Unusual Open Surgical Exposures of Lower Extremity Arteries when Primary Approaches are Scarred or Infected: They Facilitate Redo Open Procedures

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Disclosures
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Vascular Exposure Through Scarred or Infected Wounds:

• ▲ OR time
• ▲ Risk
  - Blood Loss
  - Infection
  - Damage to vessels/nerves

External Iliac artery

Tunnel anterolateral, deep to the inguinal ligament

Obturater canal – for infection
  * Tunnel inferomedial to avoid obturator nerve/artery
Profunda Femoris – middle and distal

Pin to just beyond the origin of the circumflex artery, the middle zone, to the second perforating branch to the artery’s c landmark for locating the distal the deep femoral artery is the in, which outlines the second and inguinal ligament is the 3 of the sartorius muscle and the artery lies the superficial femoral, accompanying veins and nerves. The femoral bundle is a semi-junction between the sheaths of of the adductor longus 3 and 4. Deep to the deep femoral muscles medially and the and adductor magnus muscles 3 and 4.

Surgical Techniques
An incision is made parallel to c or lateral border of the sartorius and 4). An effort is made to m, intense to any previous surgical in the groin. (In general we use approach along the medial border muscle is accessed the more proxial) of the artery. The more anterior approach is used for the more distal zones of the artery. Approach to evaluate the active wall is on the 3rd of the stage. The fascia makes it easier to pass the the sartorius femoral, the outer border.
After the incision is deepened, teres muscle, the superficial I bundle is mobilized and retracted.

Lateral Approach to BK popliteal artery

1, 7. Lateral exposure of below-knee popliteal artery and upper branch of obturator artery before its insertion. Note the position of the common peroneal nerve, which must be protected here.

Lateral Approach to BK Popliteal artery – Fibulectomy
Lateral approach to all 3 tibial arteries with fibulectomy