



Helen Matthews has completed this personal reflection on **04/10/2023**

Paper: Winter 2022/23 CPD questions

Personal Reflection:

Review of A-V haemodialysis access stenosis diagnosed by DUS :

AVF is currently the haemodialysis access with the longest life expectations for the patients. However, even AVF is at risk for many complications, especially the development of stenosis and occlusion, rendering the access unviable until it is revised.

Duplex Doppler is a very precise method in the hands of experienced professionals for diagnosing AVF complications. It is also cheap, non-invasive, beneficial in choosing appropriate puncture sites for percutaneous therapy and identifying stenoses that possess a high risk of access thrombosis without necessary interventions.

However, a regular physical examination of AVF /AVGs is recommended using clinical guidelines for indicators suggesting clinically significant stenoses and treating only symptomatic stenoses.

Medium term outcomes of deep venous stenting in the management of venous thoracic outlet syndrome (vTOS) :

This was once a practice traditionally avoided due to unfavourable outcomes. However, upper limb deep venous stenting is an effective adjunct to surgical decompression in the management of vTOS due to advances in endo-vascular techniques and the improved development of various stents.

Stenting after the 1st rib resection to address residual stenotic lesions can reduce ongoing symptoms, therefore decreasing the morbidity associated with vTOS.

Ongoing surveillance is required to assess long-term patency rates and further studies with larger cohorts are required to categorically confirm these findings.