

PREOPERATIVE DIAGNOSIS: , End-stage renal disease with failing AV dialysis fistula.,POSTOPERATIVE DIAGNOSIS: , End-stage renal disease with failing AV dialysis fistula.,PROCEDURE: , Construction of right upper arm hemodialysis fistula with transposition of deep brachial vein.,ANESTHESIA: , Endotracheal.,DESCRIPTION OF OPERATIVE PROCEDURE: , General endotracheal anesthesia was initiated without difficulty. The right arm, axilla, and chest wall were prepped and draped in sterile fashion. Longitudinal skin incision was made from the lower axilla distally down the medial aspect of the arm and the basilic vein was not apparent. The draining veins are the deep brachial veins. The primary vein was carefully dissected out and small tributaries clamped, divided, and ligated with #3-0 Vicryl suture. A nice length of vein was obtained to the distal one third of the arm. This appeared to be of adequate length to transpose the vein through the subcutaneous tissue to an old occluded fistula vein, which remains patent through a small collateral vein. A transverse skin incision was made over the superior aspect of the old fistula vein. This vein was carefully dissected out and encircled with vascular tapes. The brachial vein was then tunneled in a gentle curve above the bicep to the level of the cephalic vein fistula. The patient was sensible, was then systemically heparinized. The existing fistula vein was clamped proximally and distally, incised longitudinally for about a centimeter. The brachial vein end was spatulated. Subsequently, a branchial vein to arterialized fistula vein anastomosis was then constructed using running

#6-0 Prolene suture in routine fashion. After the completion of the anastomosis, the fistula vein was forebled and the brachial vein backbled. The anastomosis was completed. A nice thrill could be palpated over the outflow brachial vein. Hemostasis was noted. A 8 mm Blake drain was placed in the wound and brought out through inferior skin stab incision and \_\_\_\_ the skin with #3-0 nylon suture. The wounds were then closed using interrupted #4-0 Vicryl and deep subcutaneous tissue \_\_\_\_ staples closed the skin. Sterile dressings were applied. The patient was then x-ray'd and taken to Recovery in satisfactory condition. Estimated blood loss 50 mL, drains 8 mm Blake. Operative complication none apparent, final sponge, needle, and instrument counts reported as correct.