CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE

CONTROVERSIES & UPDATES IN VASCULAR SURGERY

JANUARY 25-27 2018

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

PARIS, FRANCE WWW.CACVS.ORG

CFA endovascular repair

which approach, which material, how to deal with proximal lesions, the SFA profunda bifurcation and calcified lesions?

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Disclosure

Speaker name: Yann Gouëffic

☒ have the following potential conflicts of interest to report:

☒ Receipt of grants/research support
Details: Abbott; Bard; Medtronic; Terumo; WL Gore

☒ Receipt of honoraria and travel support
Details: Abbott; Bard; Boston Sc; Cook; WL Gore; Medtronic; Perouse; Spectranetics

☐ do not have any potential conflicts of interest to report

PERIPHERAL VASCULAR

Stenting or Surgery for De Novo Common Femoral Artery Stenosis

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JACC: CARDIOVASCULAR INTERVENTIONS CME/MOC

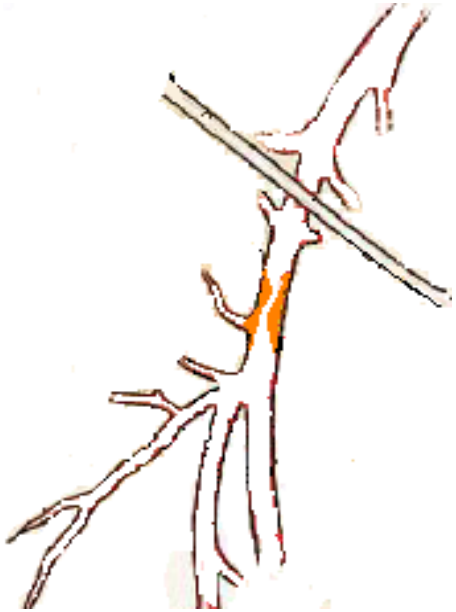
CONCLUSIONS In patients with de novo atherosclerotic lesions of the CFA, the perioperative morbidity and mortality rate was significantly lower among patients who underwent endovascular therapy by stenting compared with surgery, whereas clinical, morphological, and hemodynamic outcomes were comparable at mid-term. (Traitement des Lésions Athéromateuses de l'Artère Fémorale Commune par Technique Endovasculaire Versus Chirurgie Ouverte [Endovascular Versus Open Repair of the Common Femoral Artery] [TECCO]; NCT01353651) (J Am Coll Cardiol Intv 2017;10:1344–54)

TECCO lesions characteristics

Type 1

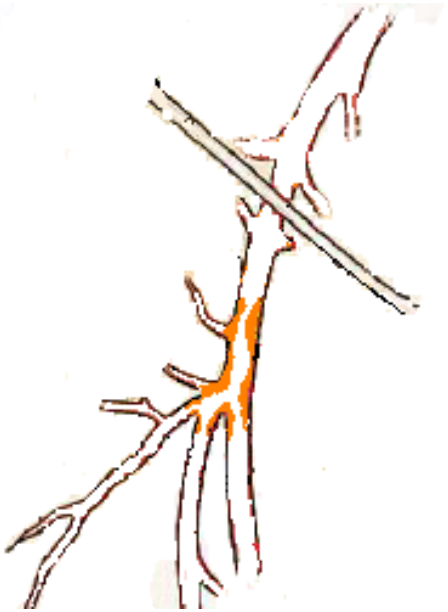
16%

Type 2



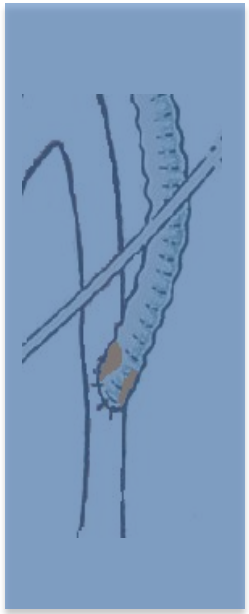
23%

Type 3



61%

Type 4



Intraoperative data

Surgery (N=58)	
Endarterectomy	46 (69)
with venous patch (%)	7 (12)
with prosthetic patch (%)	37 (64)
direct suture (%)	2 (3)
Bypass with a prosthesis	11 (19)
Eversion	1 (2)

Stenting (N=54)	
Crossover access – no. (%)	43 (78)
Brachial access – no. (%)	7 (13)
Femoral ipsilateral – no. (%)	4 (7)

Controlateral femoral approach

Type 1, 2 and 4: 5-6Fr
Type 3: 6-7Fr

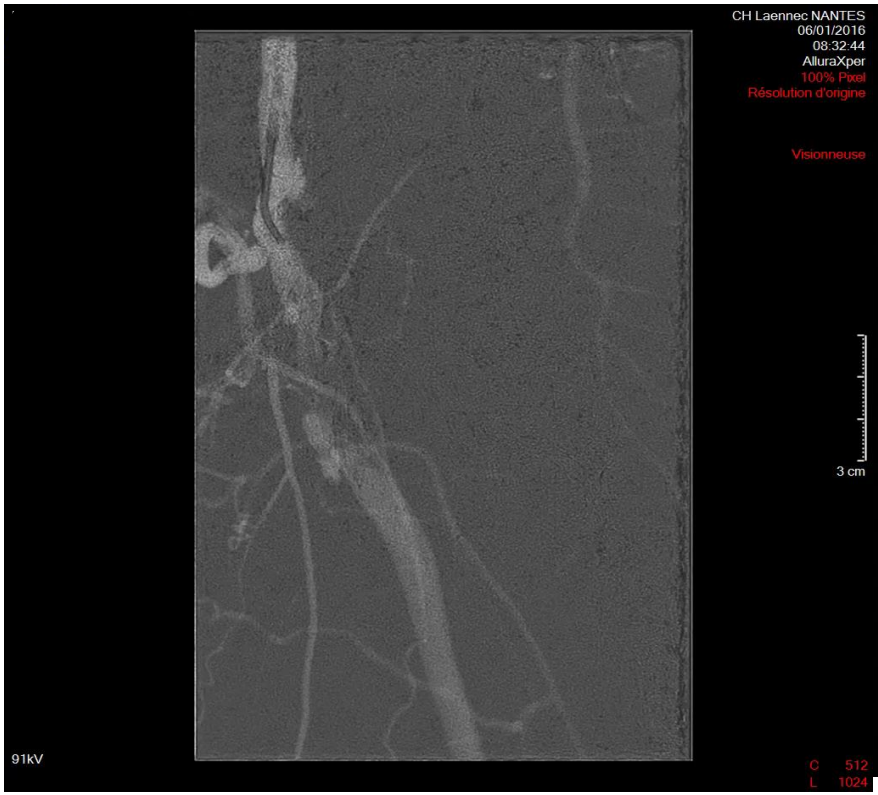
Brachial approach

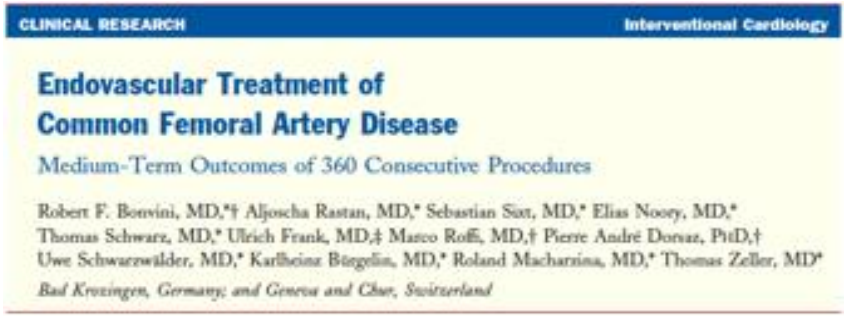
Obesity

Controlateral CFA disease

Aorto-bi-femoral bypass

Retrograde approach




CLINICAL RESEARCH Interventional Cardiology

Endovascular Treatment of Common Femoral Artery Disease

Medium-Term Outcomes of 360 Consecutive Procedures

Robert F. Bonvini, MD,*† Aljoscha Rastan, MD,* Sebastian Sixt, MD,* Elias Noory, MD,* Thomas Schwarz, MD,* Ulrich Frank, MD,‡ Marco Roffi, MD,† Pierre André Donzé, PhD,† Uwe Schwarzwälder, MD,* Karlheinz Bürgelin, MD,* Roland Macharzina, MD,* Thomas Zeller, MD*

Bad Krozingen, Germany; and Geneva and Chur, Switzerland


Journal of Vascular Surgery

Volume 53, Issue 4, April 2011, Pages 1000–1006

ELSEVIER

Endovascular treatment of common femoral artery obstructions

Frederic Baumann, MD,* Mirka Ruch,* Torsten Willenberg, MD,* Florian Dick, MD,* Dai-Do Do, MD,* Hak-Hong Kee, MD,* Iris Baumgartner, MD,* and Nicolas Diehm, MD,* *Berne, Switzerland*

Key findings:

- 360 limbs / CLI: 22.1%
- Lost of FU @ 10mo: 12.2%
- Perioperative complications: 6.4%
- Restenosis rate: 27.6%
- TLR: 19.9%

The use of stents was identified as the only independent protective factor against procedural failure, TLR and 1-year restenosis

Bonvini, JACC, 2011

Key findings:

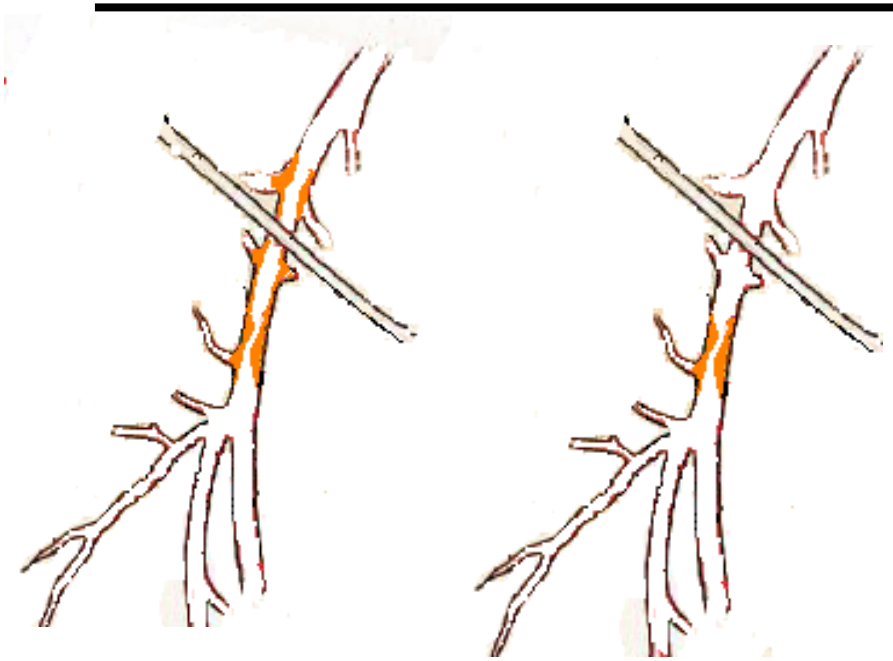
- 98 limbs / CLI: 19%
- De novo / restenosis: 85/15%
- Perioperative complications: 6.4%
- Bailout stenting: 27%
- TLR: 17/46%

Primary sustained clinical improvement was significantly better in patients in whom stents had been implanted

Baumann, J Vasc Surg, 2011

Simple and complex lesions

Simple lesions
(Type 1 and 2)



Nitinol

Nitinol

Complex lesions
(Type 3)

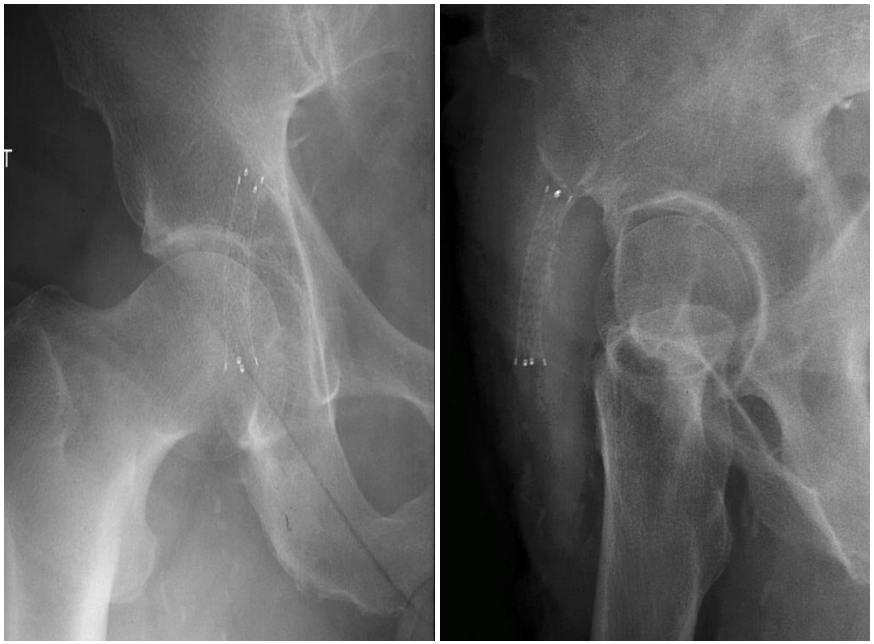
Nitinol and/or BES

Azema, Eur J Vasc Endovasc Surg, 2011

Simple and complex lesions

Type 1

Type 2

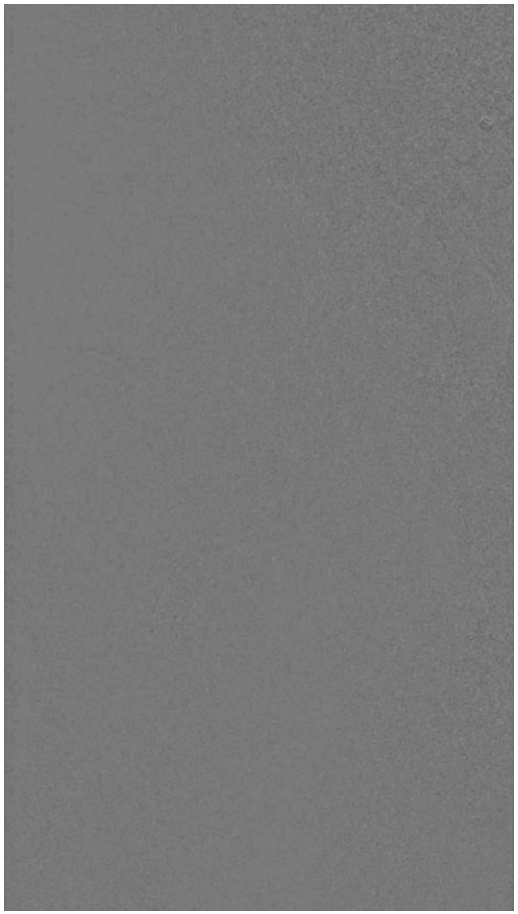


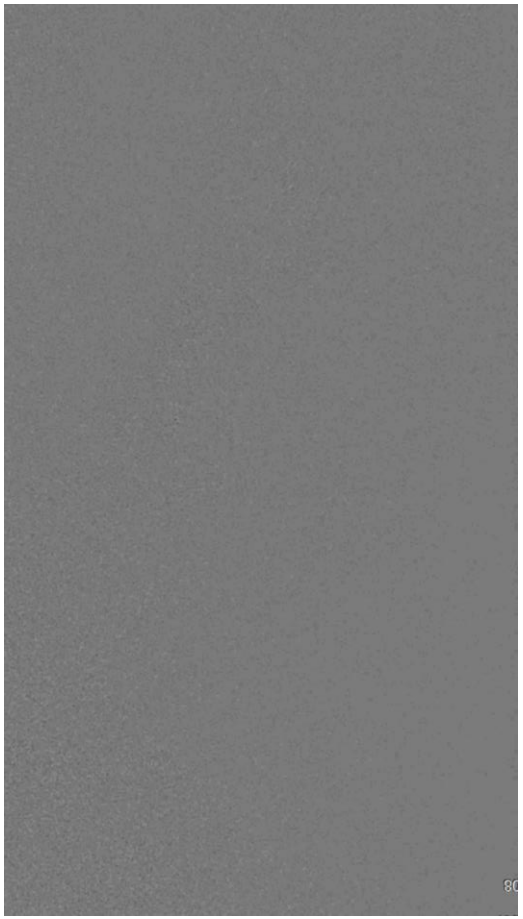
X-rays @ 36 months

Type 3

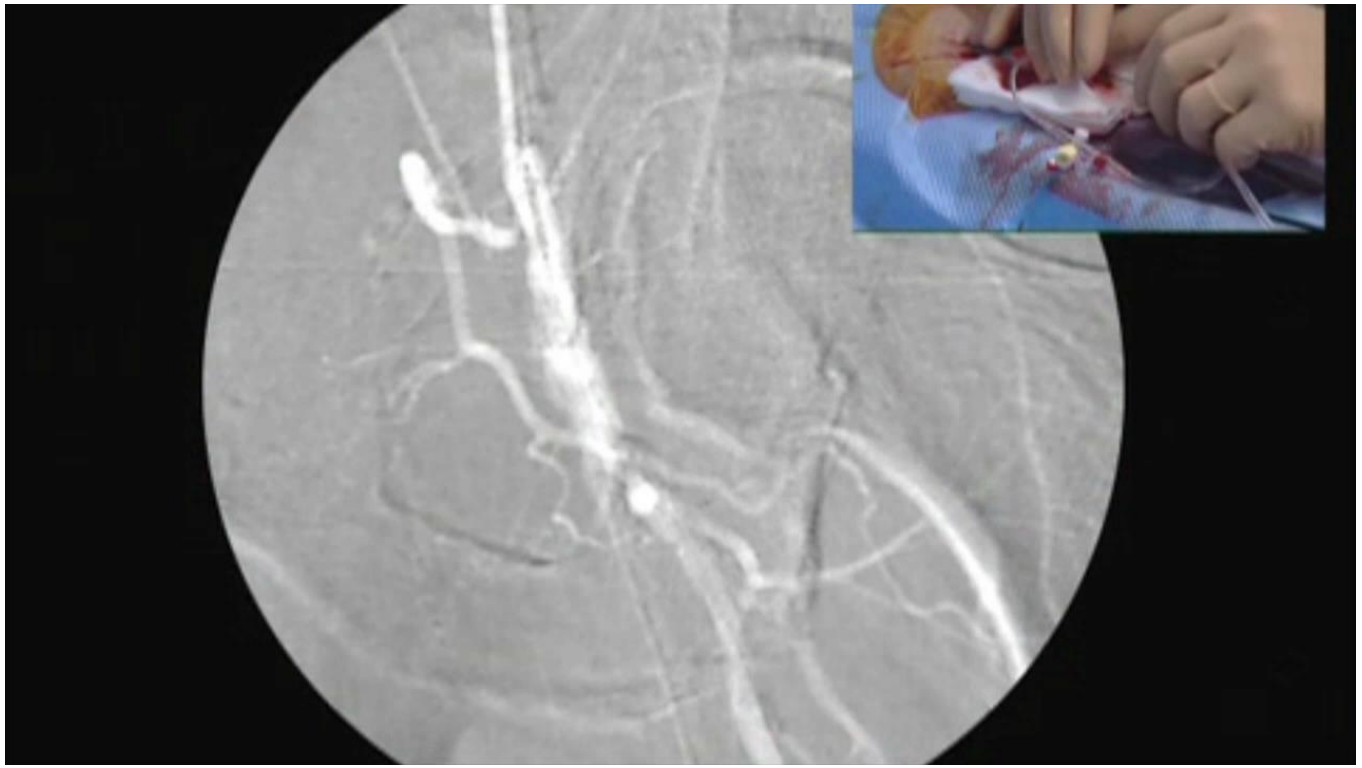
Keep the profunda safe

CFA- Deep femoral artery stenting



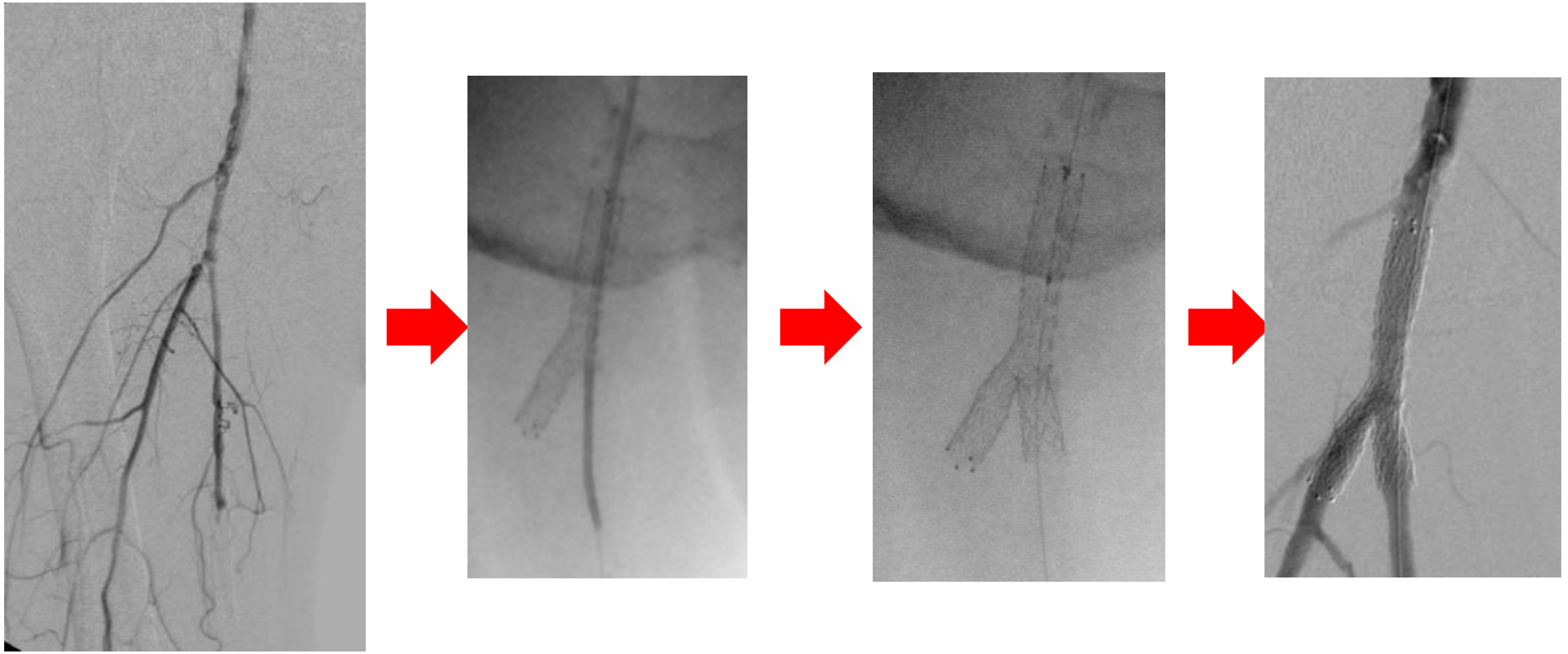


CFA kissing stent



Eiffel tower stenting

T-stenting



PESTO-AFC *(NCT02517827)*

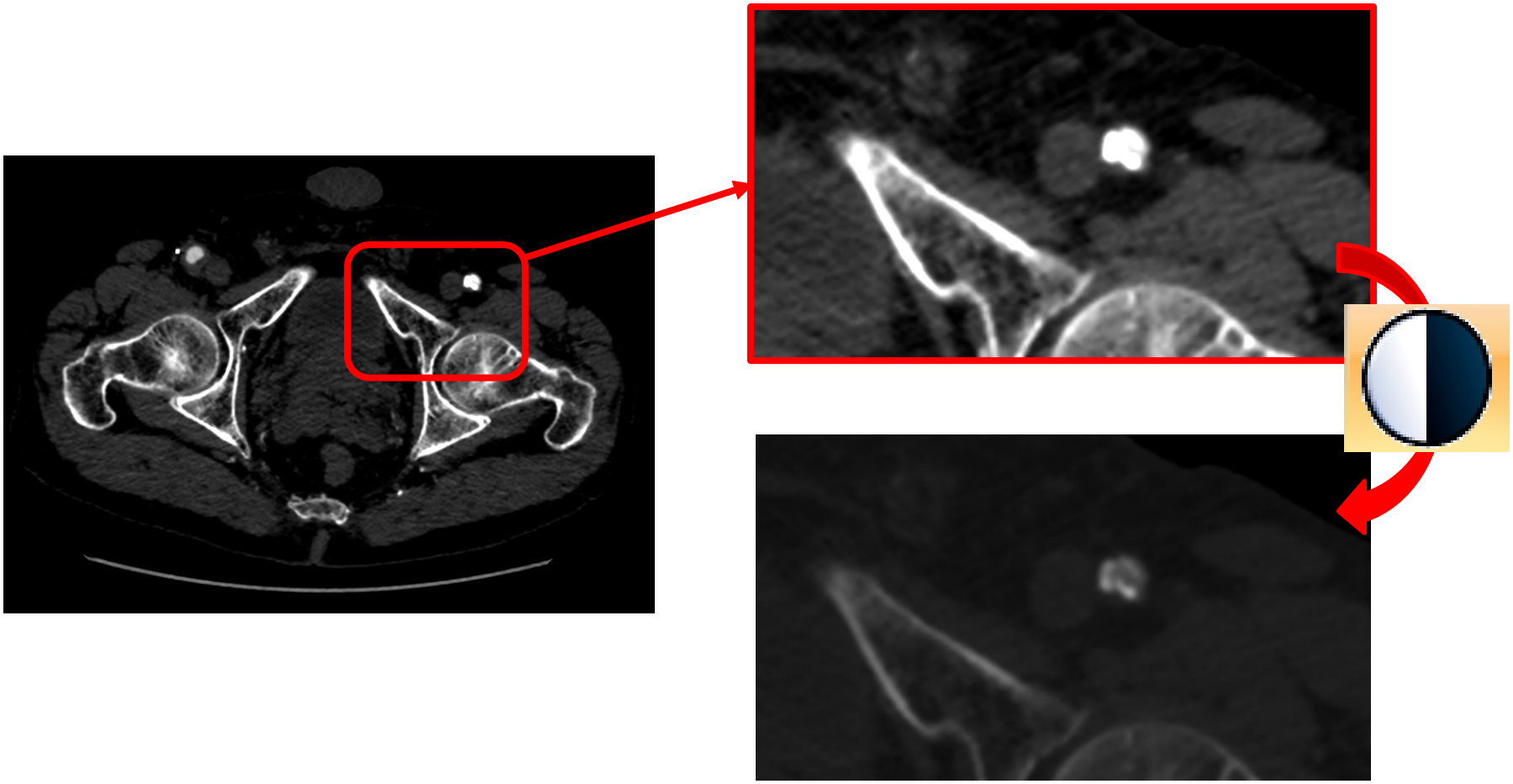
Dr Aljoscha Rastan (Herz-Zentrums Bad Krozingen)

- **Directional atherectomy** and paclitaxel-coated balloon angioplasty versus **open, surgical endarterectomy** for CFA lesions

- Primary Outcome Measures : **Primary patency** @12 months

Estimated Enrollment :	**306 participants**
Allocation:	**Randomized**
Intervention Model:	**Parallel Assignment**
Study Start Date :	**November 2016**
Estimated Primary Completion Date :	**June 2018**
Estimated Study Completion Date :	**December 2019**

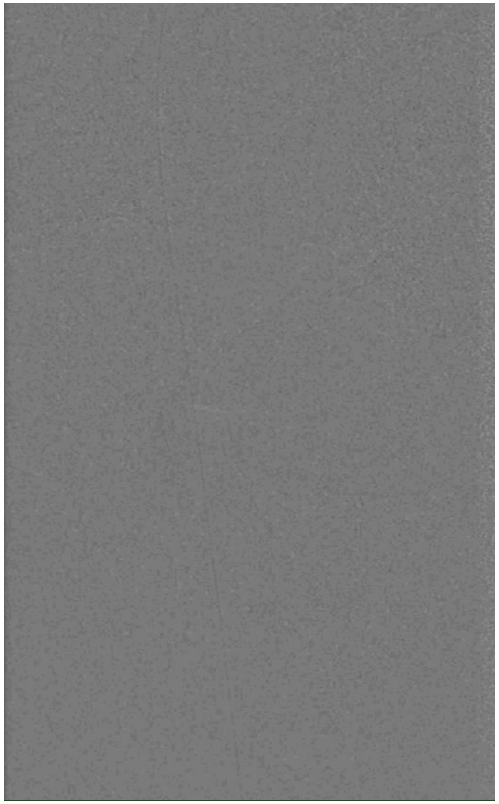
Calcifications: *blooming* effect



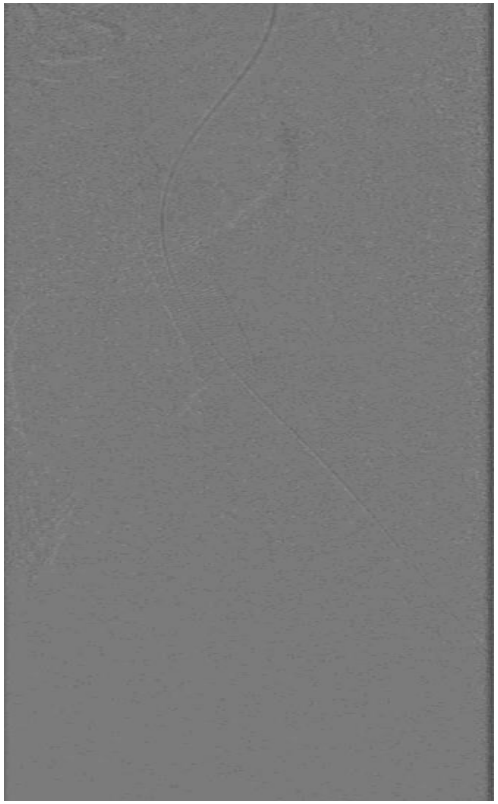
Coral reef lesions are not a limit

Pre operative lesions

Pre-inflation ***9-40mm***

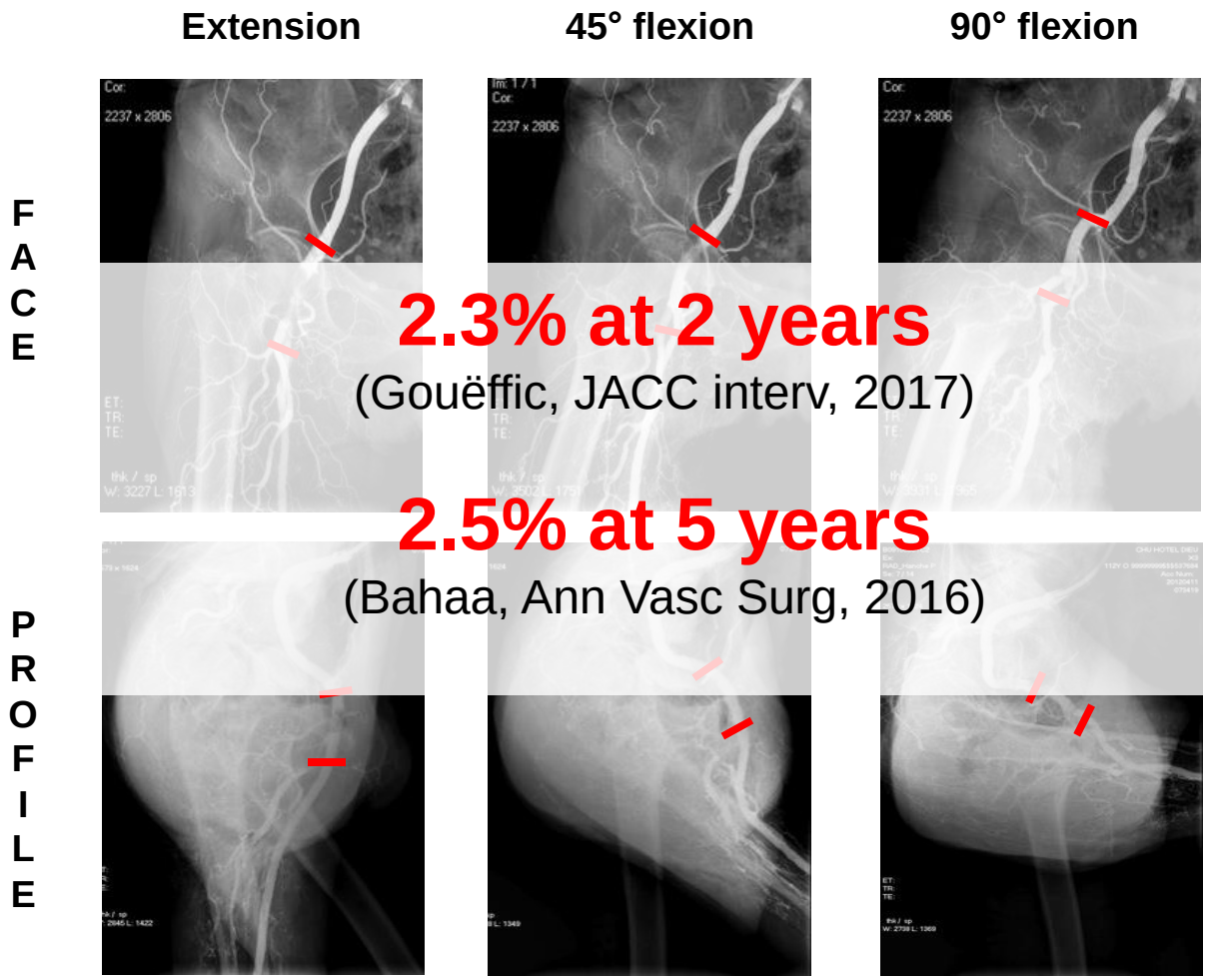


Supera ***8-40mm***



Stented CFA does not compromise future approaches

Fear of stent fracture is not longer relevent



Take home message

- *In patients with de novo atherosclerotic lesions of common femoral artery, the perioperative morbi-mortality rate was significantly lower among patients who underwent endovascular therapy by stenting rather than surgery.*
- *Intra operative techniques should take account of the type of lesions*
- *Calcifications, stent fracture, to compromise femoral approaches do not appaear as a limit of CFA stenting*