

**Results:** 870,778 elective vascular surgical procedures were evaluated with an overall infection rate of 3.70%. Open abdominal aortic surgery had the greatest rate of postoperative infections compared to open thoracic and aorta-iliac-femoral bypass surgeries. Thoracic endografting infectious complication rates were two times greater than EVAR ( $P < .0001$ ). PNA was the most common infectious complication after open aortic surgery (6.63%) where UTI was the most common after TEVAR (2.86%) and EVAR (1.31%). Infectious complications were greater in octogenarians ( $p < .0002$ ), women ( $P < .0001$ ), and blacks ( $P < .0001$  compared to whites and Hispanics). Nosocomial infections significantly increased length of stay (days) and charges ( $13.8 \pm 15.4$  vs.  $3.5 \pm 4.2$ ;  $\$37,834 \pm 42,905$  vs.  $\$11,851 \pm 11,816$ , respectively,  $p < 0.001$ ).

**Conclusions:** Among elective vascular surgical procedures, open aortic surgery and CEA have, respectively, the greatest and the least risk for postoperative infectious complications. Women, octogenarians, and blacks have the highest risk of infectious complications after elective vascular surgery. Hospital infectious complications dramatically increase resource utilization and strategies reducing nosocomial complications would offer significant cost savings.

Vascular procedures	Risk-adjusted infection rates, %	
	Mean	95% CI
1. Endarterectomy; vessel of head and neck	1.66	1.65 - 1.67
2. Open Abdominal Aortic resection or replacement	11.35	11.19 - 11.51
3. Open Thoracic and Thoracoabdominal Repair	11.29	11.07 - 11.52
4. Endovascular Abdominal Aneurysm Repair (EVAR)	2.84	2.81 - 2.87
5. Thoracic Endovascular Aneurysm Repair (TEVAR)	5.73	5.34 - 6.12
6. Aorta-iliac-femoral bypass	8.94	8.81 - 9.07
7. Peripheral vascular bypass	4.19	4.15 - 4.23
8. Embolectomy and endarterectomy of lower limb	4.63	4.56 - 4.70

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SS24.

**The Diagnosis Of Claudication Is Influenced By Patients' Sex**

Birgitta M Sigvant, Sr.<sup>1,2</sup> <sup>1</sup>Karlstad, Sweden; <sup>2</sup>Inst of Molecular Medicine and Surgery, Karolinska University Hospital, Stockholm, Sweden

**Objectives:** PAD afflicts 18% of the elderly and the prevalence varies with PAD stage and patients' sex. Women, for instance, dominate when diagnosis is based on ABI only, but for intermittent claudication (IC) that requires a subjective component the prevalence is higher among men. The purposes of this study was to evaluate if utilization of common diagnostic criteria for IC results in dissimilar types of IC for women and men and also to identify any possible difference in perception of IC symptoms between the sexes.

**Methods:** Eight thousand women and men, aged 59-89 years, were selected at random and invited to participate. The 5040 subjects who accepted had ABI measured and completed questionnaires covering medical history, current medication, PAD symptoms and walking ability. A subset of subjects with IC at that time was followed up using the same questionnaires and also performed a walking test, underwent duplex scanning of leg arteries, ABI assessment and echocardiography. They were also interviewed in detail about their symptoms.

**Results:** The point-prevalence of IC was 6.5% for women and 7.2% for men ( $P = .09$ ) in the cohort and the mean ABI among IC subjects was 0.7 (SD 0.2). A fifth (19%) of women with IC had  $ABI < 0.5$  compared to 7% for men. Men with IC reported having DM, stroke and a smoking history more often than women, who in turn reported hypertension more frequently. Women with IC had problems with a lower ( $P < 0.01$ ) walking speed ( $P < 0.01$ ) more often than men, and a larger proportion of them experienced joint problems ( $P = 0.018$ ) and heart palpitations ( $P = 0.002$ ).

**Conclusions:** In this study the prevalence of IC tended to be more common among men using classic IC definitions, but this may be a consequence of sex differences in presentation of symptoms. Accordingly, IC

prevalence and consequences of IC may be underestimated in women and this needs to be considered when assessing IC in epidemiological studies, clinical trials and as indication for revascularization.

SS25.

**Cryopreserved Venous Allograft: An Alternative Conduit for Reconstruction of Infected Prosthetic Aortic Grafts**

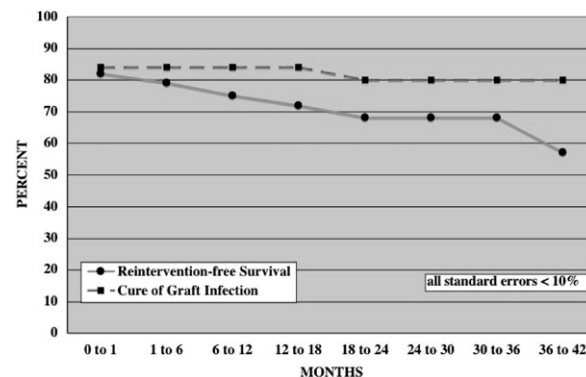
Jason N MacTaggart, Thomas S Monahan, Jade S Hiramoto, Timothy AM Chuter, Darren B Schneider, Rajabrata Sarkar, Charles M Eichler, Joe H Rapp, Michael S Conte, Linda M Reilly. University of California San Francisco, San Francisco, CA

**Objective:** To evaluate the performance of cryopreserved superficial femoral vein (cryoSFV) for in-line aortic reconstruction of infected prosthetic aortic grafts (IPAG).

**Methods:** Retrospective, single institution review of patients undergoing in-line cryoSFV reconstruction after removal of IPAG. Follow up survival, limb preservation and re-intervention data were available for 85% of patients surviving  $> 30$  days.

**Results:** From 1999 to 2008, 40 patients with IPAG (mean age 68, 65% men, 75% aortic occlusive disease, 43% with aortoenteric fistulas) underwent complete aortic graft excision and in-line aortic reconstruction, with an infrarenal aorta-to-cryoSFV anastomosis in 37 (93%). 30-day mortality was 15% (3 cardiac, 3 infectious). During follow-up (mean 30 months) no deaths resulted from the aortic graft infection or its treatment. 1 patient (3%) required amputation. 4/6 early re-interventions were for anastomotic or conduit bleeding (including 2/3 perioperative deaths due to persistent infection). 5/8 late re-interventions were for aneurysmal degeneration of the cryovein (mean interval 32 months and 4/5 involving the femoral conduit segment). Kaplan-Meier 36-month cure rate was 80% and re-intervention-free survival was 68%.

**Conclusions:** Cryopreserved superficial femoral vein is a suitable conduit for in-line aortic reconstruction after removal of IPAG. Survival and limb salvage rates rival those reported for all other treatment methods. CryoSFV is more resistant to infection than prosthetic repair, eliminates the complications of autologous vein harvest and is immediately available for use off the shelf. However the conduit demonstrates late aneurysmal degeneration and extended follow up is needed.



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SS26.

**Contemporary Management of Vascular Complications Associated with Ehlers-Danlos Syndrome**

Benjamin S Brooke<sup>1</sup>, Nazli B McDonnell<sup>2</sup>, James H Black, III<sup>1</sup>. <sup>1</sup>Johns Hopkins Hospital, Baltimore, MD; <sup>2</sup>National Institutes of Health, Baltimore, MD

**Objectives:** There has been debate regarding the safety of performing elective procedures in patients with vascular manifestations associated with Ehlers-Danlos Syndrome (EDS). The purpose of this study was to review the surgical management and clinical outcomes of EDS patients at a tertiary medical center with multimodality expertise in connective tissue disorders.

**Methods:** All patients with EDS undergoing elective treatment at a single institution academic medical center from 1994 to 2008 were retro-