Beckenarterien
Chirurgie - 1. Wahl bei Verschlüssen

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Ein Unternehmen des UKE

Catheterization and Cardiovascular Interventions 84:520–528 (2014)

Core Curriculum

SCAI Expert Consensus Statement for Aorto-Iliac Arterial Intervention Appropriate Use

Andrew J. Klein,[1*] MD, Dmitriy N. Feldman,[2] MD, Herbert D. Aronow,[3] MD, MPH, Bruce H. Gray,[4] DO, Kamal Gupta,[5] MD, Osvaldo S. Gigliotti,[6] MD, Michael R. Jaff,[7] DO, Robert M. Bersin,[8] MD, MPH, and Christopher J. White,[9] MD

The Society for Cardiovascular Angiography and Interventions

It is widely accepted that TASC A, B, and C lesions are best managed with endovascular intervention. In experienced hands, most TASC D lesions may be treated by endovascular methods, and with the development of chronic total occlusion devices, many aorto-iliac occlusions may be recanalized safely by endovascular means. Overall, aorto-iliac occlusive disease is more commonly being treated with an endovascular-first approach, using open surgery as a secondary option.

Chirurgie – 1. Wahl bei Verschlüssen

- Von welcher Chirurgie ist die Rede?
  - Bypass:
    - Aorto(bi)femoral
    - Iliacofemoral
    - Cross over Bypass
    - Axillo(bi)femoral
  - Thrombendarterektomie
    - Direkt
    - Indirekt
  - Embolektomie
  - Hybrideingriff

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TASC D

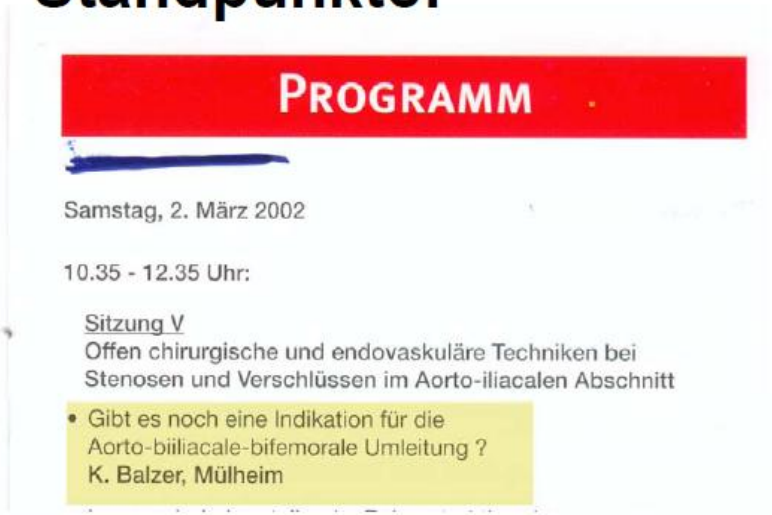
Gehört der konventionelle Aorto-femorale Gefäßersatz bei pAVK zum alten Eisen ?

A .Larena-Avellaneda, E.S. Debus, J. Kierchner
M. Fein, S. Franke

Universitätsklinik Würzburg

Einführung

Standpunkte:



PROGRAMM

Samstag, 2. März 2002

10.35 - 12.35 Uhr:

Sitzung V
Offen chirurgische und endovaskuläre Techniken bei Stenosen und Verschlüssen im Aorto-iliacalen Abschnitt

- Gibt es noch eine Indikation für die Aorto-biiliacale-bifemorale Umleitung ?
  K. Balzer, Mülheim

- Ja -
  Beim Aneurysma

- S. Franke: „Machen wir mal ‚gschwind' ne Gabel"
- Prophylaktischer Aspekt:
  - Implantation der Y-Prothese, so lange der Patient sich in einem gutem AZ befindet
  - Die Angiografie spiegelt nicht die Wirklichkeit wider

Statistische Auswertung: Korrelationen

Faktor / Folge	Major-Amp.	Proth. –Infekt	Sofort-verschl.	Major-komplikation	Peri-operative Letalität
AVK-Stadium	+++	Ø	+++	+++	+++
Niere	+++	Ø	Ø	Ø	+++
Leber	+++	Ø	Ø	Ø	+++
Adip.	Ø	+++	Ø	Ø	Ø
Voreingriff Leiste	Ø	+++	+++	Ø	Ø
Weitere Gefäß-OP	+++	+++	Ø	Ø	Ø

Results of endovascular therapy and aortobifemoral grafting for Transatlantic Inter-Society type C and D aortoiliac occlusive disease

Sachinder Singh Hans, MD,[a,b] **Debbie DeSantis, APRN, BC,**[a] **Rizwan Siddiqui, MD,**[b] *and* **Michael Khoury, MD,**[a,b] *Clinton Township, Mich, and Warren, Mich*

reoccurrence in both groups.

Conclusions. *TASC type C and D lesions can be treated with either ABF or AIS with satisfactory results. Compared with ABF, AIS is associated with decreased primary patency, decreased perioperative morbidity, and shorter hospital stay. (Surgery 2008;144:583-90.)*

Ann Vasc Surg. 2010 Jan;24(1):4-13. doi: 10.1016/j.avsg.2009.09.005.

A contemporary comparison of aortofemoral bypass and aortoiliac stenting in the treatment of aortoiliac occlusive disease.

Burke CR[1], Henke PK, Hernandez R, Rectenwald JE, Krishnamurthy V, Englesbe MJ, Kubus JJ, Escobar GA, Upchurch GR Jr, Eliason JL.

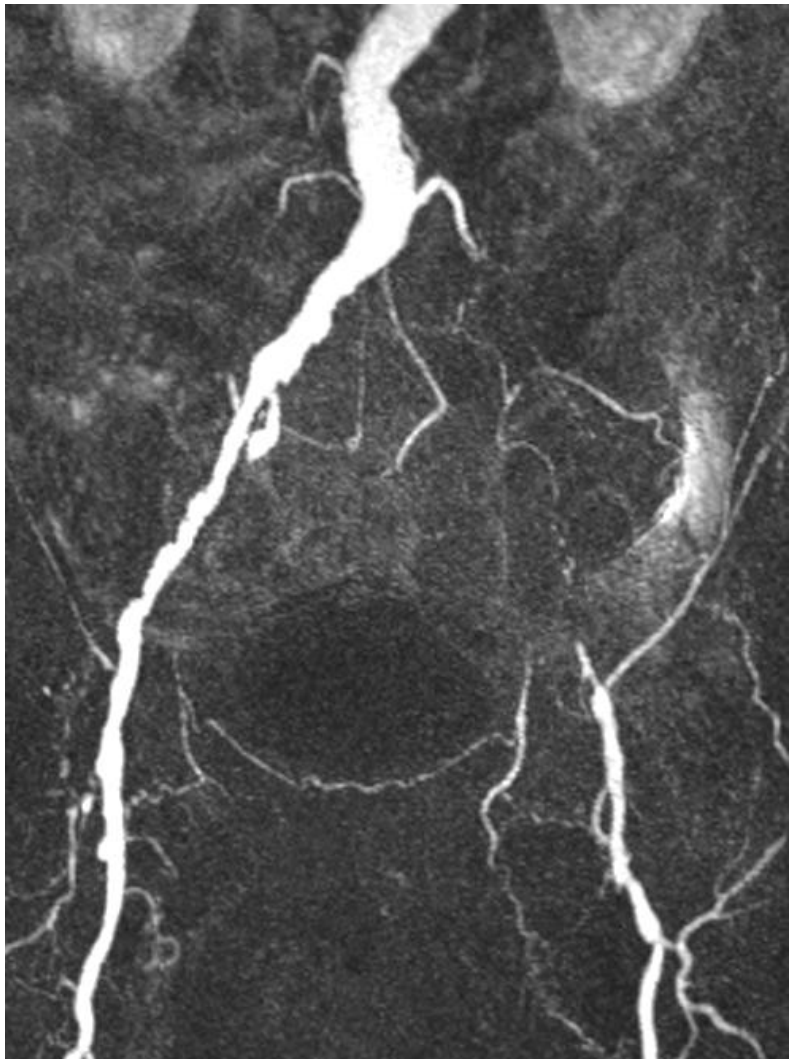
RESULTS: There was no difference between AFB and AS groups with respect to 30-day mortality (0.8% and 1.1%, p=0.64), myocardial infarction (1.7% and 1.1%, p=0.53), cerebrovascular accident (0.0% and 1.1%, p=0.35), or renal failure requiring hemodialysis (3.4% and 1.2%, p=0.19). AFB was associated with increased surgical complication rates including the need for emergency surgery (6.8% and 1.7%, p=0.029), infection/sepsis (16.1% and 2.3%, p<0.001), transfusion (16.1% and 5.7%, p=0.004), and lymph leak (8.5% and 0.6%, p=0.001). The difference between preprocedural and postprocedural ABI was greater for AFB than AS (R, 0.39 and 0.18, p<0.001; L, 0.41 and 0.15, p<0.001). This difference was maintained when patients were stratified by TASC category.

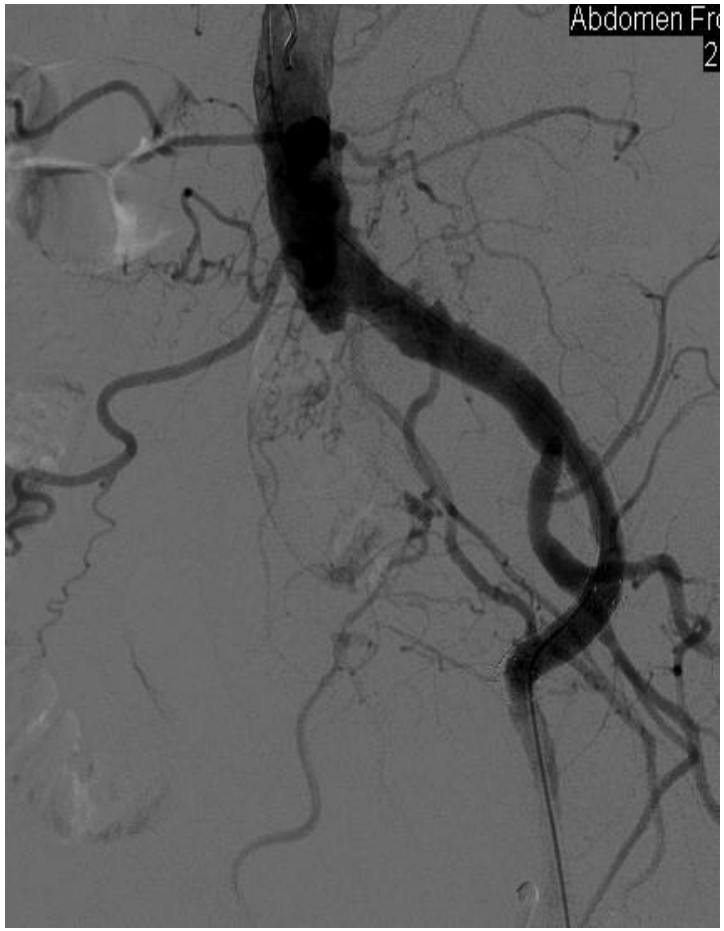
CONCLUSION: There were no differences between the AFB and AS groups with respect to long-term rates of mortality, amputation, or revision procedures. AFB continues to be performed safely, despite the case numbers in this series correlating with a lower-volume hospital. Morbidities associated with major open surgery in this series were counterbalanced by greater improvements in ABI. Patients and practitioners should continue to entertain both procedure types as viable alternatives for the treatment of AIOD.

Einseitiger, langstreckiger Verschluss

- 82J, m
- pAVK °III links
- Z.n. intracerebraler Blutung

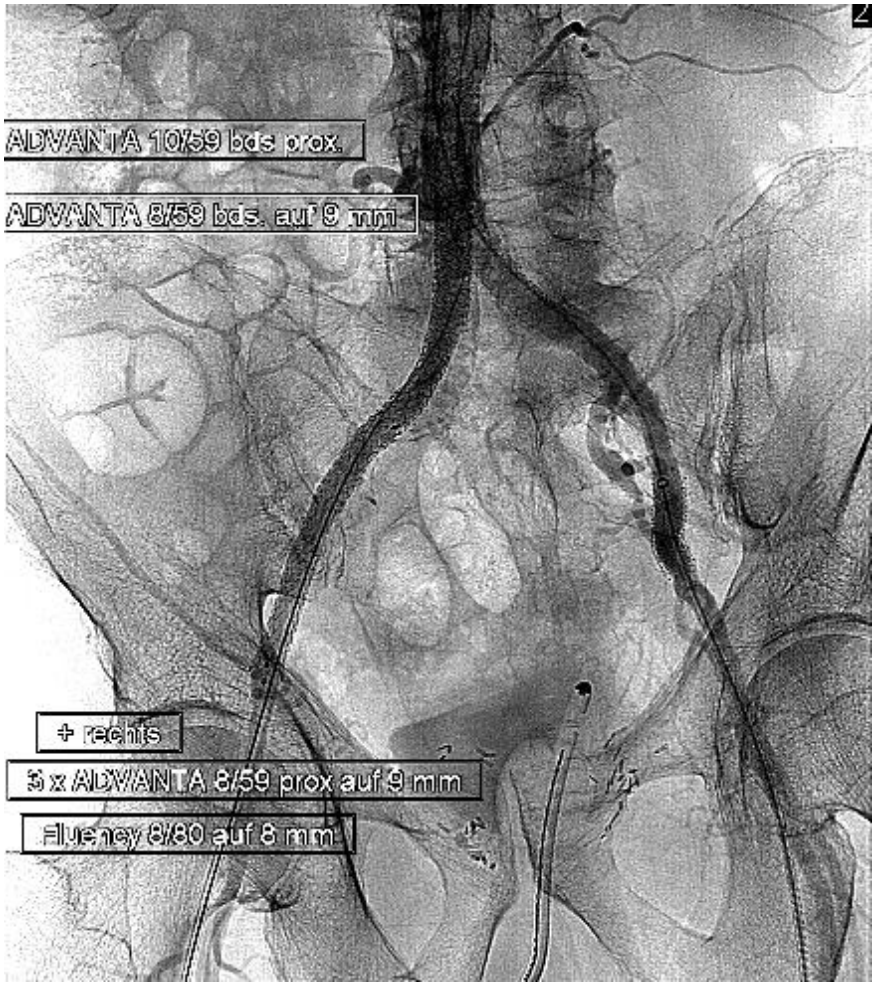
- OP: Cross over Bypass femoro-femoral
- OP-Dauer: 75 min
- Entl. Am 5. p.op.Tag





- M, 72 J
- pAVK IIb re
- HRST
- Nikotinabusus
- Art. Hypertonie

- OP-Dauer: 180min
- Post-op. Makrohämaturie unter Clopidogrel
- Harnwegsinfekt
- Entl. am 09. post-op. Tag

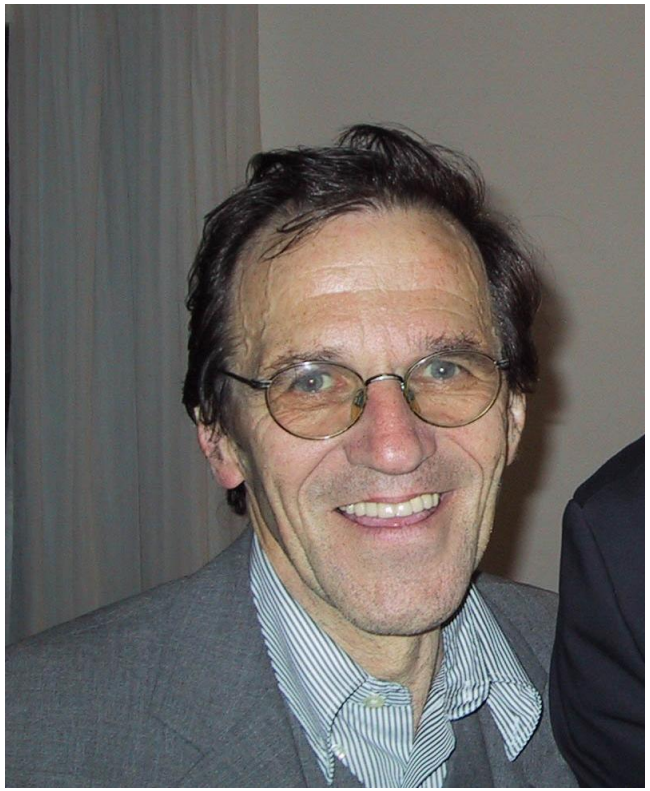


Analysis of 30-day readmission after aortoiliac and infrainguinal revascularization using the American College of Surgeons National Surgical Quality Improvement Program data set

Daniel L. Davenport, PhD,[a] **Brittany A. Zwischenberger, MD,**[b] and **Eleftherios S. Xenos, MD, PhD,**[a]
Lexington, Ky

Miteinbeziehung der Leiste

- 1. Wahl: Hybrideingriff!



Eur J Vasc Endovasc Surg 16, 501–508 (1998)

Semiclosed Iliac Recanalisation by an Inguinal Approach – Modified Surgical Techniques Integrating Interventional Procedures

A. Schröder*[1], K. Mückner[2], G. Riepe[1], P. Siemens[2], W. Groß-Fengels[2] and H. Imig[1]

[1] *Department of General, Vascular and Thoracic Surgery, and Department of Clinical Radiology, Center for Vascular Diseases, General Hospital of Hamburg-Harburg, Germany*

- Endovascular First ?

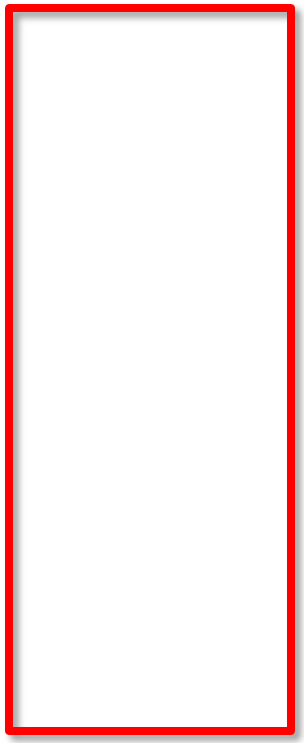
Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) trial: Analysis of amputation free and overall survival by treatment received

Andrew W. Bradbury, BSc, MD, MBA, FRCSEd,[a,b] Donald J. Adam, MD, FRCSEd,[a] Jocelyn Bell, PhD,[b] John F. Forbes, PhD,[c] F. Gerry R. Fowkes, PhD, FRCPE,[d] Ian Gillespie, MD, FRCR,[e] Charles Vaughan Ruckley, ChM, FRCSEd, CBE,[f] and Gillian M. Raab, PhD,[g] on behalf of the BASIL trial Participants,* *Birmingham and Edinburgh, United Kingdom*

Conclusions: BAP was associated with a significantly higher early failure rate than BSX. Most BAP patients ultimately required surgery. BSX outcomes after failed BAP are significantly worse than for BSX performed as a first revascularization attempt. BSX with vein offers the best long term AFS and OS and, overall, BAP appears superior to prosthetic BSX. (J Vasc Surg 2010;51:18S-31S.)

A systematic review of endovascular treatment of extensive aortoiliac occlusive disease

Vincent Jongkind, MD,[a,b] George J. M. Akkersdijk, MD,[a] Kak K. Yeung, MSc,[b] and Willem Wisselink, MD,[b] *Hoofddorp and Amsterdam, The Netherlands*



- Iliaca-Externa Verschluss
  - Interventionell?
  - Retrograde TEA?

- Erhalt der A.iliaca interna: Verschluss auf der Gegenseite, Intervention mit hohen Risiko eines Verschlusses

- Embolie mit akutem Verschluss

Chirurgie – 1. Wahl:

- Offen chirurgische Eingriffe an den Beckenarterien:
  - bessere Offenheitsraten
  - Gleiche Mortalität
  - erhöhte Morbidität
- TASC ist NICHT alles
- Bei Misserfolg einer vorhergehenden Intervention erhöhen sich die Risiken für den operativen Eingriff
  - Intra-operativ
  - Im Verlauf
- Safe, Short, Simple