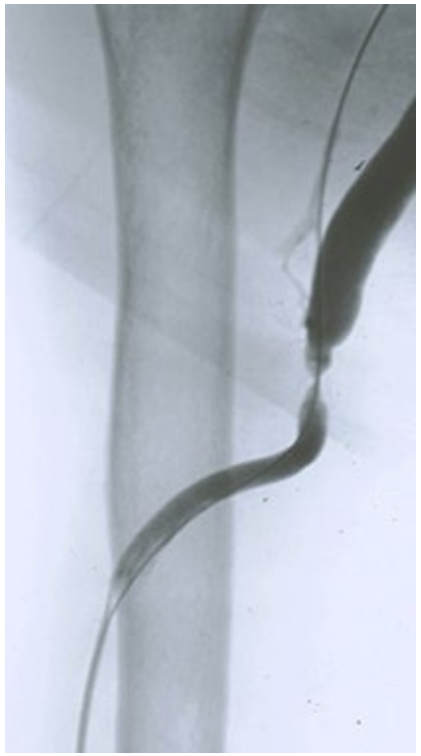
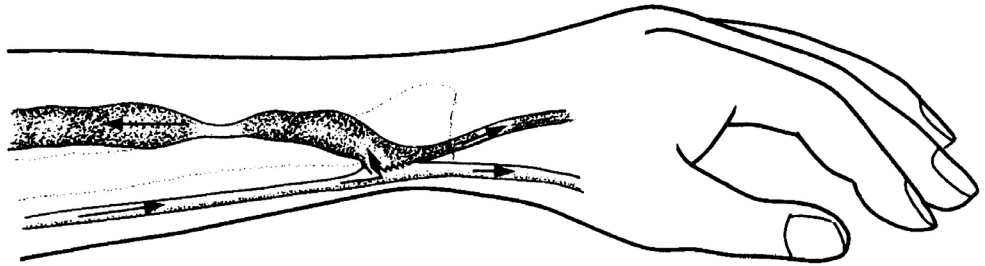
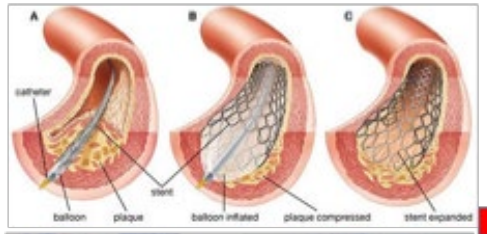
Dialysaccess stenos

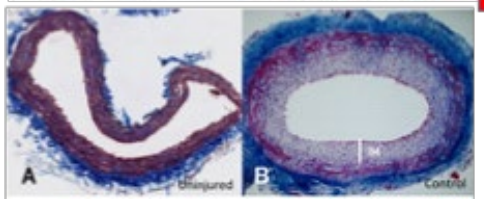
- Viktigaste orsaken till accesshaveri
  - Trombos
  - Dysfunktion
  - Mognadsproblem

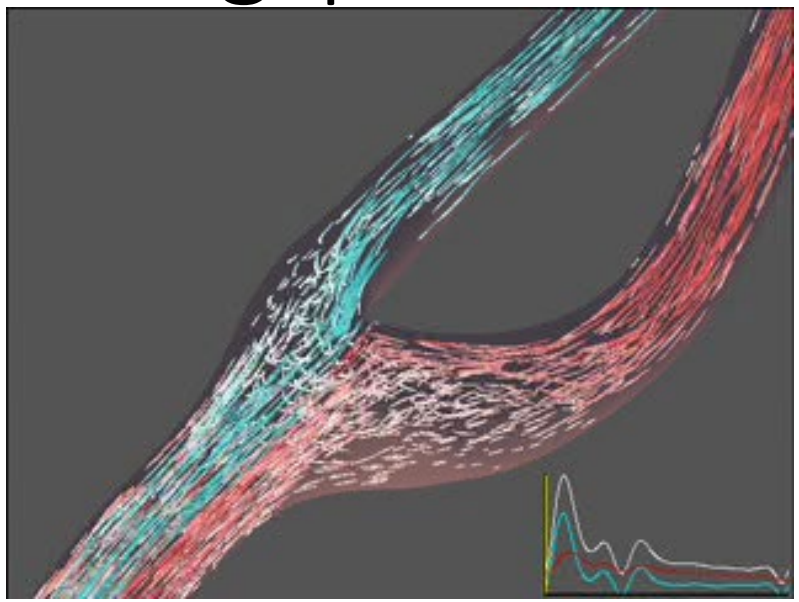


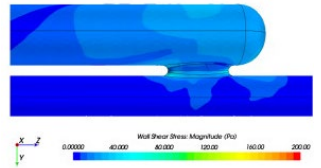


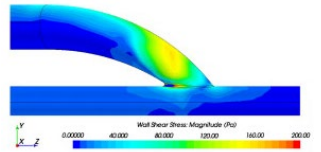
Stenosutveckling är en läkningsprocess

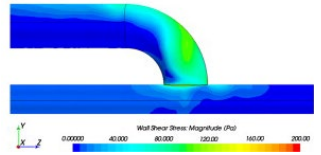




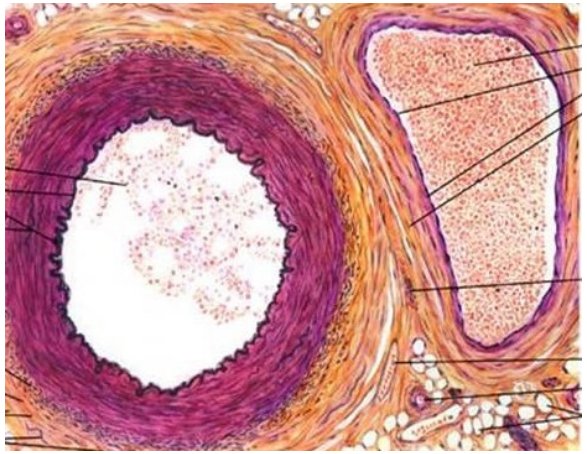


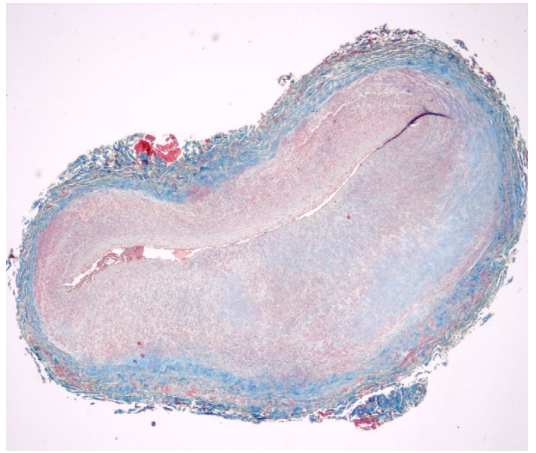






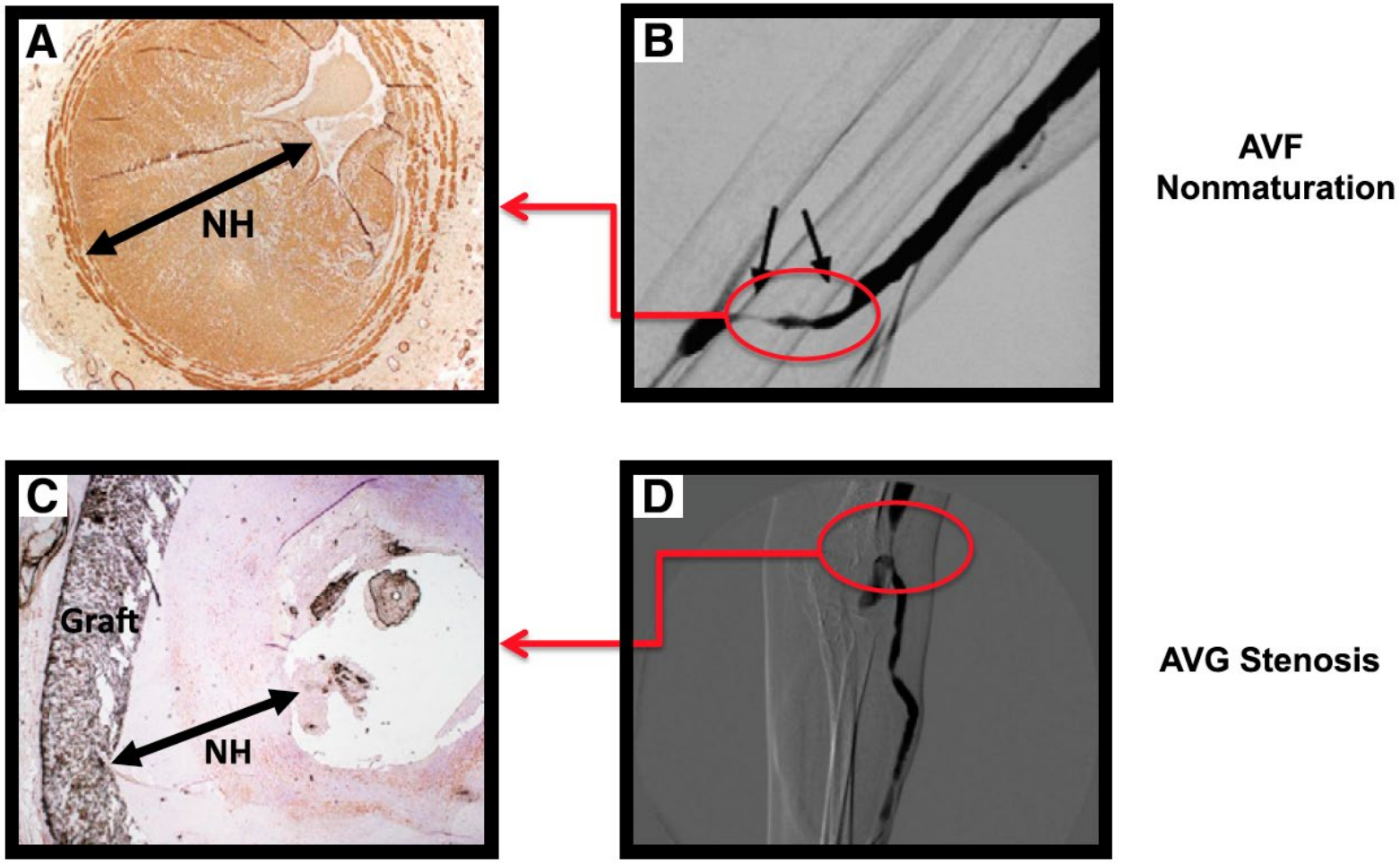
I fistelvenen en del av anpassning till artärflödet





Lokalisation

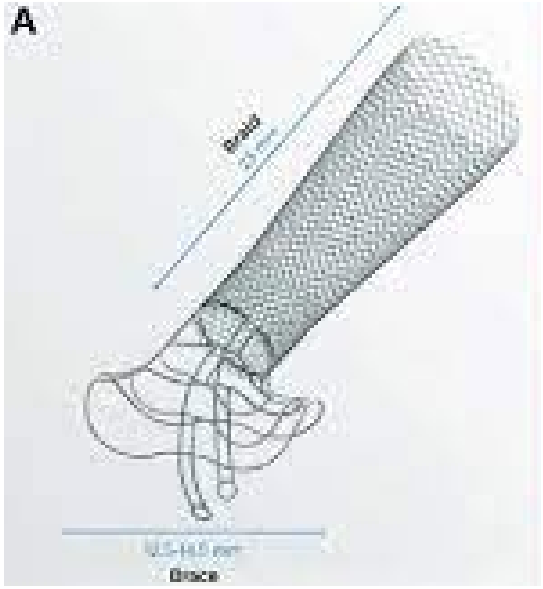
- Vanligaste lokalisationen
  - Strax efter anastomosen mot artär/graft

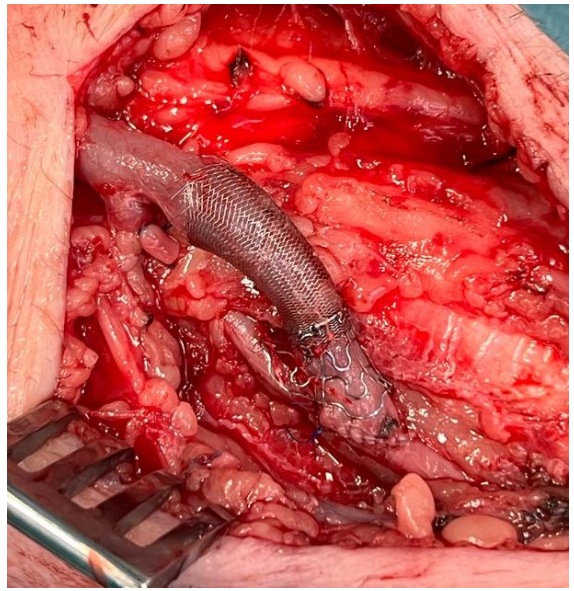


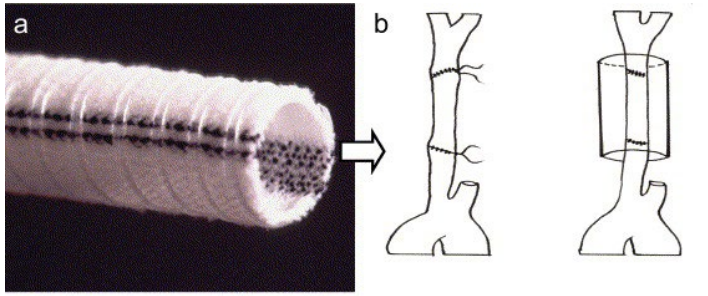
VasQ: Möjlig bakgrund

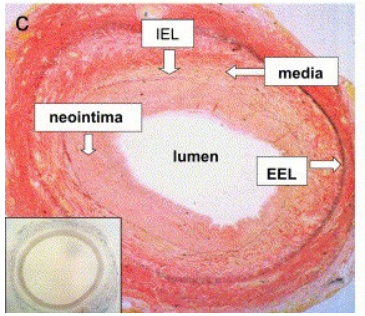
- Minskad remodellering/stenosering av vengraft
  - Yttre externt support/stent
  - (Angelini et al., Bristol, UK)

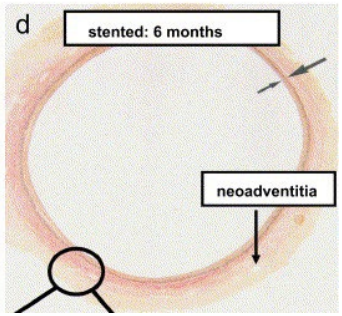
- Optimerad flödesvinkel

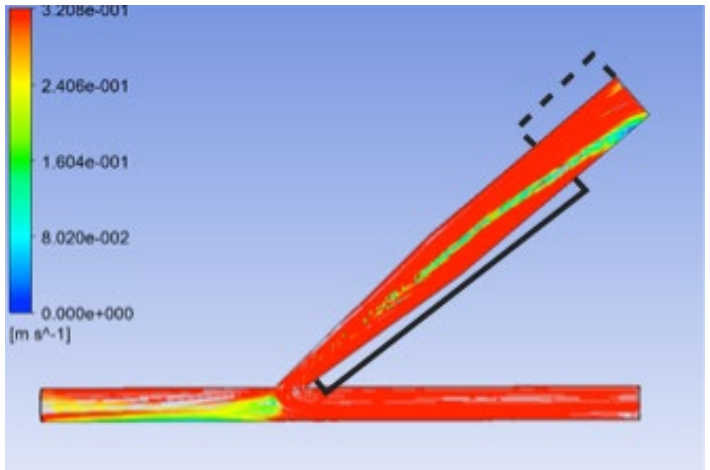






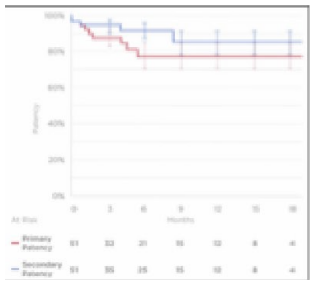


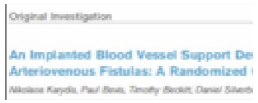




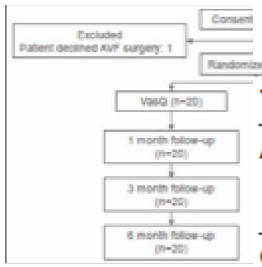
Studier

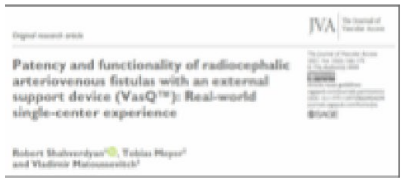

Multicenter European real-world utilization of VasQ anastomotic external support device for arteriovenous fistulae




Original Investigation

An Implanted Blood Vessel Support De
Arteriovenous Fistulas: A Randomized




Patency and functionality of radiocephalic arteriovenous fistulas with an external support device (VasQ™): Real-world single-center experience

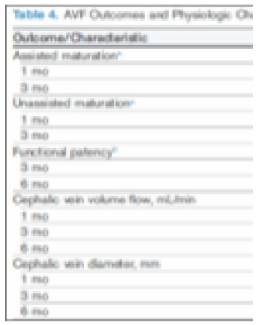
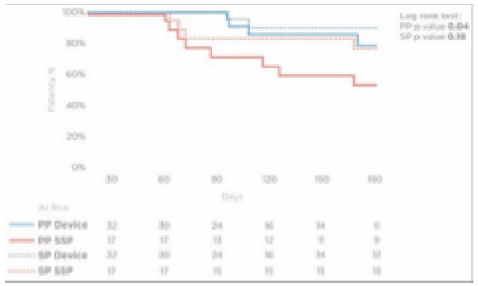


Table 4. AVF Outcomes and Physiologic Ch



Original research article

JVA The Journal of Vascular Access

Efficacy and safety of implantable vascular support in the treatment of arteriovenous fistula: A single-arm meta-analyses

The Journal of Vascular Access
2025, Vol. 26(2) 422–431

DOI: 10.1177/11297298231223537
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Sage

Xuanwei Li[1], Congyuan Ma[1], Wenlai Li[1], Yue Li[2], Meng Zhang[2] and Ping Zhu[1]

Table 1. General information of included studies.

Author	Year	Research type	Number of cases(sample/ total)	Gender (male/ female)	age	Intervention measure	Follow-up (months)	Outcome index	Adverse outcome	
Chemla et al.[8]	2016	Single-arm study	20/20	M = 15/20	F = 5/20	(65.2 44–85)	VasQ	36	①③⑤	A, B
Karydis et al.[15]	2020	RCT	20/40	M = 14/20	F = 6/20	60.7 ± 12.7	VasQ	6	①②③④⑤	B, C,D
Leonardi et al.[17]	2021	Single-arm study	16/16	M = 13/16	F = 3/16	74.0 ± 8.1	VasQ	12	①②④⑤	—
Benedetto et al.[11]	2022	Cohort study	25/25	M = 18/25	F = 7/25	69 ± 15	VasQ	6	①②④⑤	—
Shahverdyan et al.[18]	2022	Single-arm study	51/51	M = 37/51	F = 14/51	62.5 (38–84)	VasQ	18	①②③	—
Palumbo et al.[16]	2022	Non-randomized controlled trial	15/30	M = 10/15	F = 5/15	73 ± 8	VasQ	6	①②④⑤	—

Conclusions: Meta-analysis data of this study show that the VasQ device has a good effect in improving the patency rate of AVF and does not increase the occurrence of adverse events. However, due to the limitation of the number and quality of included studies, more high-quality studies are needed to confirm this in the future.