

## CORRESPONDENCE

### Letter to Editor re: Dacron or PTFE for Above-knee Femoropopliteal Bypass. A Multicenter Randomised Study

Dear Sir,

I have read the article by Jensen *et al.*<sup>1</sup> with some apprehension, since I fear that its conclusion will support the false idea in the brains of too many vascular surgeons that prosthetic bypasses may be used as first choices in above-knee femoropopliteal bypass surgery. In my experience far too many surgeons are using above-knee prosthetic bypasses without giving any attention to the ipsilateral saphenous vein. A consolation may be that this vein more often than not can be used to create a below-knee femoropopliteal bypass or a femorodistal bypass in order to rescue the limb when the above-knee prosthetic bypass has occluded, since this event not rarely results in critical ischemia. Prospective randomized studies<sup>2,3</sup> and a meta-analysis<sup>4</sup> have shown that (even) in the above-knee position venous bypasses perform superiorly and that after occlusion of the bypass repeat surgery is far more often necessary in the prosthetic group. Distressing in the published series of Jensen *et al.* is that 3 patients (1,1%) needed an amputation of the operated leg within two years while being operated upon the first time for claudication.

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### References

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### Authors' Reply to Letter re: Dacron or PTFE for Above-Knee Femoropopliteal Bypass. A Multicenter Randomised Study

Though we are happy that our data attract readers, we do not understand the apprehension felt by Dr Bruijninx. The study was set up to evaluate which of two commonly used *prosthetic grafts* fared best in the above knee position. We made it quite clear in the introduction, that a venous bypass should be chosen at all times, if at all possible.

Regarding the three amputations in patients presenting with claudication, they all had late amputations, why the original reconstructive procure may not alone be blamed for the unfortunate outcome.

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