

# The Hydraulic Consequences of Vein Graft Taper

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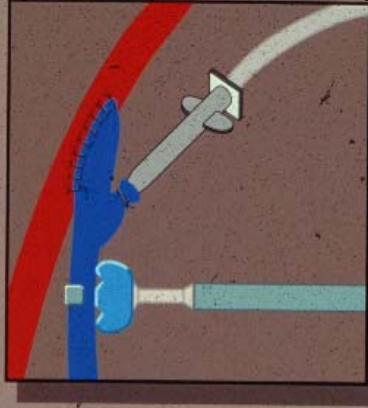
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# Introduction

- Internal diameter is a strong predictor of vein graft patency
- However, most vein grafts are tapered and thus the diameters varies along the length of the vessel

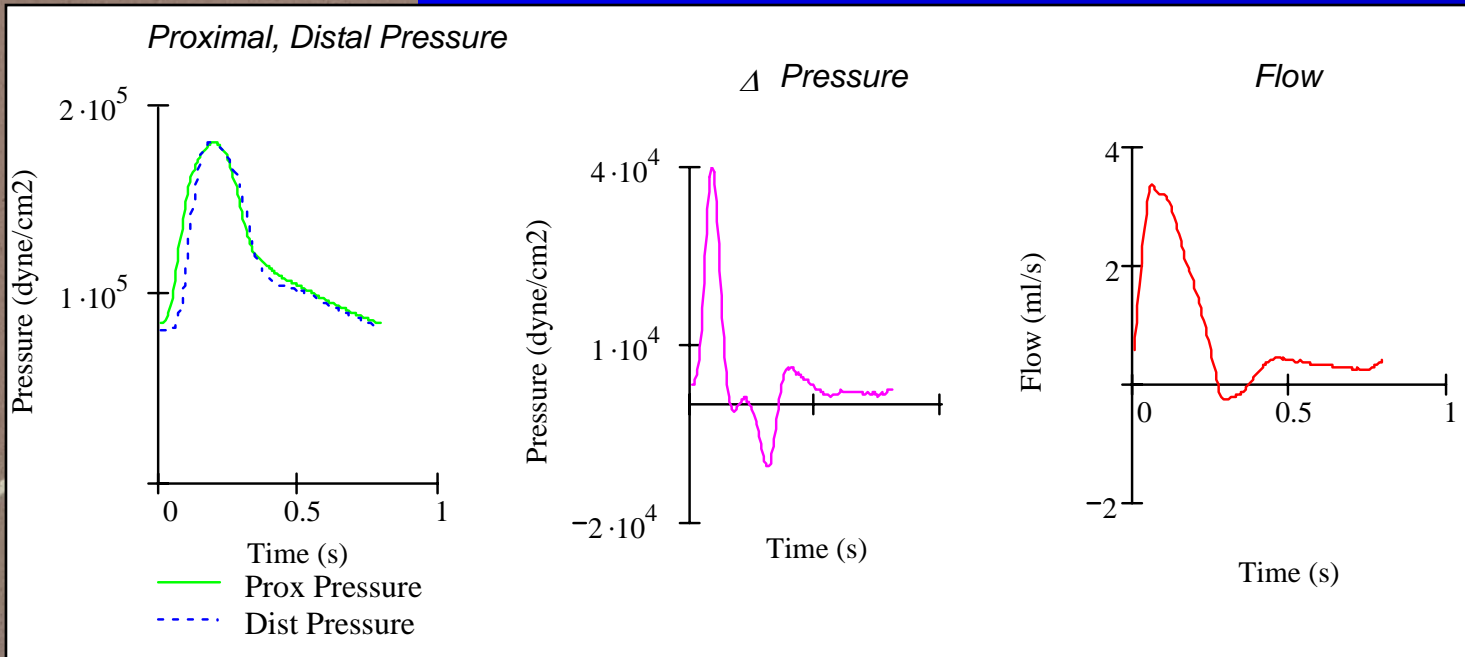
**Purpose:** To examine the hydraulic consequences of vein graft taper using longitudinal impedance

Ultrasonic transit time  
flow probe (Transonics)



# Intraoperative hemodynamic assessment of infrainguinal vein grafts

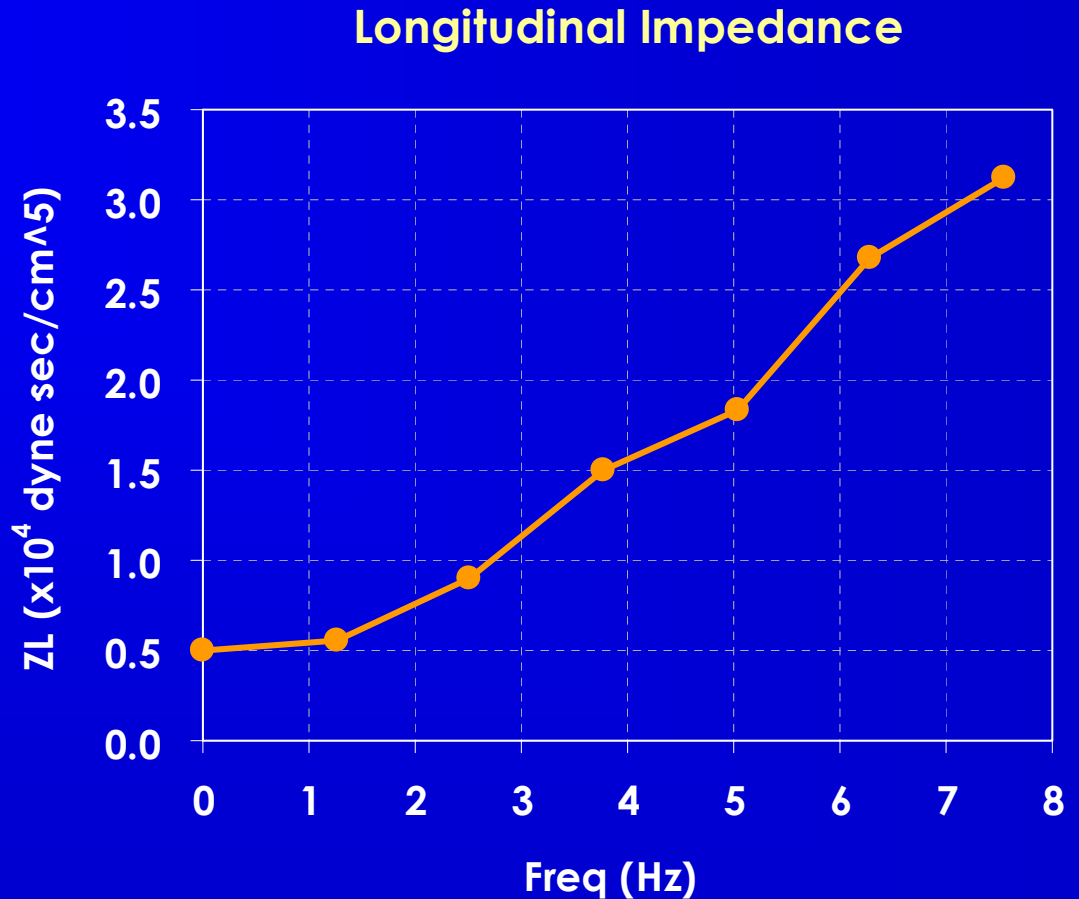
Pressure transducer (HP)



Composite waveforms of 10 heart beats

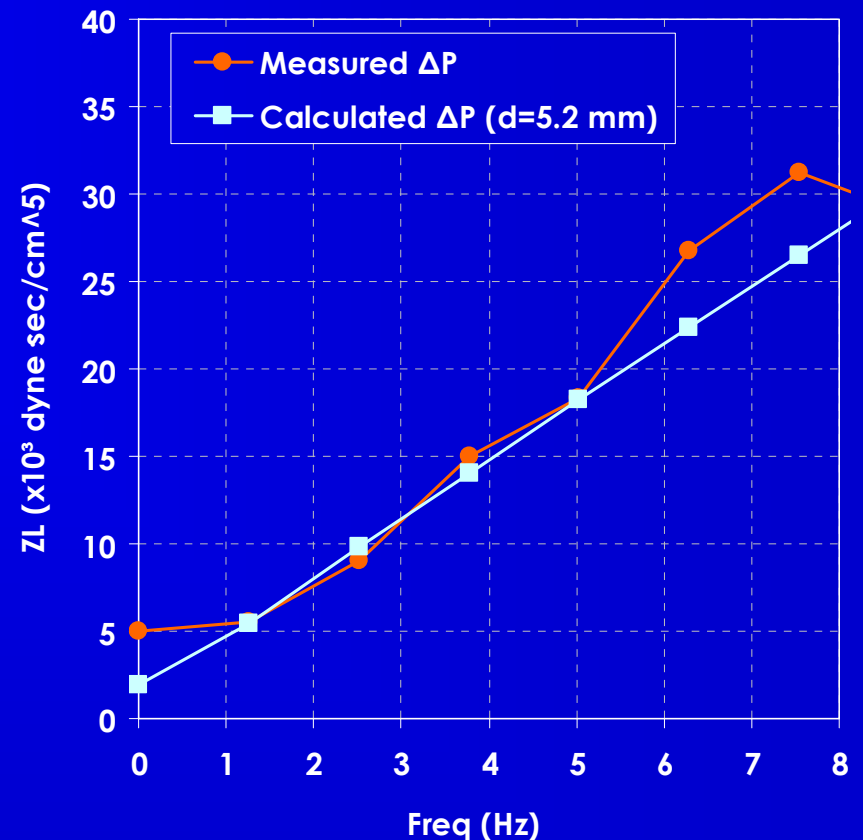
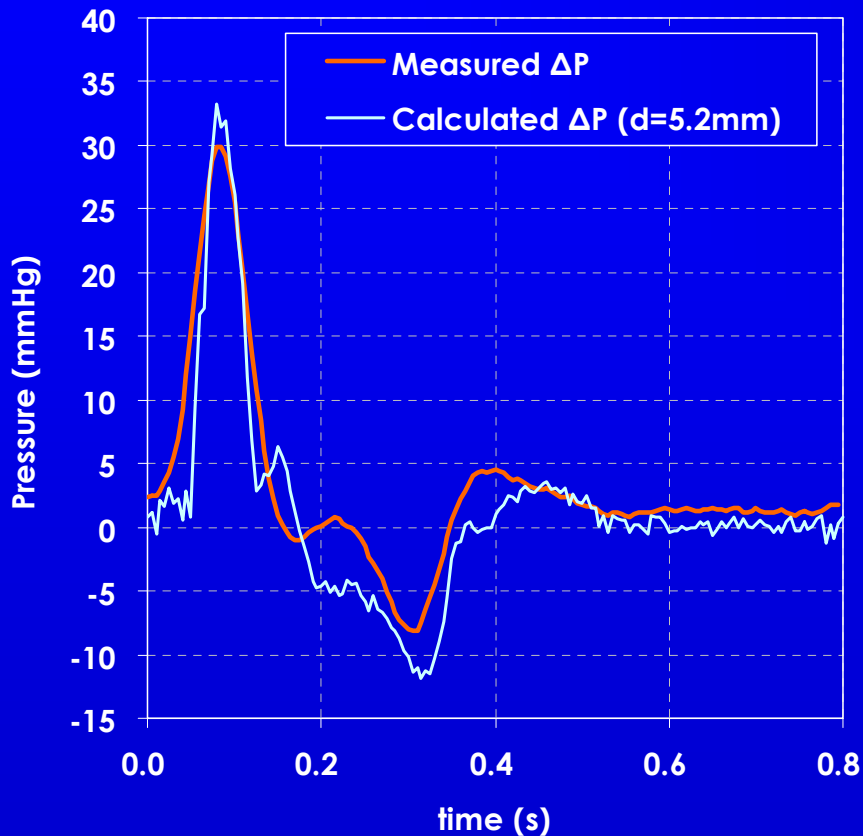
# Longitudinal Impedance

$$Z_{L_n} = \frac{\Delta P_n}{Q_n}$$



*Integrate over the first 4 Hz*

# Calculated vs. Measured $\Delta P$



$$\Delta P(t) = \frac{8\mu Q_0 L}{\pi R^4} + \sum_{n=1}^{\infty} \frac{i\mu L \alpha_n^2 Q_n}{\pi R^4} \left[ 1 - \frac{2J_1(i^{3/2}\alpha_n)}{2J_1(i^{3/2}\alpha_n) - i^{3/2}\alpha_n J_0(i^{3/2}\alpha_n)} \right] e^{i\omega_n t}$$

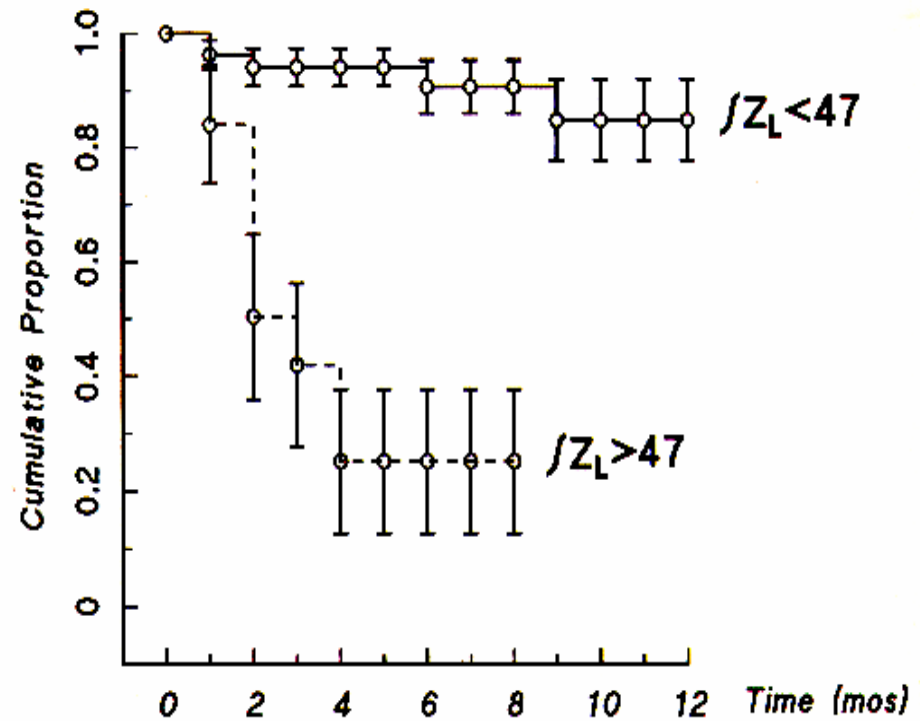
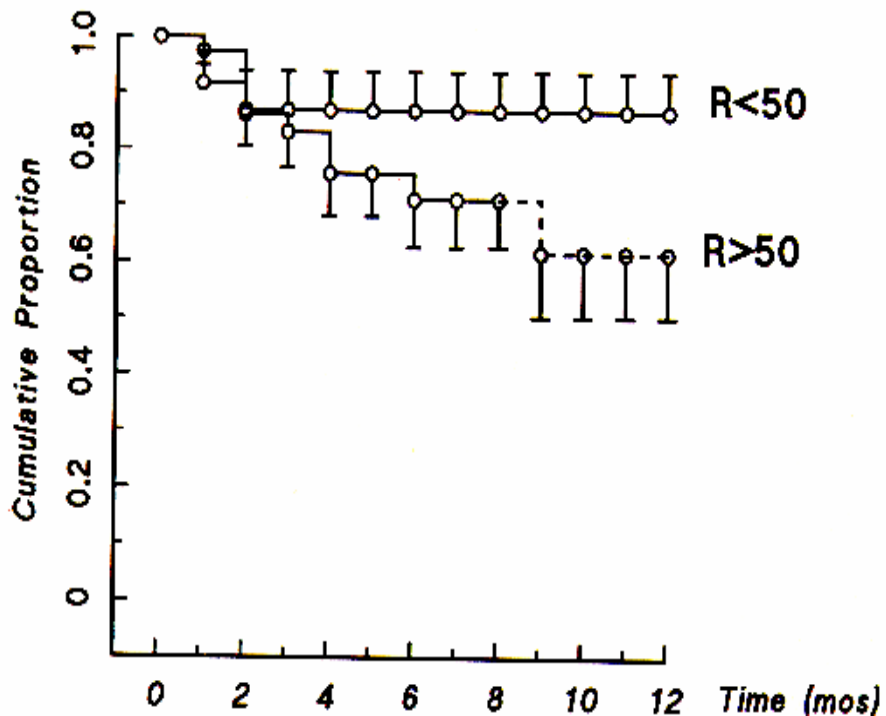
**Table III. Vein graft hemodynamics**

<i>Variable</i>	<i>Baseline (mean ± SD)</i>	<i>Stimulated (mean ± SD)</i>	<i>p</i>
$\bar{P}_{\text{prox}}$ (mm Hg)	75.2 ± 16.2	73.4 ± 17.3	0.015
$\Delta\bar{P}$ (mm Hg)	3.9 ± 4.0	6.3 ± 6.6	0.0001
$\bar{Q}$ (ml/min)	78.2 ± 58.7	126 ± 89	0.0001
$\Delta\bar{P}/\bar{Q}$ ( $\times 10^3$ dynes · sec · cm <sup>-5</sup> )	4.8 ± 5.2	4.6 ± 4.6	NS
R ( $\times 10^3$ dyne · sec · cm <sup>-5</sup> )	134 ± 140	72.7 ± 52.3	0.0001
$\int Z_L$ ( $\times 10^3$ dyne · cm <sup>-5</sup> )	31.2 ± 23.6	30.8 ± 24.1	NS

**N=73**

**JVS 1997;11:35-43.**

# Outflow resistance and Longitudinal impedance vs. patency



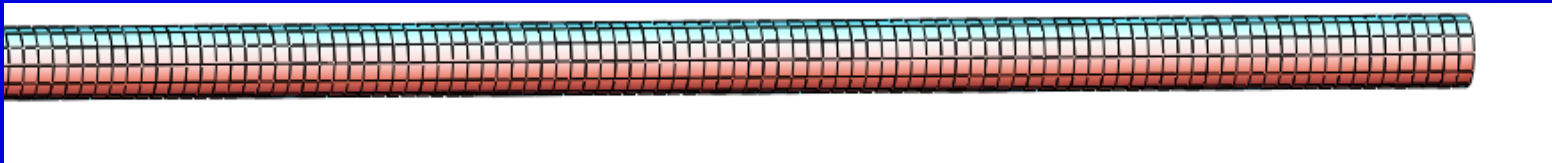
# What is the effect of Taper?

- Examined  $L_z$  for straight grafts 100 cm in length with internal diameters:  
{1.2, 2.2, 3.2, 4.2, ... 8.2 mm}
- Examined a series of tapered grafts 100 cm in length with  $D_{\text{mean}}$ :  
{3.2, 4.2 and 5.2mm} and taper {0 → 83%}

$$\textit{Taper} = \frac{(D_{\text{proximal}} - D_{\text{distal}})}{D_{\text{proximal}}} \times 100\%$$

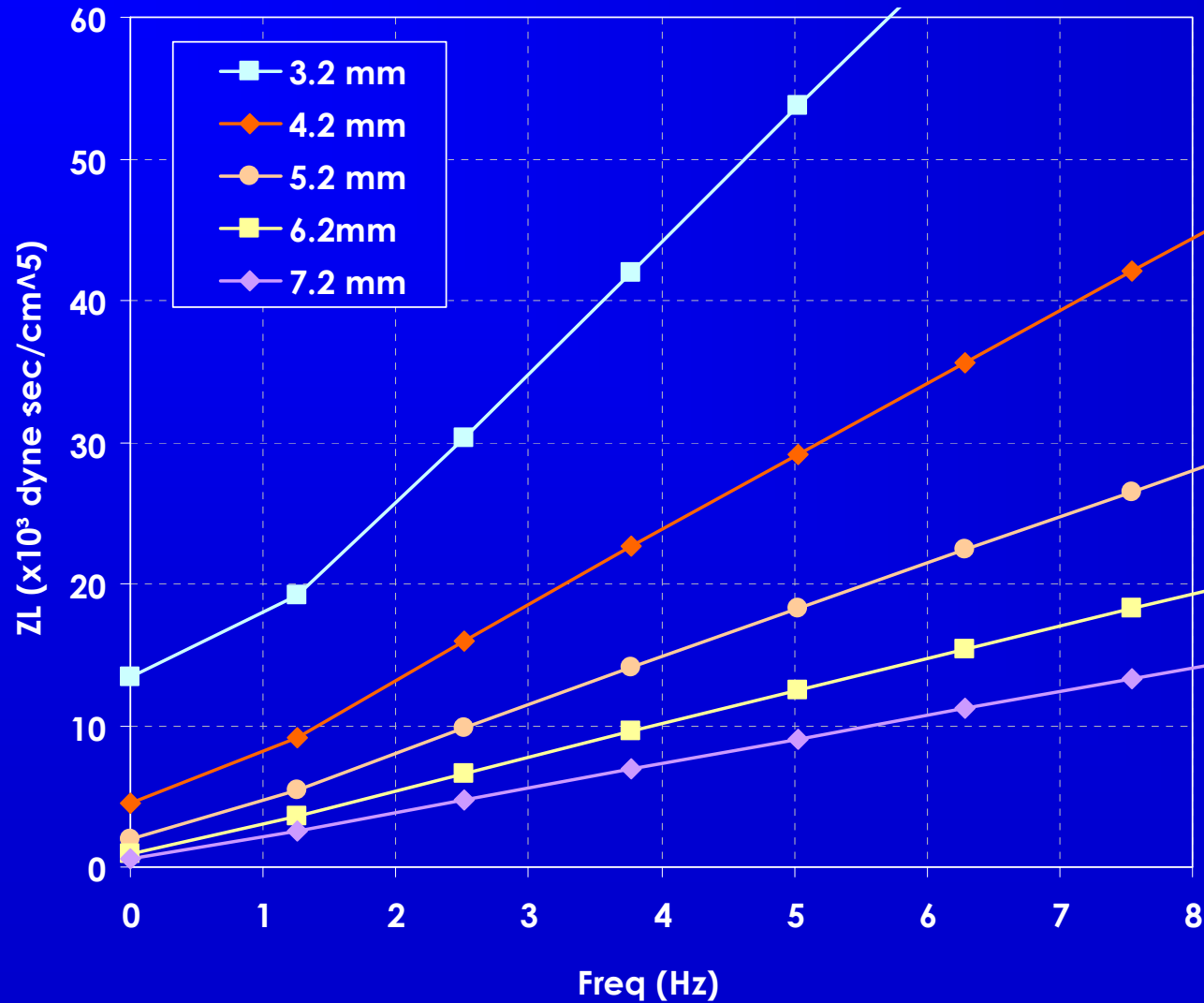
# Methods-Straight Graft

$\Delta P$  computed from Womersley solution. This is a reduced form of the full Navier-Stokes solution where the tube is straight, constant diameter and infinitely long such that an analytical solution is possible

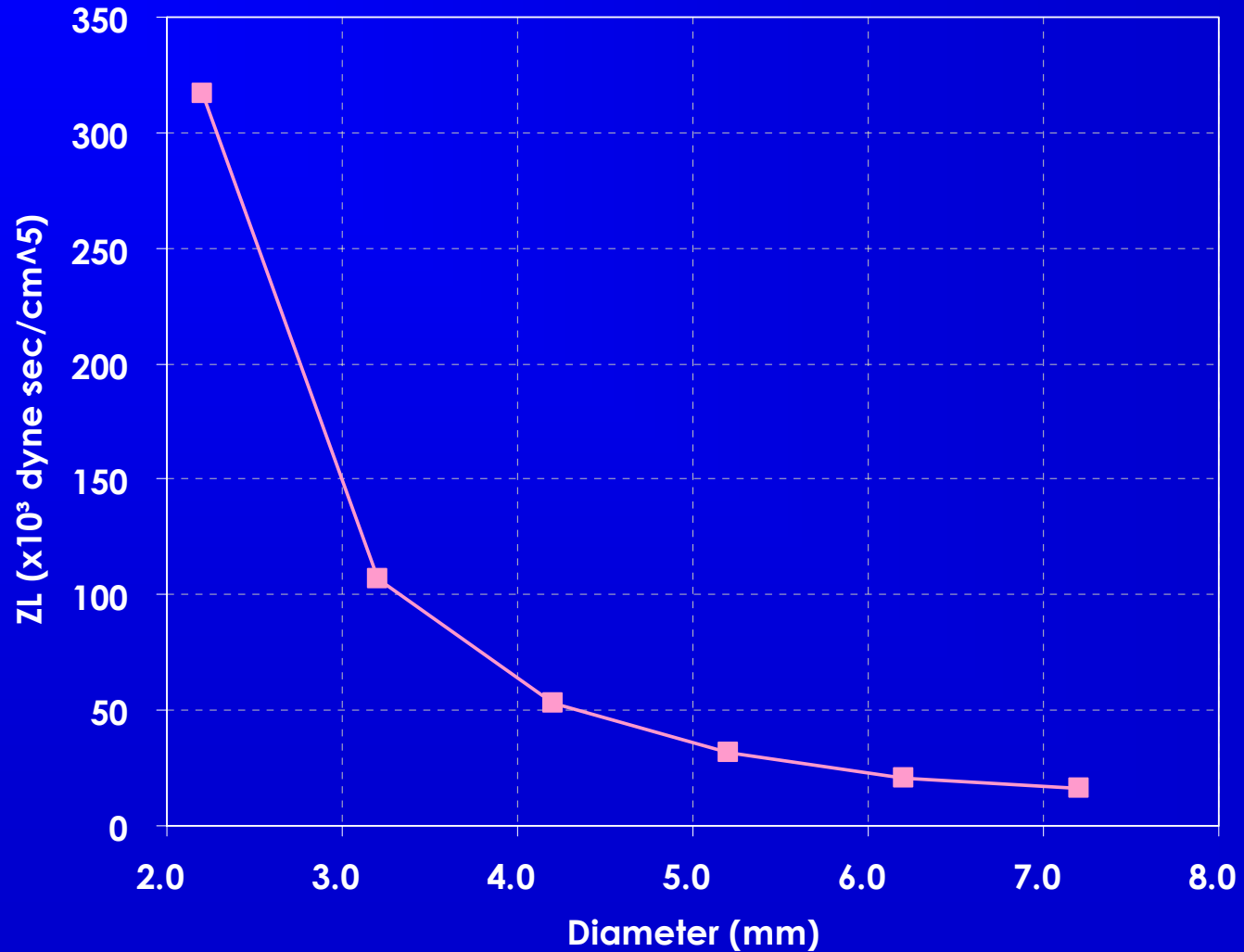


$$\Delta P(t) = \frac{8\mu Q_0 L}{\pi R^4} + \sum_{n=1}^{\infty} \frac{i\mu L \alpha_n^2 Q_n}{\pi R^4} \left[ 1 - \frac{2J_1(i^{3/2}\alpha_n)}{2J_1(i^{3/2}\alpha_n) - i^{3/2}\alpha_n J_0(i^{3/2}\alpha_n)} \right] e^{i\omega_n t}$$

# Non-Tapered Grafts- $Z_L$



# Non-Tapered Grafts-Integral $Z_L$

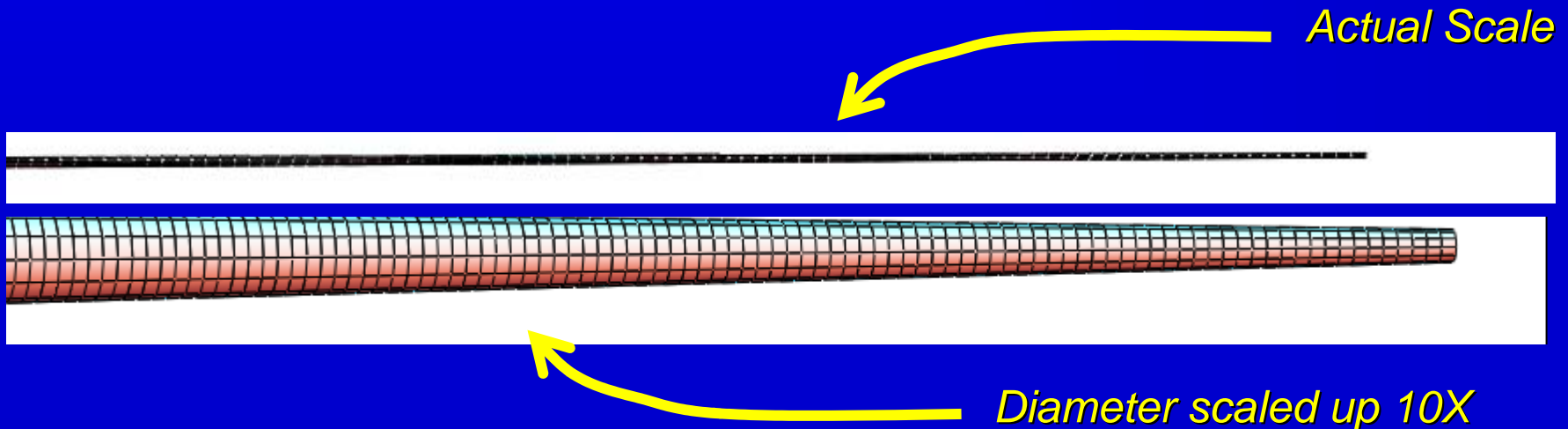


# Methods-Tapered Grafts

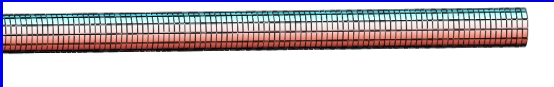
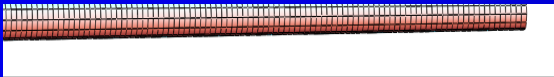
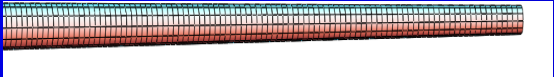
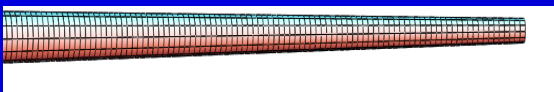
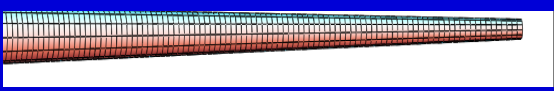


$\Delta P$  computed from the solution of the incompressible, axisymmetric Navier-Stokes equations in cylindrical coordinates using finite volume method

(15 hours CPU time on a PC for each calculation)

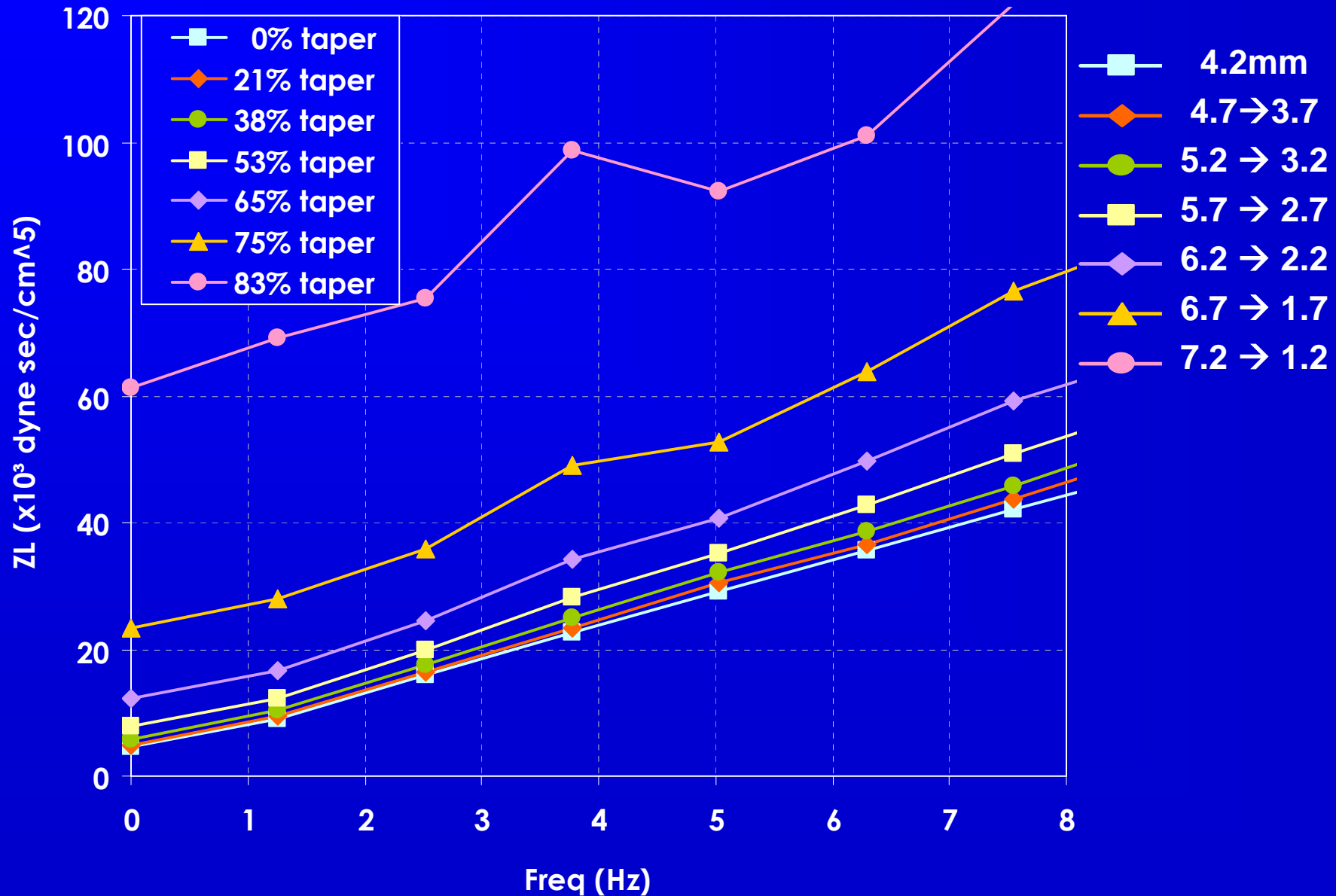
$D_{\text{mean}} = 4.2\text{mm}$  with 64% taper (6.2  $\rightarrow$  2.2mm)



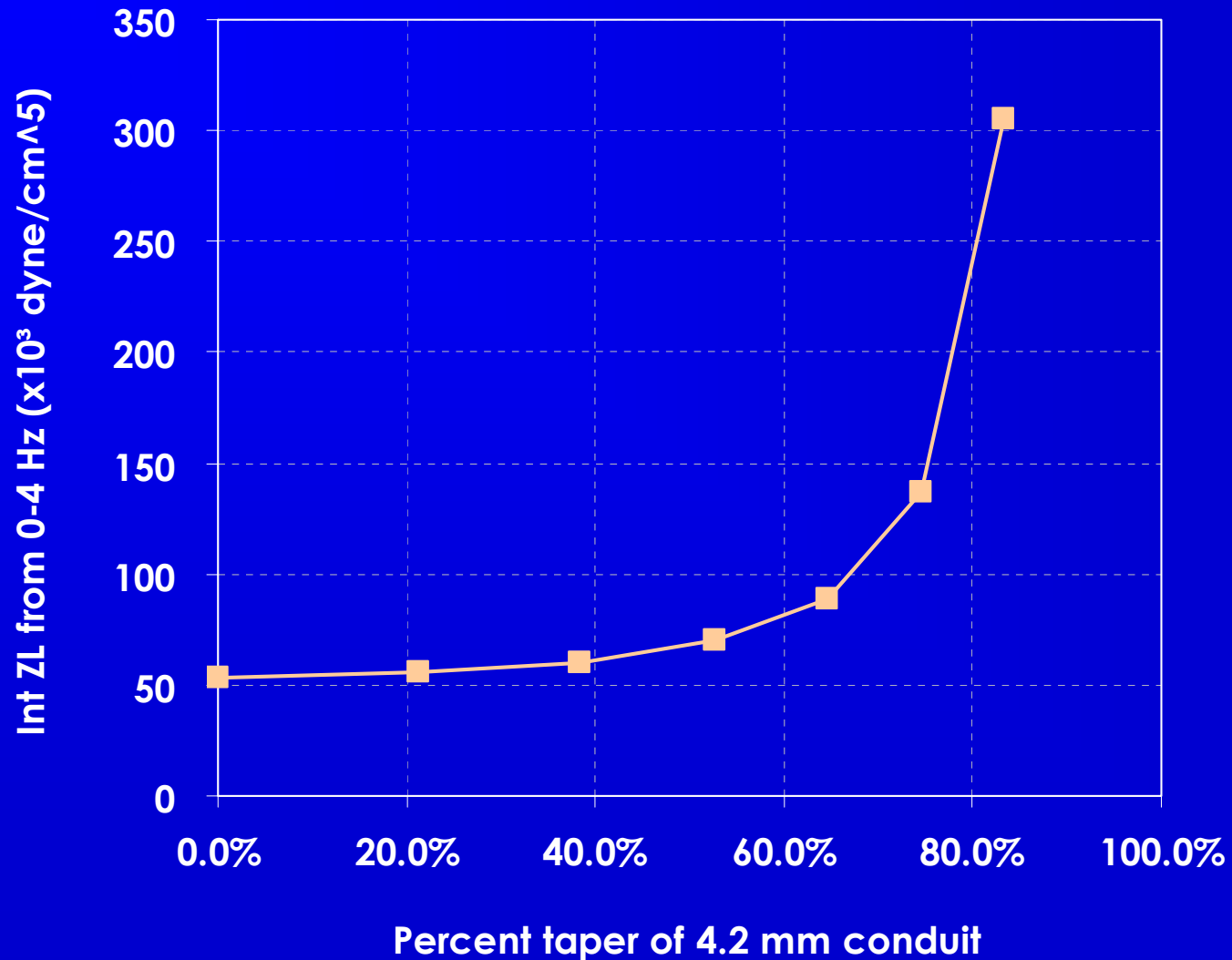
# Tapered Grafts ( $D_{\text{mean}} = 4.2 \text{ mm}$ )

<u>% taper</u>	<u>prox diam.</u>	<u>scaled-up 10X</u>	<u>distal diam.</u>
0%	4.2		4.2
21%	4.7		3.7
38%	5.2		3.2
53%	5.7		2.7
65%	6.2		2.2
75%	6.7		1.7
83%	7.2		1.2

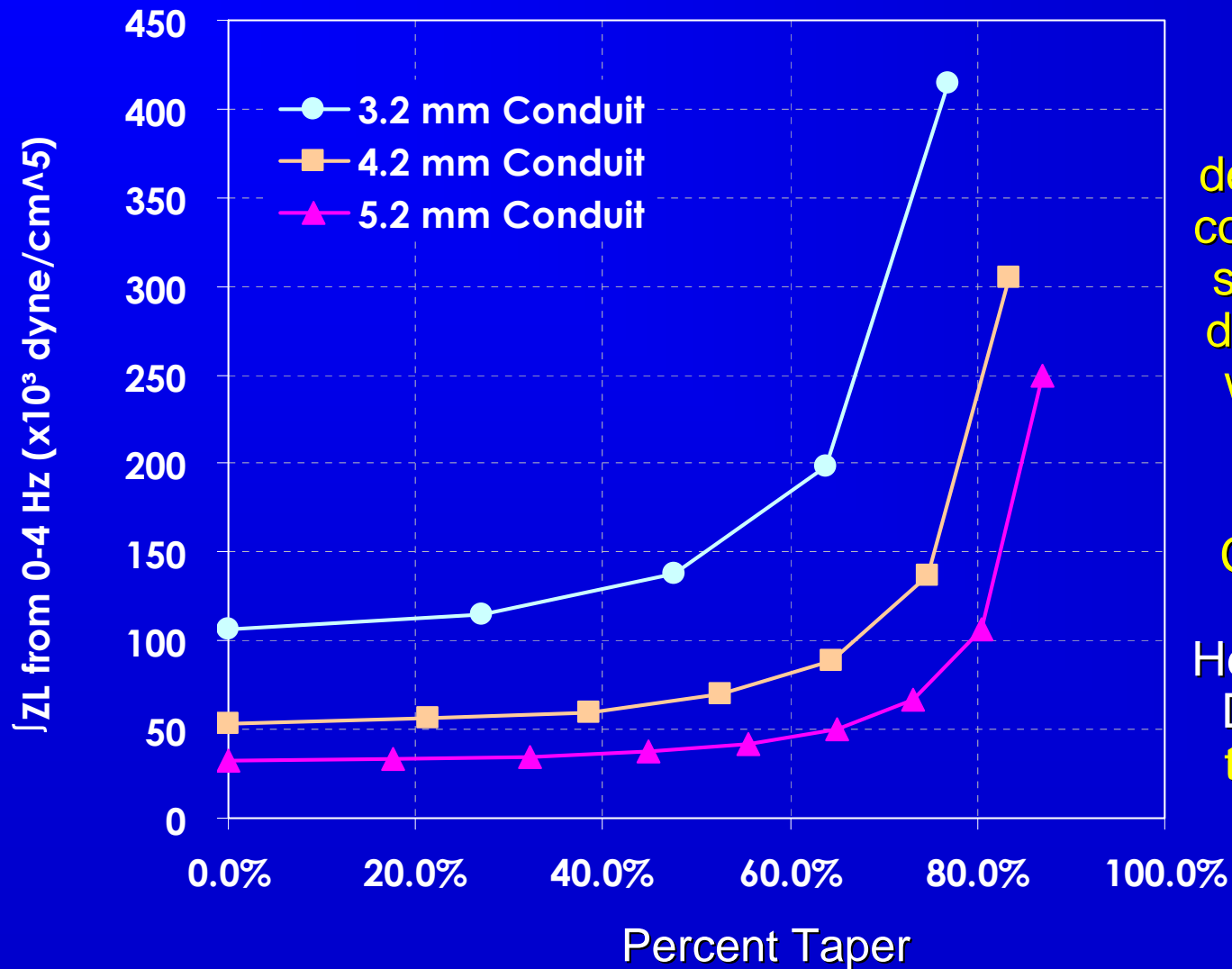
# Tapered Grafts- $Z_L$ ( $D_{\text{mean}} = 4.2$ mm)



# Tapered Graft-Integral $Z_L$



# Tapered Grafts-Integral $Z_L$



Take each Integral  $Z_L$  value and determine the corresponding straight graft diameter that would have the same value

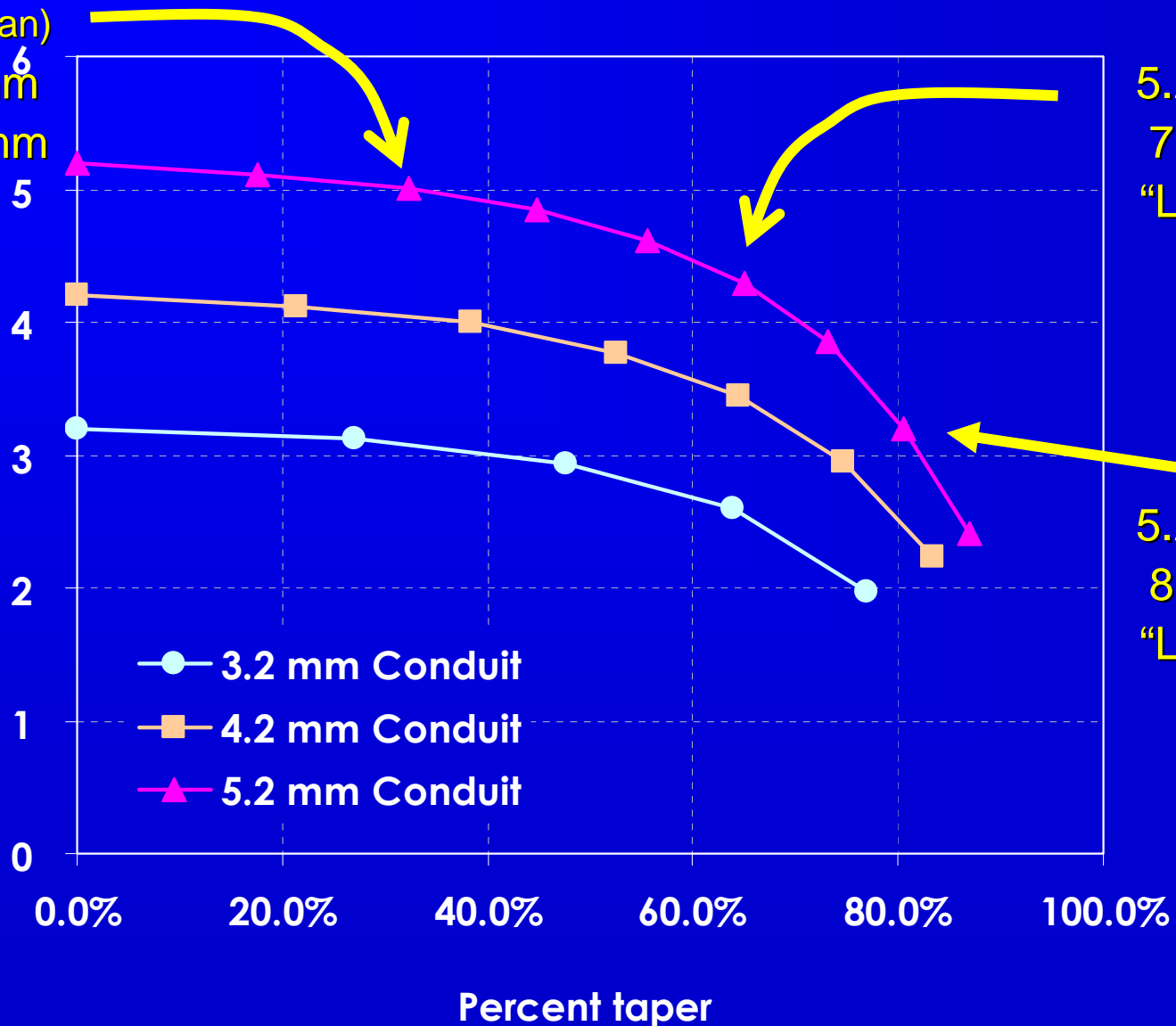
Call this the Effective Hemodynamic Diameter of the tapered graft

# Effective Hemodynamic Diameter

5.2mm (mean)  
6.2→4.2mm<sup>6</sup>  
"Like" 5.0mm

5.2mm (mean)  
7.2→3.2mm  
"Like" 4.2mm

**EHD  
(mm)**



5.2mm (mean)  
8.2→2.2mm  
"Like" 3.1mm

# Summary

- $Z_L$  increases rapidly in conduits with  $D < 4\text{mm}$
- Tapered grafts behave hydraulically like straight grafts provided that:
  - $D_{\text{mean}} > 4\text{mm}$
  - Degree of taper  $< 40\%$

**Future work: Computed  $Z_L$  for veins before they are harvested based on preoperative duplex vein mapping**

# Acknowledgement of Funding Sources

- American Heart Association (9930338Z)
- Whitaker Foundation (RG-01-0198)
- NIH/NHLBI (HL67109-01A1)