Endovascular Treatment Of Chronically Occluded Saphenous Vein Grafts: A New Treatment Horizon That Can Be Effective: Techniques And Results

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No conflict of interest

High rates of patency for saphenous vein bypass

Acute or recent occlusion of saphenous bypass options

- Local thrombolysis and PTA/stenting
- Surgical thrombectomy + PTA/surgical revision

1- and 2-year secondary patency: 94% and 87%

Chronic venous bypass occlusion

Chronic venous bypass occlusion options

- Percutaneous recanalization of native vessels
- New saphenous bypass
- Medical therapy

Attempt to recanalize the occluded bypass
Our experience in a very selected group of patients

- Negotiation of anastomoses (mainly the distal one) may be troublesome
- Advance of guides and catheters through the occluded vein by proximal or distal access is usually simple
- Acute or late (hours-days) rupture in some segments of the conduit may occur after PTA!!!
- Availability and use of stent-grafts are mandatory
- Close US follow-up is suggested

Irregularity in the proximal segment 20 hours later
Chronic occlusion of a saphenous bypass recanalized by simple PTA and bare stent.

24 hours later pain and leg swelling.

18 atm
Results

- Seven patients have been treated during the last four years
- Three died in the first year of follow-up
- The remaining four are free of symptoms (double antiaggregation)
- In one (discontinuation of double antiaggregation), by-pass re-thrombosed after one month with restoration after successful thrombolysis

Final comments

- Endovascular treatment of chronically occluded saphenous bypass is feasible
- Vein wall is fragile and rupture may occur during the procedure or within hours/days
- Careful monitoring is mandatory
- Stent grafts of different sizes and length should be available
- Preventive protection of the entire bypass by stent-grafts is questionable