



Ambulatory management for PAD endovascular treatment

Missing data

Flavio Airoidi, MD

Multimedia IRCCS

Milan - ITALY



Ambulatory management for PAD endovascular treatment



MISSING INFORMATION

- Regarding lesion location and length
- Regarding clinical presentation
- Regarding arterial access
- Regarding optimal sheath size

**Missing
information**

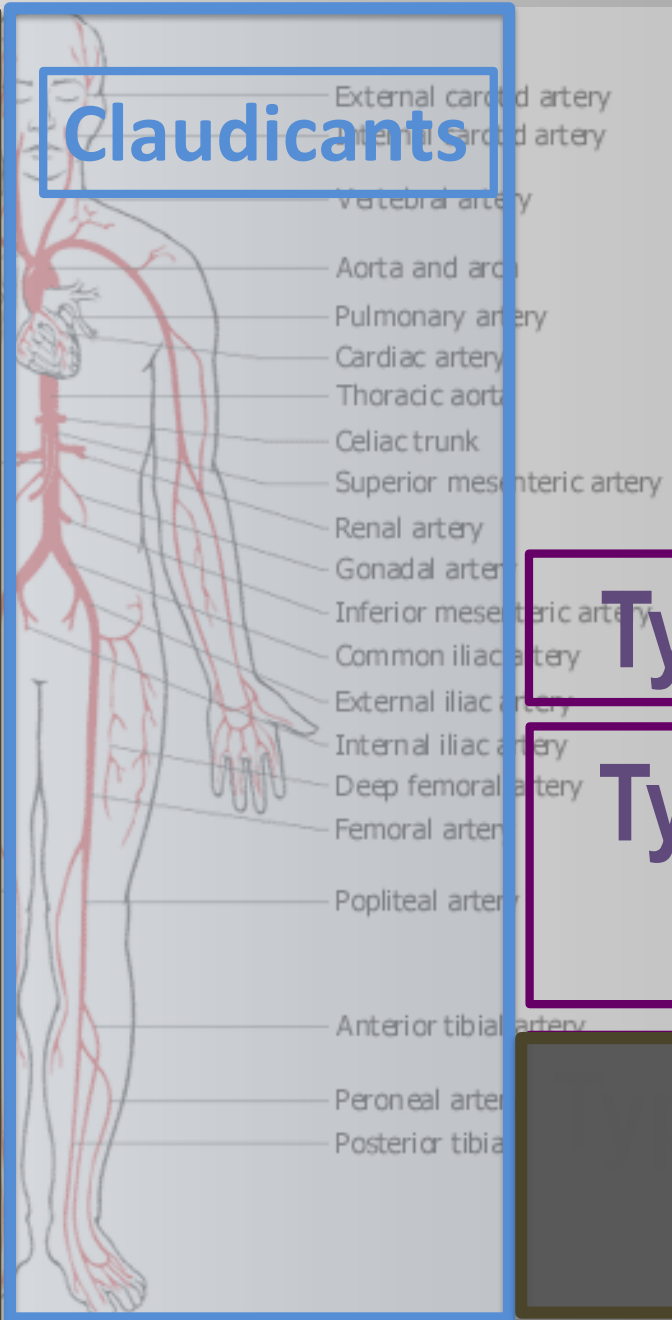
Iliac

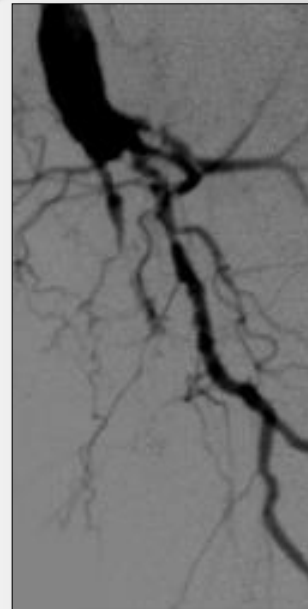
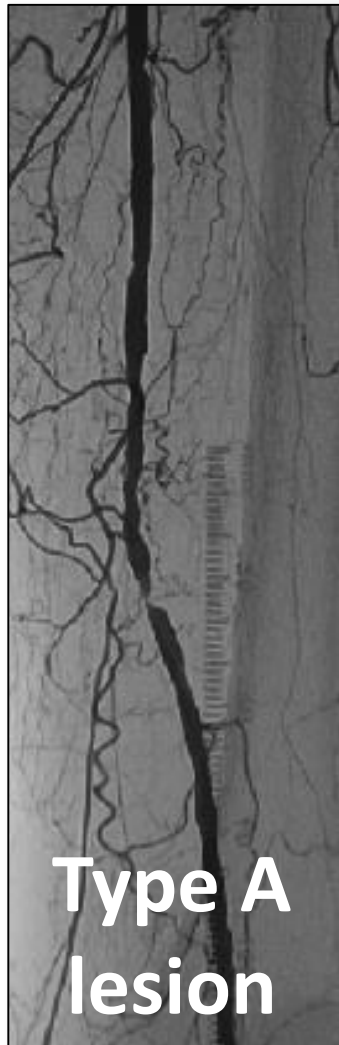
Fem-pop

Claudicans

Type A

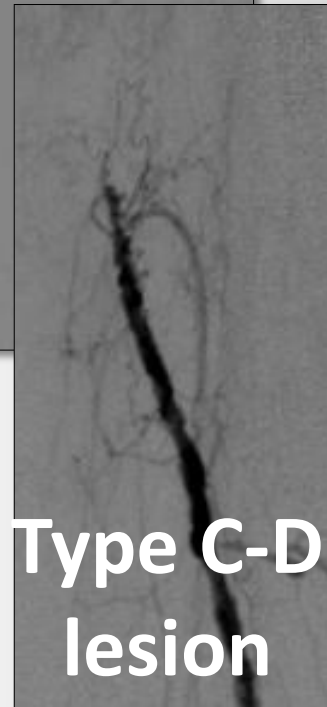
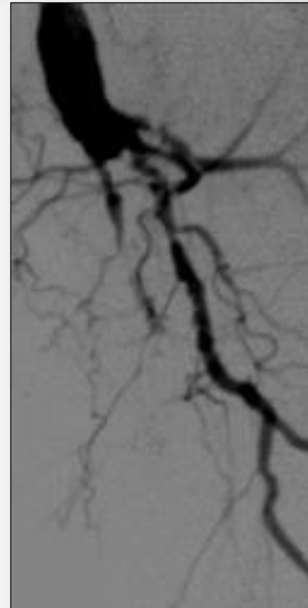
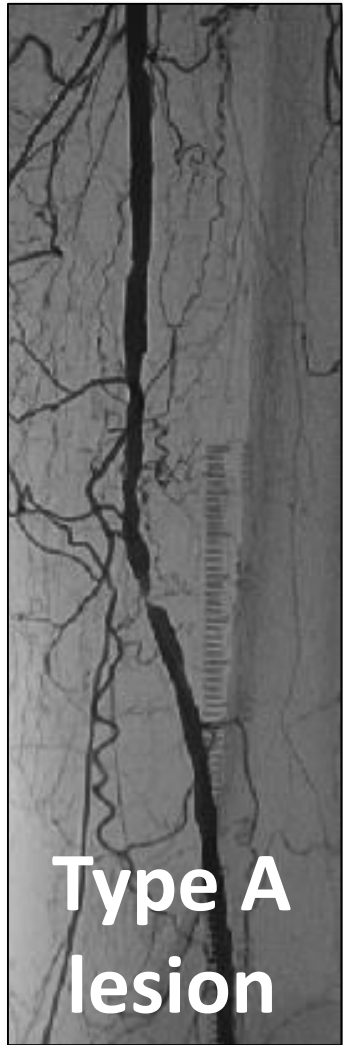
Type B





Femoro-popliteal segment

- Success rate?
- Best approach?
(*Brachial? Radial ?
Antegrade Cross-
over?*)
- Complications
rates ?
- Fluoro time?
- Procedural time?
- Materials?



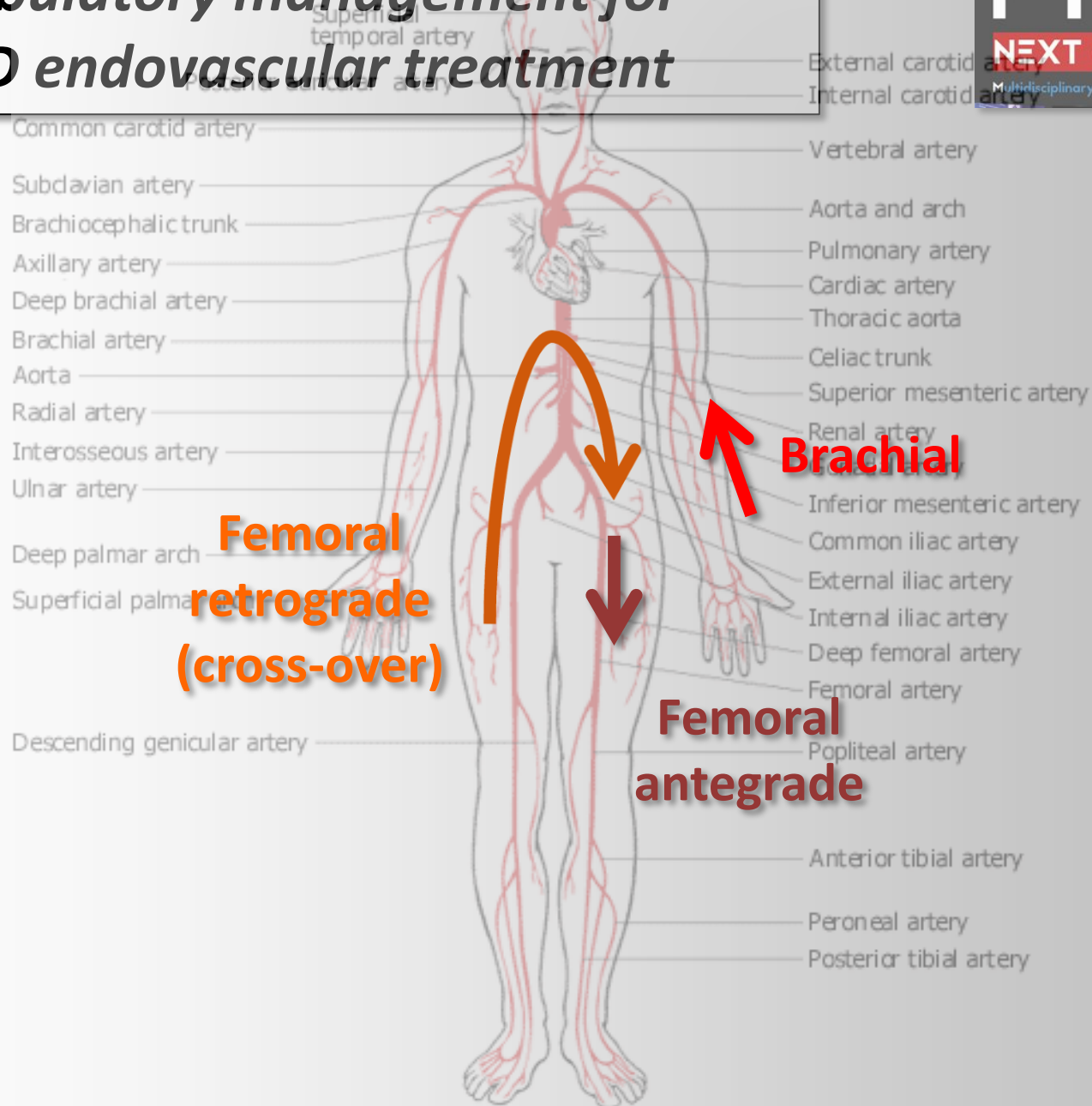
Femoro-popliteal segment

How many PAD endovascular procedures are “*ambulatory*”?

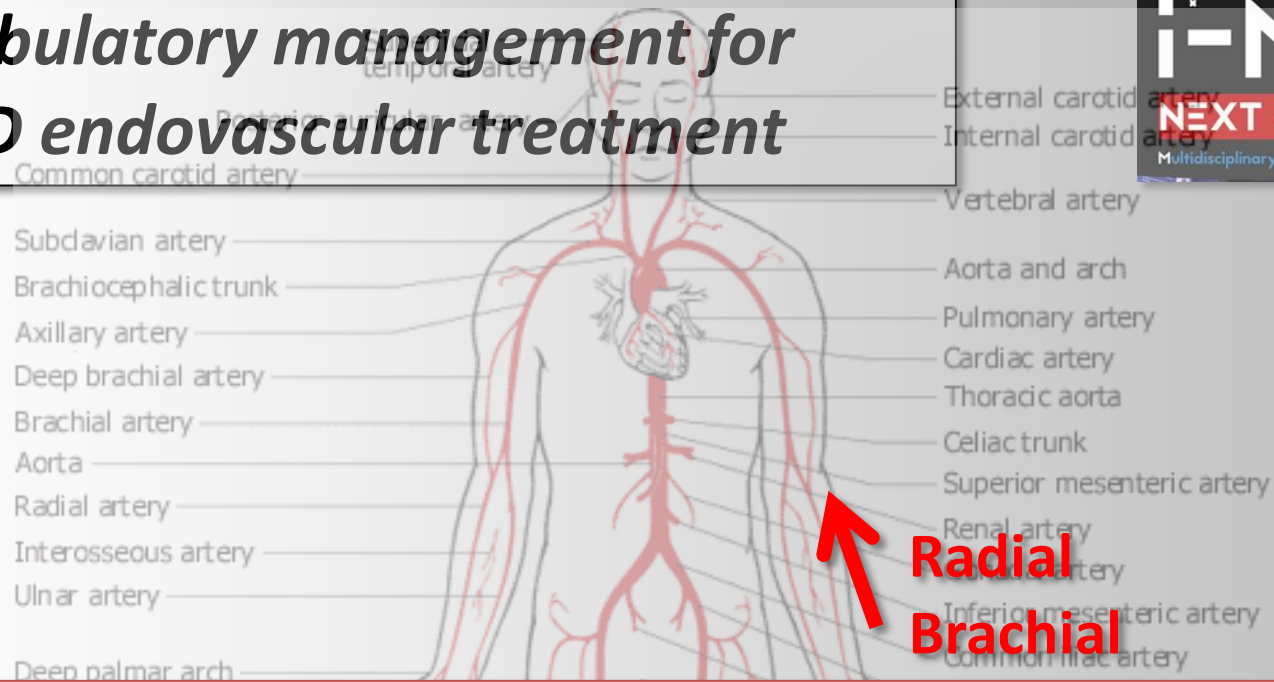
Does patients and lesions selection impact the clinical outcomes?

Is there a learning curve to optimize the clinical outcome in ambulatory patients ?

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PRO:

Early mobilization

Availability of 150-180 cm long balloons/stents

CON:

Long distance entry site-lesion

Decreased support

Limited devices length for atherectomy, DEB

No access to BTK

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PRO:

Closure devices (according to IFU)
Possibility to employ all the devices

**Femoral
retrograde
(cross-over)**



CON:

Poor access to BTK

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PRO:

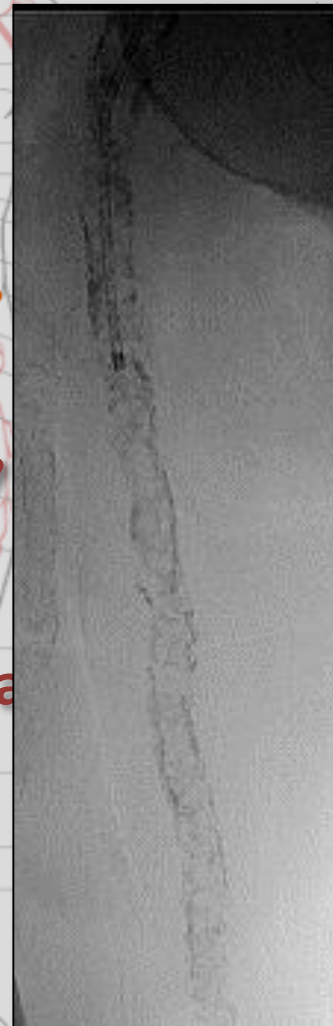
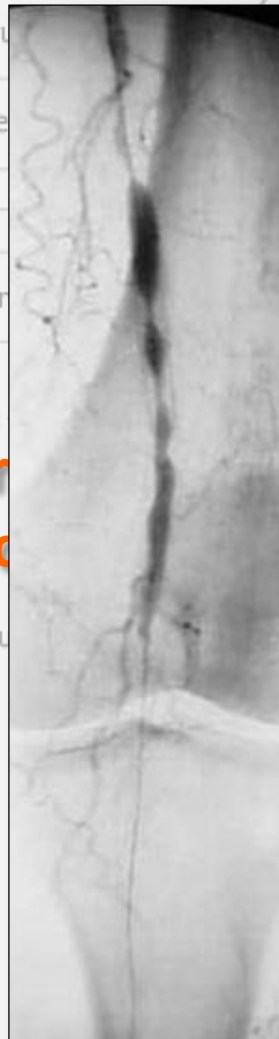
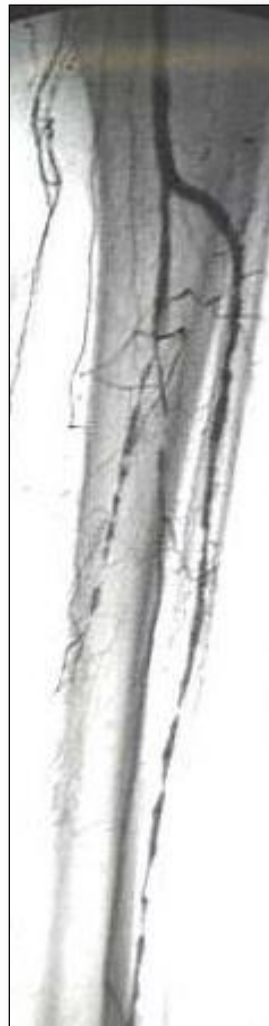
- Closure devices (off label use)
- Possibility to perform most of the procedure with 4 Fr systems
- Possibility to employ all the devices
- Optimal access to all lower limb segments



CON:

- No information regarding early mobilization
- No 4 Fr, 5 Fr dedicated closure devices

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Clinical
evaluation



Duplex scan
CT / MRI scan



Candidates to
Ambulatory
PAD
treatment

Fragile patients

Severe
comorbidities

CLI

Long/complex
Type C-D lesions

Moderate/heavy Ca++

Hostile groin
(BMI, previous interventions...)

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- What about complications ?
- Are we protected in case of litigations?
- Are there guidelines recommending ambulatory procedures?

Conclusions



Clinical reports are limited to small series in patients presenting with favorable lesions and stable clinical conditions (claudicants)

There is a lack of information about feasibility and clinical outcomes in more complex settings (CLI, complex type C-D lesions, BTK)

Even in favorable lesions. there are no comparisons between different strategies:

- Brachial
- Femoral cross-over with closure devices
- Femoral antegrade with or without closure devices

No guidelines recommendation about ambulatory PAD treatment