



Can We Predict (and Prevent)
Steal Syndrome?

- Steal symptoms

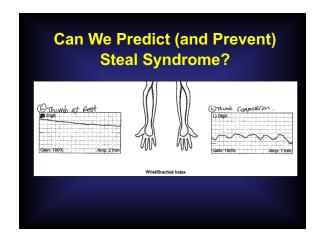
- coldness
- numbness
- pain
- weakness / hand claudication
- digital ulceration
- gangrene

Can We Predict (and Prevent)
Steal Syndrome?

- DASS

- diabetes mellitus
- CTD
- PVD
- female / small vessels
- distal brachial inflow





- 10-20% get some steal
- 4-6% require intervention



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Intra-operative methods to assess

- Distal pulse / doppler
- Oximetry
- Digital PVR / PPG
- Duplex flow volume
- Peri-anastomotic pressure

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Measuring Peri-Anastomotic Pressure to Identify Patients at High-Risk for Steal Syndrome

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- Select patients underwent modification

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All New AV Access Surgeries 2018-2022

	Total # of		
Type of AVF/AVG		Steal (#)	Steal (%)
Radiocephalic AVF	83	0	0.0%
Brachiocephalic AVF	286	14	4.9%
Basilic Vein Transposition AVF	207	6	2.9%
Forearm Looped AVG	18	0	0.0%
Upper arm AVG	221	10	4.5%
Infraclavicular Ax-Ax AVG Femoral AVF/AVG	25 13	0	0.0% 46.2%
Total	853	36	4.2%

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- 14 (6.5%) of these 216 patients developed DASS requiring intervention in follow-up

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- 14 (6.5%) of these 216 patients developed DASS requiring intervention in follow-up
- Mean PAP ratio was 0.395 vs 0.557 for the 202 patients who did not develop DASS (P = .001)

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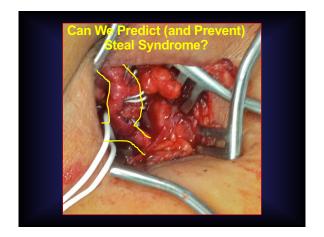
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- Prophylactic steal intervention
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 - Banding

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Intra-op Banding at Index Surgery

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- Post-banding, increase in average ratio to 0.58

Can We Predict (and Prevent) Steal Syndrome? Intra-op Banding at Index Surgery For low pressure ratio +/- poor distal doppler flow 17 total patients Pre-banding, average ratio was 0.33 Post-banding, increase in average ratio to 0.58 14 / 17 (82.4%) patients had no subsequent Steal symptoms

