Mechanical debulking in bypass occlusion

Fast and Effective

Bruno Migliara MD, PhD
Pederzoli Hospital
Peschiera del Garda
ITALY
Disclosure

Speaker name:

Bruno Migliara

I have the following potential conflicts of interest to report:

- Consulting: Straub Medical, Philips, Boston Scientific

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest
Clinical Case

Male, 72 y
Arterial hypertension, Diabetes

Rutherford Class = 5
2 previous surgical revascularizations
- Femoro-popliteal BTK "in situ" saphenous vein
- Femoro-popliteal ABK hybrid GORE
ACT > 250 sec
100 U/Kg i.v. heparin
Associated treatments

100% anastomotic PTA with DEB
"In situ" autologous saphenous vein

"Ex-situ" autologous saphenous vein
Personal experience

37 occluded bypass grafts

27 male / 10 female
71.7 years (61-82)

Period of occlusion | n
---|---
Acute (< 14d) | 8
Sub-acute (14-60d) | 24
Chronic (> 60d) | 5

Rutherford Cl. | n
---|---
Rutherford 4 | 9
Rutherford 5 | 24
Rutherford 6 | 4

100% CLI

<table>
<thead>
<tr>
<th>Site</th>
<th>n°</th>
<th>Type</th>
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| Above-knee    | 18 | 10 Gore Hybrid
               |    | 6 Gore Propaten                                                       |
               |    | 2 Le Maitre Omniflow II                                               |
| Below-knee    | 19 | 7 in situ saphenous vein                                             |
               |    | 4 PTFE + vein cuff                                                    |
               |    | 2 homologous saphenous vein                                           |
               |    | 5 composite (PTFE + vein)                                             |
               |    | 1 Le Maitre Omniflow II                                               |
Procedural success rate 100%

32 antegrade homolateral femoral access
5 retrograde contralateral femoral access (cross-over)

8 double access (21.6%)
6 antegrade homolateral femoral – retrograde tibial
2 antegrade homolateral femoral – retrograde bypass
Complications

No deaths
No major complications

4 (10.8%) minor complications

- 2 distal embolisations
- 1 saphenous vein bypass perforation
- 1 distal native artery perforation
Follow-up

12 months

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<tr>
<th>Patency</th>
<th>%</th>
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<tbody>
<tr>
<td>Primary</td>
<td>70.3</td>
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<tr>
<td>Secondary</td>
<td>81.1</td>
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11 Re-occlusions

Redo-Rotarex = 4 cases
Redo-bypass surgery = 4 cases
Major Amputation = 3 cases

3 Deaths

not related with thrombectomy

Amputation free survival = 91.9%

Primary Patency = 70.3%
Secondary Patency = 81.1%
Amputation free Survival = 91.9%
Percutaneous mechanical debulking with Rotarex/Aspirex S is an effective and safe treatment in complex bypass occlusion.
Mechanical debulking in bypass occlusion

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