

**KEY
TAKEAWAYS:**

- A 56 Month Long-Term Follow-Up
- No Reported Infections
- Mean Adequacy of Dialysis: 2.25 Kt/V

Case Report: 56 Month Long-Term Performance

A Case Report was published in Seminars in Dialysis describing the 56 month follow-up of the first HeRO Graft clinical study patient.

Author: George M. Nassar, MD (Methodist Hospital, Houston, TX)

Title: Long-term performance of the hemodialysis reliable outflow (HeRO) device: the 56-month follow-up of the first clinical trial patient

Publication: Seminars in Dialysis, Vol 23, No 2; Mar-Apr 2010; pp. 229-232.

Key Points:

- Patient is successfully using HeRO Graft for dialysis access 4+ years later
- No reported infections
- Very low intervention rate (0.6/year)
- Excellent mean adequacy of dialysis: 2.25 Kt/V

Additional Information:

The limiting factor to the HeRO Graft is the ePTFE material of the arterial graft component due to the fact that it is cannulated typically 3 times a week with 2 needles during each dialysis therapy.

The ePTFE arterial graft component of the HeRO Graft can be revised with a thrombectomy procedure without exchanging or replacing the venous outflow component. The Thrombectomy Guidelines are available at www.herograft.com.

To help preserve the HeRO Graft ePTFE arterial graft component, rotate cannulation sites per the KDOQI guidelines.

When the ePTFE arterial graft component reaches its life expectancy, a new ePTFE arterial graft component can be connected to the Venous Outflow Component of the HeRO Graft.

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