

Abstracts Presented at the IAVS & NIVASC Joint Annual Meeting 2015

ORAL ABSTRACTS

Limited Common Femoral Endarterectomy, & Profundoplasty as an Effective Option in Limb Threatening Ischaemia. A Minimalistic Approach in High-risk Patients

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Objectives: The importance of the profunda femoris artery (PFA) in maintaining adequate limb perfusion, on a background of occluded superficial femoral artery (SFA) has been previously documented. Femoro-popliteal TASC-D lesions requiring extensive revascularisations, could prove challenging in frail patients. We aim to confirm that flow restoration to the profunda is an adequate option in these high-risk patients.

Methods: Critical limb ischaemia (CLI) patients with femoro-popliteal TASC-D lesions, presenting with ASA grade-3 or higher were considered for limited CFA endarterectomy with profundoplasty. No further revascularization was performed for their infra-inguinal lesions. Patient demographics, risk factors, lesion characteristics and outcomes were recorded. Primary endpoint was limb salvage. Secondary endpoints were technical success, clinical and haemodynamic improvement, freedom from major adverse clinical events (MACE) and mortality.

Results: From January till November 2014, eight patients presented with CLI (5 with rest pain and 3 with tissue loss). Mean age was 74.2 years (± 6.4). Five patients were ASA grade-3. Three were grade-4. Limb salvage at 6 months was 87.5% ($n = 7$). One patient developed a minor complication (seroma) that was managed conservatively. Primary patency at 6 months was 100%. ABI's improved by 0.15 or more in 100% of patients. 87.5% ($n = 7$) improved clinically to Rutherford grade 3 or less. Freedom from MACE was 87.5% and survival was 100% at 6 months.

Conclusion: Restoring limb perfusion through the profunda only, is still very effective, & could be the safest option in a selected group of patients. Longer follow-up is needed to verify the need for more extensive revascularization, and long-term outcomes.

EVAR — Which Patients Benefit Long Term?

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Background: The short term advantages of endovascular aneurysm repair (EVAR) over open repair are well established but concerns remain regarding long term durability and outcomes.

Methods: We examined long term outcomes and secondary interventions in consecutive patients who underwent EVAR in our centre between March 2006 and December 2014, both elective and emergency. Revisions were performed at University Hospital Limerick or St. James's Hospital.

Reason for failure	Intervention	N
Type 1a endoleak	Aortic cuff	6
	Explantation	4
	Palmaz stent	1
Type 1b endoleak	Iliac limb extension	7
	Bilateral iliac limb extension	1
	Iliac branch device	1
Type 2 endoleak	Embolisation of lumbar artery	1
	Ligation accessory renal artery	1
Type 3 endoleak	Iliac bridging stent	2
Aorto enteric fistula	Repair of fistula	1
Iliac thrombus	Iliac stent	1
Occluded limb	Fem–fem crossover	4
Occluded graft	Ax-bifem graft	1

Results:

In total 186 primary EVARs were performed. Median age was 76.5 years (range 57–93) and median aneurysm diameter was 5.8cm (range 4.7–11cm). Overall, 38 deaths were confirmed on follow-up, elective in-hospital mortality was 2.3% (4/175), in addition 12 elective patients died within 2 years from various causes (6.9%). There were 6 primary technical failures of which 2 died and 31 late re-interventions in 28 patients (15.1 %). The median time to re-intervention was 49.6 months (range 0–84). In 8/29 cases (27.6%), the re-intervention was emergent. In the revision group there was a single death (following explantation) (3.4%) and an additional unfit patient declined revision and subsequently died of presumed rupture.

Conclusions: EVAR revision surgery is complex and varied but can be managed successfully. Post-operative surveillance is vital to plan revision surgery in an elective setting.

When the Best isn't Good Enough: Venous Thoracic Outlet Syndrome Resistant to Standard Therapy

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