



THE SOCIETY FOR
VASCULAR TECHNOLOGY OF
GREAT BRITAIN AND IRELAND

Suzanne Hargreaves has completed this personal reflection on **17/12/2018**

Paper: Autumn 2018 CPD questions

Personal Reflection:

Autumn 2018 CPD ,Äi Reflective Practice

This quarter the CPD involved two subject different papers and whilst both where interesting to read I decided to reflect on the AVF paper.

In a previous department I worked in I would scan AV Fistulas following the Trusts surveillance protocol. It was interesting to read about the comparison made between CT angiography and duplex for stenosis and dysfunctional haemodialysis.

The study confirmed that AVF stenoses caused by hyperplasia where more likely to occur at different sites depending on the type of fistula the patient had. It found radio-cephalic AVF was more likely to have stenosis at the anastomotic sites where as Brachiocephalic or basilic AVF would be more likely to stenosis at the cephalic/subclavian or basilic/axillary venous junctions. Looking back it was not something that had struck me at the time when I scanned fistulas as I had found that stenosis was more likely at the anastomosis sites. However I realised more patients had radiocephalic AVF, which corroborated the findings of the study, so the difference would not have been noticeable unless a focused study was performed to look for any differences.

It was also interesting that the reports from the duplex and CT where compared when looking for venous obstruction. The findings of the study confirmed that duplex is not the best imaging modality to look for central venous issues and although this is known it is important to keep this in mind when performing the scan and to not be over confident when scanning/reporting. When scanning the limitations of ultrasound/duplex imaging need to be kept in mind.

Reading the paper made me aware of the different areas to concentrate on when looking for issues in the different types of fistulas and it is especially important to have a lower threshold for suggesting alternative imaging so important pathology is not missed when central venous obstruction is possible. Otherwise duplex is a reliable, safe and efficient way of monitoring AV fistulas for any issues