There is a Hybrid (Open/Endo) Technique that Works Well When Endo Treatments Fail: 

*Technique and Results*

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**DISCLOSURES** –
None

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**Occluded Fem-Pop Grafts**

- Endo only treatment good, but *not* in all cases
- Grafts closed > 2 weeks
- Prolonged Ischemia – need quick revascularization
- Resilient distal ‘plug’

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**Hybrid Technique**

- Combination of open surgical and endovascular techniques
- Rapid revascularization
- Deal with fibrous distal plug
- Can be performed under local anesthesia
- Avoids difficult dissection through scar tissue
- Decreased risk of infection

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**Graft Dissection and Initial Thrombectomy**

- Local Anesthesia
- Graft exposed in accessible area
- Transverse graftotomy
- Thrombectomy
Perform Initial Angiogram

Trouble Passing Anastamosis

• If necessary pass a 0.014” wire.
• Pass over-the-wire Fogarty balloon.

Maintaining Hemostasis

• Work through 11 Fr Sheath
• Tighten vessel loops or umbilical tape

Mechanical Thrombectomy Catheter

Endovascular Treatment of Lesion

• Stenosis at distal anastamosis

PT Bypass – Fibrous plug
88 yo: Failed Fem – BK pop

Results

• 22 Patients
  • 18/22 – local anesthesia
  • 6 suprageniculate
  • 16 infrageniculate

Results

• Below Knee – 16 pts
  • Follow-up 14 months (1-40); No limb loss
  • No infection; 1 death (MI) – 20 months

<table>
<thead>
<tr>
<th></th>
<th>INFRAGENICULATE</th>
<th>BK POP</th>
<th>TIBIAL</th>
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<tbody>
<tr>
<td>INFRAGENICULATE</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>6 mo</td>
<td>100% (15/15)</td>
<td>100% (5/5)</td>
<td>100% (10/10)</td>
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<td>12 mo</td>
<td>75% (9/12)</td>
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<tr>
<td>18 mo</td>
<td>56% (5/9)</td>
<td>60% (3/5)</td>
<td>50% (2/4)</td>
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CONCLUSION

This hybrid technique provides a simple, safe and effective method for rapidly restoring graft patency, even in chronic occlusions, while minimizing potential anesthetic and infectious complications.