linked, porcine pericardial patch (dCELL, Tissue Regenix, UK).

**Methods:** Informed consent was obtained. Elective FEA with dCELL patch closure was performed using standard technique. Postoperative examination and Doppler ultrasound was performed at 1, 3, 6, and 12 months.

**Results:** 21 patients participated; all were examined at 6 months and 18 were followed at 12 months (86%). 64% were active smokers; 27% had diabetes; 55% had previous vascular procedures. Mean time to hemostasis was 3.5 ± 2.1 min. Handling characteristics were considered excellent. There was one wound hemorrhage requiring reoperation, not due to the patch. There was one superficial wound infection not related to the patch. There was one early asymptomatic occlusion (22 d) associated with an occluded profunda. In mid-term followup, 4 patients developed non-flow-limiting neointimal hyperplasia >2mm; mean neointima was 0.78mm. Mean mid-patch PSV was 93.3 cm/s at 12 months which was similar to 90.18 cm/s at 1 month; there was no change in mid-patch neointima at 1 and 6 months (diameter 9.22 ± 0.22 mm vs. 8.99 ± 1.31 mm, P=0.583). No aneurysmal dilation occurred (mean internal diameter 8.12 cm vs. 8.39 cm proximal, P=0.71). In 56% it was impossible to distinguish the patch wall due to remodeling. There were no pseudoaneurysms.

**Conclusions:** dCELL porcine pericardial patches are safe and effective for patch angioplasty, with minimal restenosis and excellent tissue incorporation. dCELL patches may be a platform for next-generation tissue-engineered closure devices.

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**PS140.**

**Outcomes of Below-Knee Bypasses in African Origin Patients for Critical Limb Ischemia: The French West Indies Experience**

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**Objectives:** Prior studies have documented racial and ethnic disparities in rates of graft function and limb salvage in the United States. We analyze the outcomes of below-knee bypasses in the African origin (AO) patients in the French West Inde.

**Methods:** This was a retrospective, comparative cohort study of male and female of AO patients who had undergone autogenous below-knee bypass surgery in a single center.

**Results:** One hundred seventeen below-knee bypasses were performed for critical lower limb ischemia. Compared with the male cohort, the female group were significantly older (median age 77.4, 51-92 years, P=0.009) and presented with tissue loss CLI (84% VS75% in male group, P=.24). The great saphenous vein was used in both groups and limb salvage was the indication of bypass. The 30day graft failure was significantly worse in the female (24% VS12% in the male group, P=.09). The 2-year primary patency rate was also significantly worse in the female patients 44% VS60% in the male group, P=.01. The 2-year LS rate was significantly worse 58% in the female group VS 73% in the male group (P=0.012). With the Cox proportional hazard mode, significant risk factors associated with primary graft failure and LS as female sex, renal failure, tibial bypasses and vein diameter.

**Conclusions:** In Guadeloupe, the AO race and female gender are risk factors for adverse outcomes after vein bypass surgery for limb salvage. Graft failure and limb loss are common events in AO race, with women being a particular high risk group.

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**PS142.**

**Fate of Amputees following Below-Knee Amputation: Early and Mid-Term Results**

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**Objectives:** The objective of this study was to determine the outcomes of patients undergoing below-knee amputation (BKA) for critical limb ischemia.

**Methods:** A retrospective review of all patients undergoing BKA by the Vascular Surgery service of a tertiary care teaching hospital from Jan 1, 2006 to Dec 31, 2007 was performed. Demographic and clinical data was collected.
and analyzed. Up to 2-year follow up was determined by contacting patients or physicians working at rehabilitation hospitals.

**Results:** Over this two-year period, 60 patients underwent BKA (45 male, 15 female), with one patient having bilateral BKAs. The average age was 67 years (range 38-91). Preoperatively, 33/61 were not able to walk. The indications for surgery were entirely for sepsis or ischemia, (61/61, 100%). Furthermore, 36/61 (58%) of the patients had failure of a previous revascularization or more distal amputation, and 5/61 (8%) required an amputation despite a patent bypass graft. Major co-morbidities were diabetes (49/61, 80%) and chronic renal failure (25/61, 41%). There were 4 perioperative deaths (6%). Seventeen (28%) wound complications occurred, of which 14 (23%) required revision. The average length of stay before transfer to a rehab facility was 25.6 days. During a follow up period of two years, 25 patients (42%) died. Twelve patients were lost to follow up. The average time to final prosthesis was 4.8 months. At one year post BKA, 33/35 (94%) patients who were alive, were walking with their prosthesis, and 2/61 (3%) could not walk because of either a poorly fitting prosthesis or poor wound healing.

**Conclusions:** When BKA is required for sepsis or ischemia; the vast majority of patients can expect to survive the procedure. However, amputation revision is commonly needed. The two-year survival is poor. Nonetheless, for patients who tolerate amputation and survive at least two years, ambulation with a walking prosthesis was seen in the vast majority.

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**PS144.**

**The Influence of Gender on Infrageniculate Interventions**


**Objectives:** This study assesses the influence of gender on infrageniculate peripheral arterial disease (PAD) treated percutaneously.

**Methods:** Sixty-one patients (30 males and 31 females) requiring infrageniculate interventions were studied. Males and females were compared over 24 months. Statistical analysis was conducted with SPSS software (SPSS Inc. Chicago, IL).

**Results:** Females presented for treatment of infrageniculate PAD at a later age than males (75.6 vs. 67.5 years, p=0.008) and were more likely to have co-morbid COPD (p=0.023). There were no differences in other co-morbidities, rates of tissue loss or rest pain at presentation, disease distribution, primary procedures performed, peri-procedural complications, lengths of stay (LOS), primary and secondary patency, limb salvage, or mortality. However, males were more likely to undergo simultaneous treatment of popliteal and tibial lesions (28.1% vs. 6.1%, p=0.019) and were more likely to require a bypass after failed primary interventions (10.5% vs. 0.0%, p=0.044).

**Conclusions:** The presentation and disease distribution of PAD are comparable among males and females. Below-the-knee interventions are safe and effective in both genders with similar overall outcomes. However, males present for treatment of infrageniculate PAD at an earlier age and are more likely to require a bypass after failed primary interventions.

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**C3g: Poster Session - Venous Disease; Vascular Laboratory and Imaging; Vascular Medicine**

**PS146.**

**Endovenous Laser Ablation Using Higher Wavelength Lasers Results in Diminished Post-Procedural Symptoms**