Andrew Keith Holmes, Surgery 2018, Volume 14
DOI: 10.7438/1584-9341-C1-002

9th International Congress on
SURGERY
August 27-28, 2018 Tokyo, Japan

Australian multi-centre experiences of the deep femoral artery as inflow for infrainguinal bypass surgery

Andrew Keith Holmes
University Hospital Geelong, Australia

Introduction & Aim: The deep femoral artery is a practical alternative inflow for infrainguinal bypass. The heavily scarred groin, inadequate conduit length and the presence of previous aorto-femoral grafts often preclude the use of the common femoral artery as inflow artery. Currently, there is a paucity of data regarding the effectiveness and outcomes of these procedures in the treatment of infrainguinal arterial disease. The purpose of this study is to present our experience with the profunda femoris in bypass.

Method: A 3 centre, retrospective cross-sectional analysis of 28 patients who had undergone infrainguinal bypass surgery with the deep femoral artery as inflow, from January 2010 to July 2018 was performed. Descriptive analyses were carried out on demographics, indications for surgery, conduit choice, crural run-off, length of hospital stay and in-hospital complications. Cross-tabulations and frequency tables were used to describe our categorical variables.

Result: A total of 867 bypass operations were performed, with the most common sites being the common femoral artery (n=466) and the superficial femoral artery (n=190). A total of 28 infra-inguinal bypass operations using the DFA for inflow were identified. The mean age was 69.6 (SD 8.7), with the majority being male (n=22). Comorbid risk factors included Ischemic Heart Disease(IHD) (n=14), Hypertension(HTN) (n=25), Diabetes mellitus (DM) (n=12), active smoking (n=11) and Chronic Kidney Disease(CKD) (n=2). The most common indications for surgery included rest pain and tissue loss (n=10, respectively). The most common site of distal anastomosis was the above knee popliteal artery (n=11) with the most common conduit being a reversed great saphenous vein (n=29). Single vessel run-off was reported in 13 cases. The average length of stay was 11.9±7.3 days. 3 patients returned to theatre due to bleeding (2 reactionary bleeds and 1 secondary bleed from infection). There were 3 cardiac complications (2 arrhythmias and 1 acute myocardial infarction), 3 graft occlusions (1 requiring redo bypass), 1 graft infection and 1 wound infection.

Conclusion: The bypass using the deep femoral artery as inflow remains an important adjunct to the panoply of vascular surgical techniques. Its use is safe and effective even in this endovascular era and particularly when use of the common femoral artery is precluded or conduit length is limited.

Biography

Andrew Keith Holmes is a Young Vascular Surgical Registrar in Australia with an interest in infrainguinal bypass surgery, surgical education and training.

riteesh.bookun@gmail.com

Notes: