Endo First Approach For All Lower Extremity Ischemia Sometimes Leads To Worse Outcomes If A Subsequent Bypass Is Required Especially TASC C and D Lesions

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Of course it does and here is the evidence

Financial Disclosures

NONE

<table>
<thead>
<tr>
<th>Type of evidence</th>
<th>Level of evidence</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Systematic review or metaanalysis</td>
<td>I</td>
<td>A synthesis of evidence from all relevant randomized, controlled trials.</td>
</tr>
<tr>
<td>Randomized, controlled trial</td>
<td>II</td>
<td>An experiment in which subjects are randomly assigned to a treatment group or control group.</td>
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<tr>
<td>Controlled trial without randomization</td>
<td>III</td>
<td>An experiment in which subjects are nonrandomly assigned to a treatment group or control group.</td>
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<tr>
<td>Case-control or cohort study</td>
<td>IV</td>
<td>Case-control study: a comparison of subjects with and without the condition (control) to determine characteristics that might predict the condition. Cohort study: an observation of a group (cohort) to determine the development of an outcome(s) such as a disease.</td>
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<tr>
<td>Systematic review of qualitative or descriptive studies</td>
<td>V</td>
<td>A synthesis of evidence from qualitative or descriptive studies to answer a clinical question.</td>
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<tr>
<td>Qualitative or descriptive study</td>
<td>VI</td>
<td>Qualitative study: gathers data on human behavior to understand why and how decisions are made. Descriptive study: provides background information on the what, where, and when of a topic of interest.</td>
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<tr>
<td>Opinion or consensus</td>
<td>VII</td>
<td>Authoritative opinion of expert committee.</td>
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</table>
Popliteal target lost

Clinical outcomes and implications of failed infrainguinal endovascular stents

Failed superficial femoral artery intervention for advanced infrainguinal occlusive disease has a significant negative impact on limb salvage

Prior failed ipsilateral percutaneous endovascular intervention in patients with critical limb ischemia predicts poor outcome after lower extremity bypass
My Opinion

Sufficient evidence exists that endo first option in patients with complex and diffuse PAD (i.e. TASC C and D) compromises surgical rescue and limb salvage.

“Bridges are Burned”

Evidence has been generated from anecdotal, single institution and multiple institution series; as well as a randomized trial.

Consequently, until additional evidence is produced, guideline directed therapy should be followed in treating patients with TASC C and D lesions.

Objective

To compare treatment efficacy, functional outcomes and cost in patients with CLI undergoing best open surgical or best endovascular revascularization.

Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) trial: Analysis of amputation free and overall survival by treatment received

11/21/2015
1. 2011 New Recommendation: For patients with limb-threatening lower extremity ischemia and an estimated life expectancy of 2 years or less in patients in whom an autogenous vein conduit is not available, balloon angioplasty is reasonable to perform when possible as the initial procedure to improve distal blood flow. (Level of Evidence: B)

2. 2011 New Recommendation: For patients with limb-threatening ischemia and an estimated life expectancy of more than 2 years, bypass surgery, when possible and when an autogenous vein conduit is available, is reasonable to perform as the initial treatment to improve distal blood flow. (Level of Evidence: B)