Comments to H. Zincke: Critical Review of the Use of Carotid Bovine Grafts for Hemodialysis

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The technique of using deantigenized bovine arterial grafts for hemodialysis is just now rapidly expanding in Europe and a critical review of the topic is therefore highly desirable. Our personal experience is smaller and it confirms many points in the present review but it may also give some additional information. As Dr. Zincke points out the bovine graft should be the second choice when the vessels for a classical arteriovenous fistula have been exhausted. I would like to point out that in this respect patients in terminal renal failure needing an emergency dialysis may be an exception: in these cases the bovine graft may be the first choice because it can be punctured on the same day without bleeding complications. In fact the bovine graft has in our institution and in this indication completely replaced the Scribner shunt. A second point concerns the technique itself. We have completely abandoned the creation of loops. The bovine graft is not elastic and therefore kinking occurs in the loop which does not correct itself. I am therefore wondering if the considerable percentage of early and late clotting in the present material may not be partially due to this problem. We did ten straight grafts and up to now all are functioning without any single clotting episode. I hope that this will last till the day we reach the Mayo Clinic’s numbers and experiences in this particular field.