discharge. Retroperitoneal bleeding, pseudoaneurysm, arteriovenous fistula and haemorrhage were considered the most important major vascular complications (MVC). Secondary endpoints were: death, stroke, myocardial infarction, amputation and target lesion revascularization (TLR).

**Results:** The study cohort had average age of 79 (range 70–95) years compared to 60.9 in the control group (range 38–69). Study group were more likely to be female, but less likely to be current smokers, diabetic and dialysis reliant (p < 0.001). There were no differences between groups in VCD deployment and critical limb ischemia. The mean time to amputation in the elderly and control group were 3.6 hours (±1.2) and 3.4 hours (±1.3) respectively (p = 0.8). In 24 hours as well as in 30 days follow up there were no significant differences in the primary and secondary endpoints between groups. Current smoking status (OR = 2.35, 95% CI: 0.485-11.4) in the octogenarians, whereas female sex (OR = 1.75, 95% CI: 0.389-7.86) and hypercholesterolemia (OR = 6.739, 95% CI: 0.294-154.4) in controls were found to be independent predictors of MVC at 30 days.

**Conclusions:** The same day discharge after ER on lower extremities is safe and feasible in the elderly.

**TCT-547**

Long term outcomes of percutaneous lower extremity arterial interventions with balloon angioplasty versus atherectomy- propensity score matched registry, 

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**Background:** Endovascular revascularization offers better long term outcomes than balloon angioplasty. 

**Conclusions:** Current smoking status (OR = 2.35, 95% CI: 0.485-11.4) in the octogenarians, whereas female sex (OR = 1.75, 95% CI: 0.389-7.86) and hypercholesterolemia (OR = 6.739, 95% CI: 0.294-154.4) in controls were found to be independent predictors of MVC at 30 days.

**TCT-549**

Sub-analysis of the CONFIRM Registries: Outcomes in Claudicant Patients Treated for Peripheral Arterial Disease with Orbital Atherectomy

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**Background:** Intermittent claudication affects 2.5% of women and 5% of men over the age of 60. Advanced age, diabetes, and renal insufficiency predispose patients to intra-arterial calcium, which is a predictor of poor endovascular treatment success. Methods of treating peripheral arterial disease (PAD) have evolved and now include minimally-invasive endovascular procedures, utilizing orbital atherectomy (OA) which can modify calcific plaque both above and below-the-knee.

**Methods:** Three consecutive CONFIRM patient registries were conducted prospectively and enrolled patients on an “all comers” basis to evaluate the use of orbital atherectomy in peripheral interventions, and not limited to lower extremity lesions. The OA patients enrolled in the CONFIRM I-III registries revealed 1698 patients with claudication (Rutherford Class I-3) and documented lesion morphology. We analyzed the CONFIRM series to compare procedural complications after OA treatment of lesions with moderate/severe calcium versus lesions without moderate/severe calcium in claudicant patients.

**Results:** Eighty-two percent of claudicant treated with OA had moderate/severely calcified lesions. There was no significant difference in the percentage of perforations (0.6% vs 0%), slow flow (2.9% vs 2.6%), closure (1.4% vs 2.3%), spasm (3.8% vs 6.3%), embolism (1.7% vs 2.6%), or thrombus (1.1% vs 1.3%), in claudicants with moderate/severely calcified lesions vs without moderate/severely calcified lesions, respectively. Claudicants with moderate/severe calcium had fewer dissections than those without moderate/severely calcified lesions (10.9% vs 16.2%, p=0.004).

**Conclusions:** The majority of the claudicant patients in this study had lesions with moderate to severe calcification, yet the occurrence of adverse events was low after treatment with orbital atherectomy. Orbital atherectomy is a safe tool for restoring blood flow in the lower extremities of claudicant patients regardless of arterial calcium burden.