E. Sebastian Debus
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<table>
<thead>
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<tbody>
<tr>
<td>N</td>
<td>187.155</td>
<td>184.675</td>
<td>178.835</td>
<td>174.407</td>
<td>166.232</td>
<td>159.304</td>
<td>147.946</td>
<td>145.263</td>
<td>+ 29%</td>
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<tr>
<td>women</td>
<td>69.501</td>
<td>68.092</td>
<td>65.813</td>
<td>64.197</td>
<td>61.823</td>
<td>59.091</td>
<td>54.676</td>
<td>53.765</td>
<td>+ 29%</td>
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<td>Short stay(1-3 d)</td>
<td>65.746</td>
<td>63.670</td>
<td>59.173</td>
<td>57.004</td>
<td>51.293</td>
<td>46.944</td>
<td>41.219</td>
<td>38.913</td>
<td>+ 69%</td>
</tr>
<tr>
<td>mortality</td>
<td>5.151</td>
<td>5.134</td>
<td>5.451</td>
<td>5.158</td>
<td>5.359</td>
<td>5.289</td>
<td>5.076</td>
<td>5.181</td>
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<tr>
<td>%</td>
<td>2.75</td>
<td>2.78</td>
<td>3.04</td>
<td>2.96</td>
<td>3.2</td>
<td>3.32</td>
<td>3.43</td>
<td>3.57</td>
<td>- 0.82</td>
</tr>
<tr>
<td>In hospital stay (d)</td>
<td>10.9</td>
<td>11.2</td>
<td>11.8</td>
<td>12</td>
<td>12.5</td>
<td>12.9</td>
<td>13.5</td>
<td>13.8</td>
<td>-2.9</td>
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</tbody>
</table>
• Predominant location (47,6 %)
• Men 6 – 10 x Women
• 75 % contralateral stenosis within 5 y
• In 40 % combination with iliacal occlusion / stenosis
• In 40 % combination mit SFA 7 BTK lesions
Value Profundoplasty

Fem. – profunda Bypass

preoperative

postoperative
Survey – Registry
n = 1000, 9 centers

All Revascularisations:
IC: 58.9% endovascular  CLI: 47.3% endovascular

Infrainguinal:
IC: 73% endovascular  CLI: 40.6% endovascular
(vergl. Sachs et al.)

CFA-TEA:
- IC: 37.7% of all open reconstructions
- CLI: 23.1% of all open reconstructions

Debus et al. (2015, in press)
retrograde Thrombectomy

01.07.2012 - 30.06.2014

Arterial open Reconstructions: 2294

AFC: 315

retrograde EIA - DO: 136

Fontaine stage:

IV: 11%

IIb: 65%

III: 24%
Follow up: 632 days (Median)
mortality: 2%
Doppler-Index: 0.76 (0.58)

Re-Stenoses / Re Occlusions:
asymptomatic: 6
symptomatic: 13
<table>
<thead>
<tr>
<th>Complication</th>
<th>Incidence [%]</th>
<th>References</th>
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<tbody>
<tr>
<td>Death</td>
<td>1.3 – 6</td>
<td>Taylor 1990, Wengerter 1991</td>
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<td>Wound complications:</td>
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<td></td>
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<tr>
<td>alloplastic</td>
<td>18</td>
<td>Feinberg 1990</td>
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<td>Infection:</td>
<td></td>
<td></td>
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<tr>
<td>vein</td>
<td>1.36</td>
<td>Feinberg 1990</td>
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<tr>
<td>alloplastic</td>
<td>3.56</td>
<td>Debus 1998</td>
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<tr>
<td>HUV</td>
<td>1.48</td>
<td>Feinberg 1990</td>
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<td>Edema:</td>
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<tr>
<td>vein</td>
<td>50 – 100</td>
<td>Schubart 1986, Tyndall 1994</td>
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<tr>
<td>alloplastic</td>
<td>35</td>
<td>Kwaan 1999, Debus 2002</td>
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<tr>
<td>Lymph fistula</td>
<td>0.5 – 7.8</td>
<td>Roberts 1993, Tyndall 1994</td>
</tr>
</tbody>
</table>

54 % need > 3 months hospital treatment
50 % mortality after 5 years

Goshima et al. JVS (2004)
Wound infections in Vascular Surgery

- Aorta (n=2130): 1,07% (n=23)
- Carotid (n=4260): 0,07% (n=3)
- Surgery in the groin (n=15390): 2,24% (n=344)

KISS Data base, www.nrz.de
Hemorrhage (Anastomosis): 26-40%
Amputations: 17-79%
Hospital-Letality: 7-48%

Kieffer et al. (2001)¹, Swain et al. (2014)², O’Connor et al. (2006)³, Clagett et al.(1993)⁴
**In-situ Reconstruction:**
- TEA autologous Artery
- autologous Vein
- Homograft
- Dacron Silver

**Extraanatomic Bypass:**
- lateral iliacal Bypass
- Obturator bypass
Suprainguinal Incision  

Dorsaler Obturatorbypass  
(Debus et al. 2001)  

retrofemoral additional incision
Abb. 7

Local plastic – reconstructive surgery

Transposition of sartorius muscle
bovine Pericardium Patch

- Retrospective
- 01/1996 – 12/2008
- n= 1318 Patients
- Follow up 5 years
n = 1318
Complications

- Re-Stenosis: 41 (3.1%)
- Aneurysmatic Degeneration: 3 (0.02%)
- Bleeding: 19 (1.4%)
- No thrombus formation
• primary Wound healing 1267 (95.9%)
• Sec. Wound healing 54 (4.1)

• Lymphfistula
  19 OP  9 sec.  54 prim. healing

• Wound infection
  20 OP  45 sec. healing

• Patch infection
  4 patch removal, 2x sec. healing
n=18 Patients:
- 14 Infections SFA/AFC/APF
- 1 mycotic aneurysm AFC
- 3 Infections EIA.

Results:
- 14 sec. healing without reinfection
- 1 reinfection and extraanatomic bypass
- 2 Patchinfections mit resection (1 Amputation)
CFA desobliteration / Patchplasty frequently used in POD

High long term patency (especially in combination with inflow desobliteration)

Effective in IC

Surgical site infection

Bovine Pericard Patch Plasty
Surgical Techniques for optimal reconstruction of CFA and EIA segment

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