(PTA) or thromboendarterectomy (TEA) and 1 bypass infection) versus 15 patients (32%) with bypass related complications in the IAOD group (4 bypass infections, 2 wound infections, 8 stenoses or occlusions requiring PTA/TEA (n=7) or removal (n=1) and 1 ischemic leg) (P < .05).

Conclusions: Femorofemoral bypasses have comparable patency rates for aneurysmal and occlusive disease. However, bypass related complications are more often seen in IAOD patients.

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PS114.

The Retrogeniculate Popliteal Artery Is Valid Territory For Stenting

Objectives: The retrogeniculate popliteal artery (RGP) is conventionally regarded as unsuitable for stenting due to a perceived risk of accelerated restenosis and fracture. This study sought to evaluate the efficacy of angioplasty (PTA) alone compared to PTA and stenting in management of atherosclerotic disease of the RGP.

Methods: Patients who underwent RGP angioplasty with or without stenting were drawn from a prospectively-maintained database of patients undergoing lower extremity intervention. Disease characteristics were obtained from angiogram and chart review. Primary and secondary patencies as well as limb salvage were calculated using Kaplan-Meier analysis.

Results: From 2004-2011, 74 isolated RGP lesions were identified that were primarily treated with PTA. Mean follow-up was 15.8±15 months. TASC B, C, and D classification was 51, 33, and 16% respectively. Procedural success (<30% residual stenosis) was 57% with angioplasty alone. Overall, 47 lesions were treated with PTA alone and 27 required adjunctive stenting. No significant differences were found between PTA and PTA+St at any time point for primary, primary assisted, or secondary patencies or for rates of limb salvage.

Conclusions: The retrogeniculate popliteal artery has historically been considered a poor location for stent placement in the treatment of atherosclerotic occlusive disease because of a perceived high risk of complication and accelerated restenosis. We show, however, that stent placement in this location confers no decrease in patency or limb salvage compared to angioplasty alone.

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PS116.

Major Limb Amputation Is Higher in Regions with Limited Access to Cardiovascular Specialists
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Objectives: To analyze the rate of major limb amputations in North Carolina in relation to physician density and comorbidities including diabetes (DM), end stage renal disease (ESRD), peripheral vascular disease (PVD), and lower extremity ulcers.

Methods: Using the NC Hospital Inpatient Discharge Database, the rate of hospital discharges with DM, ESRD, PVD, lower extremity ulcer, or major amputation from 2006-2009 was calculated. The NC Health Professions Data System was used to define cardiovascular specialist (CVS; surgeons, cardiologists, nephrologists, radiologists)