10-Year Experience With 4 French Systems For SFA Stenting: Tips, Tricks, Advantages And Durability
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Conflict of interest
• No disclosures

Office-based procedures

4F SFA interventions

Personal experience
• Starting in 2004
• Swiss reimbursement system incentives ambulatory treatment
  – Separate billing system
  – Payment hospital and physician fee
  – Payment ALL material used

Workflow
• Referral by angiology
• Discussion in multi-disciplinary board
• Out-patient visit radiology (billable)
  – Informed consent etc.
  – Evaluation anti-coagulant and anti-platelet therapy
    (OAC stopped and converted into LMWH; APT continued)
  – Evaluation social status (living alone=contraindication for ambulatory treatment)
  – Appointment for procedure
  – Preparation of documentation (comorbitities/medication) for ward
Workflow

• Day of procedure
  – Blood test (coagulation and renal function)
  – Preparation on vascular surgery ward (IV line etc.)
  – Procedure (hemostasis by manual compression/Neptune pad/compressive bandage)
  – Post-procedural care on vascular surgery ward (specific protocol/dedicated nurses/combined radiological/surgical supervision)
  – Discharge (unless complications)

Personal experience

• 2006-2015 (10 years, at least 18 months follow-up)
• All ambulatory 4F SFA
• Stenting procedures with Astron Pulsar and Pulsar-18
• 307 patients, 364 procedures (several patients underwent multiple procedures in different vascular territories)
• No ‘conversions’

Personal experience

<table>
<thead>
<tr>
<th>Gender (male/female)</th>
<th>233/131</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>73 (45-95)</td>
</tr>
<tr>
<td>Claudication/CLI</td>
<td>233/131</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Location</th>
<th>SFA (68.4%)</th>
<th>SFA-poplitea (15.9%)</th>
<th>Poplitea (15.7%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>SFA</td>
<td>SFA-poplitea</td>
<td>Poplitea</td>
</tr>
<tr>
<td>Lesion length (range)</td>
<td>10-1 cm (140 cm)</td>
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</tbody>
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<table>
<thead>
<tr>
<th>TASC</th>
<th>A (54.9%)</th>
<th>B (19.2%)</th>
<th>C (8.5%)</th>
<th>D (20.9%)</th>
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</thead>
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<thead>
<tr>
<th>Access</th>
<th>Antegrade</th>
<th>Retrograde cross-over</th>
<th>Retrograde popliteal</th>
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</thead>
<tbody>
<tr>
<td>Minor complications*</td>
<td>8/364 (2.2%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major complications/death</td>
<td>0</td>
<td></td>
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<tr>
<td>Mean follow-up (months)</td>
<td>41.4</td>
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</table>

*hematoma not necessitating surgery or transfusion

Long term outcome 4F AMB stenting (TTLR)

Cost savings 4F AMB treatment

• Institution based
  – All material costs reimbursed
  – Hospital can bill costs of staff, room etc.
• Insurance/health budget based
  – Material (no closure devices)
  – Lower complication rate (with associated costs)
Cost savings 4F AMB treatment

- Swiss-DRG system requires at least 3 days of hospital stay in order to break even
- Working ambulatory allows optimal use of limited number of beds (waiting list)
  - Outpatient treatment
    - 1 bed occupied for 1 day per patient
    - In 1 week (3 procedures/day) 15 patients
  - In-hospital treatment
    - 1 bed occupied for 3 days per patient
    - In 1 week (3 procedures/3 days) 6 patients

Conclusions

- 4F ambulatory SFA stenting is feasible and safe
- Long-term results (up to 7 years) are excellent