



MEET 2015
MULTIDISCIPLINARY EUROPEAN
ENDOVASCULAR THERAPY

Novel Innovative Hybrid Technique to salvage acute limb ischemia in a Hostile Groin

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Disclosure

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I do not have any potential conflict of interest

CASE

54Y Morbidly Obese, Diabetic, Hypertensive Female

Right Acute Lower Limb Ischemia, Rest Pain, Foot Drop (Onset approx 10 Days Ago)

L/E: Cold Leg, Foot Drop, Loss Of Sensation, Ischemic Ulceration (Rutherford IV)

DOPPLER: Right EIA, CFA, PFA, SFA , POP & INFRA POP Embolic Occlusion



HOSTILE RIGHT GROIN



Hostile for Following reasons:

1. Morbidly Obese/Pannus.
2. Groin Skin excoriation at Site of Incision
3. Enlarged Lymph nodes on USG
4. Urinary Incontinence (foul smelling)

Worries:

1. Difficulty in Healing
2. Risk of Lymphorrhea
3. May Need Vacuum Assisted healing (VAC)
4. She stays in very remote area with no Paramedical

STEP 1: Trans-popliteal Approach For Embolectomy



Post Trans Pop Fogarty Pass (Angiogram via Percut Contra CFA Access)



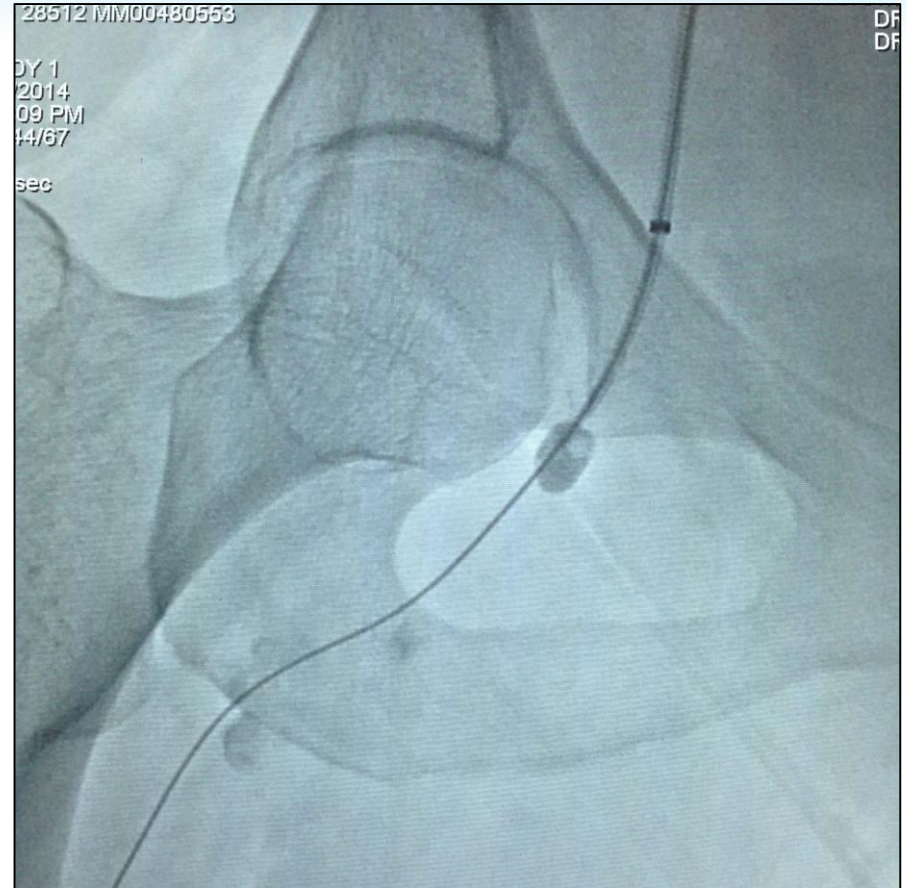
WHAT TO DO NEXT?

OPTIONS We Thought were:

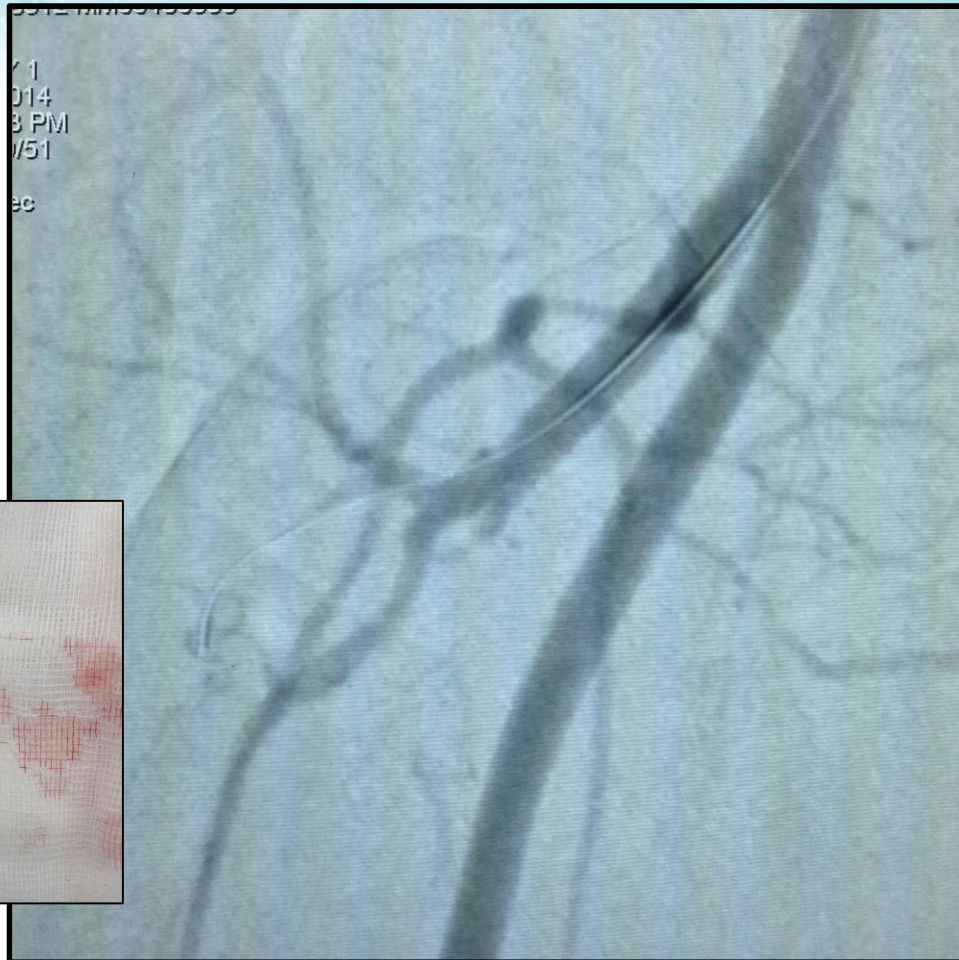
- Leave the Profunda Occluded?
- Go for Transfemoral Embolectomy with risk in healing at the Surgical Site Incision risk of infection &/or lymphorrhea
- Do something Endovascularly

HYBRID APPROACH

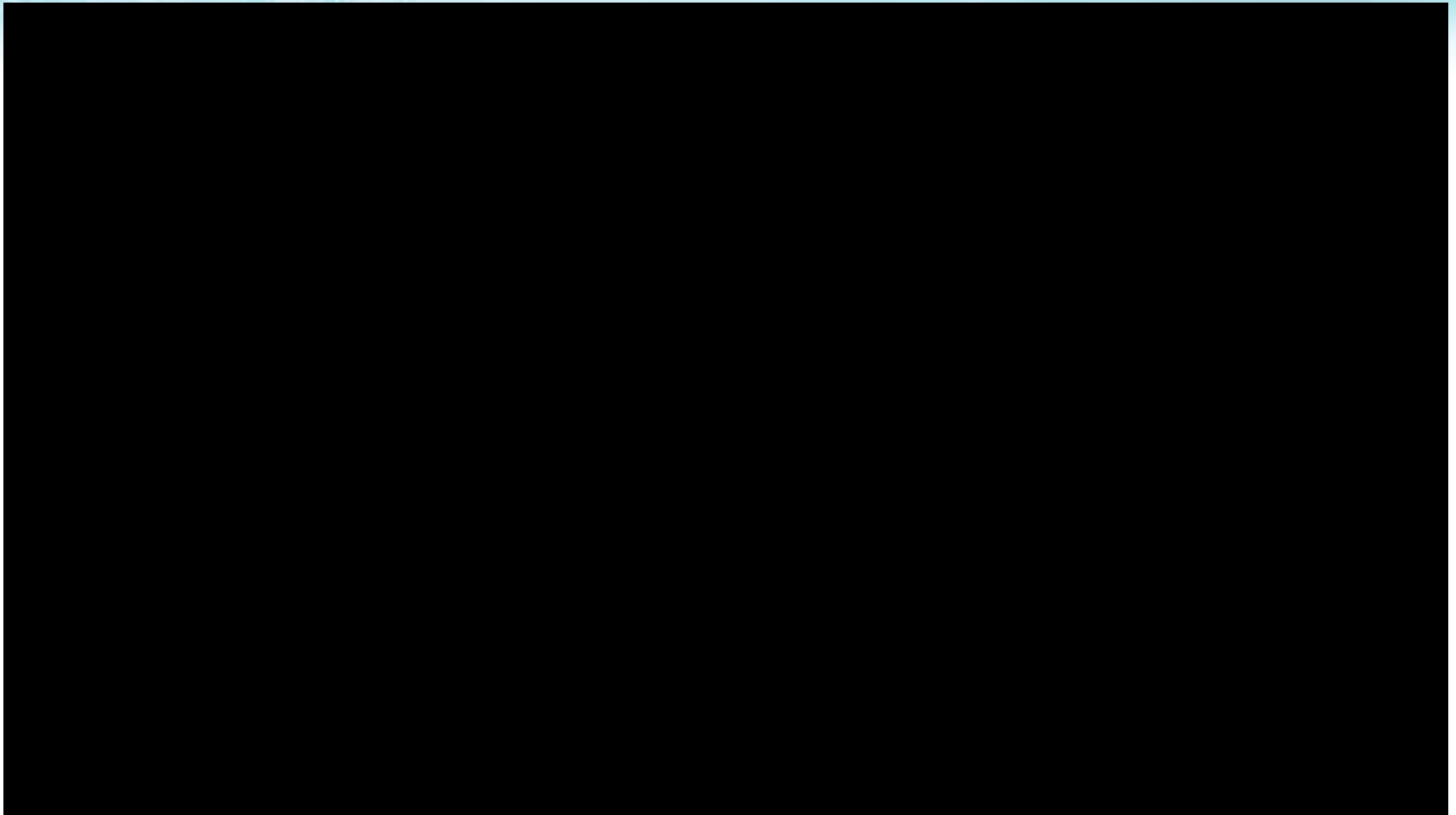
OTW Embolectomy using a Hepatic Wedge Pressure Balloon



Final Selective Angiogram



ANIMATION



TAKE HOME MESSAGE

- CORRECT & TIMELY APPLICATION OF ENDOVASCULAR/HYBRID KNOWLEDGE CAN SOMETIMES BE VERY HELPFUL IN SITUATIONS WHERE CONVENTIONAL SURGERY HAVE LIMITATIONS “A Stitch in Time Saves Nine”.
- WE BELIEVE TECHNIQUE USED BY US MAY BE HELPFUL FOR REMOVAL OF ACUTE EMBOLUS FROM SIDE BRANCHES SUCH AS PROFUNDA/DEEP FEMORIS ARTERY or INTERNAL ILIAC ARTERIES PARTICULARLY IN SITUATIONS SIMILAR TO ONE WE ENCOUNTERED.

Finally She was able to Walk



**THANK YOU
FOR
PATIENT LISTENING**

- CLINICAL FINDINGS & PROCEDURE:** 54 Y MORBIDLY OBESE FEMALE PRESENTED IN EMERGENCY WITH ACUTE RIGHT LEG ISCHEMIA (RUTHERFORD STAGE 4). US/DOPPLER SHOWED EMBOLIC OCCLUSION OF CFA, PROFUNDA & SFA. RIGHT GROIN WAS HOSTILE FOR SURGICAL INCISION BECAUSE OF OBESITY & OVERLYING SKIN NECROSIS. IN VIEW OF HOSTILE GROIN, TRANSPLOLITEAL APPROACH SURGICAL EMOLECTOMY WAS PERFORMED IN A HYBRID OR. ONCE CFA AND SFA EMBOLUS WAS PULLED OUT USING STANDARD FOGARTY BALLOON, LEFT CFA PERCUT ACCESS WAS TAKEN AND A CROSSOVER 6F SHEATH PLACED. RIGHT PROFUNDA WAS SELECTIVELY CANNULATED FOLLOWED BY PULLING OF EMBOLUS INTO CFA USING AN OTW FOGARTY BALLOON AND WAS SUBSEQUENTLY REMOVED VIA TRANSPLOLITEAL SURGICAL APPROACH ENDARCTECTOMY SITE.
- CLINICAL OUTCOME:** INNOVATIVE & TIMELY ENDOVASCULAR APPROACH AVOIDED GROIN INCISION WITH COMPLETE EMBOLUS WAS REMOVED. THUS WE WERE ABLE TO AVOID UNHEALTHY GROIN AND SALVAGE LIMB EXCEPT FOR ESTABLISHED FOOT DROP.
- LEARNING OBJECTIVES:** ENDOVASCULAR KNOWDLEDE AND ITS CORRECT APPLICATION CAN SOMETIMES BE VERY HELPFUL ESPECIALLY IN CASES WHERE CONVENTIONAL SURGERY HAVE LIMITATIONS. OUR TECHIQUE MAY BE HELPFUL FOR REMOVAL OF ACUTE EMBOLUS FROM SIDE BRANCHES SUCH AS PROFUNDA/DEEP FEMORIS ARTERY OR INTERNAL ILIAC ARTERIES IN CASES OF SURGICALLY HOSTILE OVERLYING SKIN.

TREATMENT OPTIONS?

- SURGICAL
- ENDOVASCULAR
- HYBRID