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.

P420

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.

P421

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.

P422

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.

P423

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

compared to BA. **Method(s):** Embase, Medline and the Cochrane Central Registry were searched for randomised controlled trials evaluating DCB against BA for arteriovenous fistulas and grafts, central venous stenoses were excluded. The outcome was the need for revascularization due to index lesion restenosis within 6 and 12 months or access thrombosis. A random effects meta-analysis with generic inverse variance weighting was used to generate summary statistics for these outcomes. **Result(s):** 69 abstracts were identified from which seven studies were included for meta-analysis, totaling 707 access stenoses. All studies utilised paclitaxel coated balloons as intervention. At 6 months DCB showed a non-significant trend towards reduced restenosis (RR 0.74, 95% CI: 0.49 to 1.11, $p=0.14$). The 12 month results also showed no significant difference between DCB and BA (RR 0.91, 95% CI: 0.67 to 1.23, $p=0.53$). **Conclusion(s):** Although there was a reasonable amount of heterogeneity, the results presented show that routine use of DCB in hemodialysis access circuits should be reconsidered until further studies show subgroups that may benefit. It is possible that the continued hemodynamic disturbance in the fistula circuit does not allow for the same patency effects of paclitaxel seen in the peripheral arterial circulation.

P424

Below Knee Angioplasty in Diabetic Patients: Predictors of Major Adverse Clinical Outcomes

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Background: To determine predictors of clinical outcome following percutaneous transluminal angioplasty (PTA) in diabetic patients with below knee atherosclerotic lesions causing critical limb ischemia (CLI). **Method(s):** Over one year, 67 patients (CLI 100%) underwent below knee PTA. The composite end point of interest was major adverse clinical outcomes (MACO) of the treated limb at follow up which was defined as clinical failure, need for subsequent endovascular or surgical revascularization or amputation. Actuarial freedom from MACO was assessed using Kaplan-Meier curves. **Result(s):** Successful limb salvage was seen in 88% with CLI. Complete wound healing was achieved in 76% of cases with a mean time to healing of 10.7 months. Significant predictors of MACO were technical failure (p value 0.002) and occlusive lesions (p value 0.019). We reported a percentage of 76.1% freedom of MACO. **Conclusion(s):** Below knee PTA is a feasible therapeutic option in this diabetic population. Technical failure and occlusive lesions may be predictors of adverse outcome.

P425

Non-Operative Management of Hepatic Parenchymal and Vascular Injuries: A Departmental Review

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Background: Life threatening conditions like gastrointestinal bleeding is a medical emergency which require an intervention to control the bleeding. Conventionally, surgical method was opt to manage such patients but high mortality and morbidity

rates of 10%-20% convinced the health care workers to switch to some relatively safer and less invasive method to manage hemorrhagic conditions. Advent of non-operative management i.e. arterial embolization for blunt hepatic injuries in around late 20th century emerged as an operative intervention in controlling bleeding. Arterial embolization is becoming a standard first-line treatment option for the management of hemodynamically unstable patients with acute arterial bleeding from all sources. Minimally invasive percutaneous technique offers treatment for arterial lesions that were previously considered inoperable or deemed to require extensive surgical dissection and/or reconstruction, associated with high morbidity and mortality. Mortality increases substantially if emergency surgery is required for aneurysm rupture. Interventional radiology techniques are being used increasingly to treat pseudo aneurysms, and in most centers, they are the first line of treatment. The success of interventional radiology treatment is dependent on high quality cross sectional pre-procedural imaging and adequately trained vascular interventional radiologists. Interventional radiology has proven to be highly suited to this type of condition, thanks to reduced invasiveness, high success rate and lower risk of complications. **Method(s):** A retrospective review of cases of hepatic arterial angioembolization performed in our department during 8-year period was performed. Sixty vascular angiographies were performed in 56 patients (45 males and 11 females, age range 12-66 years) who were referred with hemorrhagic hepatic and vascular emergencies to Aga Khan University hospital's angiography suite from December 2007 to December 2015. Data on clinical indication, technique, site and type of bleeding lesions was obtained from a retrospective review of medical records. Success rate, clinical outcome and complications of the procedure were analyzed. **Result(s):** Fifty six patients underwent angioembolization in our department during this period. Most of them had computerized axial tomographic (CT) scan followed by HA. Active extravasation and pseudoaneurysm formation was seen in most with a few showing arteriovenous malformation, tumoral blush or laceration. **Conclusion(s):** Hepatic arterial angio embolization is a safe, effective and lifesaving therapeutic tool for managing liver parenchymal and related vascular emergencies in hemodynamically stable patients.

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Efficacy of Conventional Venography in Therapeutic Planning of Budd Chiari Patients

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Background: Budd-Chiari syndrome is a heterogeneous group of disorders characterized by hepatic venous outflow obstruction that involves one or more draining hepatic veins or IVC. Clinical manifestations in many cases are nonspecific, and imaging may be critical for early diagnosis of venous obstruction and accurate assessment of the extent of disease. If Budd-Chiari syndrome is not treated promptly and appropriately, the outcome may be dismal. Comprehensive imaging evaluations, in combination with pathologic analyses and clinical testing, are essential for