

**Objectives:** To determine trends in the incidence of amputation and mode of revascularization [endovascular (ENDO) vs open surgical (OPEN) vs both (HYBRID)] among persons with peripheral arterial disease (PAD) in a defined population.

**Methods:** A population based cohort study of residents of a single county was conducted from 1990 to 2009. Procedures were identified by ICD9/CPT codes. Age and gender-adjusted Poisson regression analysis was used to determine 5-year incidence trends.

**Results:** A total of 773 residents (mean age 68.6 yrs) underwent 1906 limb revascularization procedures; 61% for critical limb ischemia (CLI) and 32% for claudication with a median of two procedures per limb. The cohort was predominantly male (58.5%;  $P < .0001$ ) and Caucasian (96.5%). Initial ENDO procedures were more frequently for claudication (54%) and OPEN for CLI (58%). Five-year incidence rates showed significant decreases in OPEN and increases in ENDO and HYBRID revascularizations over the 20-year period ( $P < .001$ ; Fig). Total revascularizations increased from 91 to 118 ( $P = .0014$ ) and amputations decreased from 21 to 13/100,000 person-years ( $P = .0123$ ). Primary amputations decreased from 13 to 5/100,000 person-years ( $P = .0002$ ).

**Conclusions:** In this population based study spanning 20 years, the incidence of amputations and OPEN revascularizations decreased significantly among PAD patients, with concomitant increases in total, ENDO and HYBRID revascularizations.

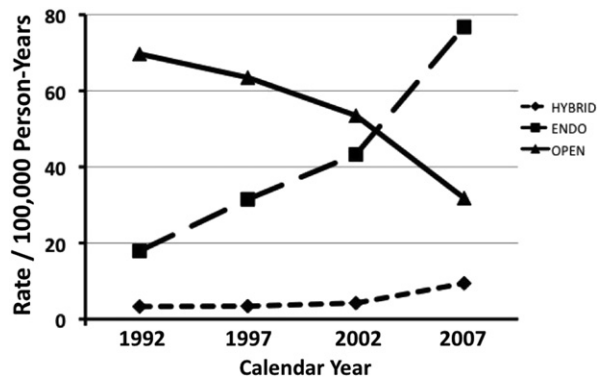


Fig.

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### PS130.

#### Two-year Follow-up In Diabetic Patients With Occlusive Disease of the SFA Treated With e-PTFE Endografts Compared to Non-diabetics

Rombout Kruse<sup>1</sup>, Floris B. Poelmann<sup>1</sup>, Michel Reijnen<sup>3</sup>, Robert Lind<sup>1</sup>, Frans L. Moll<sup>2</sup>, Wilbert M. Fritschy<sup>1</sup>.  
<sup>1</sup>Isala Clinics, Zwolle, The Netherlands; <sup>2</sup>University

Medical Centre Utrecht, Utrecht, The Netherlands; <sup>3</sup>Rijnstate Hospital, Arnhem, The Netherlands

**Objectives:** Diabetic patients form an important challenge in treating occlusive disease of the SFA. In this study we have evaluated the results of 327 patients treated in two hospitals in the Netherlands over a 10-year period. These patients were treated with an e-PTFE nitinol self-expanding endograft in the SFA/popliteal region for occlusive disease. The aim of this study is to compare the results of patients with diabetes (DM), with patients that didn't have diabetes (non-DM).

**Methods:** Male to female ratio was 73.7 vs 26.3%. Mean age during surgery was 69.03 years. All patients included had clinical symptoms of Intermittent Claudication or critical Limb Ischaemia (CLI). SFA lesions of both groups of patients were scored according to the Trans Atlantic Inter Society Consensus (TASC II). Follow up was done after 3, 6, and 12 months, and every year thereafter. 36.7% of patients had DM (n = 120). Our objective was to assess primary and secondary 2-year patency in both DM patients and in non-DM patients and compared the two. Statistical analysis was done forming Kaplan Meier survival curves to describe patency during follow-up. The two groups were compared using Log Rank (Mantel-Cox) analysis. Follow up included duplex ultrasonography and ankle brachial indices as well as physical examination.

**Results:** No statistical differences were found between the two groups with respect to age and TASC classification. TASC II classification in DM group was TASC A/B/C/D: 25/39/25/31 and in the non-DM group: 51/54/37/65,  $P$  value .436 (N.S.). 2-year primary and secondary patency was 60.8 and 90% in the DM group (n = 120), and 65.2, and 82.6% in the non-DM group (n = 207). Log-rank (mantel Cox) analysis of the two Kaplan Meier curves showed  $P$  values of .442 and .069 (both NS).

**Conclusions:** 2 year primary and secondary patency rates of DM patients were equal to that of non-DM patients. The 2-year secondary patency of 90% in the DM group could only be achieved with a follow up program and subsequent intervention when needed.

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### PS132.

#### Factors Affecting Outcome After Endovascular Repair (EVPAR) of Popliteal Artery Aneurysms (PAAs)

Ying Huang, Peter Głowiczki, Audra A. Duncan, Gustavo S. Oderich, Manju Kalra, Mark D. Fleming, Thomas C. Bower. Division of Vascular and Endovascular Surgery, Mayo Clinic, Rochester, Minn

**Objectives:** To analyze factors affecting outcome after EVPAR.

**Methods:** Clinical data of consecutive PAA patients treated with EVPAR (2000-2012) were reviewed. Primary endpoints were major adverse events: mortality, thrombosis, amputation, complications, reinterventions.