of hemodialysis fistulas using an Amplatzer vascular plug has recently been described only by interventional vascular radiologists. This as a better option than surgical ligation or coils with reduced hospital stay and associated morbidity.

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Long Life Efficient Permcath Fibrin Sheath Angioplasty

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Background: Fibrin sheath formation around long-term haemodialysis catheter is a common cause of failed dialysis access. The sheath begins as a thrombus containing some fibrin in the first few days and transforms to a cellular-collagen tissue after 1 week. Upon catheter removal, the sheath tends to remain in the vein instead of attaching to the catheter. **Method(s):** The topic discuss 2 years experiences of dealing with 150 permcath insertion and exchange at Vascular access center in Davita care dialysis center, Jeddah, Saudi Arabia. Treatment options include pharmacological and mechanical methods. Pharmacological therapy involves instillation of urokinase (5,000 units or above) or tissue plasminogen activator (2.5 mg in 50 mls normal saline over 3 hours) to lyse the thrombus. Mechanical treatment includes catheter exchange, fibrin sheath disruption using guide wire and angioplasty balloon, before the permcath. Removal, 0.035 Guide wire was passed through the arterial red line of the catheter. The Catheter is freed from the cuff adhesion and pulled out till the tip to be kept at the vein inlet. Angiogram to be done. **Result(s):** a fibrin sheath was present, in 50 patients with malfunctioning permcath, angioplasty was performed using an 8×4 or 10×4 balloon along the entire length of the fibrin sheath. A completion venogram was performed to document disruption of the fibrin sheath. **Conclusion(s):** The result of our study is, disruption of fibrin sheath in malfunctioning permcath can keep using the same side of vein insertion specially for patient with poor chances of AVF creation avoiding central venous stenosis and preserving efficient hemodialysis access.

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Uterine Artery Embolization to Control of Life Threatening Unusual Secondary Postpartum Haemorrhage

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Background: Secondary post partum haemorrhage is a rare post natal complication yet with significant morbidity and mortality. **Method(s):** We present a 21 yr old female primigravida suffered from severe secondary post partum haemorrhage after cesarean section by five weeks presented to emergency department with significant haemoglobin drop, ultrasound revealed increased myometrial vascularity with intrauterine echogenic material, further contrast enhanced CT study revealed hypertrophied

left uterine artery with suspected arteriovenous malformation Endovascular uterine artery angiography and embolization was done followed by elective hysteroscopy and curettage. **Result(s):** Successful control of vaginal bleeding with stable haemoglobin level, no need for transfusion Histopathological examination of the curettage specimen revealed infarcted afenomatous polyp. **Conclusion(s):** Uterine artery embolization is safe and feasible for primary control of secondary post partum haemorrhage even in cases with retained placental products and endometrial polyps.

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Prophylactic Antibiotic for Portacath Insertion, is there any Benefit?

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Background: Prophylactic antibiotics for portacath insertion is a controversial topic and is mainly indicated in immunocompromised patients requiring the same procedure. The aim of the study is to review patients at our hospital who underwent portacath insertion with prophylactic antibiotic cover and compare them with patients who had the same procedure without antibiotic cover. We reviewed the rate of catheter-related infections (CRIs) in these two groups. **Method(s):** This is a retrospective study and was done by analysing the medical records, clinic letter and procedural notes using Cerner system. CRIs were defined as a patient treated with antibiotics for port site induration, positive blood cultures, or suspicion of infection that led to port removal within 30 days of placement. We reviewed the data of patients who underwent portacath insertion between March 2018 until Dec 2018. **Result(s):** A total of 31 Portacath insertions were done at our institution during the above mentioned period. A total of 21 patients had no antibiotic cover for the portacath insertions and 10 patients had prophylactic antibiotic cover. There were 18 male and 13 female patients. Mean age= 48 (18-70). 28 patients had right sided portacath insertion. Three patients had left sided portacath insertion. No immediate procedural or delayed complication were seen in either cohort. **Conclusion(s):** Our study did not show any benefit of giving prophylactic antibiotics prior to insertion of portacath.

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Drug Coated Balloons in Hemodialysis Access Circuits: A Meta-Analysis and Systematic Review

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Background: Hemodialysis access stenoses are a major source of morbidity and cost for renal dialysis populations. With endovascular techniques a single access can be maintained for a longer period, although this often requires multiple balloon angioplasties (BA) with adjuncts such as high pressure or cutting balloons to treat areas of neointimal hyperplasia in the access circuit. Drug coated balloons (DCB) have been used to decrease recurrence of stenoses although the evidence is not yet definitive. This study sought to collate data from trials to assess 6 and 12 month target lesion revascularization as a measure of DCB efficacy