

Abstract**Proximal Neo – Anastomosis for a Case of Thrombosed Autogenous Brachiocephalic Fistula**

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ABSTRACT

The cost of maintaining autogenous arteriovenous fistula is less expensive than artificial access because of lower surgical morbidity, mortality, incidence of infection and good patency rate. However when autogenous AVF was occluded by thrombosis, the salvaging procedure for re-vascularisation did not show satisfactory results. The National Kidney Foundation Dialysis Outcomes Quality Initiatives suggests that choosing the method of salvage procedure depends on the ability of each institute. Here we present a 38year old man came with failure of left brachio-cephalic fistula thrombosis due to cannulation site infection and thrombosis. Proximal neo vein to vein anastomosis was performed. 3weeks post intervention, wound was well-healed and patient was able to continue hemodialysis without venous hypertension in the forearm.