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Disclosure

• I have no conflict of interest in relation to this presentation.


• Reliable inflow source
• Redo groin surgery
• Limited vein graft length
• Circumferential non-occlusive CFA

• Improve rest pain
• Prevent or delay amputation
• Help to heal amputation stump


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Open Surgery
836 patients (897 limbs)

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Balloon inflation technique</td>
<td>665</td>
</tr>
<tr>
<td>2. Laser atherectomy technique</td>
<td>693</td>
</tr>
<tr>
<td>3. Stent only, jailed PTCA</td>
<td>659</td>
</tr>
<tr>
<td>4. Stent only, jailed PTA</td>
<td>645</td>
</tr>
</tbody>
</table>

PFA = Proximal Femoral Atherectomy
SF = Suprarenal Femoral Stent

Primary Patency (%)

- 6 months: 87%
- 12 months: 77%
- 24 months: 73%

836 patients (897 limbs)

<table>
<thead>
<tr>
<th>Limbs</th>
<th>897</th>
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<tbody>
<tr>
<td>Mean follow-up (months)</td>
<td>21.6</td>
</tr>
<tr>
<td>MALE overall</td>
<td>13.4%</td>
</tr>
<tr>
<td>Amputation</td>
<td>1.9%</td>
</tr>
<tr>
<td>Endovascular re-interventions</td>
<td>4.6%</td>
</tr>
<tr>
<td>Open re-interventions</td>
<td>6.9%</td>
</tr>
</tbody>
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SD: standard deviation; MALE: Major Adverse Limb Events
68 yo F with RLE rest pain
ABI increased from 0.38 to 0.53

Prevented hip disarticulation

Hybrid Procedures

• Chronic limb ischemia with disabling claudication or rest pain
• Proximal DFA occlusion or stenosis >50%
  – SFA/FPA disease unsuitable for open or endovascular revascularization
  – High surgical risk patients
  – Previous multiple groin exploration
  – Groin wound complications
  – Failed fem-pop or fem-distal bypass

Summary

• Open profundaplasty remains gold standard treatment
  – Often need to be combined with iliac/CFA revascularization
• Isolated endovascular DFA intervention is sufficient for rest pain
• Help to heal amputation stump wound

References

3. ACS Surgery. Section 06/Chapter 12 Aortoiliac Reconstruction.