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## **Evolution of arteriovenous fistulas after renal transplantation**

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**Objectives:** Arteriovenous fistula (AVF) is the main long-term vascular approach in chronic hemodialysis. However, after renal transplantation, these can be the site of many complications. The aim of this study is to assess the long-term fate of FAV in renal transplant patients.

**Methods:** Our study involved 56 renal transplants with a functional vascular approach. We collected data on dialysis seniority, data on the evolution of AVF.

**Results:** Our study included 32 men and 25 women. The average age was 45 years old. The mean follow-up to the AVF constitution was 90.19 months. The mean follow-up to renal transplantation was 72.92 months. These were fistulas performed in the forearm (69% radial, 31% humeral-cephalic). Synthetic bypass was only used in 3 cases. Thrombosis during transplantation was observed in 20% of patients. In 3 patients, the concept of a blood pressure drop was found during the procedure. 8 patients had early thrombosis of their FAV. The exact date of thrombosis was difficult to determine retrospectively in many patients. FAV was closed remotely in 42% of our patients. It was always a necessity closure. The mean time to closure compared with the transplant was 45 months on average. Several of our patients still had a functional fistula, 3 of which were returned to hemodialysis using their initial AVF. AVF had never been used in 1 patient.

**Conclusions:** Distal native vascular surroundings, although not used after renal transplantation, have prolonged survival. The main progressive risk is thrombosis, which can be prevented perioperatively.