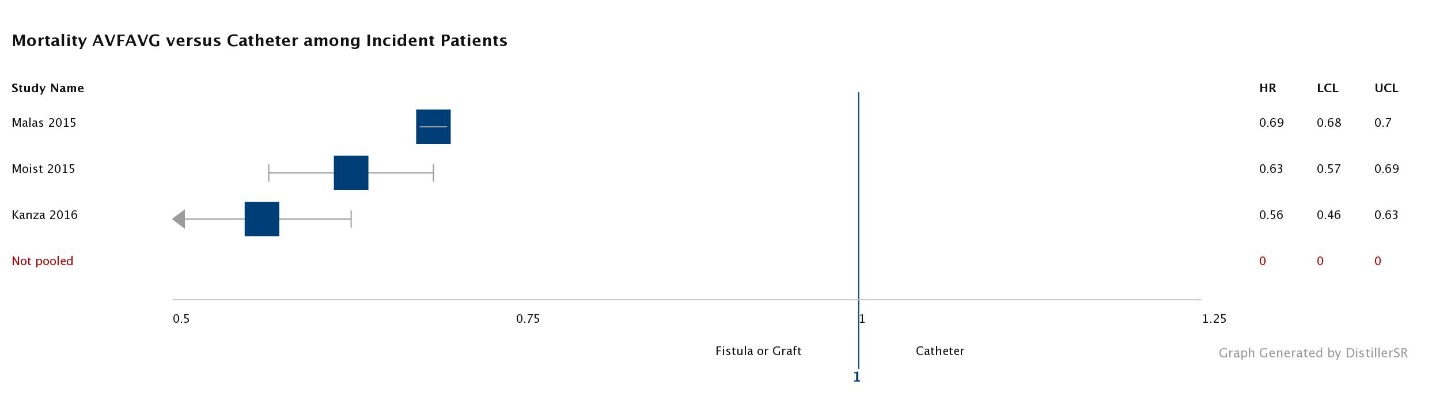
**Vascular Access Guideline Figures**

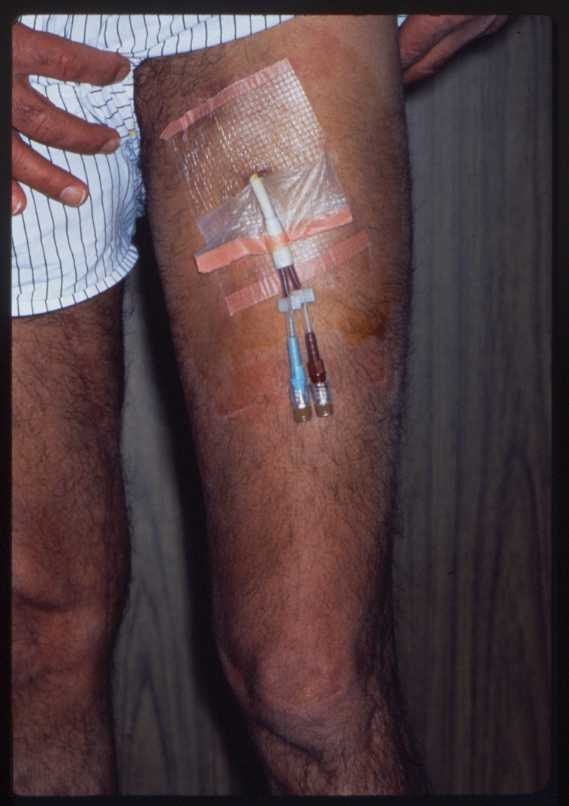
**Figure 2.1: Hazard Ration for Mortality with AVF or AVG versus Catheter among Incident HD Patients**

  
When HRs were reported as Catheter vs AVF/AVG, ratios were inverted for consistency within display. Data were not pooled but are presented here for display only. Plot was made using DistillerSR Forest Plot Generator from Evidence Partners.

**Figure 2.2 ESKD Life-Plan Case Examples**



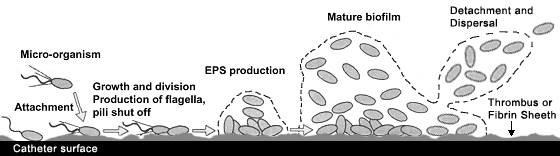
**Figure 3.1 Placement of femoral vein CVC**

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**Figure 11.1 Button Hole Infection**

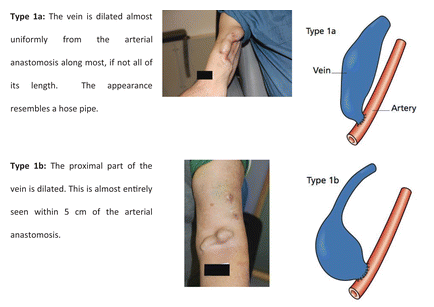
****

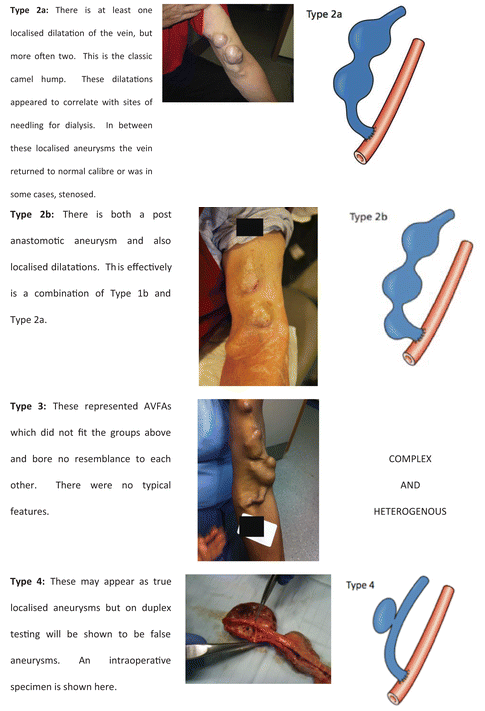
**Figure 11.2 The pathogenesis of biofilm formation**



**Figure 17.1: Suggested classification for aneurysm/pseudoaneurysm documentation**

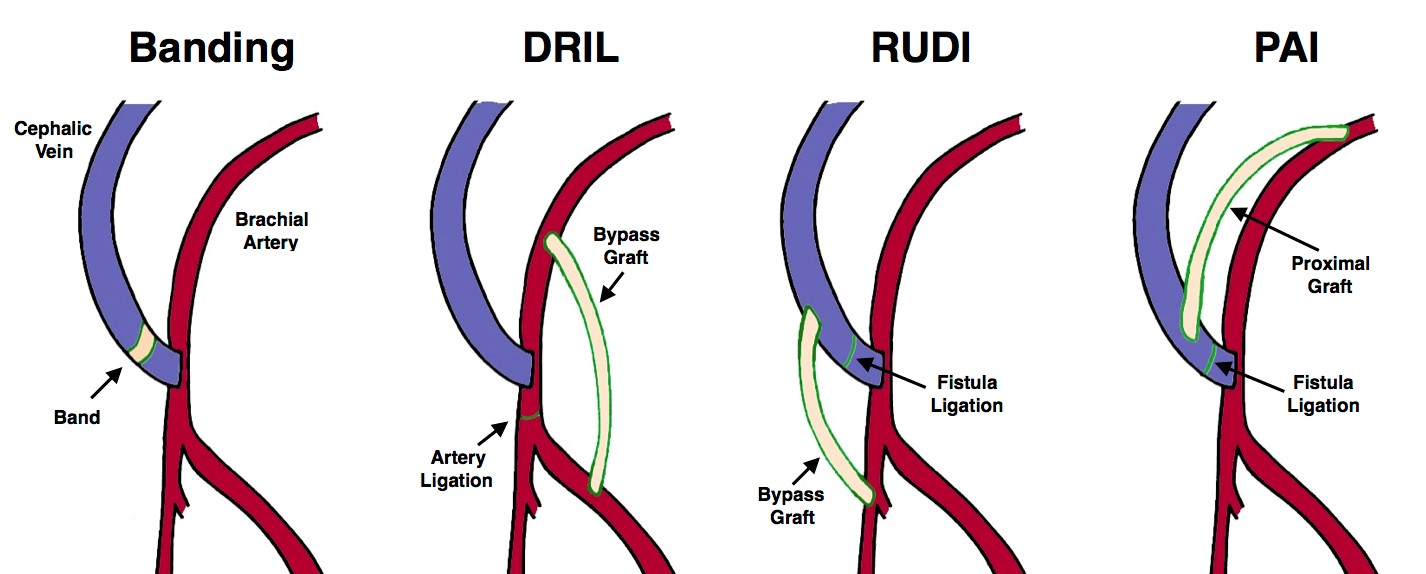
1. Stable vs. Unstable
2. Shape of the AVF aneurysm – Valenti Classification





1. **Pseudoaneurysm of AVG**
2. **Megafistulas**

**Figure 18.1: Surgical treatment of Steal Syndrome**

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The following management strategies for steal syndrome are for a patient with a brachiocephalic AVF, as follows:

**DRIL** – a distal revascularization and interval ligation (DRIL) procedure. Note the autogenous or synthetic bypass graft and the ligature on the brachial artery immediately proximal to the distal anastomosis for brachial-brachial bypass

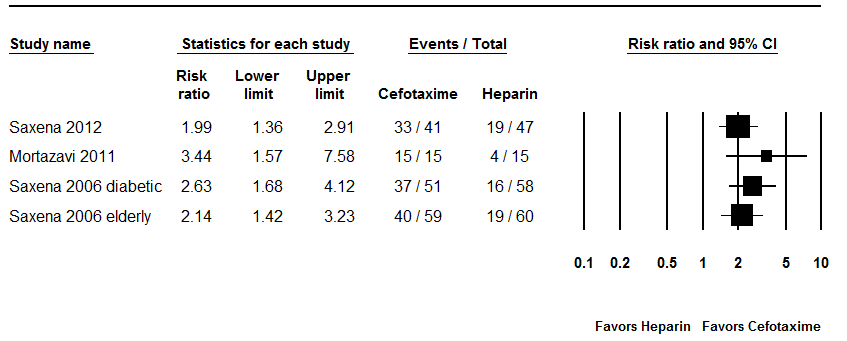
**RUDI** – Revision using distal inflow. Note that the brachial artery anastomosis to the brachial-cephalic access was ligated.  A bypass graft is placed from the radial artery to the proximal aspect of original access

**PAI** – proximalization of the arterial inflow . Note that the autogenous access has been dissembled and a bypass graft is inserted between the more proximal brachial artery and the proximal segment of the original AVF

**Figure 19.1 Seroma**

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**Figure 24.1** Catheter Infection-free Survival



**Figure 25.1 Algorithm: Treatment for CVC Infection**

**** (file)

****

**Figure 26.1 Physical Findings of Central Venous Stenosis  
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