

Abstract**Our Experience in Brachio-Basilic Fistula**

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Introduction:

This study was undertaken to assess the complications from transposed brachio-basilic fistulae which were performed at our centre.

Methods:

Data for patients who had successful transposed brachio-basilic fistula over the past one year were reviewed retrospectively (May 2011 to May 2012). During follow-up, the patients were examined with Doppler ultrasound to determine the flow of fistula. Time to maturity, time to cannulation, successful cannulation and complication was reviewed.

Results:

Transposed brachio-basilic fistulae were created in 18 End Stage Renal Disease patients during study period. 16 of them the brachio-basilic fistula was created due to failure of previous fistula and there were no other options of native fistula. 2 transposed brachio-basilic fistula failed to mature adequately for cannulation. It took average of 2 months for all the fistulas to be cannulated. Complications were noted in 44.4% of cases which included hematoma, wound infection, central venous occlusion, arm swelling and steal syndrome. Except for the steal syndrome and central venous occlusion, most of the complications were managed conservatively and patency of the fistula maintained.

Conclusion:

Transposed brachio-basilic fistula could be created for successful use for dialysis especially in patients who has exhausted other option of native fistulas.