Are Femop Bypasses With Heparin Bonded PTFE (Propaten) Durable Treatment For Long SFA-Pop Occlusions: When Are They The Best Treatment And Why

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2017 ESC Guidelines on the Diagnosis and Treatment of Peripheral Arterial Diseases, in collaboration with the European Society for Vascular Surgery (ESVS)

Challenges of distal bypass surgery in patients with diabetes: Patient selection, techniques, and outcomes

An adequate caliber, good quality great saphenous vein (GSV) is the optimal graft for distal bypass in the leg. The availability of such a conduit is a relevant limitation of lower extremity bypass surgery: good ipsilateral greater saphenous vein may be lacking in up to 40% of the patients, and the strong relationship between vein diameter and graft failure makes autologous saphenous vein unsuitable in some 25% of the patients with critical limb ischemia.

(Conte, J Vasc Surg 2010)

Autologous alternative veins may not provide better outcomes than prosthetic conduits for below-knee bypass when great saphenous vein is unavailable

Conclusion: AXV conduits may not offer a significant priority advantage in midterm follow-up over prosthetic bypasses. (J Vasc Surg 2015;62:869-91)

(Annino et al., J Vasc Surg 2015)

Which prosthetic graft?
Five-year outcomes following a randomized trial of femorofemoral and femoropopliteal bypass grafting with heparin-bonded or standard polytetrafluoroethylene grafts

Confirmation: In this study there was no difference in primary graft patency between He-PTFE and standard PTFE grafts. Patients receiving He-PTFE grafts for critical limb ischemia were more likely to have patent grafts at 5 years than those with standard PTFE grafts.

(Le Minh et al., Br J Surg 2016)

Italian Registry: participating centers

- Università dell’Insubria - Varese
  - Patrizio Castelli
- Università di Firenze
  - Carlo Pratesi
- Ospedale di Avezzano
  - Giovanni De Blasis
- Ospedale di Catania
  - Vincenzo Monaca
- Ospedale di Mestre
  - Vittorio Dorrucci
- Ospedale di Reggio Emilia
  - Enrico Vecchiati
- Ospedale di Terni
  - Fiore Ferilli

External validation obtained (2009-2013)

1366 HePTFE bypasses

27%

73%

AK bypass 373

BK bypass 993

Claudicants 449

CLI 917

Follow-up

Duplex-surveillance program consisted of DUS at 1-12 months and yearly thereafter. Median duration of follow-up was 37 months (range 1-168; SD 33.8).

99.5% of patients had an available postoperative follow-up.

ITalian Registry

AVEZZANO, CATANIA, FIRENZE, MESTRE, REGGIO EMILIA, TERNI, VARESE

- Results in AK bypass
- Results in BK bypass
- Risk score
- Infection risk

PROPATEN ITALIAN REGISTRY GROUP

UPDATE - 2017

1366 HePTFE bypasses
Results from a multicenter registry of heparin-bonded expanded polytetrafluoroethylene graft for above-the-knee femoropopliteal bypass

Results in BTK bypasses in patients with CLI (20% infrapopliteal)

Risk Score

A Multicenter Predictive Score for Amputation-Free Survival for Patients Operated on with an Heparin-Bonded ePTFE Graft for Critical Limb Ischemia

Can we change the paradigm in CLI patients on the basis of our results?

IT'S TIME FOR DISCUSSION....