Access Strategy and Improvement

This month, we present a discussion of issues related to dialysis access, an area of endovascular therapy with extensive multidisciplinary involvement. Howard Katzman, MD, talks with *Endovascular Today* about the Vascular Access Society of the Americas and its role in chasing the goal of 66% fistula prevalence. He discusses why access patients are seen too late in the US compared to Europe and Japan and the emerging trend of freestanding arteriovenous access centers.

Lawrence Spergel, MD, and Vickie Peters, RN, update us on the Fistula First initiative, its background, challenges, and progress.

James F. McGuckin, MD, highlights the evolution and development of C-arm imaging and explains that improvements in the technology have enabled physicians to branch away from hospital-based care and to provide quality, minimally invasive medicine at freestanding centers.

Gregg Miller, MD; Konstantin Khariton; and Naveen Goel, MD, explain the issues involving tunneled catheters. Due to the higher risk of complications, catheters should be avoided whenever arteriovenous fistulas or synthetic grafts can be used for hemodialysis access. However, when a catheter must be used as a long-term dialysis access, appropriate catheter design and advanced features should be heavily considered to minimize risk of placement and maximize efficiency of the access, the authors say.

Peter H. Lin, MD, and coauthors explain that the number of patients who need maintenance hemodialysis has risen steadily over last 20 years, and with that continual maintenance comes complications including graft thrombosis, infection, and pseudoaneurysm formation. To face this latter problem, they discuss a treatment strategy for excluding pseudoaneurysms using stent grafts.

We also present an update on spinal interventions. Robert V. Purtock, MD, helps explain the often-confusing issues surrounding reimbursement for percutaneous vertebroplasty, and Mick Perez-Cruet, MD, MS, takes a look at vertebral augmentation procedures for compression fractures, one of a number of minimally invasive spinal techniques that has improved healthcare delivery.

Gustav R. Eles, DO; Mark H. Wholey, MD; and Robert L. Maholic, DO, contribute this month's New Technology column and describe a case in which a deflectable-tip guide sheath was successfully used via a brachial approach in a patient who was not a surgical candidate and had no femoral access due to severe aortoiliac disease.

Edward Woo, MD, describes a novel technique using iliac limb extensions to treat various aortic diseases and injury pathologies that may otherwise have been untreatable via an endovascular approach.

Our Today's Practice article by Michael R. Jaff, DO; L. Eleanor J. Herriman, MD, MBA; and myself discusses how digital instruments can provide personalized and interactive care for the evolving healthcare marketplace.

An interview with K. Craig Kent, MD, rounds out our July issue. The outgoing President of the SVS discusses the challenges facing vascular surgery, the role of the individual surgeon, and the bright future he sees for the specialty.

We hope you find this issue of *Endovascular Today* to be an engaging summer read. We are looking forward to providing you with the latest coverage of critical limb ischemia in our August issue. ■

Barry T. Katzen, MD, Chief Medical Editor