

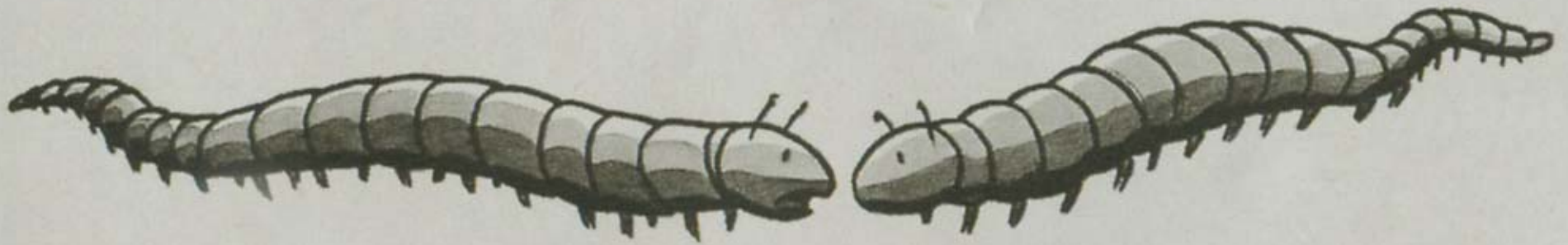
Endovascular Treatment of SFA Occlusions 10 Year Follow-up

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**ATHEROSCLEROSIS IS A
SYSTEMIC DISEASE**

But.....



“The bad news is, the legs are the first to go.”

Endovascular Treatment of SFA Occlusions 1991 – 2003

Patients	573
Male	299
Female	274
Limbs (sfa)	632
Male (sfa)	326
Female (sfa)	306

Endovascular Treatment of SFA Occlusions

Indications

Limbs	632	100%
Claudication	284	45%
Limb Salvage	348	55%

Endovascular Treatment of SFA Occlusions

Length

2-45cm	Average: 16.17 cm	
<5	24	3.8%
5-10	101	16.0%
10-20	276	43.6%
>20	231	36.5%

Endovascular Treatment of SFA Occlusions

Ankle Brachial Indices

Dorsalis Pedis	0-1.40	Average 0.54
Posterior Tibial	0-1.42	Average 0.47

Endovascular Treatment of SFA Occlusions

Treatment

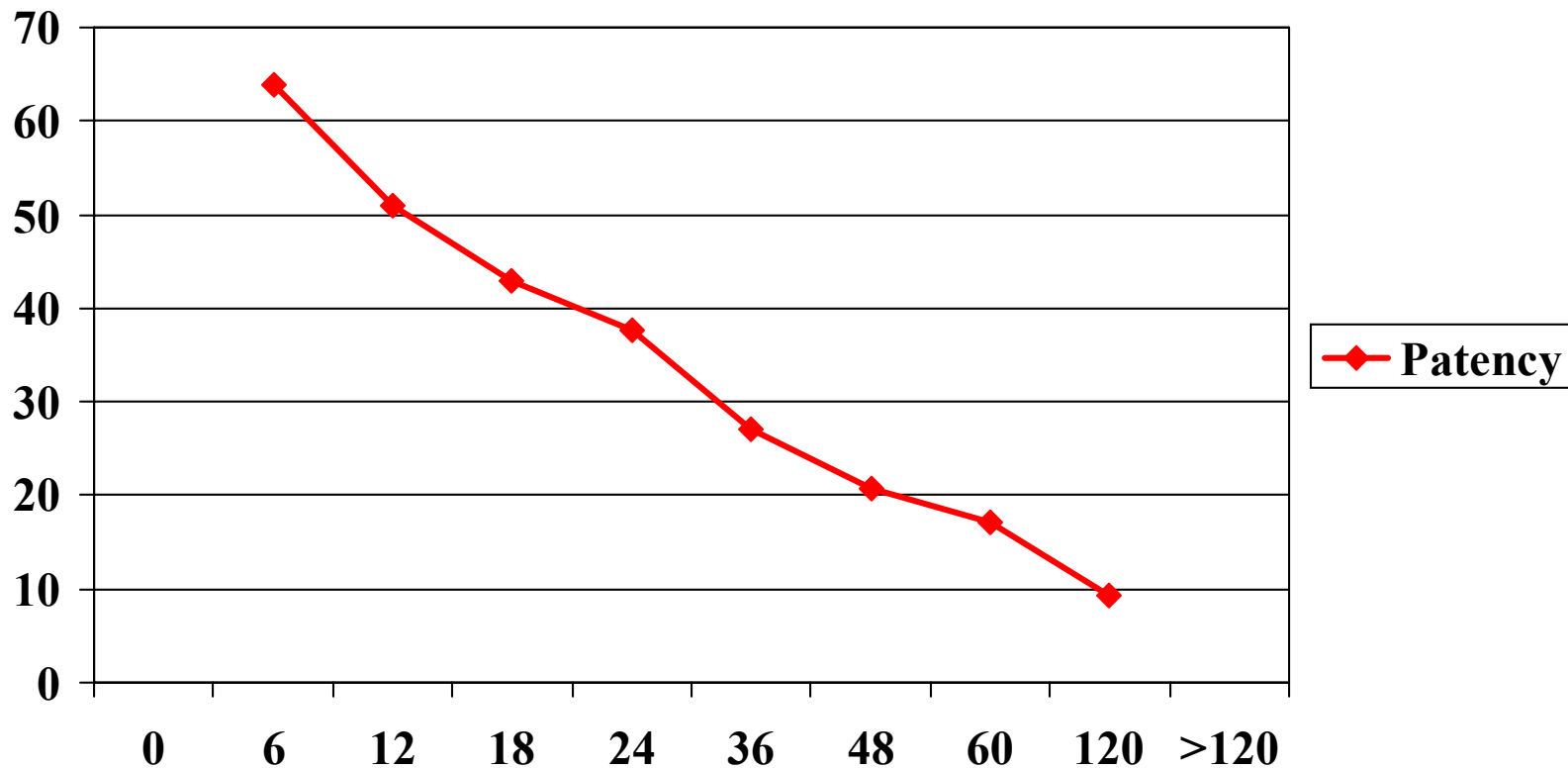
Limbs	632
PTA	223
PTA & Lytic	139
PTA & Stent	188
PTA, Lytic & Stent	82

Endovascular Treatment of SFA Occlusions

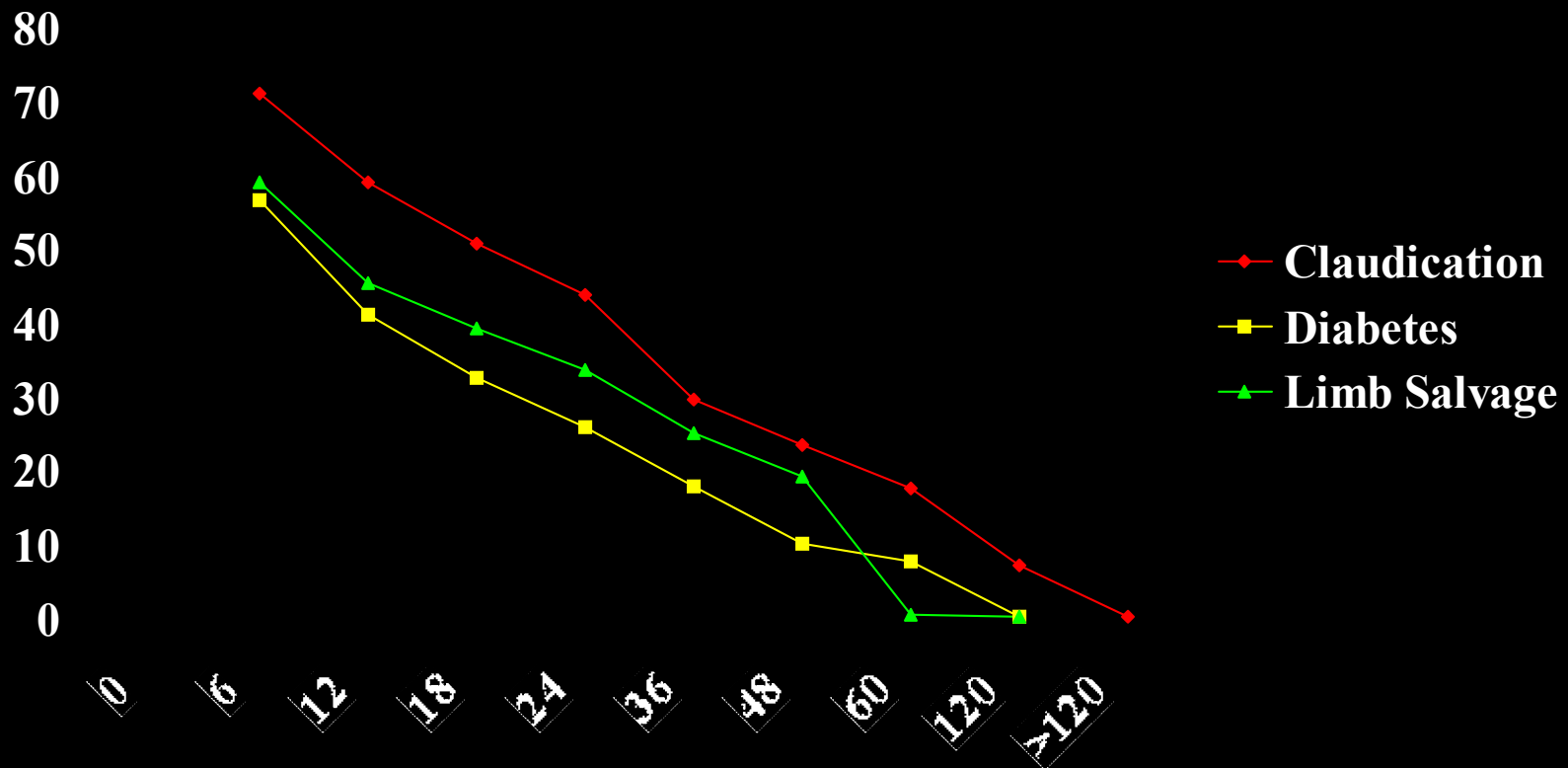
Ankle Brachial Indices – Post Treatment

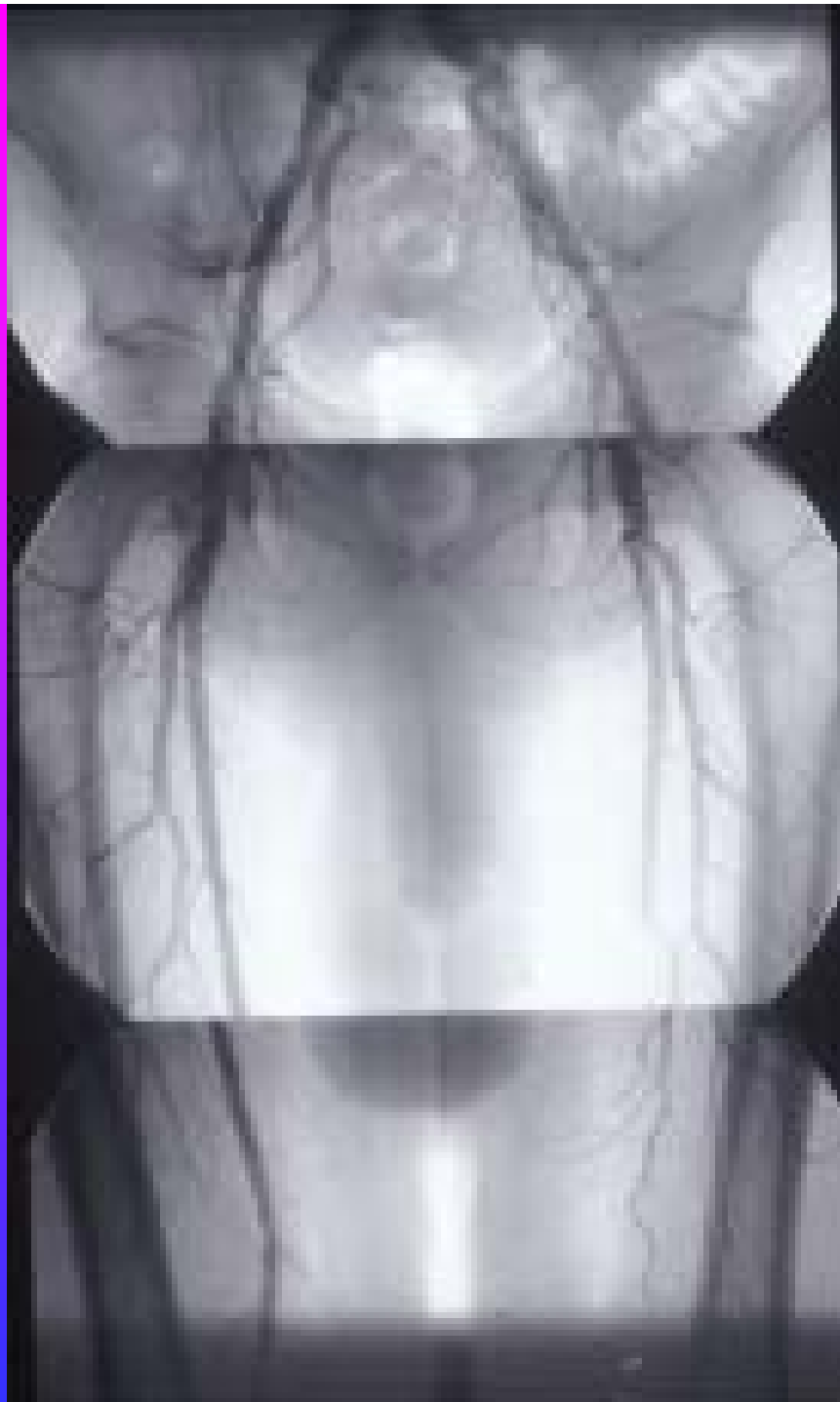
Dorsalis Pedis	Average 0.83
Posterior Tibial	Average 1.07

Endovascular Treatment of SFA Occlusions - 632 Limbs



Endovascular Treatment of SFA Occlusions

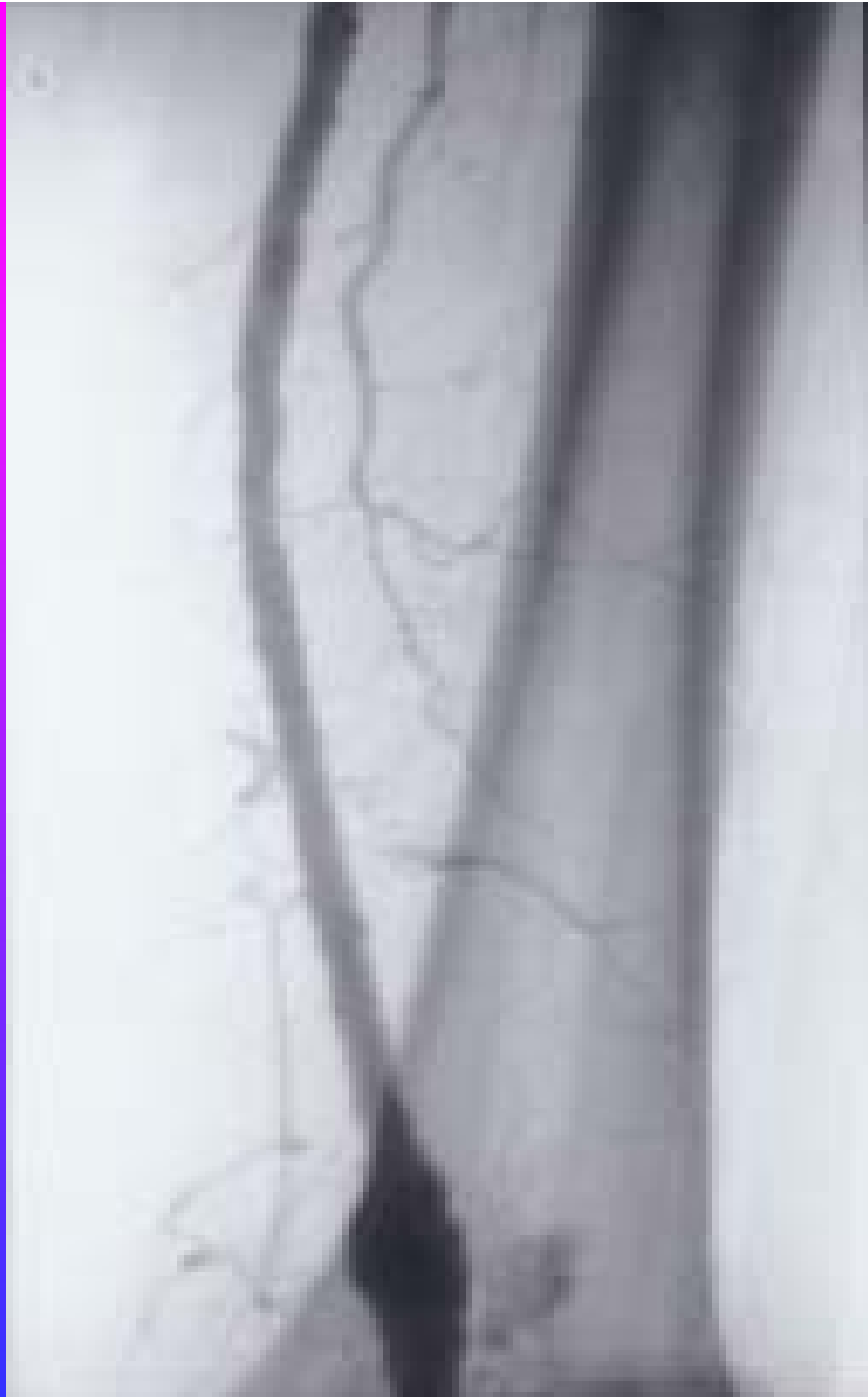










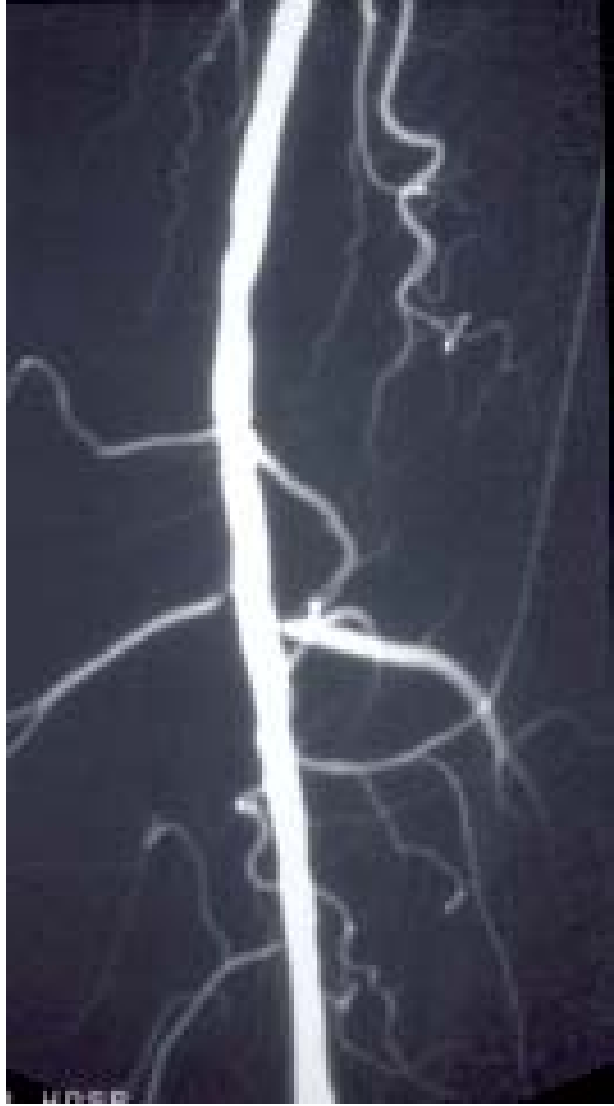






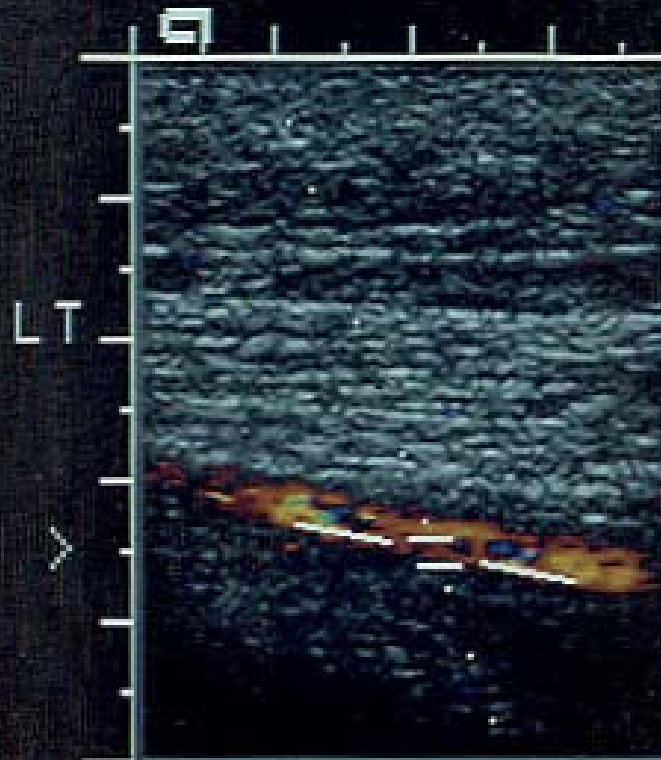
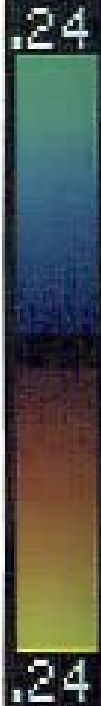






PT: ZIB, PATRIC IA

24-JUN-02
11:57:47AM
L7384 / 17HZ
DEPTH = 50
JIM CAR

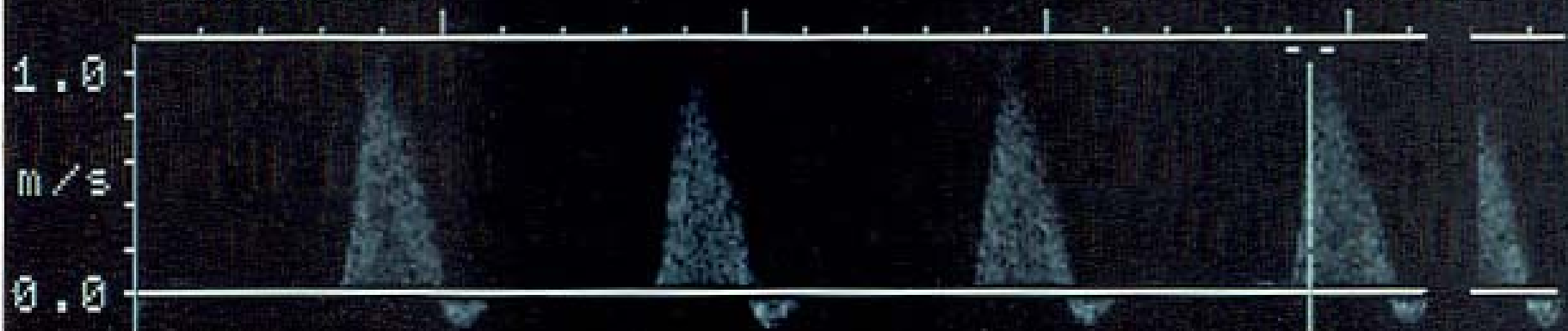


VEL = +1.10
MEAN = 0.30

• L CALIPER

INVERTED

$\theta = 60^\circ$



CCpk = 1.10 m/s

PRIOR MENU

LEFT

ENTER

CCA pk



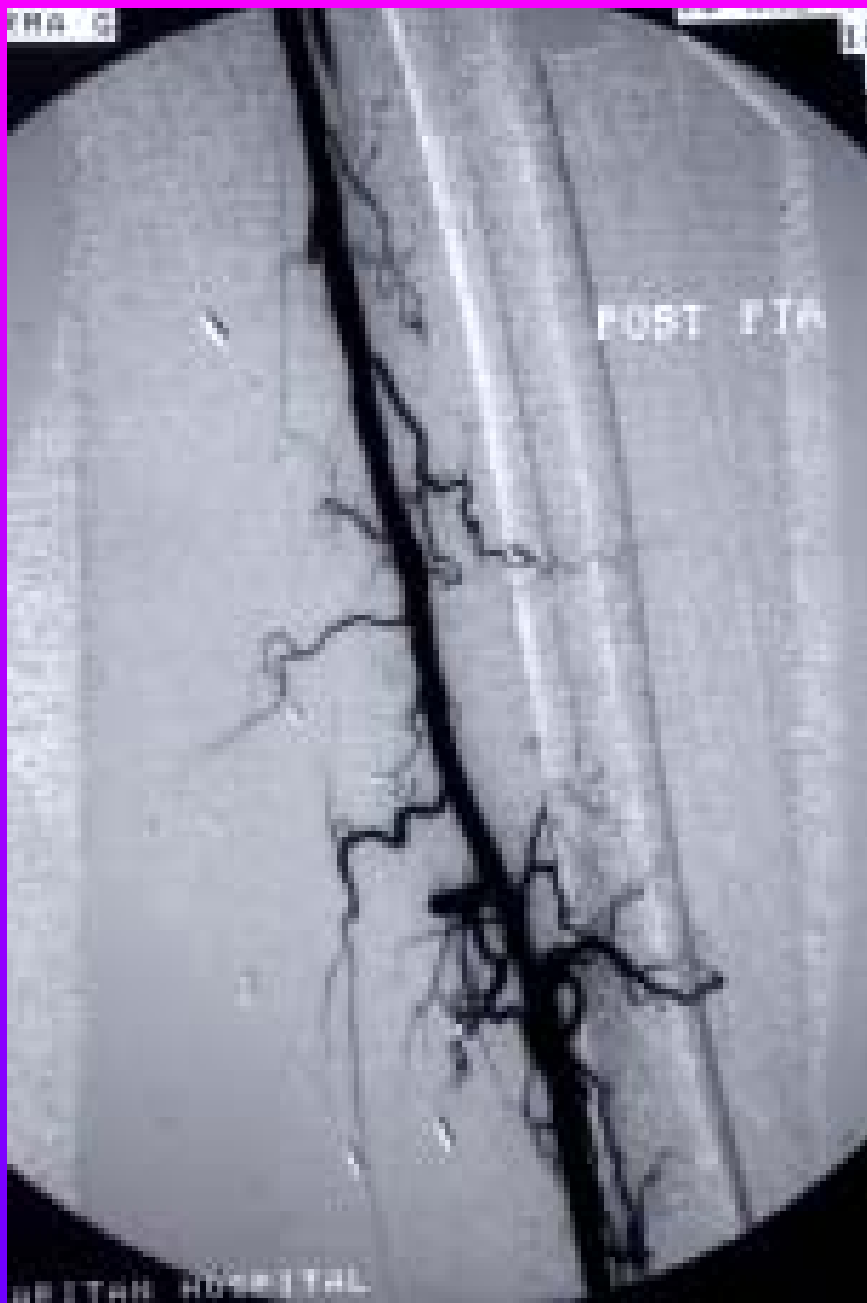








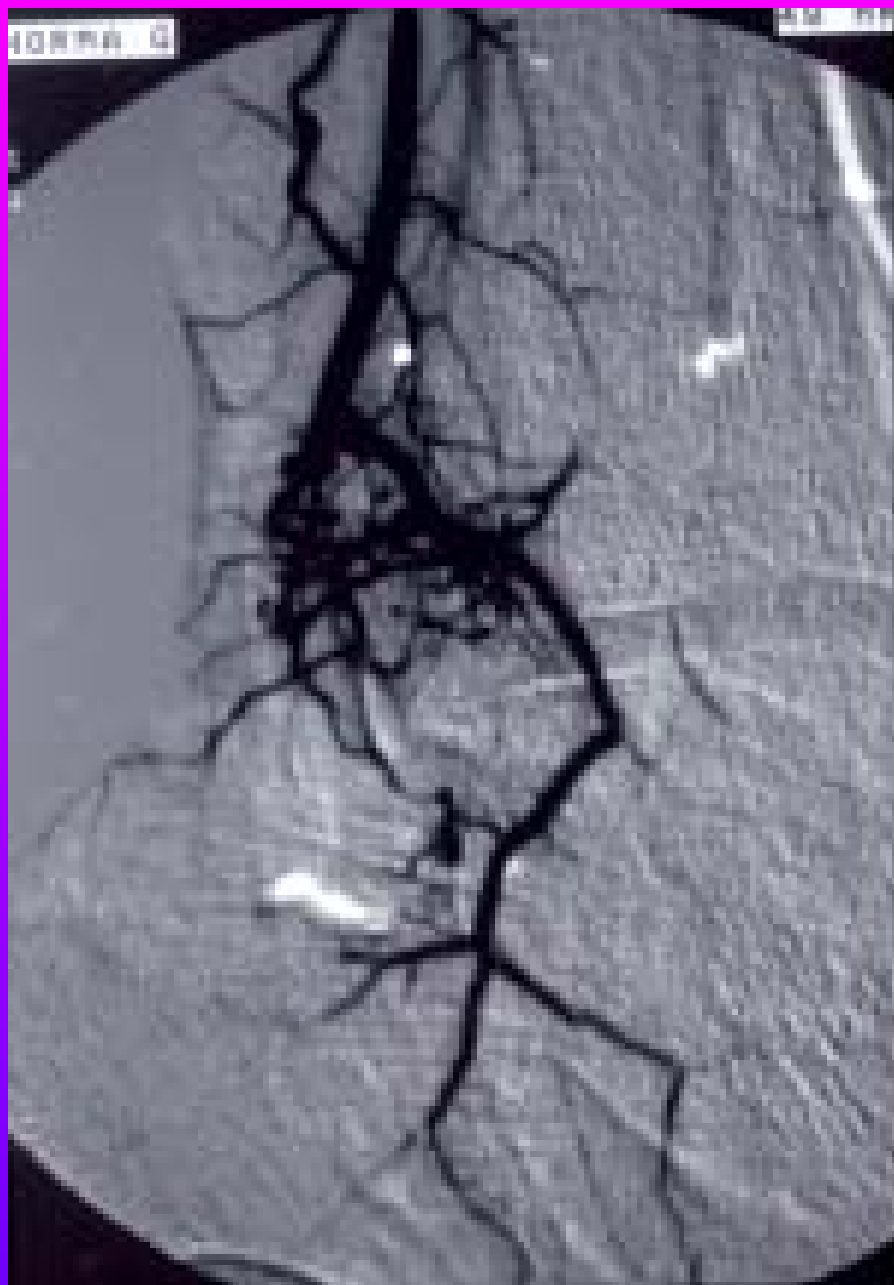






















Infringuinal Arterial Reconstruction

Number of Patients	Grafts	Primary Patency	After ? Years	Reference
266	AK-Vein	73%	5	VA Coop.J Vasc Surg; Aug 2000; 32(2):268-77
144	BK-Vein	77-86%	4	Albany.J Vasc Surg, 2/1/1999; 259-67
265	AK-Prosthetic	39%	5	VA Coop.J Vasc Surg; Aug 2000; 32(2):268-77
74	BK-Prosthetic	40%	2	Rochester Surgery 10/1999 126(4)759-64

Endovascular Treatment of SFA Occlusions

Conclusion

Recanalization of long-segment superficial femoral artery occlusions is a valid and worthwhile endovascular therapy for both intermittent claudication and limb salvage.

In limb salvage, a low mortality and morbidity makes it more favorable than bypass surgery. Although the femoropopliteal vein graft remains the most durable treatment for intermittent claudication, endovascular treatment of the superficial femoral artery occlusions is comparable to synthetic bypass grafts.