

adjusting for type of operation, body mass index, chronic renal dysfunction and presence of chronic lung disease.

Conclusions: In contrast to other surgical sites, local vancomycin administration did not improve the rate of short term inguinal wound complications following vascular procedures. A prospective study is needed to further delineate the role of local vancomycin adjunct treatment on inguinal wound outcomes.

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C9g: Poster Session - Peripheral Arterial Disease (2); Complications

PS110.

Anesthesia Type and Outcomes following Lower Extremity Amputations

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Objectives: The purpose of this study is to compare types of anesthesia in major lower extremity amputations (LEA) in order to determine whether one type is superior to another in terms of morbidity and mortality.

Methods: Major LEAs performed between 2005 and 2008 were identified from the American College of Surgeons National Surgical Quality Improvement Program database (ACS-NSQIP) using CPT codes. Anesthesia was defined as general or regional (epidural, spinal or other regional). Patient-level co-morbidities and characteristics, as well as intraoperative and postoperative details were examined. Complications were analyzed individually, and in aggregate categories. Procedure-specific variables, length of stay (LOS), and 30-day mortality were examined. Characteristics and outcomes were described using mean \pm SD or count (%) and associations with anesthesia type were evaluated for statistical significance. Associations between morbidity and mortality and anesthesia type were examined using uni- and multivariable logistic and linear regression techniques.

Results: 1,592 LEAs were identified for analysis. Of these, general anesthesia was employed in 1294 (81%) of these cases. Mean patient age was 68 ± 14 years, 61% were men, and 66% were white. Overall, the 30-day mortality was 6.5% (104), any type morbidity occurred in 24.1% (383), while the mean LOS was 5 (3, 7) days. There was no statistical difference in the type of surgeon performing the

amputations (85% vascular surgeons overall) between the types of anesthesia. No univariate differences were observed by anesthesia type in terms of procedural specifics, LOS or the occurrence of morbidity (individual or aggregate) or mortality. Multivariate analyses also demonstrated no relationship between anesthesia type and the occurrence of overall morbidity or mortality.

Conclusions: In contemporary surgical practice, based on outcomes of morbidity and mortality, there appears to be no difference in anesthesia type when major LEAs are performed.

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PS112.

A Femorofemoral Bypass for Aneurysmal or Stenotic Arterial Disease: Is There a Difference in Outcome?

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Objectives: Femorofemoral crossover bypasses (FFCB) are used in both patients with unilateral iliac artery occlusive disease (IAOD) and in patients with aortoiliac aneurysms (AIA) treated with an aorto-uni-iliac stentgraft. The purpose of this study is to evaluate the durability and effectiveness of a femorofemoral crossover bypass for patients with aneurysmal and stenotic arterial disease.

Methods: All patients treated with FFCB for aneurysmal or stenotic arterial disease from 2001 to 2011 in 2 Dutch tertiary vascular referral hospitals were included. Data were retrospectively reviewed.

Results: Ninety-five patients were included. The AIA group consisted of 48 patients (median age 78 years, IQR 72-84; 36 men) and the IAOD group consisted of 47 patients (median age 71, IQR 63-77; 35 men). Twenty-six of 48 patients in the AIA group (54%) were treated for ruptured aneurysms. In the IAOD group Fontaine classification was as follows: II 60%, III 21% and IV 19%. Traditional cardiovascular risk factors were comparable between both groups. Median follow-up was 19 months (IQR 1-41) in the AIA group and 28 months (IQR 14-50) in the IAOD group. Primary patency after 2 years was 90% for the AIA group and 79% for the IOAD group ($P = .3$). Secondary patency rates were respectively 100% and 95% ($P = .4$). Overall one-year mortality was in the AIA group 10% for non-ruptured aneurysms and 54% for ruptured aneurysms and was in the IAOD group 13%. In 6 AIA patients (13%) bypass related complications were reported (5 stenoses/occlusions requiring percutaneous transluminal angioplasty