

Hemodialysis Reliable Outflow (HERO) Graft as an alternative for limited vascular access

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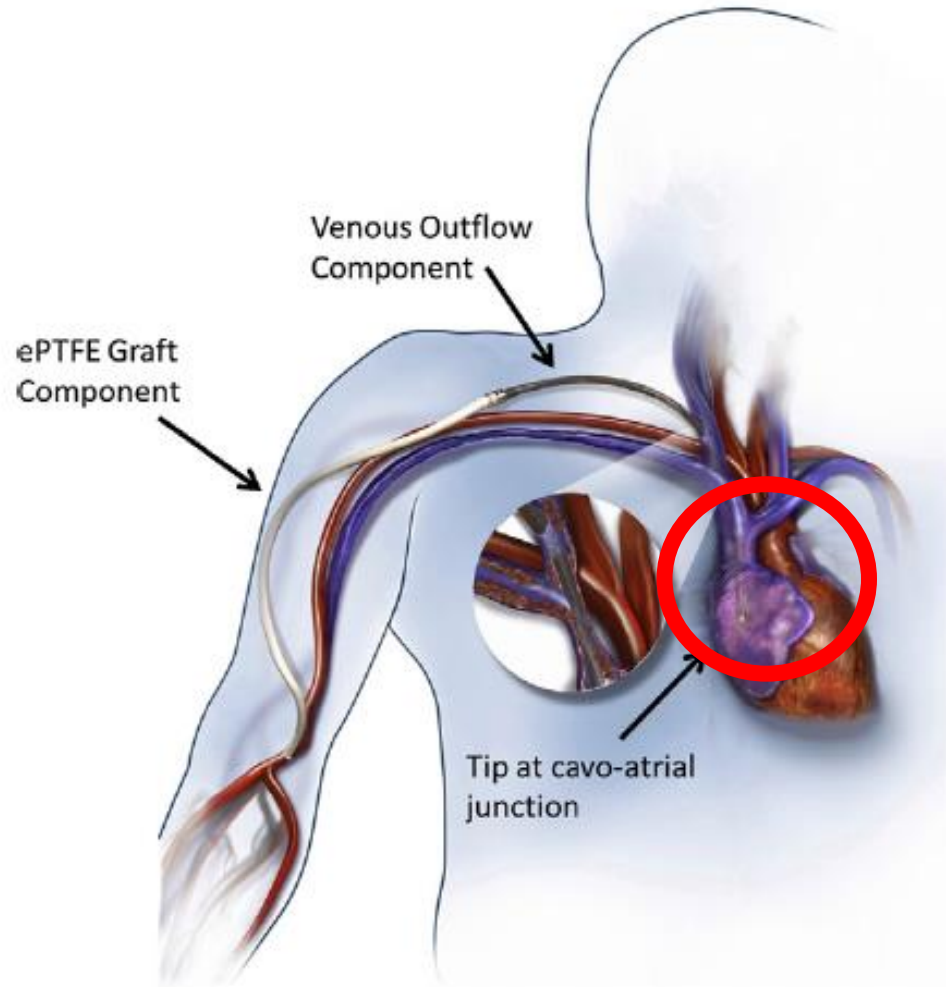
Clinic for Vascular and Endovascular surgery

Marienhospital Witten - Germany

HERO = Hemodialysis Reliable Outflow Graft



HERO = Hemodialysis Reliable Outflow Graft VASCUPEDIA



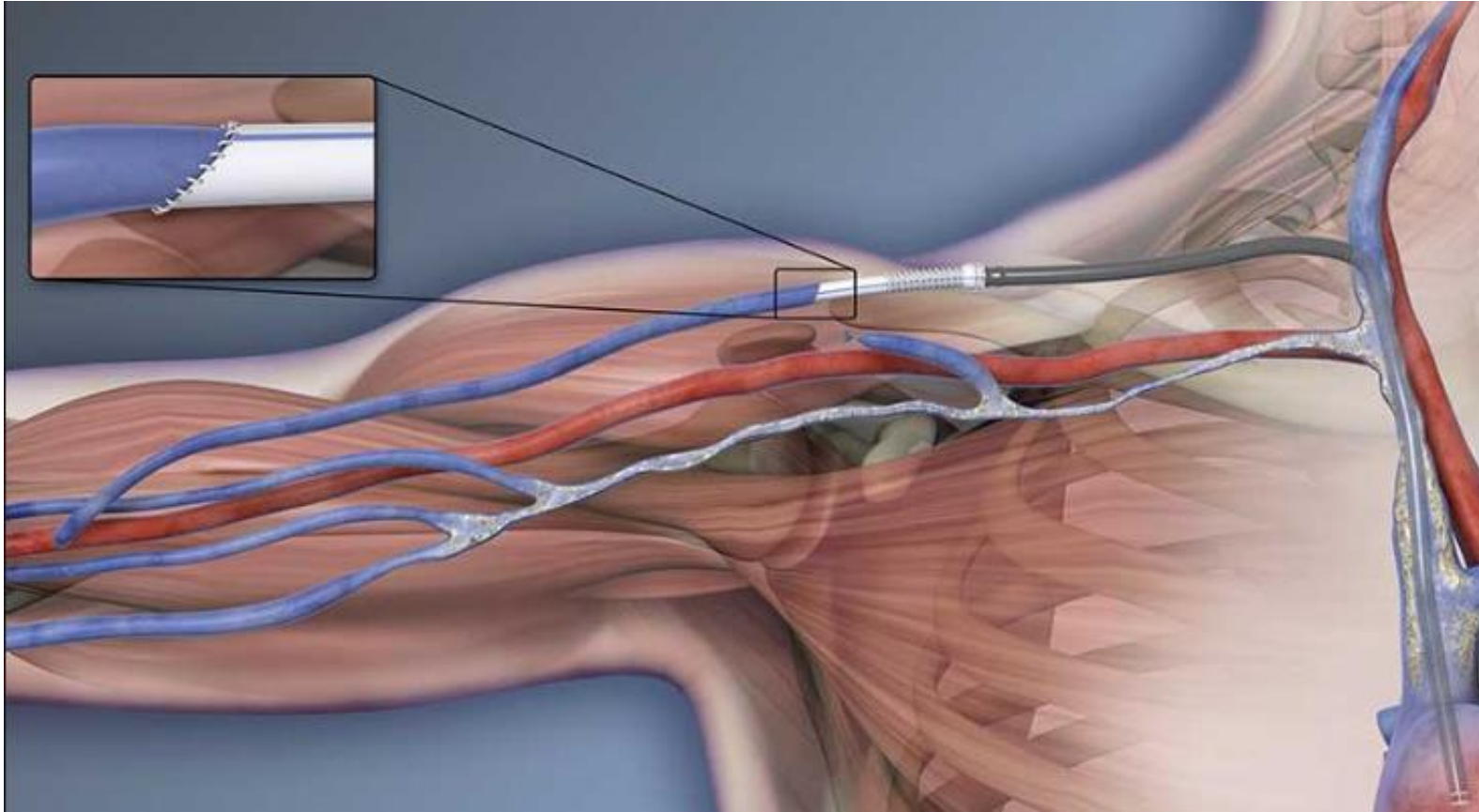
FDA 2008

HERO Graft (Merit Medical)

INDICATIONS

- Central venous Obstruction
- Exhausted venous situation
- Recurrent atrial catheter problems
- Shunt alternative to the thigh

HERO = Hemodialysis Reliable Outflow Graft ASCUPEDIA





55 J. male on dialysis since 2004

Several Shunt-operations and dialysis catheters on both sides

Brachiocephalic Fistula left arm 4/2014

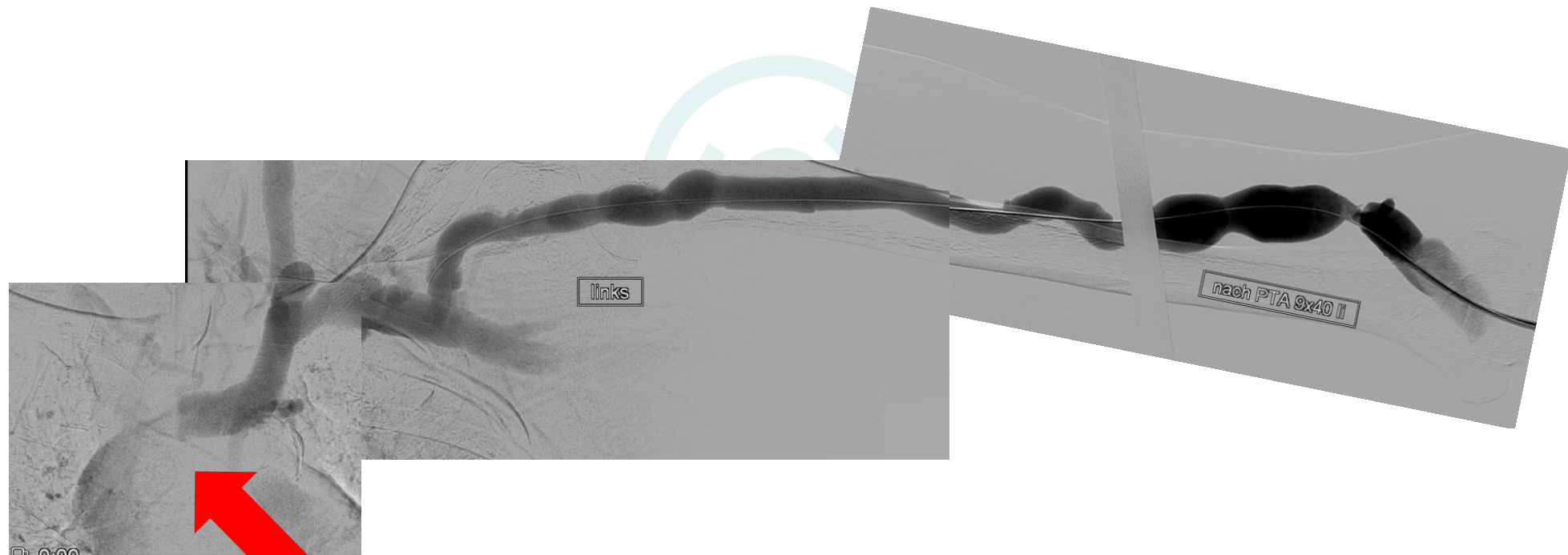
Current symptoms:

Potassium >7mmol/l

Recirculation

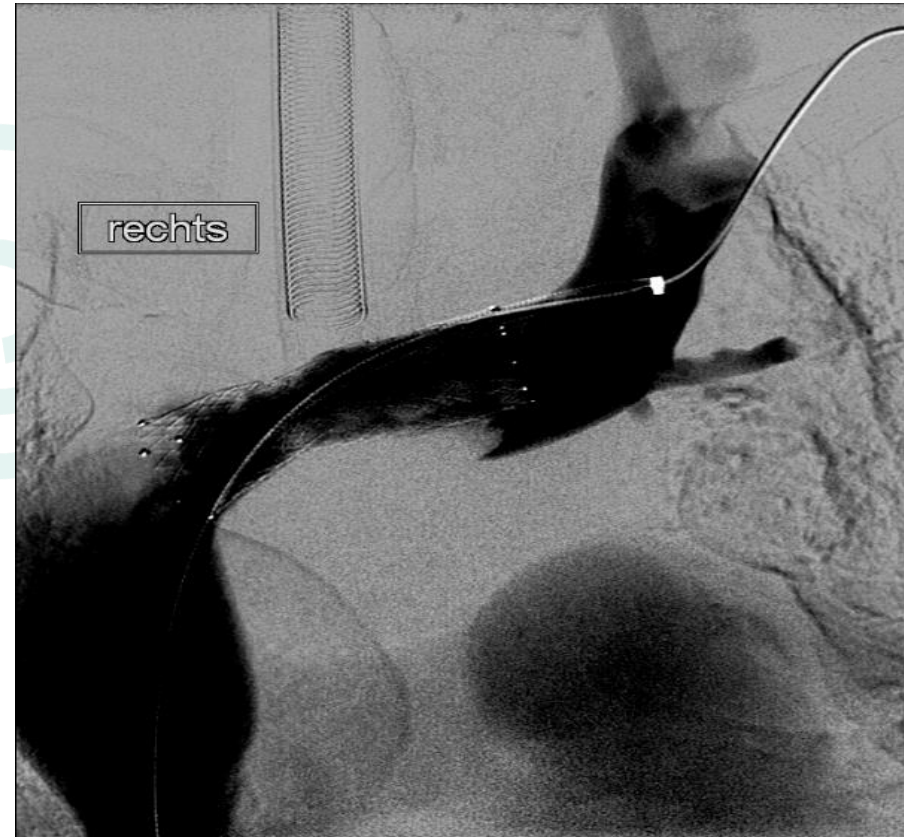
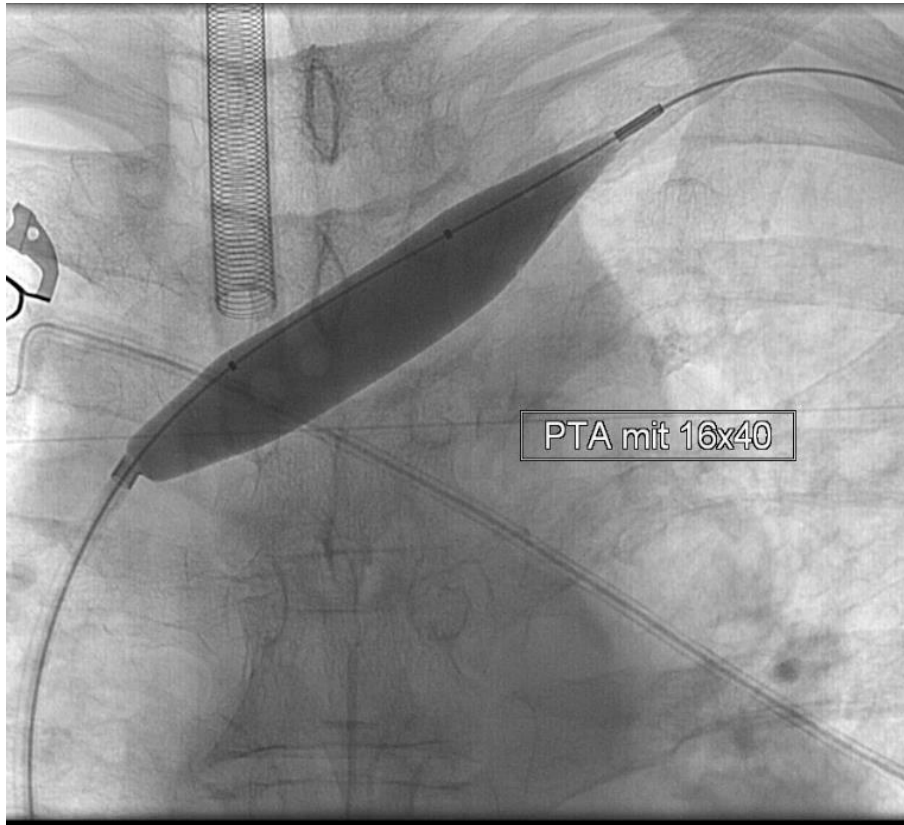
Progressive arm swelling

05/2016



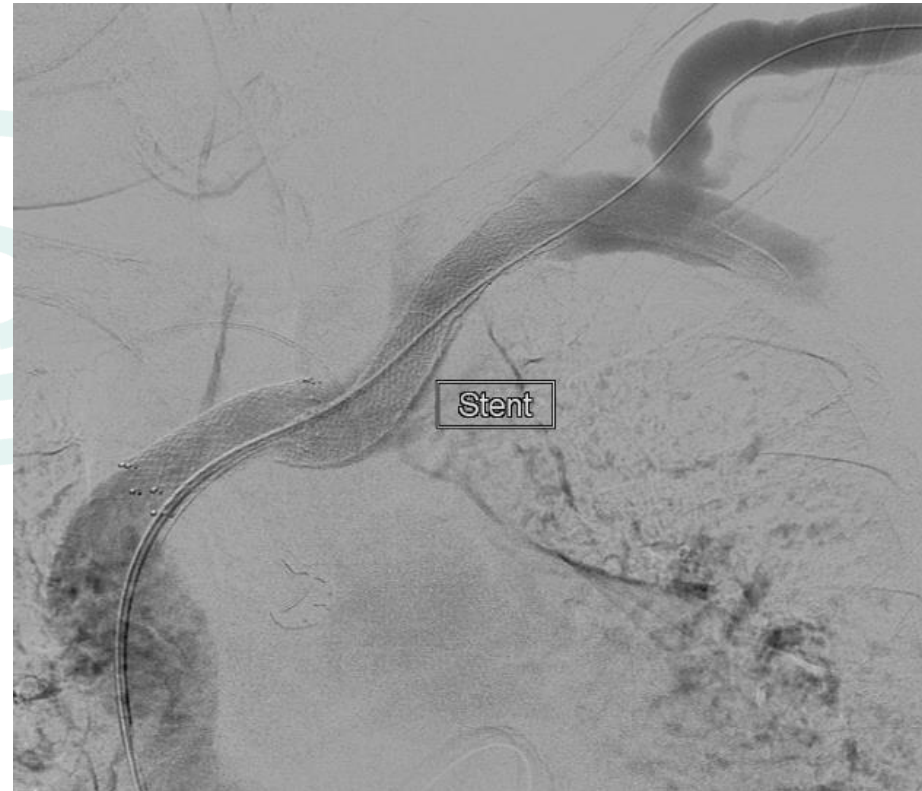
Unsuccessful recanalization

05/2016



Recanalisation from femoral with 14x40mm Luminexx Stent

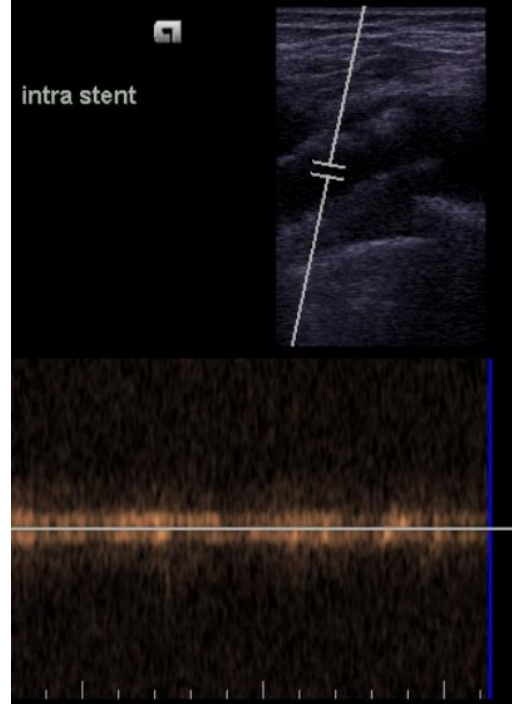
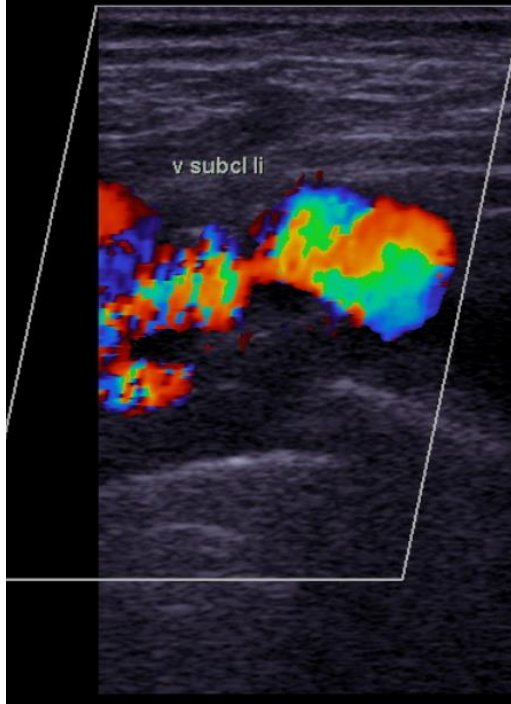
11/2016



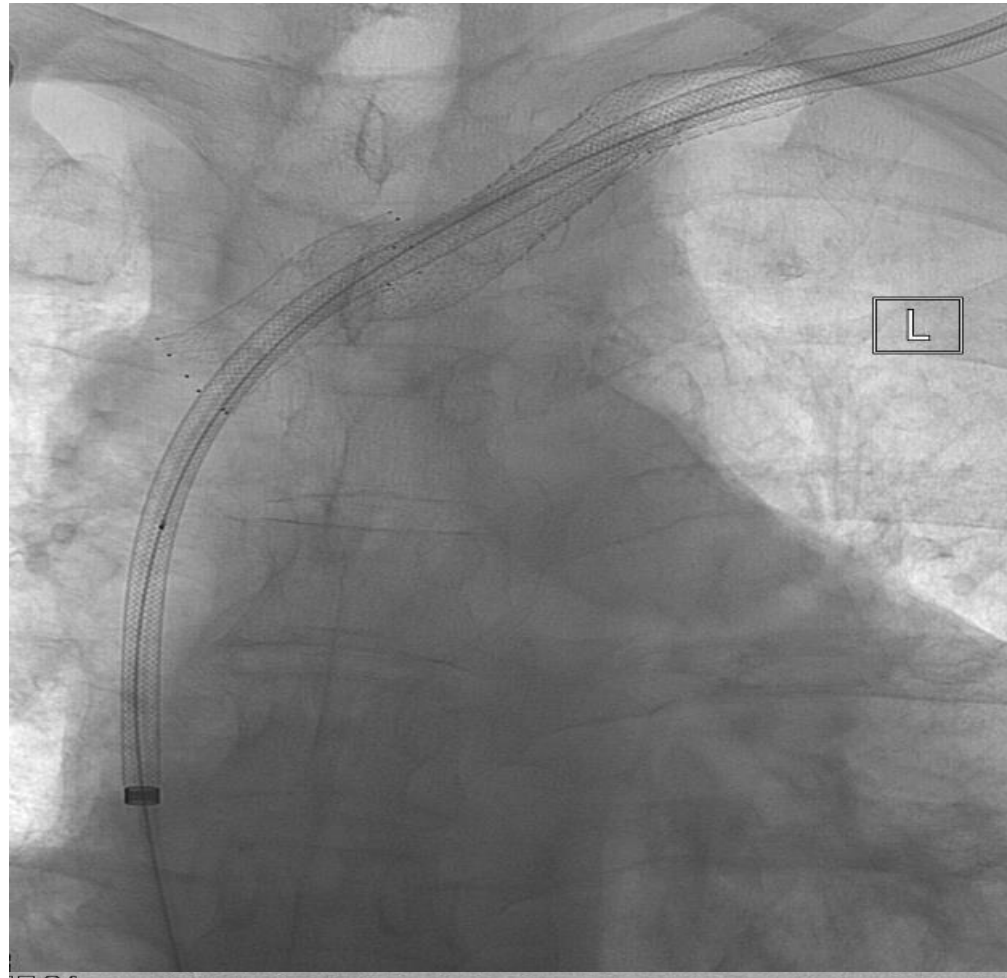
New stent in the distal part of the subclavian vein

HERO - Case report

1/2017



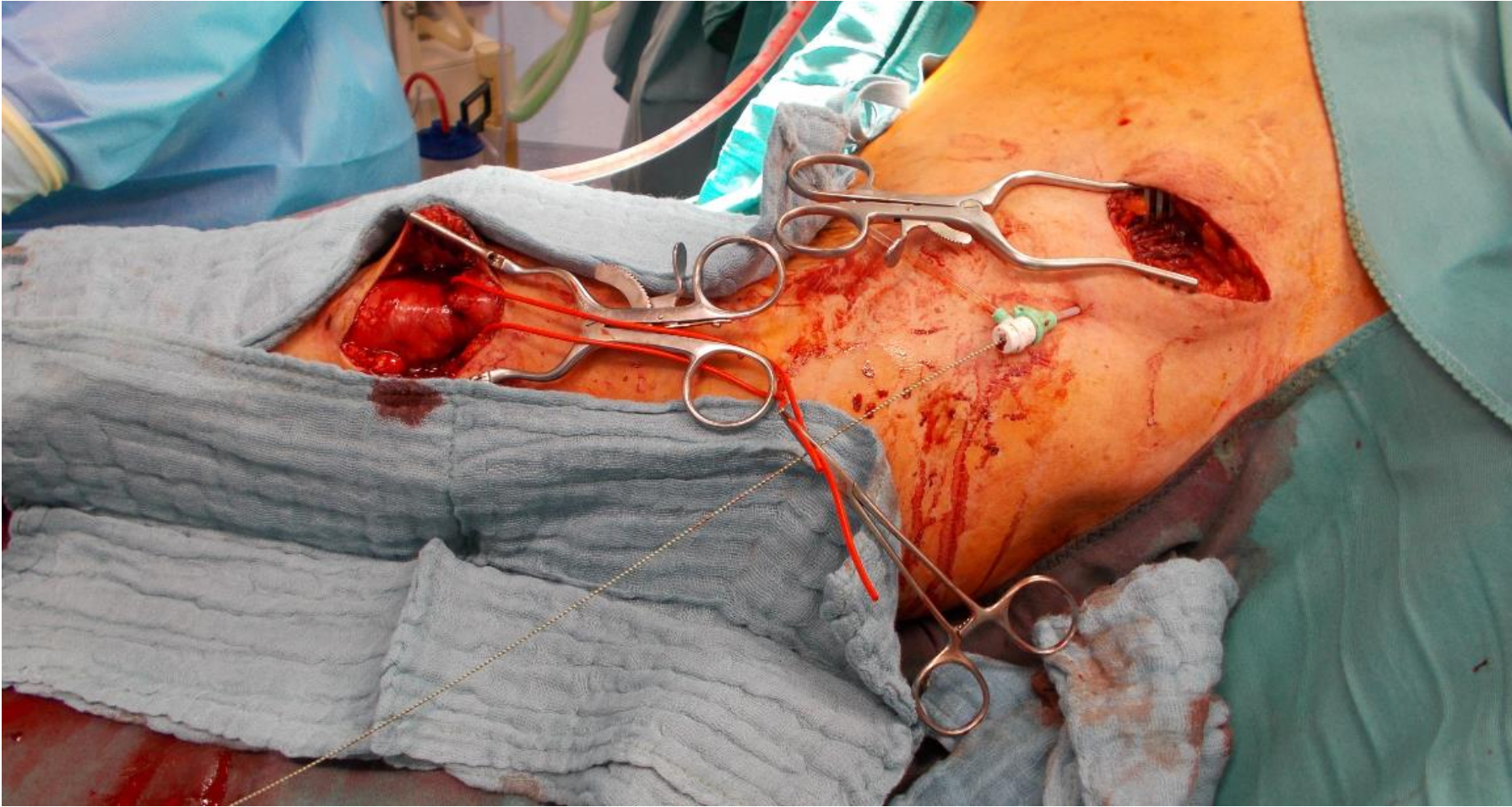
1/2017



Re-occlusion

Final treatment:
Implantation
of the HERO –
graft system

HERO - Case report



HERO - Case report



1. post op Day

Eur J Vasc Endovasc Surg (2015) 50, 108–113

REVIEW

A Review on the Hemodialysis Reliable Outflow (HeRO) Graft for Haemodialysis Vascular Access

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^b ReDVA Research Consortium, University of Dundee, Dundee, UK

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^d Department of Radiology, QEHB, University Hospital Birmingham, Birmingham, UK

Table 3. Summary table of HeRO outcomes of included studies.

Reference	Number of HeRO	Early failure rate (%)	Primary Patency rate (%)	Secondary Patency rate (%)	Dialysis access associated steal syndrome (%)	HeRO graft infection (%)	HeRO related bacteraemia per 1000 days	Rate of intervention per year	Mean time with HeRO (d/patient)
Katzman ⁵	38	2.6	38.9 ^a	72.2 ^a	2.6	2.6	0.7	2.5	276
Gage ⁶	164	NS	48.8	90.8	1.4	NS	0.14	1.5	NS
Steerman ⁷	60	NS	15	57	1.7	22	0.61	2.2	NS
Kokkosis ⁸	12	8.3	9.1	45.5	NS	25	NS	1.5	NS
Wallace ⁹	21	14	11	32	22.2	NS	0.5	3	186
Nassar ¹⁰	52	3.8	34.8	67.6	3.8	3.8	0.13	2.2	238
Kudlaty ¹¹	20	30	29	53.5	4.8	10	0.53	1.7	238
Torrent ¹²	41	NS	8.4	53.7	NS	NS	NS	2.8	380
Weighed Pooled rate % (95% CI)		9.2 (1.9–19.9)	21.9 ^b (9.6–37.2)	59.4 ^b (39.4–78.0)	6.3 (1–14.7)	10.1 (2.5–21)			

NS = not specified.

^a 8.6 months rates.

^b Pooled rate excluding Katzman et al paper.

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Multi-center Experience of 164 Consecutive Hemodialysis Reliable Outflow [HeRO] Graft Implants for Hemodialysis Treatment[☆]

S.M. Gage^{a,*}, H.E. Katzman^b, J.R. Ross^c, S.E. Hohmann^d, C.A. Sharpe^e, D.W. Butterly^f, J.H. Lawson^{a,g}

164 patients in 4 centers @ USA

Average follow up time: 12.8 months

Table 1
HeRO recipient demographics.

Demographic	% (n/N)
Age ^a	55.9 ± 14.3 (162) [21–88]
Male	48.8% (79/162)
Race	
Black/African American	78.3% (126/161)
White/Caucasian	13.0% (21/161)
Hispanic	8.7% (14/161)
Diabetic	46.3% (76/161)
Mean follow-up (months) ^a	12.8 ± 9.1 (164) [0.07–32.9]
Deaths	17.7% (29/164)

^a Mean ± SD (N), [Range].

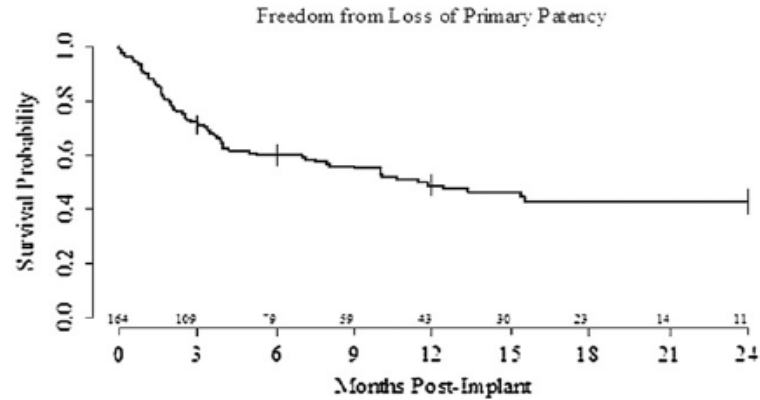


Figure 4. Kaplan–Meier curve illustrating primary patency. Standard error bars at 3, 6, 9, 12, and 24 months.

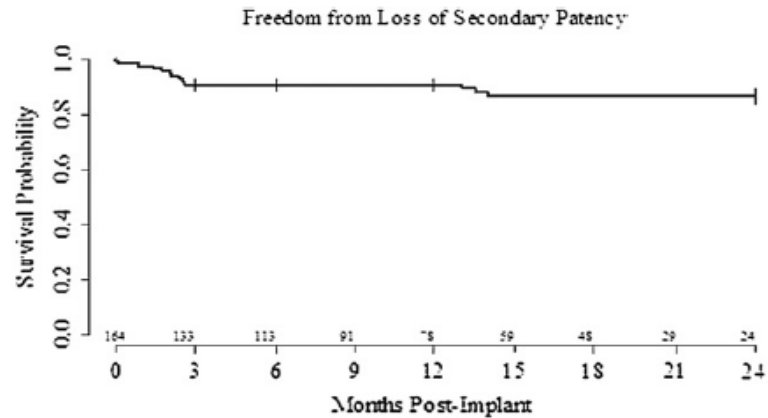


Figure 5. Kaplan–Meier curve illustrating secondary patency. Standard error bars at 3, 6, 9, 12, and 24 months.

**Primary patency
@ 12 months: 49
%**

**Secondary patency
@ 12 months: 91%**

HERO graft - Conclusions

- Hero catheter is a new alternative to complex dialysis access
- The catheter has low infection risk
- Controlled randomised trial comparing the HERO graft to alternative vascular accesses is still needed