

TITLE OF PROCEDURE,Creation of AV fistula, left wrist in the anatomic snuffbox.,PREOPERATIVE DIAGNOSIS,End-stage renal disease, need for chronic access.,POSTOPERATIVE DIAGNOSIS,End-stage renal disease, need for chronic access.,INDICATION OF THE PROCEDURE,This 74-year-old lady was referred by Dr. P for placement of an AV fistula. She has been on dialysis since December 2006 by a PermCath placed in her right internal jugular vein. She undergoes dialysis on Monday, Wednesday, and Friday at DaVita in Alameda and is under the care of Dr. P. She underwent coronary bypass surgery in 2000 and her cardiologist is Dr. T. She lives with her husband and she also has a son at home and she is a very active lady. She is right handed. The plan was to place an AV fistula at the left wrist. The risks and benefits were fully explained to her. She elected to proceed as planned.,PROCEDURE IN DETAIL,In the operating room, under monitored anesthesia care with intravenous sedation, she was prepped and draped surgically. Lidocaine 1% was used for local anesthesia in the anatomic snuffbox at the left wrist. The cephalic vein was exposed. The superficial branch of the radial artery was carefully protected and the radial artery was exposed. There was moderate calcification of the radial artery.,The patient was heparinized and end-to-side anastomosis was performed between the cephalic vein and radial artery using a 7-0 Prolene suture. There was an excellent Doppler signal in the cephalic vein all the way up the arm upon completion.,The wound was closed using absorbable suture and she was transferred to

Recovery. There were no complications.