Table II. Effect of distance of tip from saphenofemoral junction (*SFJ*) on freedom from reintervention

Distance catheter tip to SFJ, cm	Freedom from reintervention, %
0-2.0	85.7 (n = 24); *P* = .617
2.1-3.0	88 (n = 74)
>0.3	100 (n = 6)

From Shoab SS, Lowry D, Tiwari A. Effect of treated length in endovenous laser ablation of great saphenous vein on early outcomes. J Vasc Surg Venous Lymphat Disord 2016;4:416-21.

Author Disclosures: S. S. Shoab: Nothing to disclose; **A. Tiwari:** Nothing to disclose.

LEV 11.

Effects of Two Nursing Care Plans of Hydration Therapy for the Renal Function of Patients With Deep Venous Thrombosis in the Lower Limbs After Receiving AngioJet Thrombectomy Surgery

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Objective: The objective of this study was to explore the effects of two nursing care plans of hydration therapy for the renal function of patients with deep venous thrombosis (DVT) in the lower limbs after receiving AngioJet (Boston Scientific, Marlborough, Mass) thrombectomy surgery.

Methods: The study included 104 patients with DVT in the lower limbs from Shanghai Ninth People's Hospital of Shanghai JiaoTong University School of Medicine from January 2018 to January 2019 and randomly divided them into experimental and control groups (52 patients in each group). The control group received the normal oral hydration therapy, and there were no special requirements for the time and amount of water intake during the perioperative period. In the experimental group, both oral hydration and venous hydration therapies were performed for the 52 patients to observe and to compare serum creatinine concentration and the occurrence of contrast-induced acute kidney injury (CI-AKI) among the patients in the two groups after medical intervention.

Results: In the 24 hours after surgery, the level of serum creatinine in both groups had increased; it was higher in the control group than in the experimental group, and the result was statistically significant ($P < .05$). In the 48 hours after surgery, the level of serum creatinine in both groups had declined; it was much lower in the experimental group than in the control group, and the result was statistically significant ($P < .05$). The occurrence rate for CI-AKI among the patients in the experimental group was obviously lower than that in the control group, showing a statistically significant result ($P < .05$).

Conclusions: Oral hydration and venous hydration therapies can reduce the occurrence rate of CI-AKI among patients with DVT in the lower limbs after receiving AngioJet thrombectomy surgery and effectively improve their renal function and reduce the toxicity of the contrast agent.

Table I. Comparison of serum creatinine data between experimental group and control group before and after operation

		Serum creatinine concentration, μmol/L		
	No.	Before operation	24 hours after operation	48 hours after operation
Experimental group	52	96.19 ± 18.32	99.34 ± 18.37	93.34 ± 16.21
Control group	52	94.12 ± 17.11	105.78 ± 16.61	103 ± 15.43
T value	–	0.136	1.825	2.011
P value	–	.629	.022	.015

Table II. Comparison of contrast-induced acute kidney injury (CI-AKI) incidence between the groups

	No. of occurrences	Occurrence rate, %
Experimental group	2	3.9
Control group	10	19.2
χ^2 value	–	10.265
P value	–	.015

Author Disclosures: Y. Wang: Nothing to disclose; **Y. Cheng:** Nothing to disclose.

LEV 12.

Small-Diameter Recanalization of the Great Saphenous Vein After Ultrasound-Guided Foam Sclerotherapy: Three-Year Follow-up

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Objective: The objective of this study was to assess the anatomic outcome of small-diameter (≤3 mm) above-knee great saphenous vein (GSV) recanalization.

Methods: Patients treated by ultrasound-guided foam sclerotherapy for GSV incompetence (1-10 years) and presenting with a recanalization of the GSV trunk with a diameter of 3 mm at most were enrolled in a prospective study. The primary outcome was the diameter of the recanalized GSV trunk measured at 15 cm below the saphenofemoral junction. The secondary outcome was the identification of factors that might affect GSV recanalization.

Results: The study included 110 (73% female, 27% male) patients. Average age was 57.3 years (median, 59 years; range, 35-80 years) Most of patients were C1 and asymptomatic patients. Average Venous Clinical Severity Score was 1.6 ± 1.3 (median, 2; range, 0-6). Average diameter was 1.9 ± 0.5 mm (median, 1.8 mm; range, 1.0-2.9 mm). The GSV had been treated 4.1 ± 2.6 years ago. At 3-year follow-up, average diameter was 2.2 ± 0.8 mm (median, 2.0 mm; range, 1.2-4.4 mm). A significant increase was reported ($P = .0005$) in 23.6%: reduction or identical, 44.5% of patients; increase of 0.1 to 0.5 mm, 15.6%; increase of >0.5 mm, 40%. No risk factors for progression were identified in multivariate analyses. No clinical changes were reported.

Conclusions: At 3-year follow-up, no significant increase of the recanalization diameter was observed in >50% of patients. These findings indicate that a small recanalization after ultrasound-guided foam sclerotherapy should not always be considered a failure of treatment. There is a need to question the requirement for re-treating the GSV trunk as soon as a small-diameter recanalization has been identified through duplex ultrasound examination.

Author Disclosures: J. L. Gillet: Nothing to disclose; **M. Lausecker:** Nothing to disclose; **C. Hamel-Desnos:** Nothing to disclose; **F. A. Allaert:** Nothing to disclose.

AVA 1.

Single-Center Experience of Endovascular Arteriovenous Fistula Creation With Both WavelinQ and Ellipsys Systems

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Objective: The arteriovenous fistula (AVF) is the recommended access for hemodialysis, with radiocephalic AVF as the first choice and brachiocephalic AVF and brachiobasilic AVF as alternatives. However, several authors reported a high incidence of primary failure and inadequate cumulative patency.[1] The two endovascular percutaneous AVF (endoAVF) devices include the CE-marked WavelinQ (4F; Bard Peripheral Vascular, Tempe, Ariz) and the Ellipsys (Avenu Medical, San Juan Capistrano, Calif) systems, both