

PREOPERATIVE DIAGNOSIS:, End-stage renal disease with need for a long-term hemodialysis access.,POSTOPERATIVE DIAGNOSIS: , End-stage renal disease with need for a long-term hemodialysis access.,PROCEDURE: , Right basilic vein transposition.,ANESTHESIA: ,General endotracheal.,ESTIMATED BLOOD LOSS: , Minimal.,COMPLICATIONS: , None.,FINDINGS:, Excellent flow through fistula following the procedure.,STATEMENT OF MEDICAL NECESSITY: ,The patient is a 68-year-old black female who recently underwent a brachiobasilic AV fistula, but without transposition. She has good flow, excellent physical exam, and now is ready for superficialization of the basilic vein. After discussing the risks and benefits of the procedure with the patient preoperatively, the patient voiced understanding and signed informed consent.,PROCEDURE IN DETAIL: ,The patient was taken to the operating room, placed supine on the operating table. After adequate general endotracheal anesthesia was obtained, the right arm was circumferentially prepped and draped in a standard sterile fashion. A longitudinal incision was made from just above the antecubital crease along the medial aspect of the arm overlying the palpable thrill using a 15 blade knife. The sharp dissection was then used to identify dissection created of the basilic vein from its surrounding tissues. This was continued and the incision was elongated up the arm as the vein was exposed in a serial fashion. Branch points were then taken down using multitude of techniques based upon the luminal diameter of the branch before transection. The basilic vein

was ultimately freed in its entirety from just above the antecubital crease to the axilla at the level of the axillary vein. There was noted to be excellent flow through the vein. A pocket was then created just lateral to the incision in the subcutaneous tissue. The vein was then placed into this pocket securing with multiple interrupted 3-0 Vicryl sutures. The bed of dissection of the basilic vein was then treated with fibrin sealant. The subcutaneous tissue was then reapproximated with 3-0 Vicryl sutures in interrupted fashion. The skin was closed using 4-0 Monocryl suture for a subcuticular stitch. Dermabond was applied to the incision. Again, there was noted to be good palpable thrill throughout the superficialized vein. The patient was then awakened, and taken to the recovery room in stable condition.