

Audit Meeting Minutes 2/3/17

Present: AC, CR, MY, JB, SM (Apologies PG)

Discussion on bypass graft stenosis

A misdiagnosis of a graft stenosis was discussed; it was felt that when the PRF is used correctly it can help to check for aliasing and any stenosis. The velocity in a normal section of the graft should be assessed and the PRF altered accordingly.

Angle correction should be used carefully at distal anastomoses.


In some cases due to the angle of the anastomosis in relation to the native vessel, an angle of 0 degrees or lower may obtain a more accurate velocity measurement.

If there are raised velocities throughout the graft a raised velocity at the distal anastomosis may not be significant.

Remember to check in whether the graft is reversed or in situ, as with an in-situ graft there may be branches that have not been clipped and these can take flow away from the graft. This is best done in transverse.

Generally if the graft courses within the fascia it is most likely to be in-situ, if not it is probably reversed.

If it is unclear what type of graft has been used, there may be a discharge summary on the ICE system or a letter on EPRO which may give details on the graft.

 2.3.17.