

at a rate of approximately 21%. The incidence of diabetes mellitus was significantly higher in the fem-pop group and appears to significantly affect graft patency and the need for another intervention, as 83% of patients with graft stenosis needing angioplasty were diabetic. Diabetes mellitus also seem to affect stent patency as 40% of patients who needed repeat angioplasty in the long SFA stent group had diabetes, however more significantly in the fem-pop population. There appears to be no obvious correlation between the type of blood thinner used and the maintenance of patency in the group with long SFA stents. Overall, 50% of patients with long SFA stents needed a second intervention to maintain primary patency while only 30% of patients who had fem-pop bypass needed another intervention to maintain patency of the conduit. It also apparent that majority of SFA occlusions in this audit occurred within the first 6 months of deployment.

OC3.11

Superficial Facial High Flow Vascular Malformations Treated by Onyx Embolization: Is There a Need for Surgery after Percutaneous Occlusion

**Mohamed Amine Habouchi,
Abdelmadjid Habba, Mounir Tabouche,
Chafa Aimeur, Sidahmed Faraoun,
Boudjema Mansouri**

*University Hospital of Bab El Oued, Algiers, Algeria.
E-mail: aminehabouchi@gmail.com*

Background: Arteriovenous malformations (AVMs) and fistulas (AVFs) are rare vascular disorders, in which embolization is the first line treatment frequently associated to an adjunctive surgery for superficial and facial localizations. The aim of this study was to report our experience in embolization of high flow peripheral AVMs with onyx. **Method(s):** 5 women and 4 men were treated by percutaneous embolization with onyx, in our institute from January 2016 to June 2017 for superficial facial high flow vascular malformation. 3 patients were treated for acute bleeding and 6 patients for esthetic purpose. Patients were followed at 1, 3 and 12 months. Clinically symptoms, bleeding and esthetic improvement were assessed. **Result(s):** During this period we have embolized in our department 1 AVFs (Houdart type I) and 8 AVMs: 6 type ii and 2 type III (Houdart classification). Complete occlusion of the malformation in one session was achieved in 5 patients, and 1 patient needed a second session. 2 patients suffered from bruits which had totally disappeared immediately after embolization. Bleeding was controlled in all patients, and esthetic improvement was achieved at one month in 3 patients (labial AVM), and the 3 other at 3 months. None of our patients underwent surgery after embolization. No major complications were recorded. **Conclusion(s):** Onyx embolization for superficial facial high flow malformation is an effective and safe therapy, could be an option for first and only line treatment in non-complex lesions.

OC3.12

Surfacer® Inside-Out® Access Catheter System: Setting Back the Clock for Dialysis Patients?

**Asim Khwaja, Yasir Suliman¹,
Mohamed Almarzooqi, Iman Alshamsi,
Moatassem Bukhari¹, Amin Eltahir,
Emad Khater, Shahabaz Patil¹**

*Sheikh Khalifa Medical City, ¹Mafraq Hospital, Abu Dhabi, UAE.
E-mail: akhwaja@seha.ae*

Background: Central venous occlusion is a serious cause of patient morbidity in hemodialysis patients which limits formation of upper extremity vascular access. The Surfacer® Inside-Out® Access Catheter System (Merit Medical, USA) is a device that aims to restore access to right atrium through occluded central veins. We review the first five patients treated with Surfacer® in GCC. **Method(s):** All patients were approved by a multi-disciplinary team. Utilizing right femoral vein approach, a 10 French sheath was advanced to the occlusion in SVC or right innominate vein (RIV) under fluoroscopy. The Surfacer® Catheter was advanced through the occlusion and the needle guidewire was externalized in the right supraclavicular region. A peel-away sheath was pulled into the central venous system over the externalized guidewire as the Surfacer device was retracted. Next, a tunnelled hemodialysis catheter was placed through the peel-away sheath into the SVC. **Result(s):** Inclusion criteria were RIV or SVC occlusion with patent right femoral and iliac veins. Patients with active infection or bleeding diathesis were excluded. All patients had history of multiple failed AV accesses and failed attempts at endovascular recanalization of the occlusion using conventional techniques. All had RIV occlusion and one additionally had a left innominate vein and superior vena cava occlusion. Technical success rate was 100%. One patient had minor post-procedure bleeding at the catheter site that stopped after suturing. The tunnelled catheter was converted to a HeRO Graft® (Merit Medical, USA) in two patients, after 10 and 188 days. In the remaining patients, their original catheter remained functional 220 days post-procedure. **Conclusion(s):** The Surfacer® Inside-Out® Access Catheter System allows access into the right atrium through occluded central veins to facilitate creation of long term arteriovenous access or convert femoral to jugular access and maintain viability of secondary veins.

OC3.13

Percutaneous Retrograde Access for Recanalization of Occluded Arteries in Thromboangiitis Obliterans (Buerger's Disease)

Behlul Igus, Ali Firat

*Baskent University Istanbul Hospital, Istanbul, Turkey.
E-mail: dr.bigus@gmail.com*

Background: Thromboangiitis obliterans (TAO) or Buerger's disease is a non-atherosclerotic peripheral vascular disease, which affects mainly young male smokers before the age of 45, especially in low socioeconomic regions. The aim of the