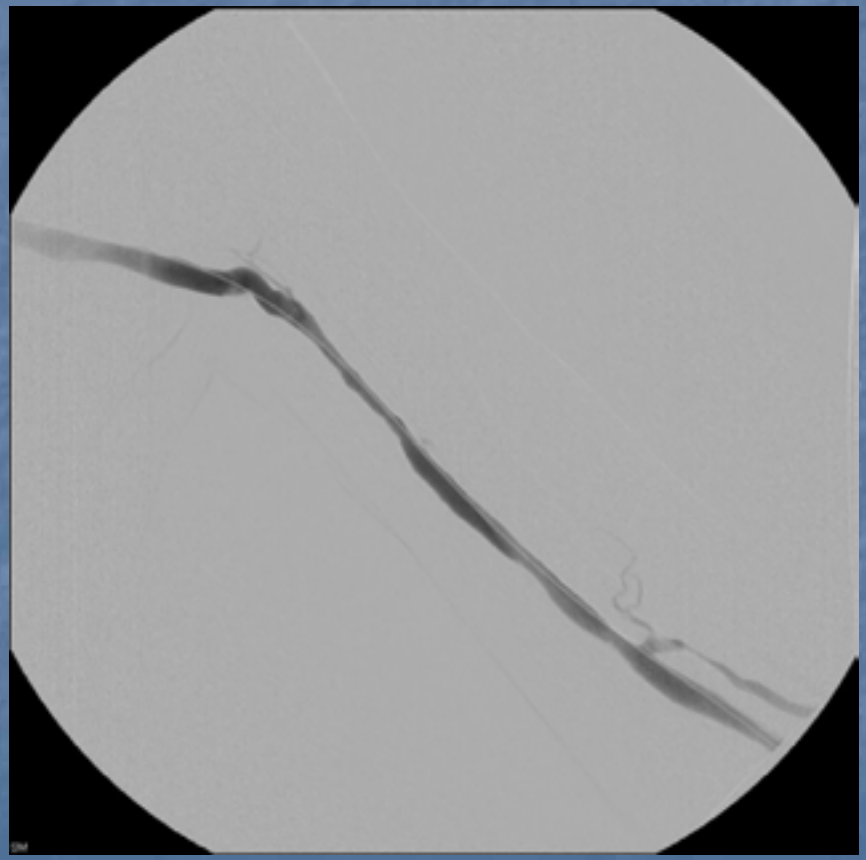


FISTULE ARTÉRIO-VEINEUSE

- Education
- planification
- Création
- Maturation
- Fonction
- Fistule dysfonctionnelle
- Options thérapeutiques

FISTULE THROMBOSÉE >10jrs recanalisation



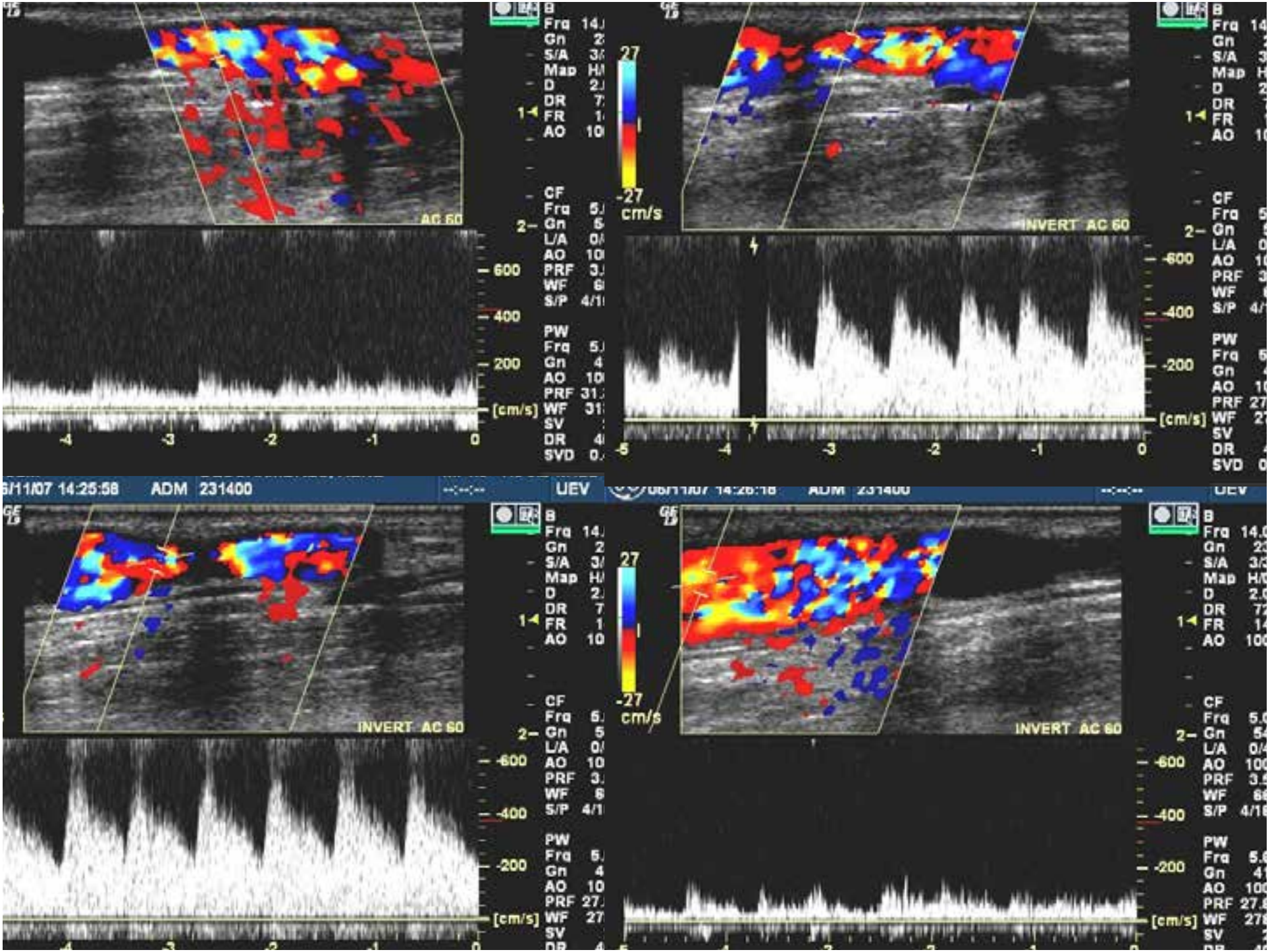


QUESTIONNAIRE

- Cathéter
- pacemaker
- Chirurgie
- Chimiothérapie
- Radiothérapie
- Thrombophlébite

EXAMEN PHYSIQUE

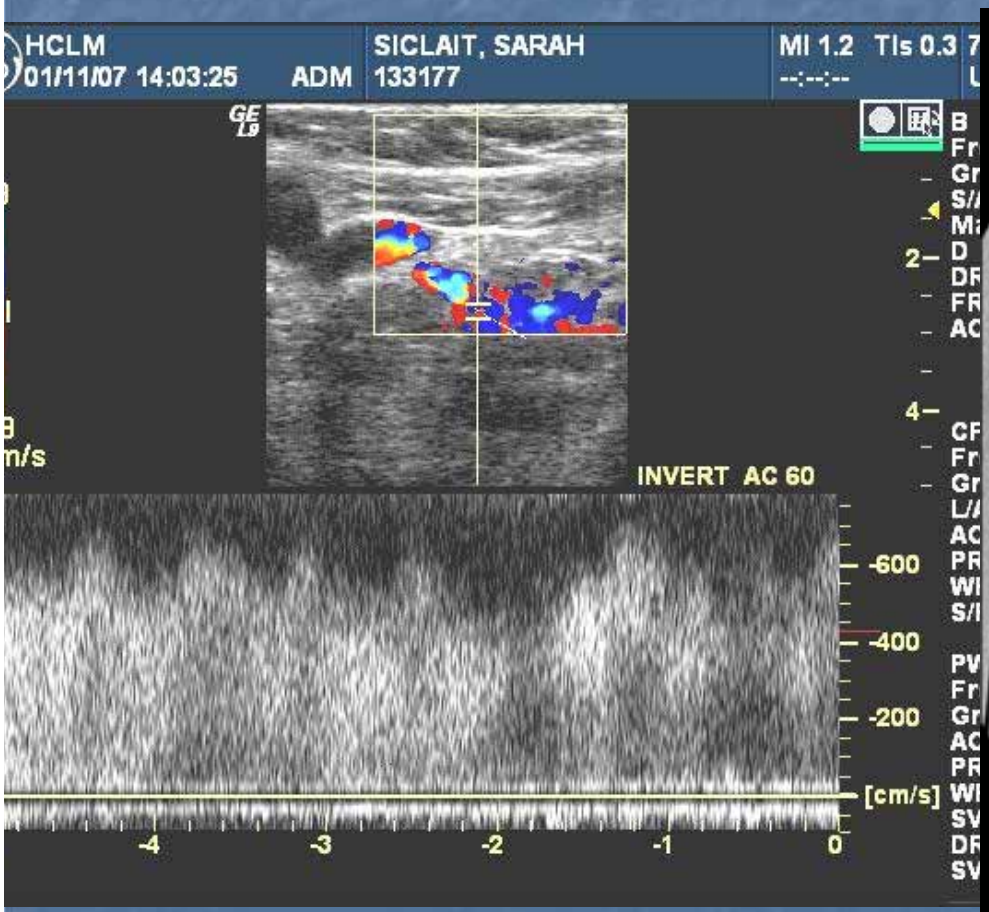
- Cicatrices
- Sans puis avec garrot
- Signes d’obstruction
- Volume des veines superficielles
- pouls

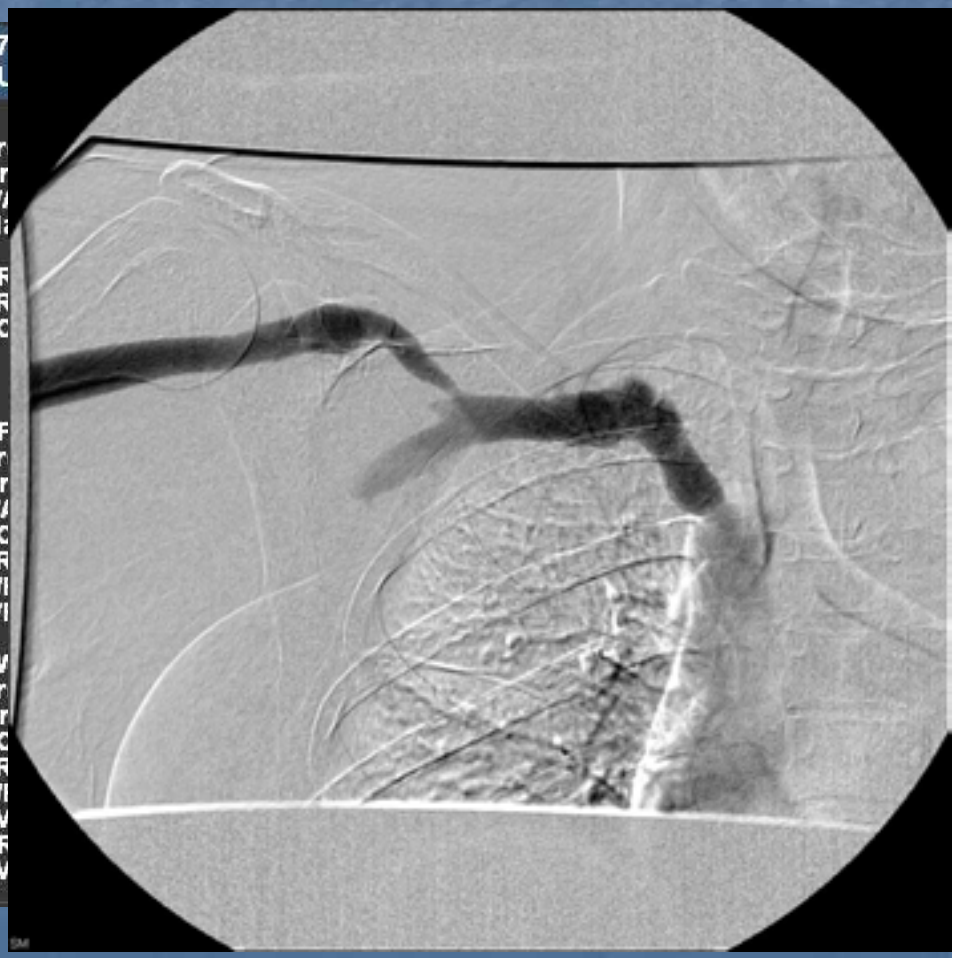

27
-27
cm/s
AC 60
INVERT AC 60
[cm/s]
ADM 231400
UEV

EXAMEN PHYSIQUE

- Cicatrices
- Sans puis avec garrot
- Signes d’obstruction
- Volume des veines superficielles
- pouls

Sténose et pseudo-anévrisme





Sténose et pseudo-anévrisme ballon haute pression