**VEITHsymposium™**
Tips and Tricks to deal with Infected Groin Wounds Containing Infected Grafts

Session 86- November 20, 2015

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**Disclosures**
- None

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**Objectives**
- Present tips and tricks to assist with the management of prosthetic femoral infections
- Present several cases to illustrate the points

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**Outline**
- Adjuncts
- Surgical Techniques
  - Simple excision
  - Non-anatomic bypass
  - In situ reconstruction
    - Vein
    - Cryo-preserved allograft

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**Key Points**
- Excise all prosthetic material
  - If possible
- Debride
  - If possible
- Preserve the femoral bifurcation
  - If possible

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**Interval Ischemia**
Adjuncts

- Pulsed Irrigation
- Topical Antibiotic
- Antibiotic Beads
- Negative Pressure Dressings
- Soft Tissue Coverage
Topical Antibiotic

Rifampin
- 600 mg in 20 ml NS
- $140 / vial

Antibiotic Beads

Antibiotic Beads

Antibiotic Beads

Antibiotic Beads
**Negative Pressure Dressing**

From the Journal of Vascular Surgery

Management of early (<30 day) vascular groin infections using vacuum assisted closure alone without steady flap coverage in a consecutive patient series

**Soft Tissue Coverage**

- Sartorius Flap
- Tensor Fascia Lata Flap
- Rectus Femoris
- Garcilis

**Sartorius Flap**

- Key Points
  - Mobilize from the anterior superior iliac spine
  - Only divide 3 sets of perforating vessels
  - Do not rotate, instead flip (lateral to medial)
Exposed Femoral Graft
- 49 yo man
- Remote h/o kidney/panc transplant
- Ilio-enteric fistula
- Right iliac ligation
- Emergent fem-fem bypass
- Left colon resection, ostomy
- Open abdomen

Exposed Femoral Graft
- Right femoral wound dehiscence

Exposed Femoral Graft
- Debridement
- Sartorius flap
- Negative Pressure Dressing

Exposed Femoral Graft
- First postop visit
- POD #18
- Negative pressure dressing discontinued
- Dry dressing changes started

4 Months Post Op

6 Months Post Op
Remove All Prosthetic Material

• 56 yo woman with a pseudoaneursym
  – Remote h/o prosthetic graft
  – Fem-AT with vein
  – Revised Fem-AT
  – Wound dehiscence
  – Sartorius flap
  – Tensor Fascia Lata flap

Remove all Prosthetic Material

• 56 yo woman with a pseudoaneursym
  – Balloon expandable covered stent
  – Self expanding covered endoprosthesis

Exposed Endoprosthesis
Surgical Techniques

- Simple excision
  - Thrombosed grafts
- Non-anatomic bypass
- In situ reconstruction
  - Vein
  - Cryopreserved allograft

Simple Excision

- 83 yo man
- ABF
- Chronically occluded left limb, femoral interposition and fem-pop grafts
Simple Excision

Non-anatomic bypass

- 66 yo woman
- Aortobifemoral bypass
- Multiple secondary femoral procedures
- Purulent drainage from left femoral wound

Pre Op CT

Non-anatomic bypass
Non-anatomic bypass

Non-anatomic bypass

Non-anatomic bypass

Post Op CTA

In situ with vein

- 70 yo man
- ABF
- Transferred from an outpatient Surgical Center
- Hemorrhage

Exposed Graft
Preoperative CT

Left Femoral Vein

Proximal Anastomosis

Tips and Tricks

Distal Anastomosis
Office Follow-up

In situ with cryopreserved

- 66 yo woman
- Obturator bypass on the left
- Enlarging pulsatile mass on the right
- Skin intact
In situ with cryopreserved

In situ with cryopreserved-1
Completed Distal Anastomosis

Infected Inflow and Outflow Grafts

Previous Iliofemoral with Vein

11/20/2015
Summary

- Excise all prosthetic material
- Debride
- Preserve the femoral bifurcation
- Simple excision for limited infections
- Non-anatomic bypass for open wounds
- In situ reconstruction for controlled infections