

ABSTRACT

LONGEST, PHILIP WORTH, Jr. Computational Analyses of Transient Particle Hemodynamics with Applications to Femoral Bypass Graft Designs. (Under the direction of Clement Kleinstreuer.)

Mounting clinical and biological studies indicate that excessive blood particle interactions with a dysfunctional vascular surface trigger and sustain a cascade of biophysical processes which may lead to stenotic developments and/or thrombus formations, potentially resulting in vessel occlusion. Novel contributions of this work include the conceptualization and development of a particle-based hemodynamic parameter intended to quantify the likelihood of significant particle-to-wall interactions, including adhesion and deposition, based on local discrete near-wall residence times and concentrations. Particle-hemodynamic simulations have been conducted in multiple three-dimensional branching vascular geometries to validate the performance of the proposed near-wall residence time (NWRT) model and to further evaluate the biophysical mechanisms responsible for vascular diseases, including intimal hyperplasia (IH) formation in distal femoral anastomoses.

Based on comparisons to blood particle deposition studies, results indicate that: (a) the discrete element approach, which accounts for finite micro-particle size and inertia, is advantageous in the context of non-parallel flow domains including stagnation, recirculation, and reattachment; and (b) the likelihood of particle deposition may be effectively approximated as nonlinearly proportional to local particle concentration, residence time, and wall proximity. Including approximations for particle-to-surface hydrodynamic interactions, the NWRT-approach was found to be a particularly effective indicator for the deposition of monocytes ($r^2 = 0.74$) and platelets ($r^2 = 0.57$) given that nano-scale physical and biochemical effects must be greatly approximated in computational simulations involving relatively large-scale geometries and complex flow fields. In order to efficiently compute the large number of trajectories required to resolve regions of particle stasis, a highly effective and parallelized particle-tracking algorithm was implemented.

To account for reactive vascular surfaces, composite NWRT models have been proposed based on the hypothesis that blood particle deposition is most likely in regions of

near-wall particle stasis and/or elevated concentrations, coincident with regions of activated or dysfunctional endothelial cells. Local shear stress conditions have been used to assess factors such as endothelial expression of adhesive molecules, up-regulation of surface-bound coagulate and anti-coagulate proteins, and mechanical platelet activation. The resulting composite NWRT models have been evaluated in the rabbit aorto-celiac junction, the human carotid artery bifurcation, and the distal femoral anastomosis. Agreements with monocyte deposition data, sites of atherosclerotic lesion initialization, and IH occurrence suggest that the composite NWRT-based models are sufficiently detailed, yet computationally efficient, as required for application in complex branching blood vessels. Furthermore, results of the current study indicate that particle-to-wall interactions appear to be a significant component for intimal thickening (IT) initialization and progression in all systems considered, whereas relations to other hemodynamic wall parameters, such as low WSS and high OSI, were not consistent.

Considering a multiple-pathway model for IH-formation in distal femoral bypass anastomoses, the performances of currently implemented and virtually prototyped configurations have been assessed. Of the conventional anastomoses evaluated, straight and curved graft-end cuts and a graft-to-artery diameter ratio of 1.5:1 were found to significantly reduce the potential for IH development at locations critical to flow delivery, while maintaining a graft lumen sufficient to reduce the risk of early thrombotic occlusion. Considering the clinically successful Miller cuff, hemodynamically induced conditions appear to be partially responsible for the improved patency rates associated with below-the-knee applications. For virtually prototyped models, anatomic features consistent with venous anastomoses were found to reduce the particle-hemodynamic potential for IH at locations critical to flow delivery; however, implications for IH were not eliminated. In conclusion, the application of a multiple-pathway particle-hemodynamics model for IH in distal anastomotic designs indicates that occlusive formations are an inevitable consequence of the non-physiological distal end-to-side anastomosis, particularly for the case of proximal outflow. Nevertheless, surgical benefits of the end-to-side distal anastomosis, such as ease of construction and proximal revascularization, ensure its continued implementation until a more effective alternative is clinically proven.

**COMPUTATIONAL ANALYSES OF TRANSIENT PARTICLE
HEMODYNAMICS WITH APPLICATIONS TO FEMORAL
BYPASS GRAFT DESIGNS**

by

PHILIP WORTH LONGEST, Jr.

A dissertation submitted to the Graduate Faculty of
North Carolina State University
in partial fulfillment of the
requirements for the Degree of
Doctor of Philosophy

MECHANICAL ENGINEERING

Raleigh

2002

APPROVED BY:

Chair of Advisory Committee

BIOGRAPHY

Philip Worth Longest, Jr. is the son of Philip and Georgia Longest and was born on May 12, 1974 in Wilmington, NC. Living in Wallace, NC, the author graduated from Wallace-Rose Hill High School in June of 1992. The following fall, he entered North Carolina State University in Raleigh, NC. Becoming a third-generation graduate of the NCSU College of Engineering, the author received a Bachelor of Science degree in Mechanical Engineering (December 1996) and a Master of Science degree in Mechanical Engineering (May 1999). The author continued study under the direction of Dr. Clement Kleinstreuer, beginning work on this dissertation in the summer of 1999.

ACKNOWLEDGMENTS

I express my gratitude to my committee chair, Dr. Clement Kleinstreuer, for his vision, guidance, and generous support. I thank the other members of my committee, Drs. Archie, Leach, Lyons, Reeves, and White, for their contributions to this work through excellent teaching, constructive reviews, and supportive comments. Dr. Archie has been an invaluable resource, and he contributed greatly to this project by constructing physical models of the end-to-side anastomoses. I am grateful to both past and present members of Dr. Kleinstreuer's research group, including Dr. Jack Buchanan, Dr. Sinjae Hyun, Dr. Zhe Zhang, Dr. Ken Comer, and June Mo Koo, for their suggestions, helpful discussions, and critical analyses. I am indebted to Jack for his candor, foresight, and generosity, as well as for initializing the off-line particle-tracking code. Sinjae has remained an invaluable resource, providing insightful constructive reviews and encouragement. The aorto-celiac and carotid artery bifurcation models used in this research were generated by Drs. Buchanan and Hyun, respectively. I thank these aforementioned research colleagues, as well as Dr. Ming Lei, for allowing me to build upon their work.

I am personally grateful to my wife, Michelle, for her patience, love, and support throughout my graduate career. The gentle guidance of my parents, Philip and Georgia, has truly inspired the creativity within this work, as well as the persistence required to complete it. I thank Mr. Gene and Mrs. Donna, Mary Laine and Jason, as well as the Longest, Hall, and Pigford families, for their support and encouragement.

Financial support for this research has been provided by GAANN and NSF Graduate Fellowships, as well as NIH Grant No. HL41372. Use of the software package CFX4 from AEA Technology Engineering Software, Inc. (Pittsburg, PA) and access to the SGI Origin 2400 at the North Carolina Supercomputer Center (RTP, NC) are gratefully acknowledged. Mr. Brent Hickel (First Article Corp., New Hope, MN) generously and expertly assisted with the three-dimensional laser scanning.

TABLE OF CONTENTS

LIST OF TABLES	ix
LIST OF FIGURES.....	x
1 INTRODUCTION AND LITERATURE REVIEW	1
1.1 Motivation.....	1
1.2 Research Objectives.....	3
1.3 Description of Vascular Diseases	5
1.3.1 Hyperplasia.....	6
1.3.2 Atherosclerosis	7
1.3.3 Thrombosis	8
1.3.4 Vessel Occlusion	10
1.4 Role of Blood Particle Deposition in Vascular Diseases.....	11
1.4.1 Critical Blood Particle Influence on Smooth Muscle Cell Proliferation	12
1.4.2 A Current Alternative Theory of Intimal Thickening.....	13
1.4.3 Interrelation Between Critical Blood Particle Deposition, Thrombosis, Intimal Thickening, and Vessel Failure	14
1.5 Mechanisms for Blood Particle Deposition.....	15
1.5.1 Deposition and Aggregation of Platelets	16
Adhesion.....	16
Activation	17
Aggregation.....	18
Coagulation	19
Embolization	19
Summary	19
1.5.2 Attachment of Monocytes.....	21
Mechanisms.....	21
Adhesive Molecule Expression.....	22
1.6 Models of Blood Particle Deposition and Embolism	22
1.6.1 Thrombosis and Platelet Adhesion Models	22
Experimental Models	24
Mathematical Models of Arterial Thrombosis	31
Math Models of Embolization.....	37
1.6.2 Monocyte Attachment and Rolling Models.....	39
Experimental Models	39
Mathematical Models.....	40
1.7 Collision Models for Blood Particle Transport	41
1.7.1 Measured Radial Particle Dispersion Coefficients	43
1.7.2 Effective Solute Diffusion Coefficient	45
1.7.3 Unifying Particle Dispersion and Enhanced Solute Diffusion	46
1.7.4 Particle Dispersion in a Non-Uniform Concentration Field	48
Drift-Flux Modeling.....	49
More Advanced Constitutive Relations	49
CHAPTER 1 FIGURES	51

2	THEORY, METHODS, AND MODEL VALIDATION	67
2.1	Introduction.....	67
2.2	Governing Equations	67
2.2.1	Fluid Flow and Boundary Conditions.....	67
2.2.2	Equations of Particle Motion and Near-Wall Forces.....	73
	Basset-Boussinesq-Oseen Equation	73
	Relevant Forces in Blood Particle Free-Stream Flow.....	74
	Near-Wall Forces	77
2.2.3	Hemodynamic Wall Parameters	82
	Wall Shear Stress	83
	Oscillatory Shear Index.....	83
	Wall Shear Stress Gradient	84
	Wall Shear Stress Angle Gradient.....	86
	Lagrangian Based Wall Parameters	88
2.3	Methods	90
2.3.1	Computational Fluid Dynamics Solution	90
	Solution of Governing Equations.....	90
	Mesh Construction and Grid Convergence	93
2.3.2	Particle Trajectory Solution.....	95
	Blood Particle Properties and Simulation	95
	Particle Tracking Algorithm.....	97
	Code Performance	107
	Summary	108
2.4	Model Validation.....	109
2.4.1	Flow Field.....	109
2.4.2	Luminal Trajectories.....	109
2.4.3	Convergence of the NWRT Parameter	110
	CHAPTER 2 FIGURES	114

3	A NEAR-WALL RESIDENCE TIME MODEL WITH CORRELATIONS TO PARTICLE DEPOSITION AND INTIMAL THICKENING	121
3.1	Introduction	121
3.2	Comparison of Particle Deposition Models for Non-parallel Flow Domains	124
3.2.1	Overview	124
3.2.2	Systems	124
3.2.3	Results	125
	Platelet Adhesion in a Stagnation Flow Geometry	125
	Monocyte Deposition in a Stenotic Geometry	127
3.2.4	Discussion	128
3.3	An Extended NWRT-Based Model for Cell-Wall Interactions	132
3.3.1	A NWRT-Based Model for Monocyte Adhesion	132
3.3.2	A NWRT-Based Model for Platelet-Wall Interactions	133
	Effective Dispersion	134
	Platelet Activation	134
	Surface Reactivity Considerations	136
	Surface Reactivity Model	138
3.4	Identifying Sites Susceptible to Early Lesion Growth in the Rabbit Aorto-Celiac	140
3.4.1	Overview	140
3.4.2	System	140
3.4.3	Results	141
	WSS-Based Hemodynamic Parameters	141
	NWRT-Based Models	142
3.4.4	Discussion	143
3.5	Identifying Sites of Intimal Thickening in the Human Carotid Artery Bifurcation	149
3.5.1	Overview	149
3.5.2	System	151
3.5.3	Results	151
	WSS-Based Hemodynamic Parameters	151
	NWRT-Based Models	152
3.5.4	Discussion	153
3.6	Identifying Sites of Intimal Hyperplasia and Possible Thrombosis Formation in Distal Femoral Anastomoses	155
3.6.1	Overview	155
3.6.2	Systems	157
3.6.3	Results	158
	WSS-Based Hemodynamic Parameters	158
	NWRT-Based Model	158
3.6.4	Discussion	160
	CHAPTER 3 FIGURES	167

4	PARTICLE HEMODYNAMICS OF THE DISTAL END-TO-SIDE FEMORAL BYPASS: EFFECTS OF GRAFT CALIBER AND GRAFT-END CUT	186
4.1	Introduction.....	186
4.1.1	Peripheral Bypass Grafts and Success Rates	186
4.1.2	Review of Distal Anastomotic Studies	187
	In Vitro and In Vivo Models	188
	Computational Studies	192
4.1.3	Motivation for the Current Study	195
4.2	Systems	198
4.3	Results.....	199
4.3.1	Anastomotic Hemodynamics.....	199
4.3.2	WSS-Based Hemodynamic Parameters.....	203
4.3.3	NWRT-Based Models	204
4.4	Discussion.....	206
4.4.1	Criteria for Graft Evaluation.....	206
4.4.2	Evaluation of Graft Performance	208
4.4.3	Comparisons to Other Studies	211
4.4.4	Conclusions.....	213
	CHAPTER 4 FIGURES	216
5	ANALYSES OF GEOMETRIC ALTERNATIVES INTENDED TO IMPROVE DISTAL ANASTOMOTIC PATENCY	229
5.1	Introduction.....	229
5.2	Systems	233
5.3	Results.....	234
5.3.1	Anastomotic Hemodynamics.....	234
5.3.2	WSS-Based Hemodynamic Parameters.....	236
5.3.3	NWRT-Based Models	237
5.3.4	The Case of an Occluded Proximal Outlet	238
5.4	Discussion.....	239
5.4.1	Evaluation of the Miller Cuff	240
5.4.2	Evaluation of Virtually Prototyped Designs.....	242
5.4.3	Conclusions and Recommendations	245
	CHAPTER 5 FIGURES	248

6	CONCLUSIONS AND FUTURE WORK.....	261
6.1	Discussion of Fundamental Contributions.....	262
	Development of the NWRT Approach.....	262
	Conclusions Regarding the NWRT Concept	266
6.2	Discussion of Applications	267
	Conventional End-to-Side Anastomoses.....	267
	Alternative End-to-Side Configurations.....	268
6.3	Future Directions	270
	REFERENCES.....	274
	APPENDIX A: LUMENAL POINT-FORCE ANALYSIS.....	307
A.1	Modeling of Blood Cell Trajectories in a Non-Uniform Transient Flow Field	307
A.2	Need for the Pressure Term in Bio-Particle Simulations.....	309
	APPENDIX B: RED BLOOD CELL INDUCED DISPERSION	314
B.1	Analysis of Possible Blood Cell Collision Models for Dense Suspensions	314
	B.1.1 Introduction.....	314
	B.1.2 Attempted Models	315
	Flux Terms of Leighton and Acrivos (1987)	316
	Drift Flux Model of Eckstein and Belgacem (1991).....	317
	A Variable Hematocrit Approach Based on Experimental Evidence	318
	B.1.3 Conclusions Regarding a Red Blood Cell Dispersion Model	320
B.2	Effective Dispersion Coefficients.....	320
	B.2.1 Shear Rate Models for Platelet Dispersion.....	320
	B.2.2 Shear Rate Model for Monocyte Dispersion	322
	B.2.3 Summary.....	323

LIST OF TABLES

Chapter 2

Table 2.1	Reynolds Number Waveforms for the Mid-Femoral Artery	70
Table 2.2	Frequency of Waveform Patterns at Time of Surgery.....	71
Table 2.3	Mean Graft Flow Rates (Okadome et al., 1990).....	72
Table 2.4	Characteristics of the Selected Type I Waveform	72
Table 2.5	Selected Studies that Model Lift Forces.....	112
Table 2.6	Properties of Blood Constituents.....	96
Table 2.7	Run Times for the f90 and CFX4.4 Particle Tracking Algorithms Including Flow Field Solutions	109

Chapter 4

Table 4.1	Representative Survey of Models that Evaluate the Effects of Geometric and Boundary Variables on the Hemodynamics of a Distal Bypass Configuration.....	215
-----------	---	-----

Appendix A

Table A1	Properties of the Hardened Red Blood Cell in the Karino and Goldsmith (1977) Experiment.....	307
----------	---	-----

LIST OF FIGURES

Chapter 1

Figure 1.1.1	Sequence of plaque development in atherosclerosis	51
Figure 1.1.2	(a) Occluded femoral artery and other vessels; (b) typical below-knee femoropopliteal bypass (in red) to restore blood flow to the lower vasculature	51
Figure 1.1.3	Illustration of a conventional end-to-side distal anastomosis.....	52
Figure 1.1.4	Flow events, biological processes and methodology governing improved graft-end designs	53
Figure 1.3.1	The natural history of atherosclerosis.....	54
Figure 1.3.2	The updated response to injury hypothesis of Ross (1986).....	55
Figure 1.3.3a	Plaque fissuring and thrombus in human coronary artery	56
Figure 1.3.3b	Arterial thrombus including red blood cells, activated platelets, and fibrin mesh.....	57
Figure 1.3.4	Simplified schematic of the currently understood mechanisms of arterial thrombosis	58
Figure 1.3.5	Possible outcomes following plaque cap rupture (from Davies, 1994).....	59
Figure 1.5.1	Length scales associated with blood particle deposition	60
Figure 1.5.2	The recruitment and migration of leukocytes (from O'Brien and Chait, 1994)	61
Figure 1.6.1	Shear stress and exposure time required for the activation of platelets <i>in vitro</i> as compiled by Hellums (1994).....	62
Figure 1.6.2	Observations of platelet deposition in an <i>ex vivo</i> collagen coated stenosis with a 4 mm upstream diameter from Markou et al. (1993) .	63
Figure 1.6.3	Time course of platelet accumulation on collagen-coated tubes in the <i>ex vivo</i> experiment of Markou et al. (1993).....	64
Figure 1.6.4	Average platelet accumulation rates from popular <i>ex vivo</i> experiments.....	65
Figure 1.7.1	Empirical correlation of Aarts et al (1986) for the diffusivity of platelets at various mean hematocrits	66

Chapter 2

Figure 2.2.1	Shear rate dependent absolute viscosity for $H = 40\%$ using the Quemada model	114
Figure 2.2.2	Sample femoral-style waveforms used in other studies	114
Figure 2.2.3	Classification of femoral waveforms (Okadome et al., 1991).....	115
Figure 2.2.4	Selected Type I waveform for numeric analysis	115
Figure 2.3.1	Computational mesh for a 1.5:1 graft-to-artery diameter ratio configuration.....	116
Figure 2.3.2	Control-volume vertex locations based on block orientation.....	116
Figure 2.3.3	Representation of f90 particle trajectory code with parallel components	117
Figure 2.3.4	Speedup and computational efficiency of the f90 particle trajectory code.....	118
Figure 2.4.1	Comparison of: (a) experimental observation of a red blood cell trajectory; and (b) computational simulation of an idealized spherical particle trajectory.....	119
Figure 2.4.2	Laser illumination images of neutrally buoyant particle pathlines ($St = 3.14 \times 10^{-3}$) and comparable snapshots of simulated pathlines in a sinusoidal flow.....	119
Figure 2.4.3	Convergence of the NWRT-parameter based on monocyte trajectories with and without dispersion	120

Chapter 3

Figure 3.2.1	System configuration of Affeld et al. (1995).....	167
Figure 3.2.2	System configuration of Hinds et al. (2001).....	167
Figure 3.2.3	Comparison of simulated wall shear stress magnitude to the experimental results of Affeld et al. (1995).....	168
Figure 3.2.4	Comparison of platelet flux calculated with the multicomponent mixture model to the experimental results of Affeld et al. (1995)	168
Figure 3.2.5	Comparison of simulated deposition fraction based on a surface contact model to the experimental results of Affeld et al. (1995)	168
Figure 3.2.6	Comparison of NWRT-values computed with near-wall forces to the experimental results of Affeld et al. (1995).....	168
Figure 3.2.7	Comparison of the magnitude of the time-averaged wall shear stress to the experimental results of Hinds et al. (2001).....	169

Figure 3.2.8	Comparison of simulated deposition fraction based on a surface contact model to the experimental results of Hinds et al. (2001)	169
Figure 3.2.9	Comparison of NWRT-values computed with near-wall forces to the experimental results of Hinds et al. (2001).....	169
Figure 3.3.1	Outline of NWRT-based models for monocytes and platelets	170
Figure 3.4.1	Aorto-celiac surface model (Buchanan, 2000; generated from averaged measurements made by Malinauskas, 1993) and the transient input pulse	171
Figure 3.4.2	Hemodynamic characteristics of the 88° aorto-celiac model	172
Figure 3.4.3	Surface contours of the WSS-based hemodynamic parameters for the 88° rabbit aorto-celiac bifurcation	173
Figure 3.4.4	NWRT surface contours based on monocyte trajectories computed for multiple WSS-limiter conditions	174
Figure 3.4.5	Transverse <i>en face</i> view of the flattened rabbit aorto-celiac junction	175
Figure 3.4.6	Sample quantitative comparison of NWRT results versus intimal monocyte deposition	176
Figure 3.4.7	Comparison of area-averaged deposition fraction, computed in the absence of near-wall hydrodynamic interaction forces, and the NWRT parameter.....	177
Figure 3.5.1	Representative carotid artery bifurcation geometry after Hyun (1998) (cf. Milner et al., 1998) and transient input pulse	178
Figure 3.5.2	Wall shear stress based hemodynamic parameters for the idealized carotid artery bifurcation	179
Figure 3.5.3	NWRT-contours based on monocyte trajectories for the idealized carotid artery bifurcation	180
Figure 3.5.4	NWRT-contours based on platelet trajectories for the idealized carotid artery bifurcation	181
Figure 3.6.1	Geometric surface models of two distal anastomotic configurations and a representative femoral input pulse	182
Figure 3.6.2	Wall shear stress based hemodynamic wall parameters for anastomotic Case A	183
Figure 3.6.3	Wall shear stress based hemodynamic wall parameters for anastomotic Case B.....	183
Figure 3.6.4	Wall shear stress based hemodynamic wall parameters for anastomotic Case C.....	184

Figure 3.6.5	Convergent NWRT contours based on platelet trajectories with and without PSH and SR factors	185
--------------	---	-----

Chapter 4

Figure 4.1.1	(a) Occluded femoral artery and other vessels; (b) typical below-knee femoropopliteal bypass (in red) to restore blood flow to the lower vasculature	216
Figure 4.1.2	Peripheral arteries subject to occlusion and long-term patency rates after revascularization.....	217
Figure 4.1.3	Illustration of various end-to-side distal anastomosis	218
Figure 4.1.4	Realistic <i>in vitro</i> anastomotic flow models from casts.....	218
Figure 4.2.1	Three widely used graft-end cuts for the construction of end-to-side anastomoses	219
Figure 4.2.2	Geometric surface models of four commonly implemented anastomotic configurations.....	219
Figure 4.2.3	Representative post-anastomotic input waveform for the femoral bypass	220
Figure 4.3.1	Midplane velocity vectors, contours of velocity magnitude, and streamlines of secondary motion for Grafts 1 through 4 during accelerating flow (t_1).....	221
Figure 4.3.2	Midplane velocity vectors, contours of velocity magnitude, and streamlines of secondary motion for Grafts 1 through 4 during decelerating flow (t_2)	222
Figure 4.3.3	Selected monocyte trajectories indicating transient vortical flow features.....	223
Figure 4.3.4	Wall shear stress based hemodynamic parameters for Graft 1	225
Figure 4.3.5	Wall shear stress based hemodynamic parameters for Graft 2.....	225
Figure 4.3.6	Wall shear stress based hemodynamic parameters for Graft 3.....	226
Figure 4.3.7	Wall shear stress based hemodynamic parameters for Graft 4.....	226
Figure 4.3.8	NWRT contours based on platelet trajectories in Grafts 1-4 with and without platelet stimulation history (PSH) and surface reactivity (SR) conditions	227
Figure 4.3.9	NWRT contours based on monocyte trajectories for Grafts 1-4 with and without a WSS-limiter condition	228

Chapter 5

Figure 5.1.1	Expanded graft-end configurations intended to reduce DAIH formation.....	248
Figure 5.2.1	Geometric surface models including the currently implemented Miller cuff as well as virtually prototyped anastomotic configurations	248
Figure 5.2.2	Graft and artery configurations for the Miller cuff and prototype geometries.....	249
Figure 5.2.3	Representative post-anastomotic input waveform for the femoral bypass	249
Figure 5.3.1	Midplane velocity vectors, contours of velocity magnitude, and streamlines of secondary motion during accelerating flow (t_1).....	250
Figure 5.3.2	Midplane velocity vectors, contours of velocity magnitude, and streamlines of secondary motion during decelerating flow (t_2).....	251
Figure 5.3.3	Selected monocyte trajectories indicating transient vortical flow features.....	252
Figure 5.3.4	Wall shear stress based hemodynamic parameters for the Miller cuff.....	254
Figure 5.3.5	Wall shear stress based hemodynamic parameters for Model A.....	254
Figure 5.3.6	Wall shear stress based hemodynamic parameters for Model B	255
Figure 5.3.7	Wall shear stress based hemodynamic parameters for Model C	255
Figure 5.3.8	Wall shear stress based hemodynamic parameters.....	255
Figure 5.3.9	NWRT contours based on platelet trajectories in Miller style and virtually prototyped models.....	256
Figure 5.3.10	NWRT contours based on monocyte trajectories in Miller style and virtually prototyped models.....	257
Figure 5.3.11	Wall shear stress based hemodynamic parameters for Model B without proximal outflow	258
Figure 5.3.12	Wall shear stress based hemodynamic parameters for Model C without proximal outflow	258
Figure 5.3.13	NWRT contours based on platelet trajectories for Models B and C with and without PSH and SR conditions for the case of no proximal outflow	259
Figure 5.4.1a	A potentially viable ETE anastomotic configuration intended to minimize DAIH and facilitate non-invasive procedures	260

Figure 5.4.1b	Technique for patient specific tailoring of commonly available grafts providing the necessary taper needed to alleviate graft-to-artery diameter mismatch in ETE applications.....	260
---------------	--	-----

Appendices

Figure A.1	Annular expansion geometry of Karino and Goldsmith (1977) and the sinusoidal input pulse.....	312
Figure A.2	Hardened red blood cell motion in the Karino and Goldsmith (1977) annular expansion as simulated using a pathline and various particle motion equation approximations	313
Figure B.1	Correlation of Zydney and Colton (1988) for red blood cell dispersion.....	324
Figure B.2	Experimental results of Goldsmith and Marlow (1979) for the dispersion of red blood cells	324
Figure B.3	Empirical correlation of Aarts et al (1986) for the diffusivity of platelets at various mean hematocrits	325
Figure B.4	Sample of curves possible for a shear based model of monocyte dispersion.....	325