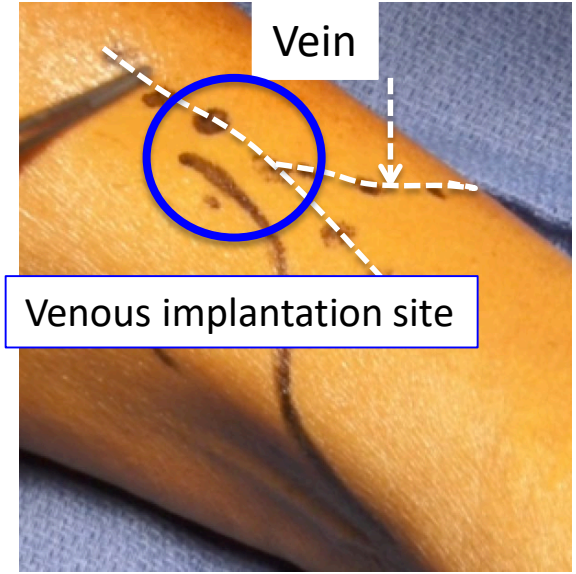
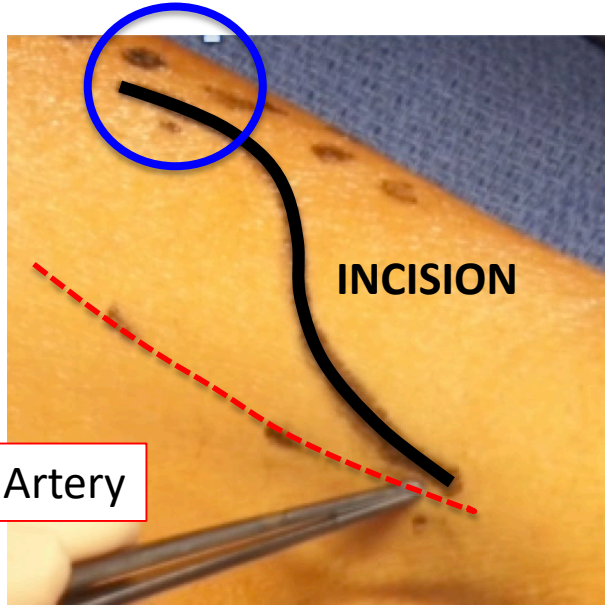
THE RADAR TECHNIQUE

Key #1 : make the right incision

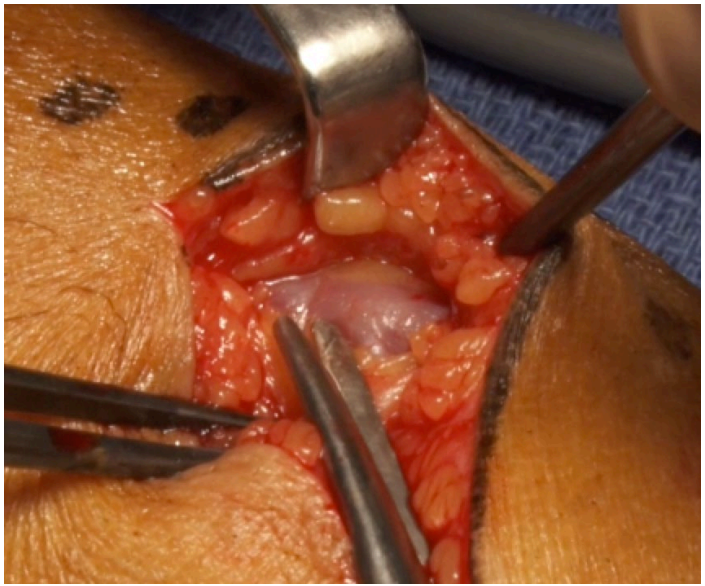




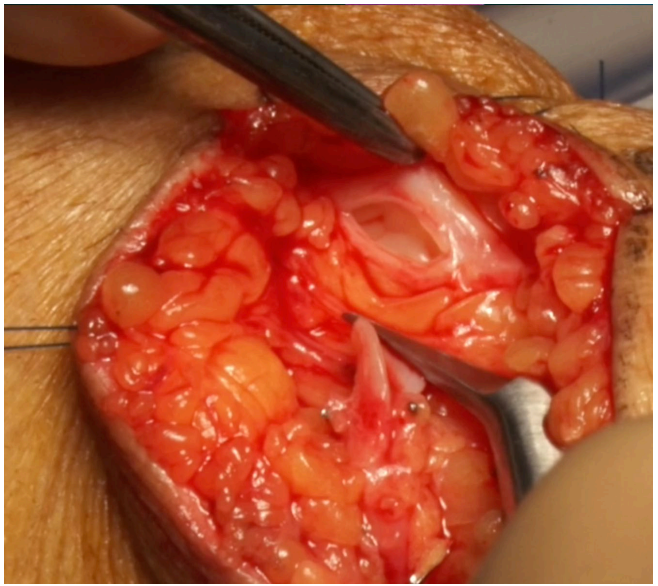
The US machine is your friend !!

THE RADAR TECHNIQUE

Key #2 : dissect only the anterior-medial aspect of the vein



No circumferential dissection

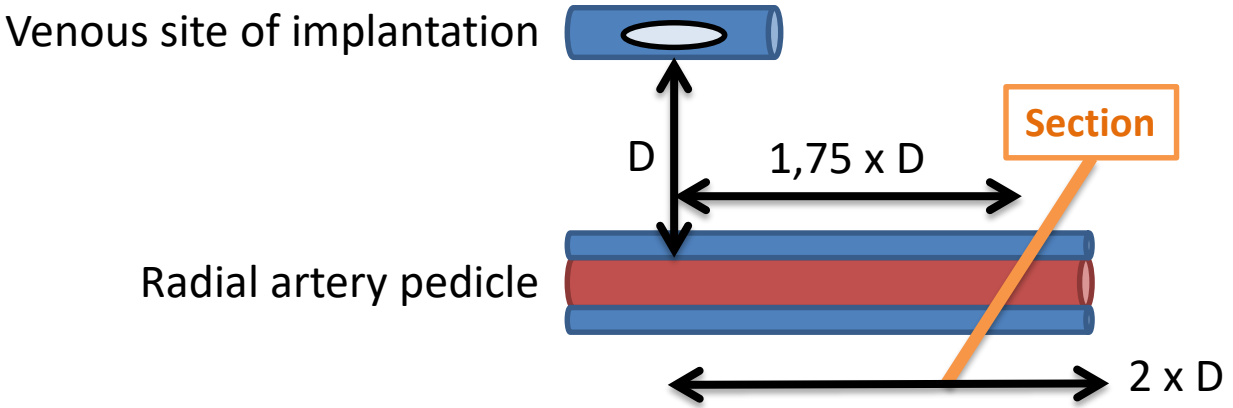


Venotomy is made facing the radial artery pedicle

THE RADAR TECHNIQUE

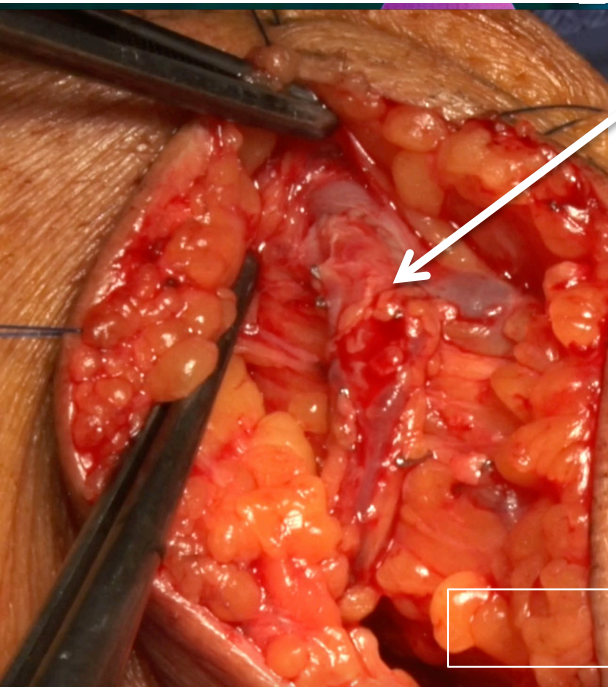
Key #3 : dissect the correct radial pedicle length

Radial pedicle length = (Distance btw artery <> vein) x 1,75



THE RADAR TECHNIQUE

Key #4 : obtain a harmonious loop at skin closure



Before removal of exposure stitches, **the artery is stretched**

After removal of exposure stitches, the loop is harmonious

Avoid the « kink »

RADAR : the DATA

RADAR RCT

200 patients – 4 centers

State funded RCT

Conventional (control)

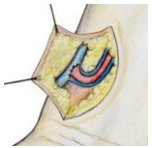
RADAR

Inclusions done : analysis in process

Centre Hospitalier Universitaire de Nice

Long term patient cohort and hemodynamics in model

201 RADAR
2 years follow-up

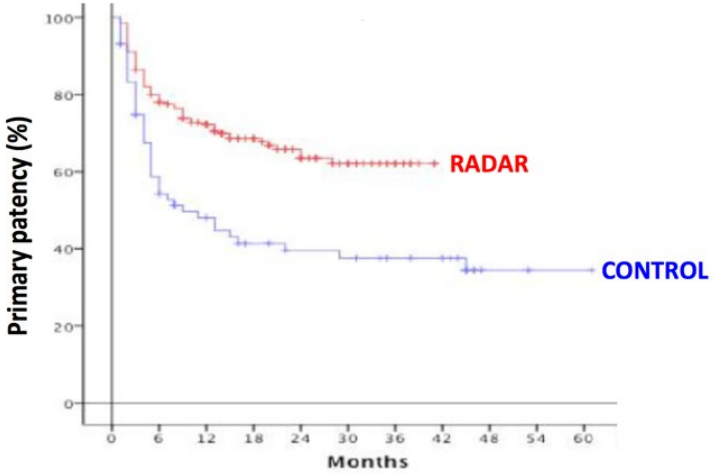


Rat model

Centre Hospitalier Universitaire de Nice

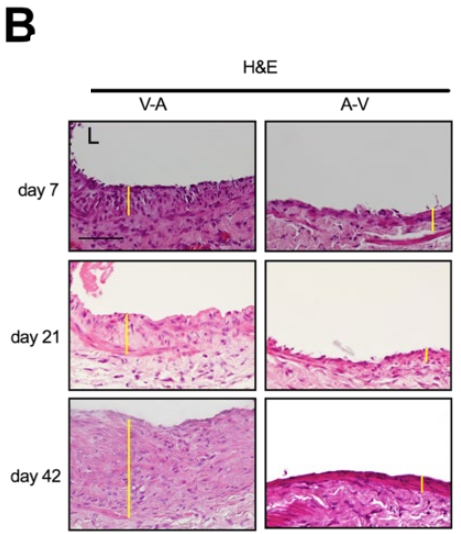
Long term cohort

The RADAR technique divided the rate of venous JAS by 10 and showed higher patency.



Rat model of AVF

The artery-to-vein model of AVF (RADAR-like) develops thinner intimal hyperplasia and shows markers of laminar flow.

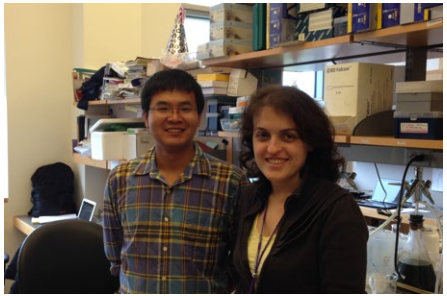


SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

VASCULAR SURGERY

Artery to vein configuration of arteriovenous fistula improves hemodynamics to increase maturation and patency

Hualong Bai[1,2,3]*, Nirvana Sadaghianloo[4,5]*, Jolanta Gorecka[1,2], Shirley Liu[1,2], Shun Ono[1], Abhay B. Ramachandra[6], Sophie Bonnet[5], Nathalie M. Mazure[4], Serge Declemy[5], Jay D. Humphrey[1,6], Alan Dardik[1,2,7,8†]



Conclusion : the good outcomes of RADAR may be related to its specific hemodynamics

THE RADAR TECHNIQUE

sadaghianloo.n@chu-nice.fr