



Flixene Vascular Graft

The right graft for AV access

Clinical Practice Guidelines for Vascular Access

KDOQI Guidelines



The latest KDOQI guidelines for dialysis care encourage **“Attainment of the ‘right access, in the right patient, at the right time, for the right reasons.’”**

KDOQI considers it reasonable to have an AV access (AVF or AVG) in a patient requiring HD, when consistent with their ESKD Life-Plan and overall goals of care.¹³

ESVS Guidelines

The European Society for Vascular Surgery (ESVS) 2018 guidelines on dialysis access emphasize a fistula-first approach. Prosthetic arteriovenous grafts (AVGs) are considered the secondary option when a fistula is not feasible, and central venous catheters (CVCs) are a last-resort tertiary option.¹⁴

While fistulas are preferred in general, the guidelines identify specific scenarios where a prosthetic AV graft is indicated or advantageous over a new fistula. This includes situations such as: no suitable autologous vessel for an AVF, elderly patients with high fistula failure risk, urgent or early dialysis need, failed prior access, and other anatomical challenges.



Designed for getting it right.



The right graft for long-lasting durability and proven reliability

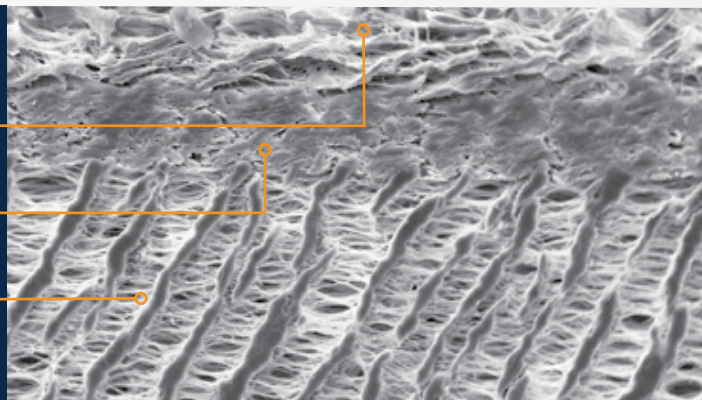
- 3 layer graft comprised of ePTFE¹, designed for repeated needle cannulation related to dialysis care²
- Key studies have demonstrated secondary patency rates greater than **83% at 12 months**.^{3,4,5,6,7}
- The secondary patency rate was **77.7% at five years** (as reported by He et al.)⁷

3-Layer ePTFE graft

Large pore (nominal 60µm) surface layer, more receptive to tissue in-growth⁸

Middle layer, reinforcing wrap for increased support⁹

Small pore (nominal 20µm) base layer inner graft surface porosity¹⁰



The right graft for safe graft placement

- Low-profile Graft Deployment System (GDS), designed to make tunneling easier than conventional practices¹¹
- Improved primary patency at 180 days (as reported by Schild et al.)¹¹
- Minimized soft tissue trauma and reduced graft sweating (as reported by Schild et al.)¹¹



Why Flixene stands out.



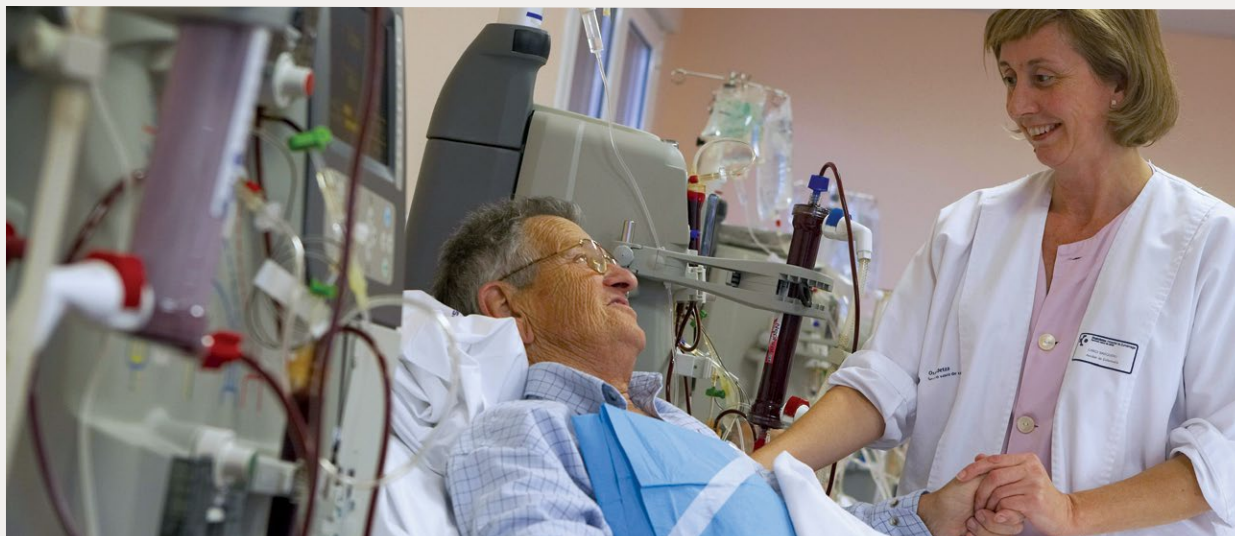
The right graft for suturability and handling

- Reduced wall thickness ($\approx 8\text{cm}$) on each end²
- Unique graduated wall design for ease of suturing²
- Tapered configuration designed to change flow dynamics¹²



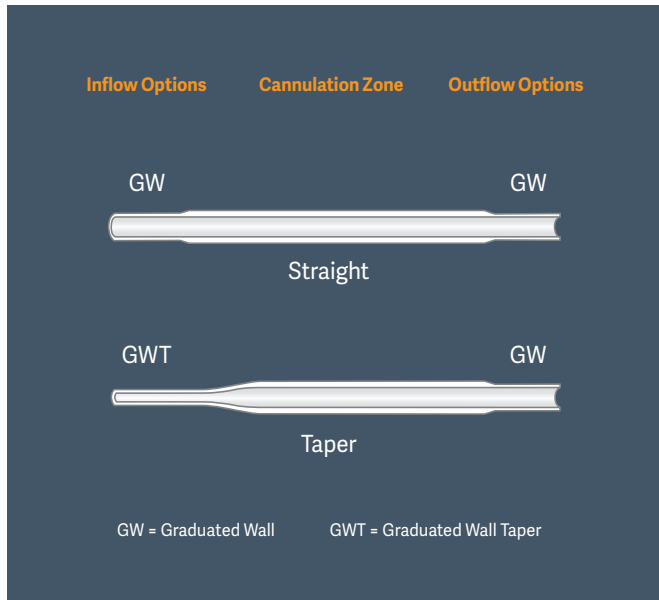
The right graft for early cannulation

- On-label for 24 hour access¹
- Demonstrated as a safe and effective early cannulation option^{5,7}
- An alternative to central venous catheters^{5,7}



Product information

Flixene Vascular Graft



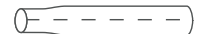
Straight



Diameter	Length	Wall thickness	Slider GDS	Reference
6 mm	10 cm	SW	No	25053
6 mm	30 cm	GW	Yes, 1	25125
6 mm	40 cm	GW	Yes, 1	25061
6 mm	50 cm	SW	Yes, 1	25052
6 mm	50 cm	GW	Yes, 1	25058
7 mm	10 cm	SW	No	25054
7 mm	30 cm	GW	Yes, 1	25126
7 mm	40 cm	GW	Yes, 1	25062
7 mm	50 cm	GW	Yes, 1	25059

Graduated wall is approximately 8 cm on Flixene Straight Grafts.

Tapered



Diameter	Length	Wall thickness	Slider GDS	Reference
4-6 mm	35 cm	GWT-GW	Yes, 2	25128
4-6 mm	45 cm	GWT-GW	Yes, 2	25137
4-7 mm	35 cm	GWT-GW	Yes, 2	25129
4-7 mm	45 cm	GWT-GW	Yes, 2	25138

Graduated wall is approximately 8 cm on Flixene tapered grafts.

Vascular Graft Tunneler Instrumentation

Tunneler Rod

Product	Description	Reference
AV-1, vascular graft tunneler rod	26 cm length with 50° curve (stainless steel)	26012
AV-2, vascular graft tunneler rod	27 cm length with 180° curve (stainless steel)	26013
PV-1, vascular graft tunneler rod	33cm length with 12° curve (stainless steel)	26014
PV-2, vascular graft tunneler rod	58 cm length with 24° curve (stainless steel)	26015

Tunneler Tip

Product	Description	Reference
Vascular graft tunneler tips (4 mm)	Set of 2	26018
Vascular graft tunneler tips (5 mm)	Set of 2	26019
Vascular graft tunneler tips (6 mm)	Set of 2	26007
Vascular graft tunneler tips (7 mm)	Set of 2	26008
Vascular graft tunneler tips (8 mm)	Set of 2	26009
Vascular graft tunneler tips (10 mm)	Set of 2	26010
Set of 8 size vascular graft tunneler tips	2 per size: 6 mm, 7 mm, 8 mm, 10 mm	26006

References

1. Data on file
2. Data on file
3. Chemla ES, Nelson S, Morsy M. Early cannulation grafts in straight axillo-axillary angio accesses avoid central catheter insertions. *Semin Dial.* 2011;24:456-459. doi: 10.1111/j.1525-139X.2011.00918.x
4. Scarritt T, Paragone CM, O’Gorman RB, et al. Traditional versus early-access grafts for hemodialysis access: a single-institution comparative study. *Am Surg.* 2014;80:155-158.
5. Berard X, Ottaviani N, Brizzi V, et al. Use of the Flixene vascular access graft as an early cannulation solution. *J Vasc Surg.* 2015;62:128-134. doi: 10.1016/j.jvs.2015.02.002
6. Sutaria R, Gilbert JA. Single-centre experience of an early cannulation graft for haemodialysis access. *J Vasc Access.* Published online March 6, 2020. doi: 10.1177/1129729820909026
7. He B, Tailor D, Ng ZQ, Samuelson S, Nadkarni S, Van Myk M, Ferguson J, Tibballs J, Chan D. Long-Term Outcomes of the Flixene Vascular Graft Used for Haemodialysis. *Cureus.* 2021
8. Data on file
9. Data on file
10. Data on file
11. Schild et al, New graft for low friction tunneling in vascular access surgery, *The Journal of Vascular Access* 2004; 5: 19-24
12. Data on file
13. Lok, Charmaine et al; KDOQI Clinical Practice Guidelines for Vascular Access: 2019 Update
14. Schmidli, Jurg et al; Editor’s Choice – Vascular Access: 2018 Clinical Practice Guidelines of the European Society for Vascular Surgery (ESVS)



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