Endovascular removal of a dislodged Supera stent from a dialysis access arterio-venous graft

**INTRODUCTION**

A 61 year female underwent creation of a left brachio-basilic arteriovenous graft (BB AVG) with a 4-7mm tapered flixene graft.

The AVG thrombosed and 10 days post-creation had a successful endovascular thrombectomy and stenting of the arterial anastomosis with a 4.5/60mm Supera stent.

During the same procedure – stenting of the venous anastomosis with a 6/100mm Covera stent was done.

Successful uncomplicated endovascular thrombectomy done 4 months later for recurrent thrombosis.

2 months later – further recurrent thrombosis → Index procedure.

**INDEX PROCEDURE**

Conventional bidirectional 7F sheath access

Graft lysis followed by antegrade clot maceration

During retrograde trawling of the arterial anastomotic plug with a 5.5F over-the-wire Fogarty balloon → dislodgment of the Supera stenting into the mid-graft segment of the BB AVG.

**THE EXPLANT**

Supera stent – 6 interwoven Nitinol wires – exerts minimal to no outward radial force - does not endothelialize as conventional self-expanding Nitinol stents.

So...retrograde sheath upized to 8F to ‘block’ central migration of the stent.

Jawz endomyocardial biopsy forceps used to grasp the venous end of the stent and collapsed into sheath and removed.

**STENT GRASPED AND COLLAPSED INTO SHEATH**

**Post-explant Angiogram**