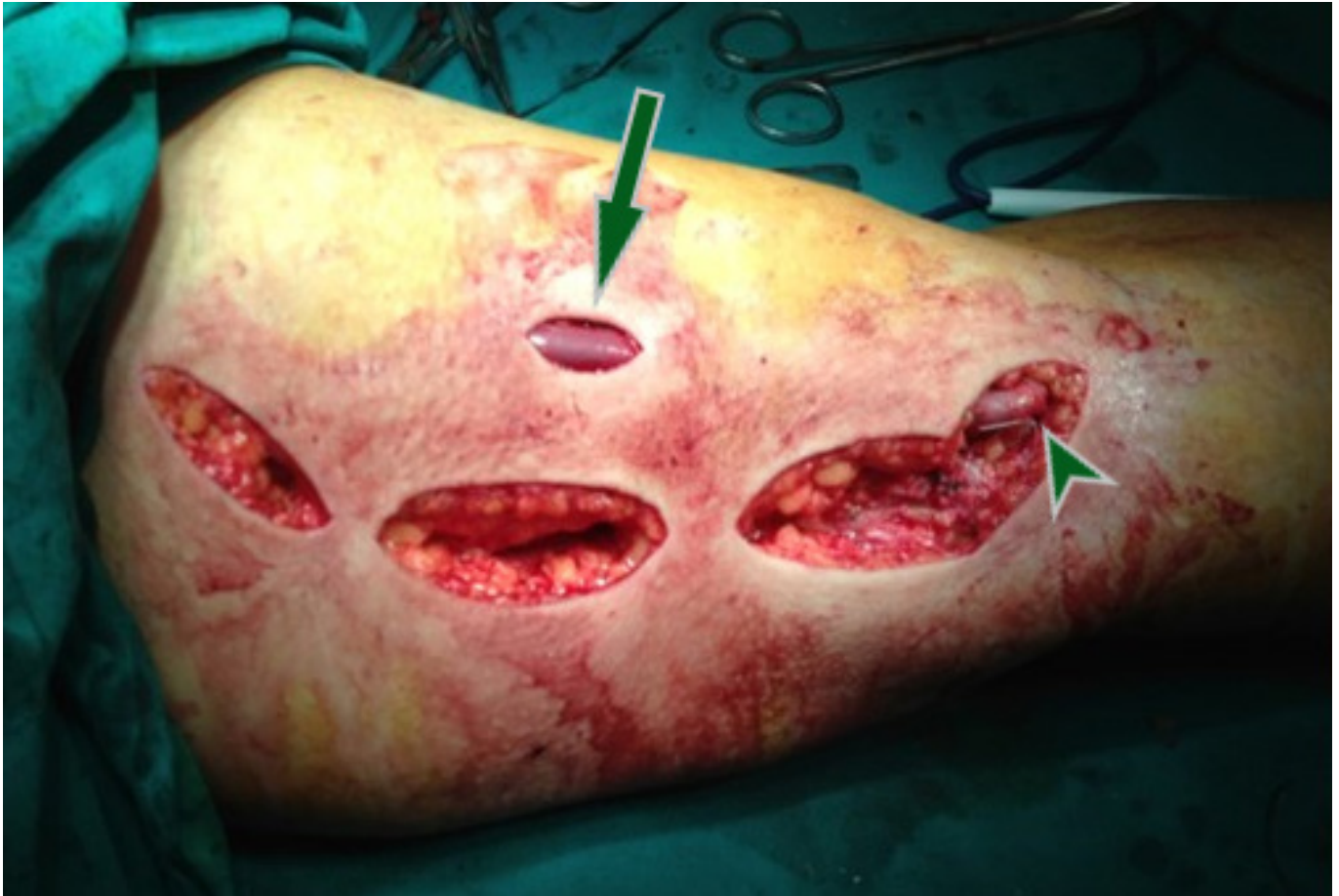


## Multiple skip incisions technique for two-staged basilic vein transposition: a good alternative to the standard single long incision

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**Figure:** The basilic vein was transected and transposed to an antero-lateral subcutaneous channel after three skip incision to harvest the vein (arrow). Finally, the venous parts were re-anastomosed (arrowhead).

A 58-year-old-male on hemodialysis underwent a two-staged tunneled basilic vein transposition with three skip incisions. Initially, preoperative color-duplex mapping was performed and a standard brachio-basilic arteriovenous fistula with the median cubital vein was accomplished. Six weeks later, after

the arterialization of the basilic vein, the second stage took place after skin marking of basilic vein's location by ultrasound. Under local anesthesia, the basilic vein and the cubital vein were dissected free from the arterial anastomosis up to the confluence with the axillary vein, using hook/right-angle retractors to dissect the vein under the skin. The vein was transected peripherally, tunneled subcutaneously in a new lateral route, after a small skin incision in the mid-upper arm, and re-anastomosed. The incisions were closed in a standard fashion. The access is still functional during the last six years.

Multiple skip incisions compared to a single long incision have a better cosmetic result and cause less tissue damage. A single incision offers easier vein dissection, needs less operative time but leaves back a longer scar. Multiple skip incisions technique would have the theoretical advantage of reduced

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doi: 10.59037/xfhsga57

ISSN 2732-7175 / 2023 Hellenic Society of Vascular and Endovascular Surgery Published by Rotonda Publications All rights reserved. <https://www.heljves.com>

postoperative pain, oedema and surgical site infection/dehiscence rates. This is supported in some reports<sup>1</sup> but in others, although these complications were encountered infrequently, the difference did not reach statistical significance.<sup>2</sup>

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