Selective Open And Endovascular Treatment Achieves The Best Results With CLTI: Tips And Tricks To Achieve Good Distal Bypass Results And The Value Of PTFE Grafts To Crural Arteries When Vein Is Unavailable

Francesco Spinelli

Disclosure

No conflict of interest related to this presentation

Rutherford 5-6

<table>
<thead>
<tr>
<th>High-risk pt</th>
<th>no vein</th>
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</thead>
<tbody>
<tr>
<td>None</td>
<td></td>
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<tr>
<td>vein available</td>
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PREDICTIVE CRITERIA
- TASC II D anatomy
- Extensive calcification
- Poor outflow

One or more

BYPASS

ENDOVASCULAR

From January 2010 to December 2015
1273 pts with CLI and distal disease
726 (57%) BYPASS (BP)
547 (43%) ENDOVASCULAR PROCEDURES (EV)

... referral center for open surgery
With mostly secondary procedures (33%)
......24% of Primary Bypass

1-year Results

<table>
<thead>
<tr>
<th>RUTHERFORD</th>
<th>n (%)</th>
<th>EV n (%)</th>
<th>P</th>
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<tbody>
<tr>
<td>4</td>
<td>366</td>
<td>131 (35)</td>
<td>235 (64)</td>
</tr>
<tr>
<td>5</td>
<td>364</td>
<td>378 (67)</td>
<td>186 (33)</td>
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<tr>
<td>6</td>
<td>363</td>
<td>217 (63)</td>
<td>146 (37)</td>
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</tbody>
</table>
T&T #1: Treat Any Proximal Lesion by EV Before Distal Bypass

T&T #2: Distalize Inflow If The Vein Is Short (EV Fem-Pop: Fair Results And Repeatable)

T&T #3: Uncover The Whole Vein And Use Rigid Strippers In Order To Have Thorough Control Of Devalvulation

T&T #4: If The Size Of Vein Is Adequate Only Above The Knee Devalvulate Proximally And Invert Distally
T&T #5: In Wi-fi 4 Go To The Ankle

T&T #6: Do Not Clamp Unclampable Arteries

T&T #7: If No Vein Available And EV Impossible Use PTFE With Adjuncts

Technique Of The Venous Interposition Fistula

Conclusions

The “endovascular first” era is over: a patient centered selective approach gives the best results

Most Of The CLI Patients Are Treated By EV
But The Worst Are Not

Open Distal Bypass Has been Improved by contemporary EV therapy

The open bypass for CLI is coming back