

fascial mesh after 2 days. The wound was then closed stepwise with mesh traction and VAWC.

Results: All wounds could be closed following a median interval of 10.5 (range: 6–19) days after laparostomy. A median of four (range: 2–7) dressing changes were performed. One patient died on the seventh postoperative day. Two other patients died 38 and 50 days after final closure, respectively. Left colonic necrosis was seen in two patients while incisional hernia was observed in two patients. Mean follow-up duration was 17 (range: 2–36) months.

Conclusion: VAWC with mesh traction was successful in terms of early delayed primary closure and is a useful tool in the treatment of open abdomen after aortic surgery.

The Influence of Socio-economic Deprivation on Rates of Major Lower Limb Amputation Secondary to Peripheral Arterial Disease

Ferguson H.J.M., Nightingale P., Pathak R., Jayatunga A.P. Eur J Vasc Endovasc Surg 2010;40:76–80.

Objectives: To investigate a hypothesised link between socio-economic deprivation and rates of major lower limb amputation within the catchment of a district general hospital in the United Kingdom.

Design: An analysis of a demographic database collated using patients identified by the OPCS codes for lower limb amputations.

Materials: All patients undergoing a lower limb amputation as a result of peripheral vascular disease, as identified by ICD-10 code, between January 2003 and January 2009 were included in the study.

Methods: A case-control study was undertaken, comparing the Index of Multiple Deprivation 2007 (IMD) scores of major lower limb amputees, to those of the catchment population. Multivariate analysis was not undertaken.

Results: A total of 327 patients underwent 445 lower limb amputations during the 6-year period. A comparative plot of cumulative frequency of IMD score in the catchment and amputation groups indicates greater numbers of major amputations in more deprived postcodes ($P = 0.004$). The catchment population was further divided into population-matched deprivation quintiles. A significant increase in the number of amputations occurred in the two most deprived quintiles (OR (95%CI) = 1.654 (1.121–2.440), $P = 0.011$).

Conclusions: This study indicates a positive association between increasing social deprivation and rates of lower limb amputation. If the most deprived quintiles are combined, this increase in amputation rates is approximately 65%. This inequity should be further investigated, and consideration given to targeted care within areas of greater social deprivation.

Salvage Treatment for Venous Aneurysm Complicating Vascular Access Arteriovenous Fistula: Use of an Exoprosthesis to Reinforce the Vein after Aneurysmorrhaphy

Berard X., Brizzi V., Mayeux S., Sassoust G., Biscay D., Ducasse E., Bordenave L., Corpataux J.M., Midy D. Eur J Vasc Endovasc Surg 2010; 40:100–106.

Objectives: We report a new salvage technique for treating venous aneurysms (VAs) complicating vascular access arteriovenous fistula (AVF) using externally reinforced venous aneurysmorrhaphy.

Design: A retrospective study over a 20-month period from a single centre.

Patients: Patients presenting to the vascular surgery department, Bordeaux University Hospital for revision of a vascular access AVF were included.

Methods: Reinforced venous aneurysmorrhaphy consisted in removal of redundant vessel wall followed by reinforcement using an external prosthetic graft. Patency, diameter and flow were assessed by duplex ultrasound at 1, 6 and 12 months after salvage.

Results: Thirty-eight eligible patients were identified. Five were excluded because VA was associated with central vein stenosis; the remaining 33 underwent salvage. Indications were rapidly expanding or painful VA in seven cases; VA with frequent bleeding or damaged overlying skin in eight; VA in close relation to a stenosis in two; and VA associated with high-flow rate in 16. Cannulation was attempted after 30 days. Mean follow-up time was 12 S.D. 5 months (range: 4–22). Two repaired AVFs failed. Primary 1-year patency was 93%. No aneurysm or infection occurred. Reduction of high flow was successful in 12 of 16 patients. The remaining four required re-operation.

Conclusions: Reinforced venous aneurysmorrhaphy is effective in controlling venous dilation and achieving patency. Reduction of high-flow rates was not always achieved. Further study is needed to evaluate long-term efficacy of this treatment.

Long-term Results after Transfemoral Venous Thrombectomy for Iliofemoral Deep Venous Thrombosis

Lindow C., Mumme A., Ascitto G., Strohmam B., Hummel T., Geier B. Eur J Vasc Endovasc Surg 2010;40:134–138.

Objective: In patients presenting with extensive venous thrombosis affecting the pelvic veins, transfemoral venous thrombectomy has been suggested as an effective treatment in selected patients. We present our experience of this technique as well as its long-term results.

Patients and methods: Between January 1998 and January 2008, a total of 83 patients underwent transfemoral venous thrombectomy in our Department of Vascular Surgery. In 22 cases, this was combined with angioplasty and stenting of an iliac vein stenosis. Isolated intra-operative thrombolysis was performed in eight cases to treat deep venous thrombosis (DVT) affecting veins distal to the common femoral vein. All patients suffered from a DVT involving the pelvic veins. A DVT involving all venous segments from the pelvis to the calf was present in 63% of cases. Patients were followed up at 3 months, 6 months and yearly thereafter by clinical and duplex ultrasound examination.

Results: In all patients, the procedure was successful in achieving re-canalisation of the pelvic veins at the end of the operation. Perioperatively, there was no mortality and there was no case of clinically detected pulmonary embolism. Life-table analysis showed that, after a mean duration of 60 months following treatment, ~75% of the treated venous segments remained patent. Moderate post-thrombotic syndrome (PTS; clinical severity, etiology, anatomy and pathophysiology (CEAP) C2–C4) was present in 20% of cases; severe PTS (CEAP C5 and C6) did not occur in any of the treated patients.

Conclusions: It is safe and effective to treat extensive iliofemoral DVT using transfemoral venous thrombectomy and this prevents the development of severe PTS in the long term. The procedure is only feasible in a subset of patients with DVT, depending on the extent and the age of the thrombosis.