How to revascularize the diabetic patient: wound related vs. total treatment

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Disclosure

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I have the following potential conflicts of interest to report:

- Cordis
- Trivascular
- Andramed
- Alvimedica
The open surgical evidence:
Bypassing to 1 cruropedal segment with the best flow
„as distal and as short as possible“
Atraumatic operation technique
(gel placement during anastomosis)
autologous transplant
intraop.HighRes.Imaging:Hybrid OR
Cruropedal bypassing for PAD

- 1 vessel revascularisation

- If more than 1 open distal segment: wound related vascular treatment following the angiosome concept (Neville, Veith Symp. 2014)
Cruropedal bypassing for PAD

- Open distal segment
- Major lesion
- Suitable vein
- Good overall prognosis
Endovascular treatment: new options...
...Opening pedal segments!
...but still a missing link between angio and wound!
Solution: Fluorescence angiography for foot perfusion

i. a. fluorescence angiography of the lateral plantar artery
Solution: Fluorescence angiography for foot perfusion

i.a. fluorescence angiography of the dorsalis pedis artery
Solution: Fluorescence angiography for foot perfusion

i.a. fluorescence angiography of the fibular artery
Wound directed crural revascularisation
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discussion

- "total revascularisation" is impossible due to missing target vessels in chronic lesions
- the angiosome concept (Attinger) was developed in pathology and lacks the fact of collateral formation in chronic occlusions
- the "gap" between wound and angiography can best be closed by fluorescent angiography
- fluorescent angiography leads to target vessel oriented crural therapy for the diabetic foot
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