



# CHALLENGING SFA/POP TIBIAL CASE

- 57 Y-OLD
- HEAVY SMOKER (EX FROM "YESTERDAY")
- 10MT CLAUDICATION (on electric scooter)
- OCCASIONAL REST PAIN



23/11/2018

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UNSUCCESSFUL

Date: 03/12/2018.

Mode of Operation: Emergency.

ASA Grade: ASA 3.

Consultant: Renton, Ms. S. Present: Yes. Scrubbed: Yes.

Consultant Specialty: Vascular.

Surgeon: Renton, Ms. S. Grade: 1.

Assistant 1: Martin, g. Grade: ST4.

Assistant 2: greenfield, s. Grade: ST2.

Anaesthetist: Pearson N. Grade: 1. Anaesthetic Type: GA.

Indication for Surgery: Rest pain.

Laterality: Left.

Main Procedure: Fem.

Procedure 2: Femoral Popliteal bypass (Vein) - L59.3.

Operative Steps: Groin opened and femoral vessels re-exposed and controlled. GSV harvested in situ.

Popliteal fossa explored. Popliteal artery, TP trunk and origin Peroneal and PT controlled. 5000 U Heparin

Popliteal artery explored. Proximal occlusion. Thrombus blocking origin AT acute on chronic. Localised endarterectomy.

GSV sutured to CFA with 5.0 proline. Valvotome passed ->good flow. End to side vein to popliteal artery over origin of AT and down to TP trunk bifurcation.

On completion, good Doppler signals in AT origin and peroneal but origin PT remained occluded.

Closure : Monocryl in layers and interrupted proline to skin.

Post-operative instructions: Daltaparin @ 8pm

Can recommence Apixaban tomorrow if graft remains patent

2 more doses anti-biotics

Redivac can come out tomorrow if minimal discharge.

Procedure Date: 03/12/2018.

Time: 19:31.

# CFA-BTK TRIFURCATION IN SITU VEIN BYPASS

LT LAO 35

12/12/2019

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LT

A vertical rectangular area with a grey background, representing a blurred screenshot of a mobile device. It contains a small label 'LT' at the top right.

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A vertical rectangular area with a grey background, representing a blurred screenshot of a mobile device. It contains a small label 'LT' at the top right.A vertical rectangular area with a light grey background, representing a blurred screenshot of a mobile device. It is mostly empty and contains no text or labels.

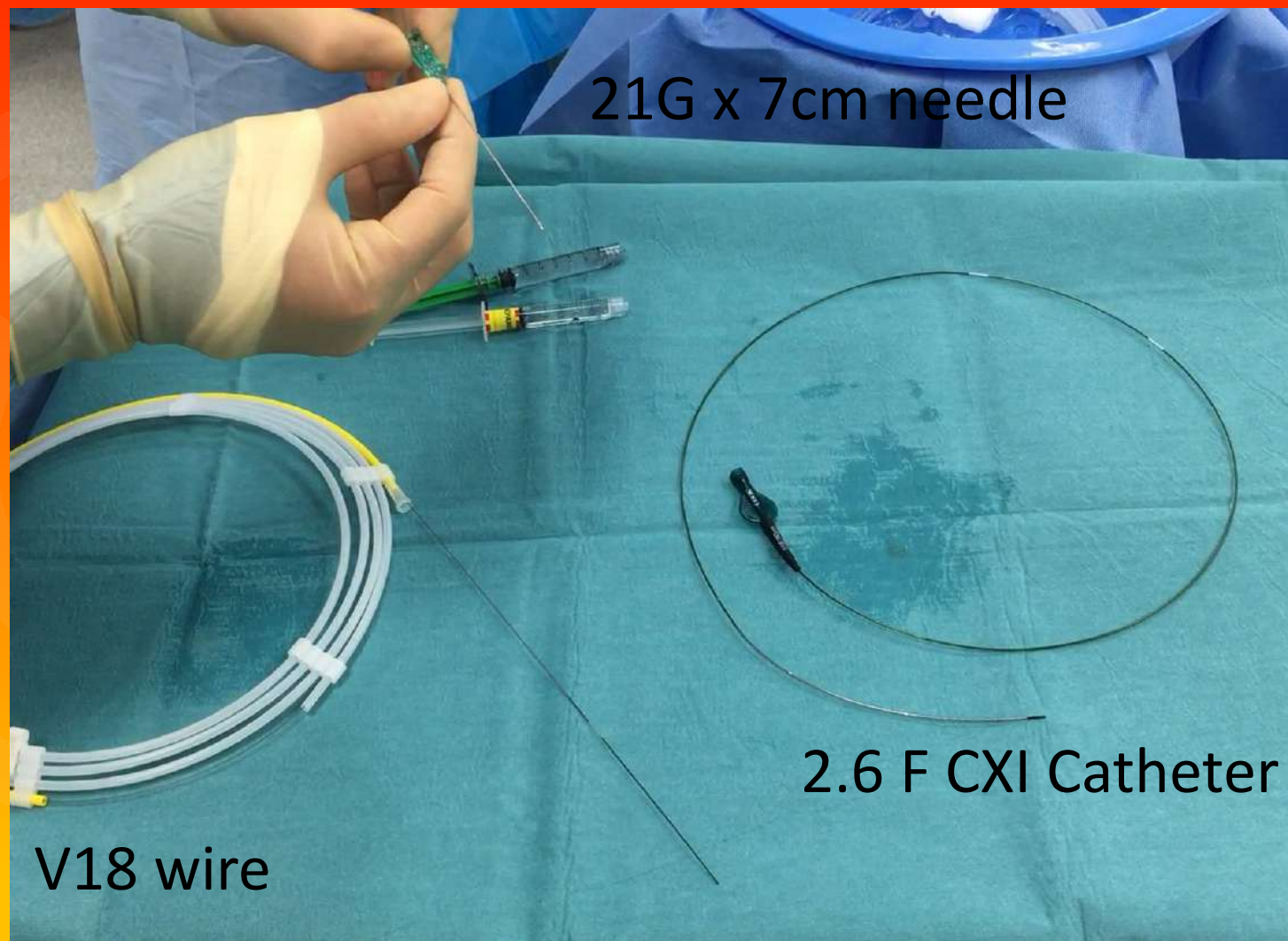
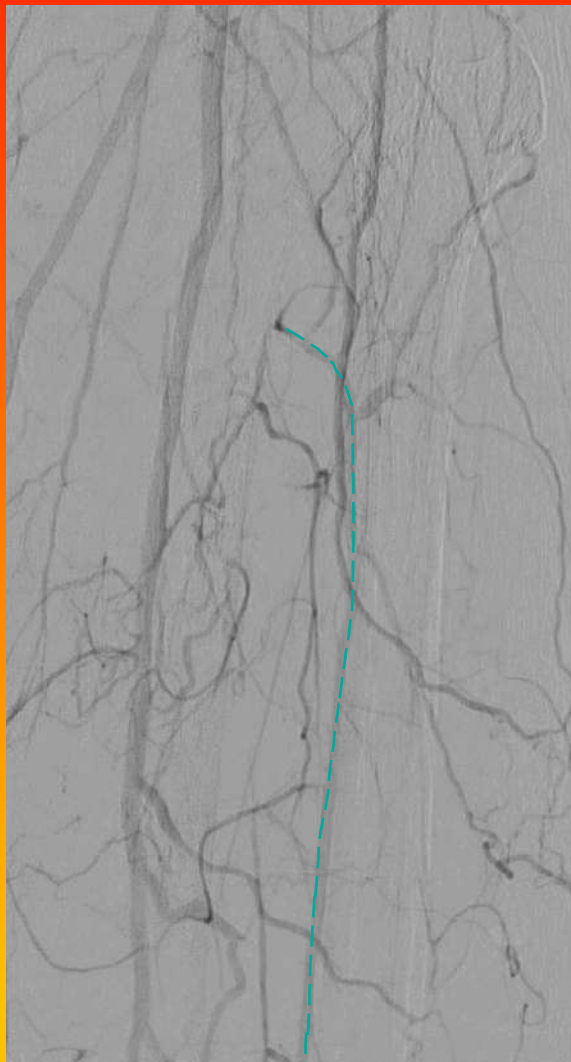


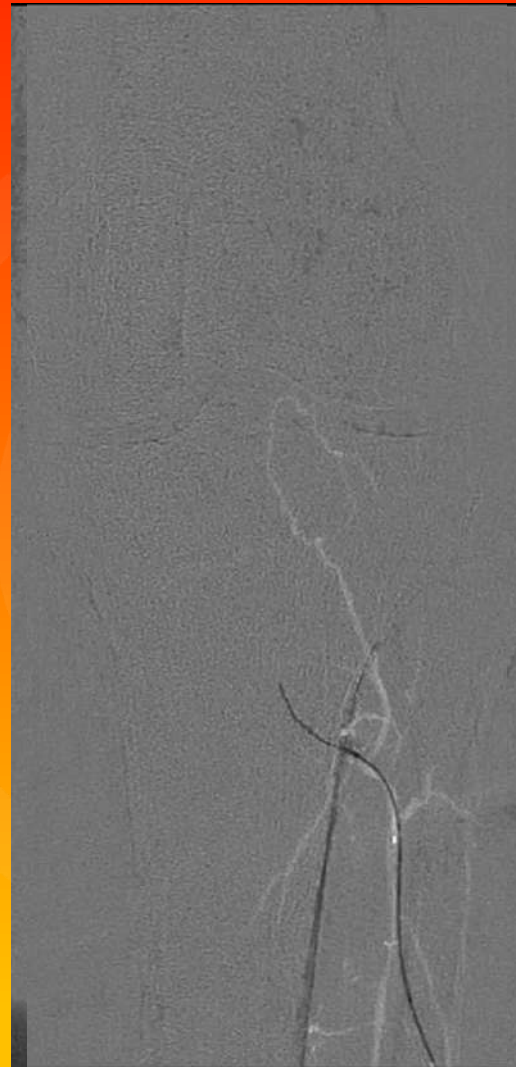
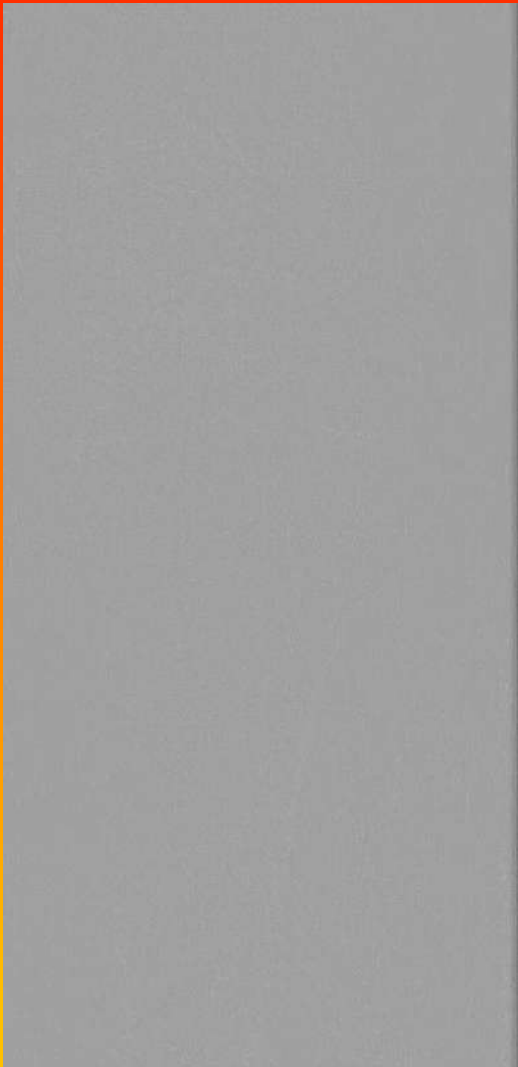
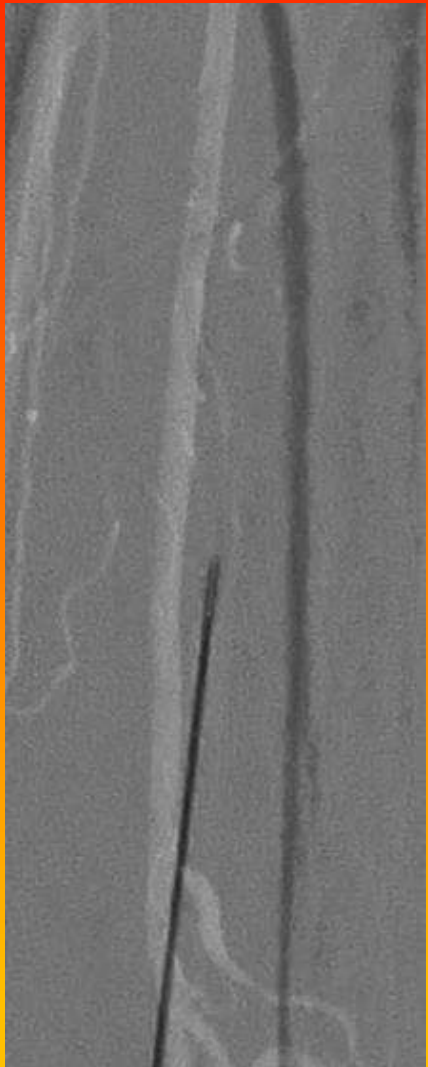
# WHAT WOULD HAVE BEEN YOUR APPROACH #1

- a) TO STOP, NO ENDOVASCULAR ATTEMPT TO BE DONE, RE-BYPASS
- b) TO STOP, NO ENDOVASCULAR or SURGICAL ATTEMPT TO BE DONE
- c) TO PUNCTURE THE SFA RETROGRADELY IN ORDER TO SNARE THE WIRE IN THE CFA AND ATTEMPT ANTEGRADE RECANALISATION
- d) TO PUNCTURE THE PROXIMAL ANTERIOR TIBIAL ARTERY RETROGRADELY

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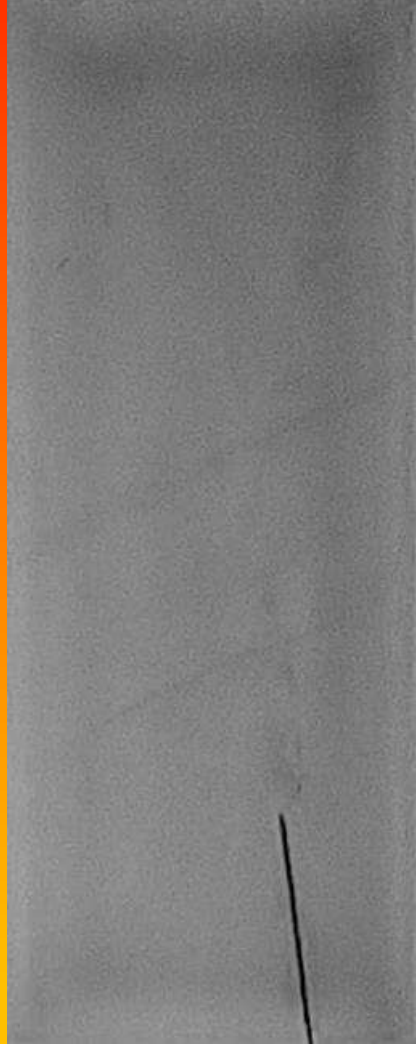


## WHAT WOULD HAVE BEEN YOUR APPROACH #2

- a) TO LEAVE IT LIKE IT IS, ENDO-FAILURE
- b) TO PUNCTURE THE SFA RETROGRADELY IN ORDER TO SNARE THE WIRE IN THE CFA AND ATTEMPT ANTEGRADE RECANALISATION
- c) TO SWITCH FOR CTO /OTHER WIRE AND CONTINUE FROM AT ACCESS
- d) TO UPSIZE THE ACCESS TO 4F USING AN ANGLED CATHETER TO HAVE MORE CONTROL

## WHAT WOULD HAVE BEEN YOUR APPROACH #2

- a) TO LEAVE IT LIKE IT IS, ENDO-FAILURE
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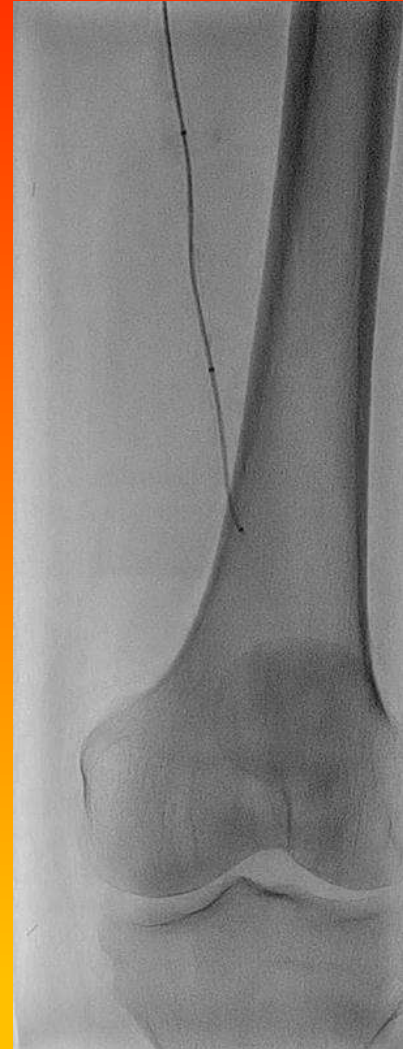
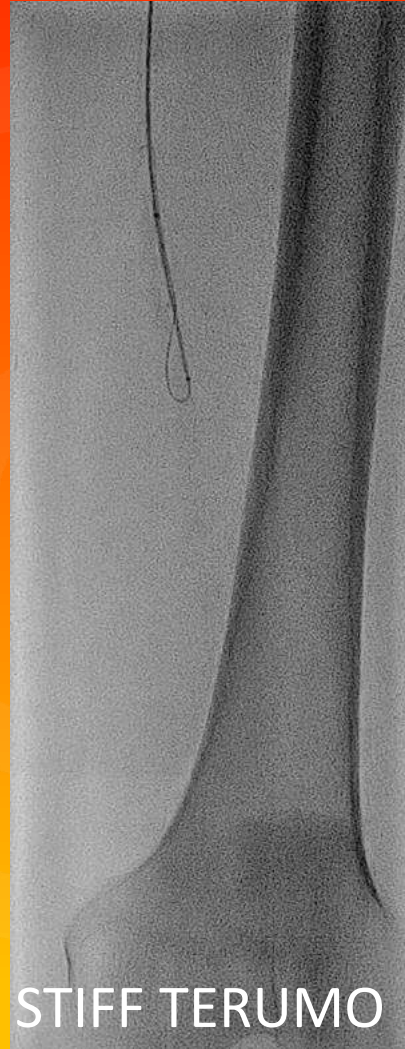
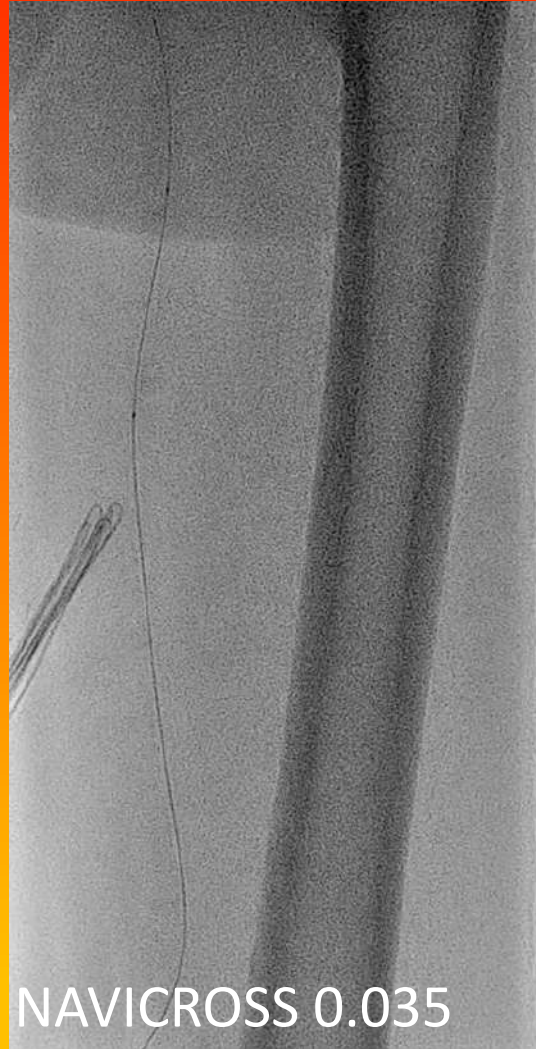
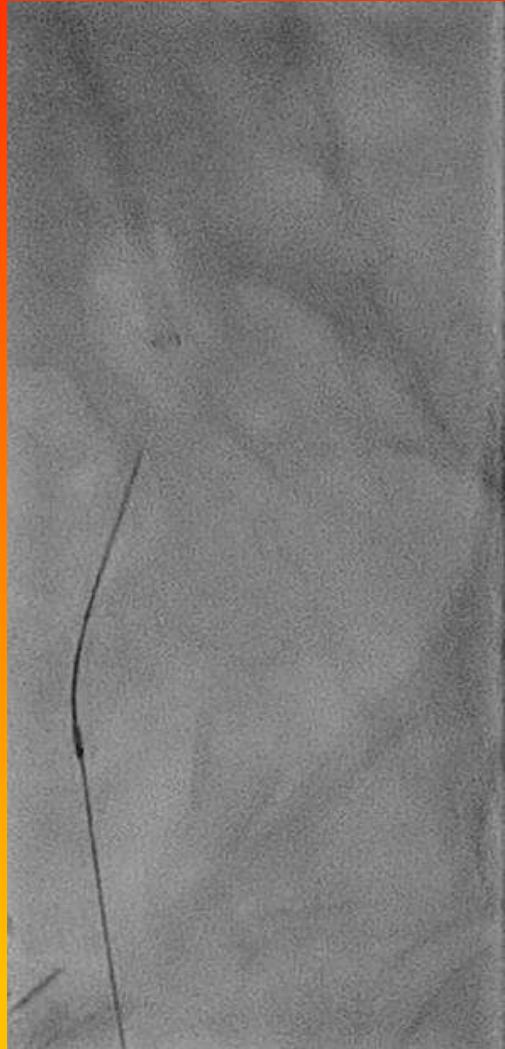


OUTBACK?



BACK OF V18!





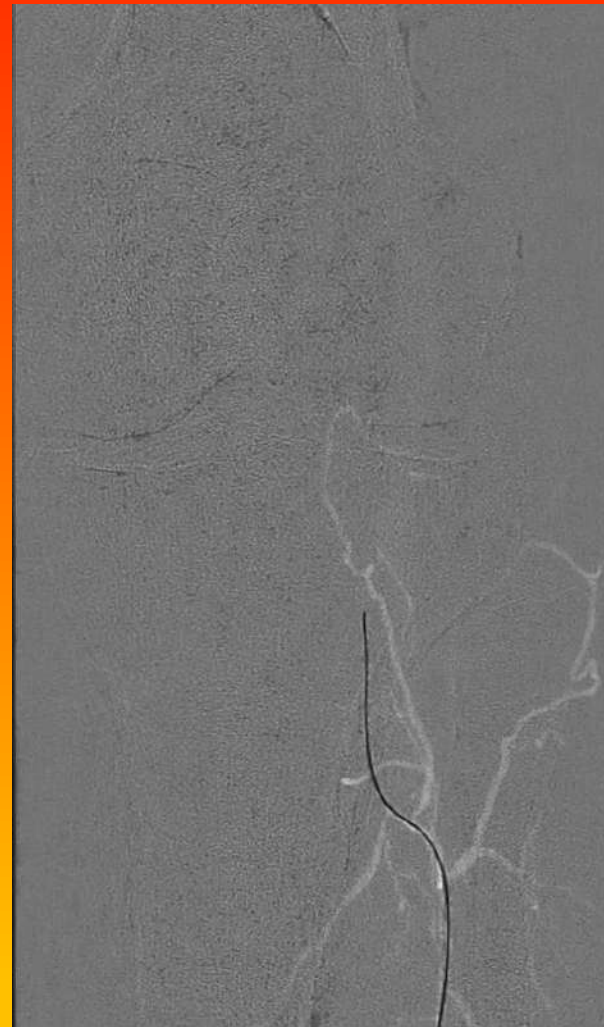
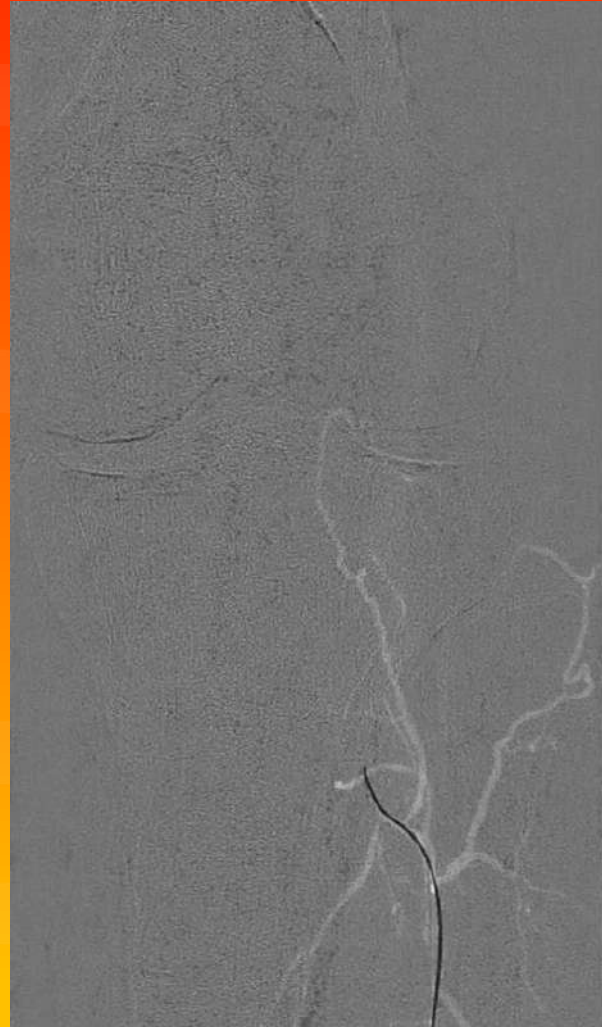
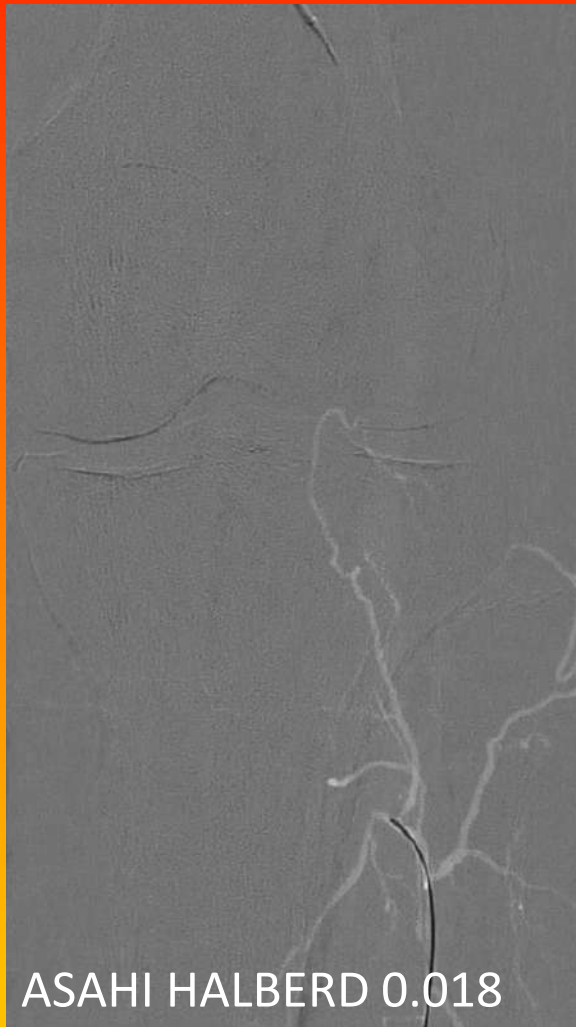


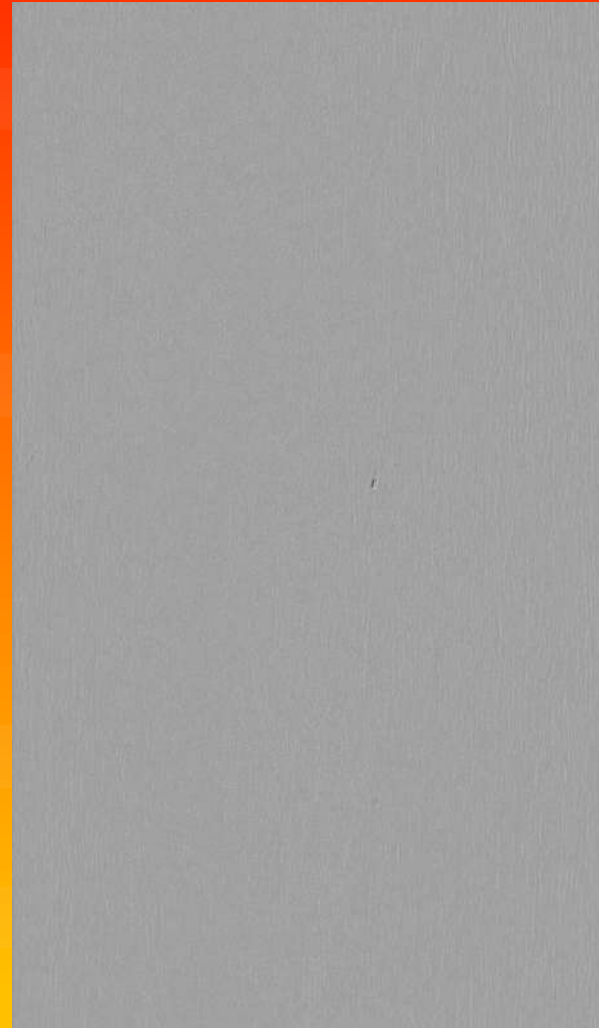
## WHAT WOULD HAVE BEEN YOUR APPROACH #3

- a) TO LEAVE IT LIKE IT IS, NO FURTHER OPTIONS
- b) TO ESCALATE FOR (0.018/0.014) CTO WIRE FROM ANTEGRADE ACCESS
- c) TO ESCALATE FOR (0.018/0.014) CTO WIRE FROM RETROGRADE ACCESS
- d) RE-ATTEMPT OF BYPASS

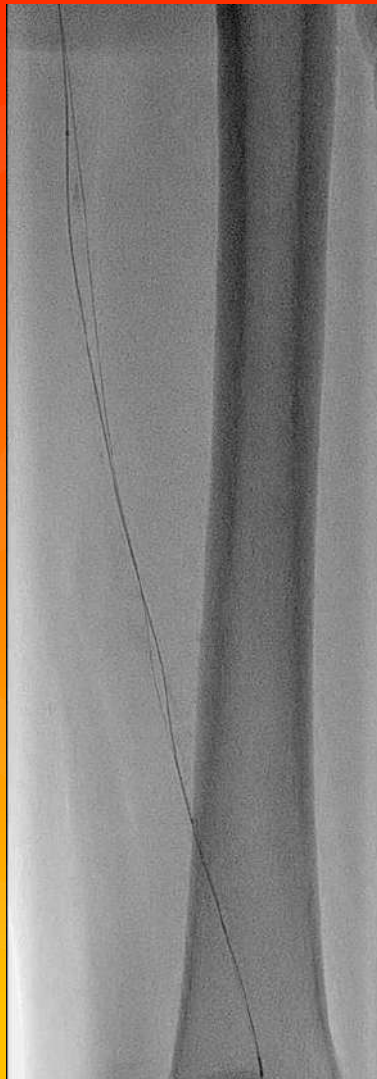
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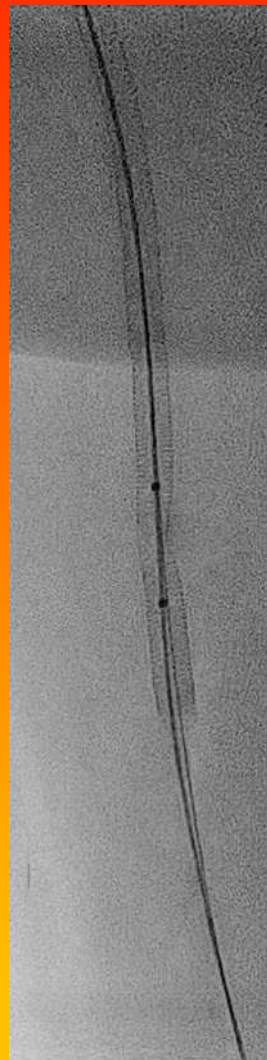
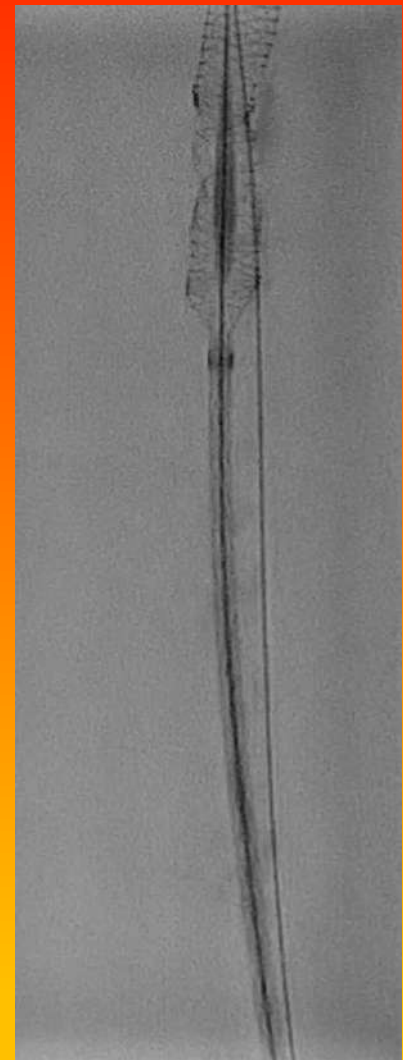
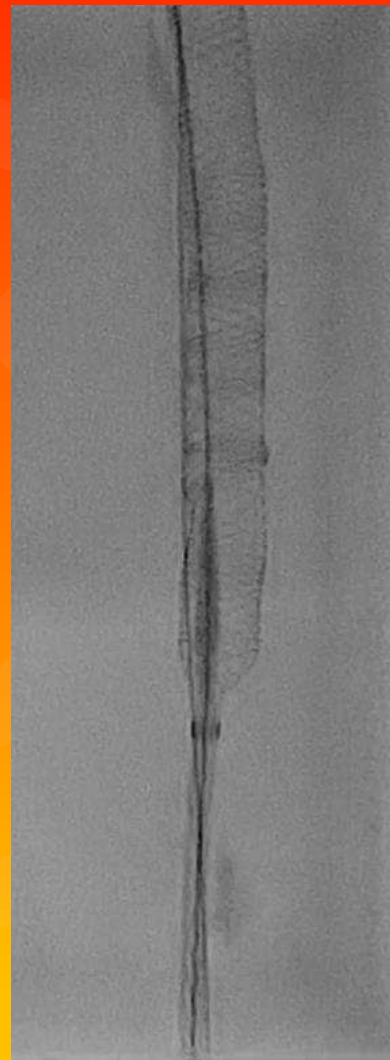
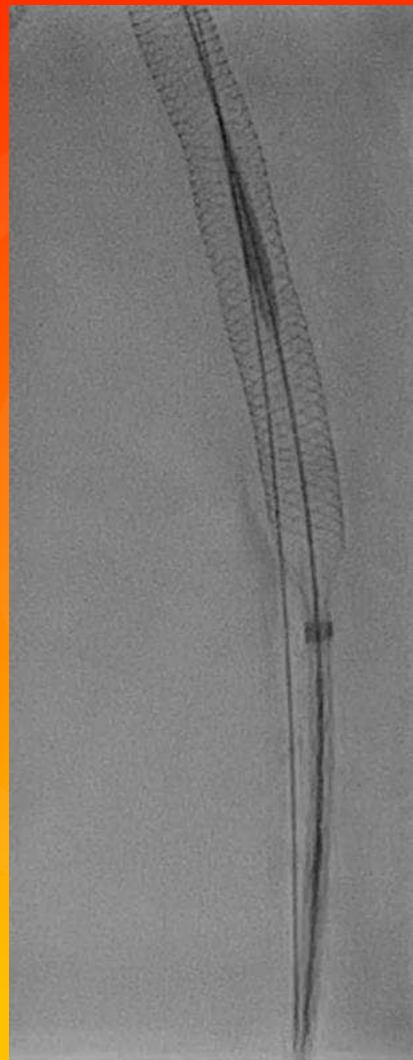
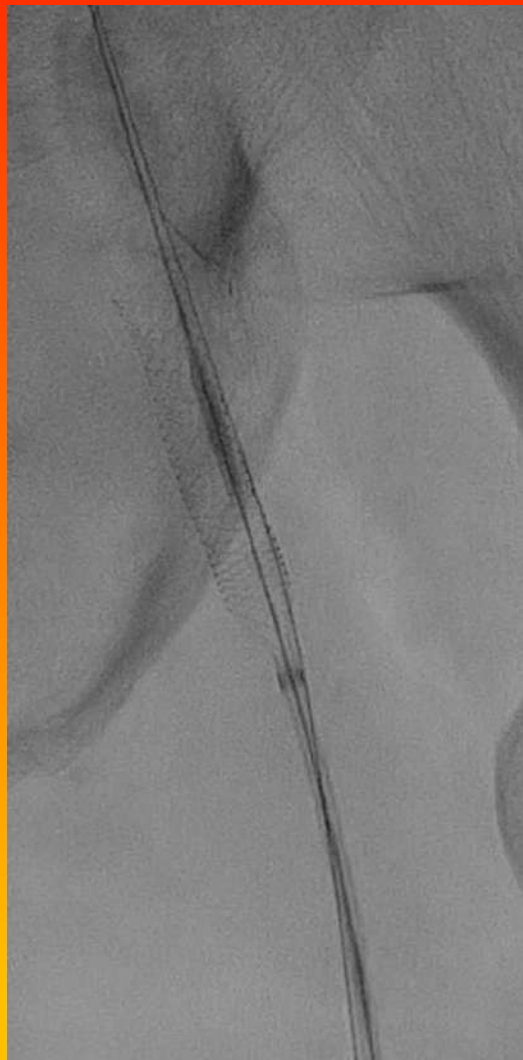
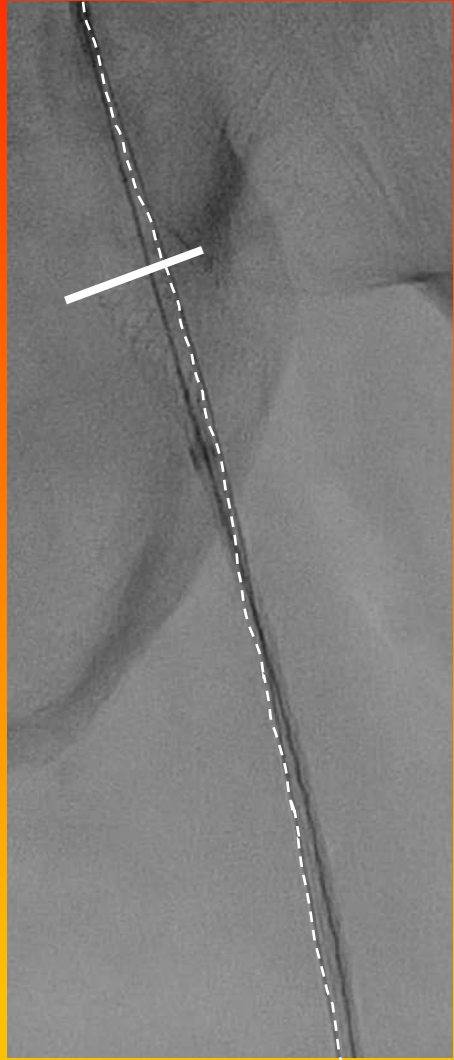
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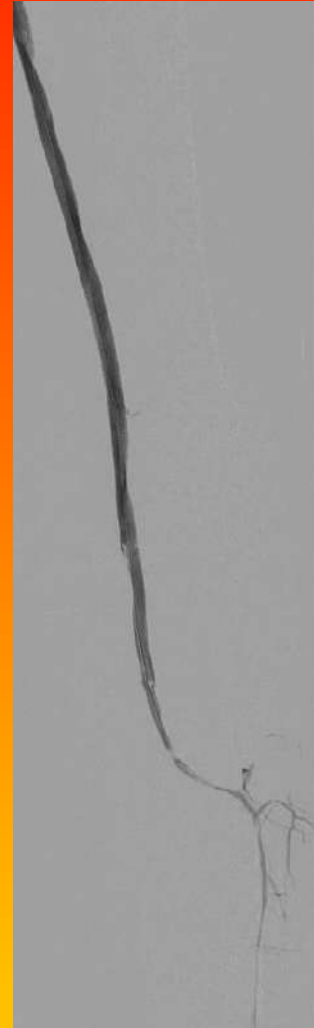
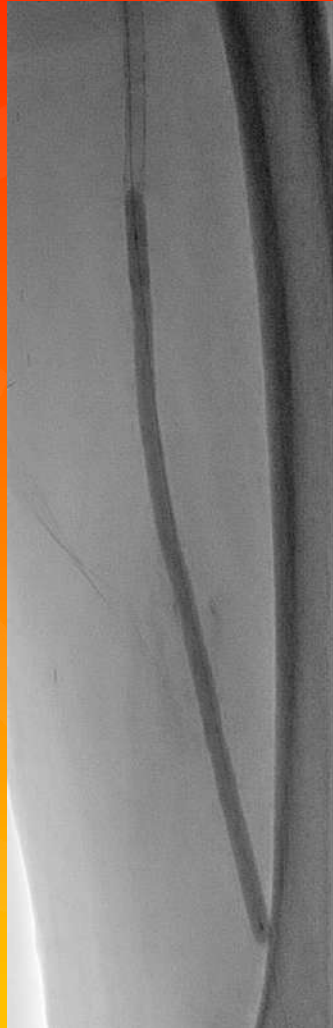
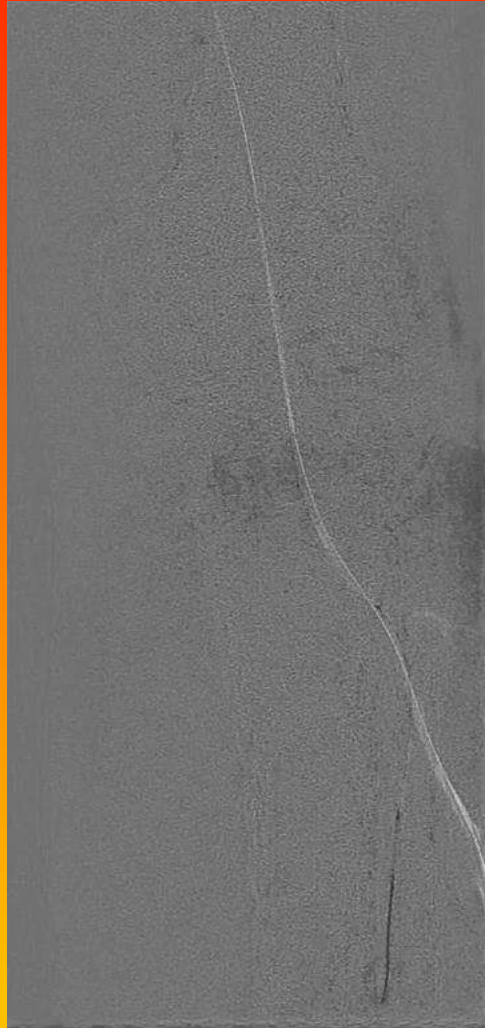


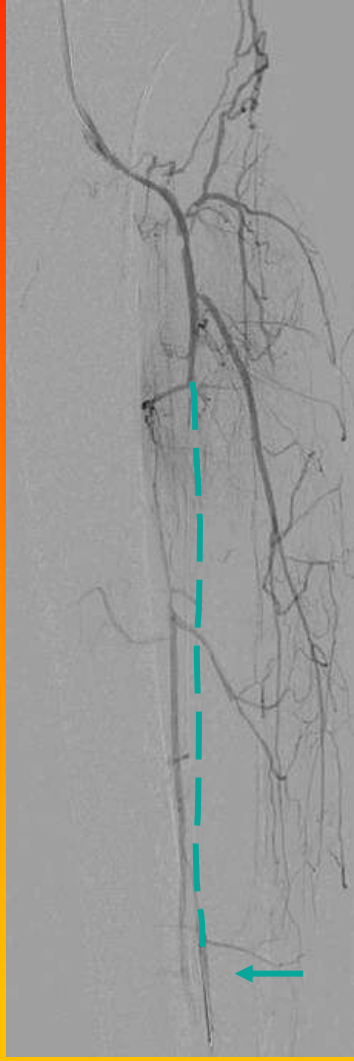


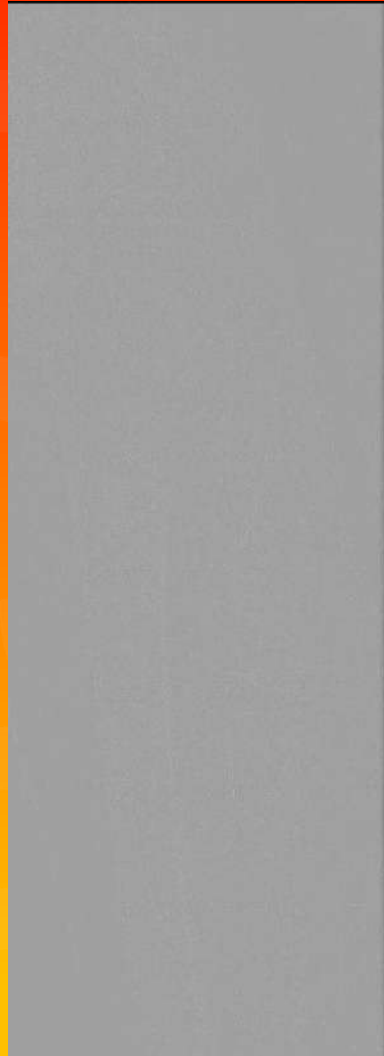


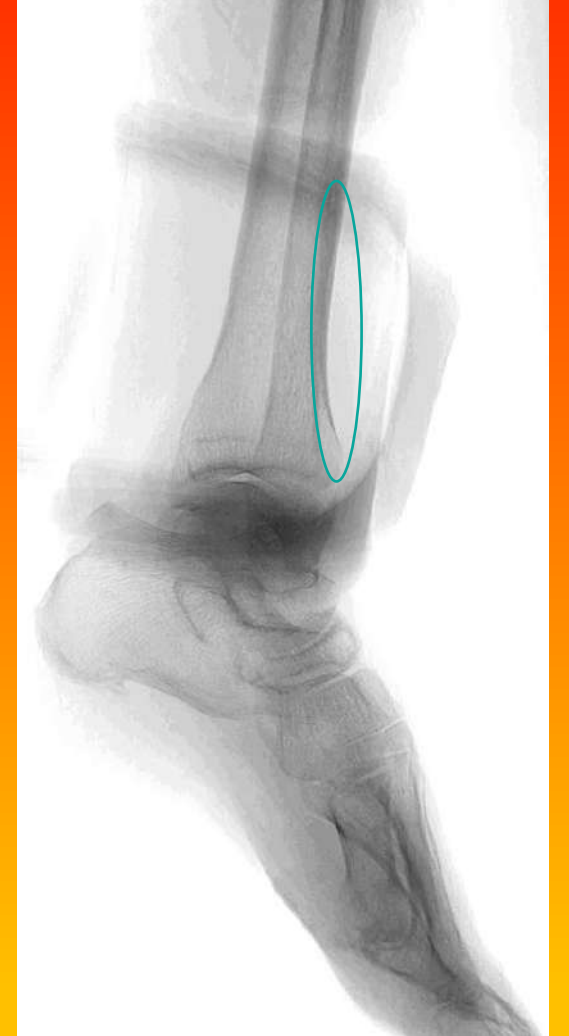


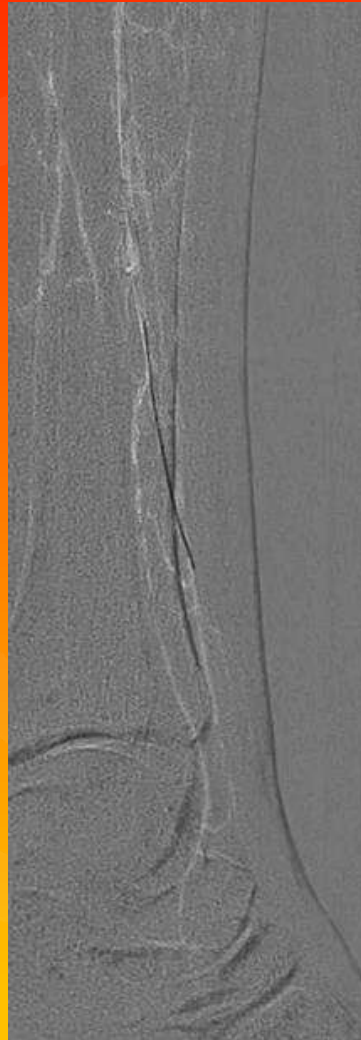
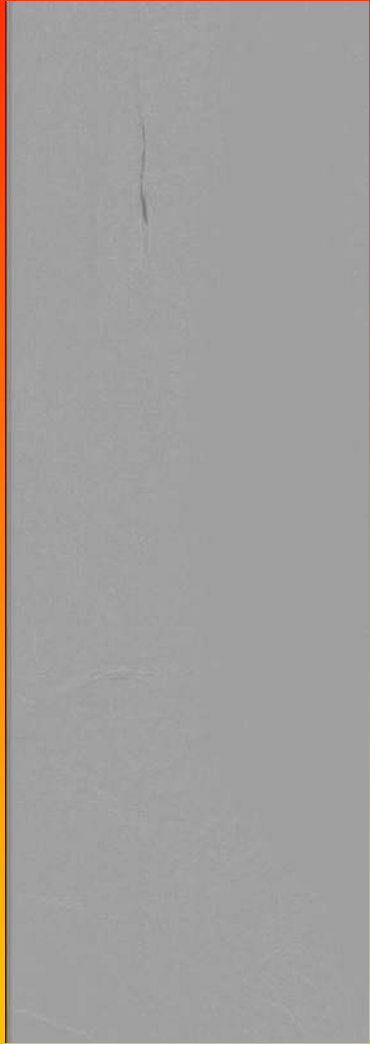












## WHAT WOULD HAVE BEEN YOUR APPROACH #4

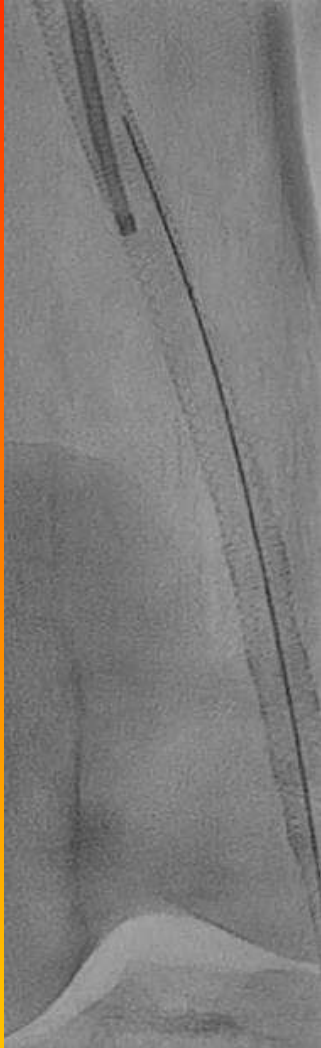
- a) TO LEAVE IT LIKE IT IS, THERE IS ENOUGH OUTFLOW
- b) TO ESCALATE FOR (0.018/0.014) CTO WIRE FROM ANTEGRADE ACCESS
- c) RETROGRADE ACCESS AT THE LEVEL OF DISTAL AT / DORSALIS PEDIS
- d) TO START CRYING

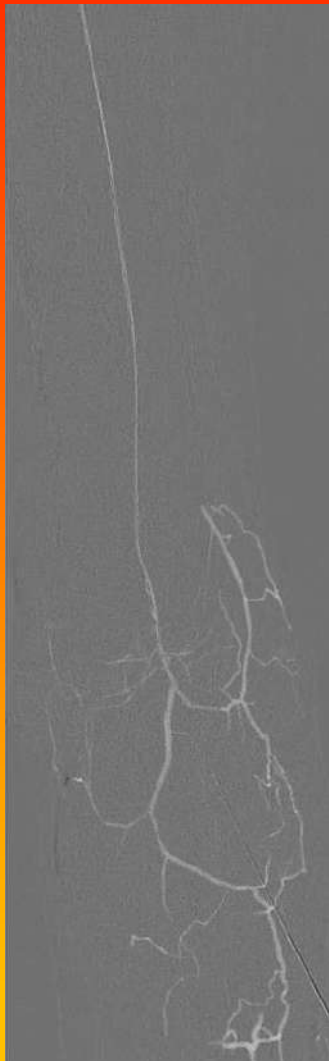
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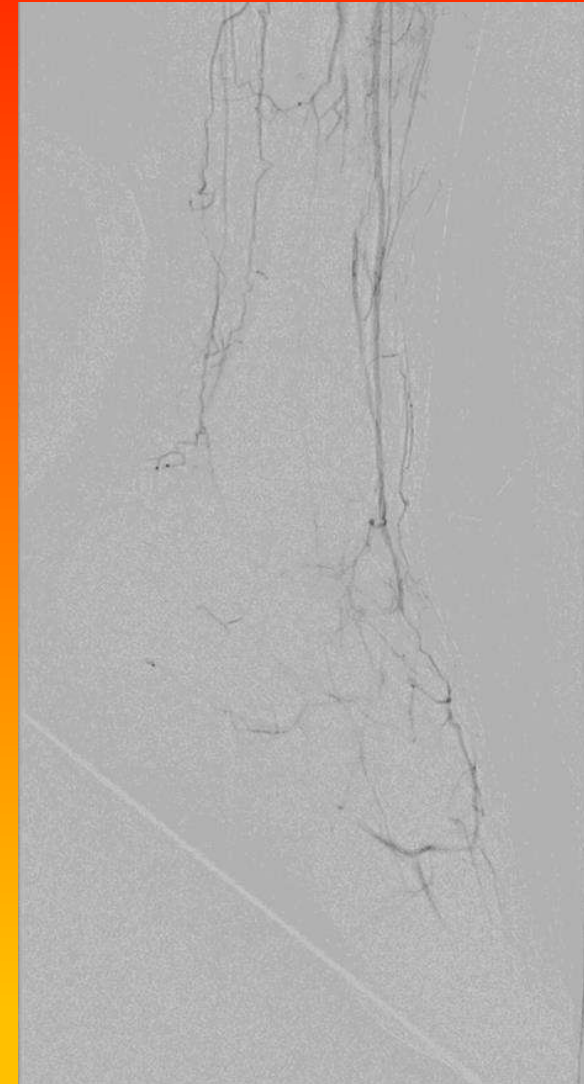
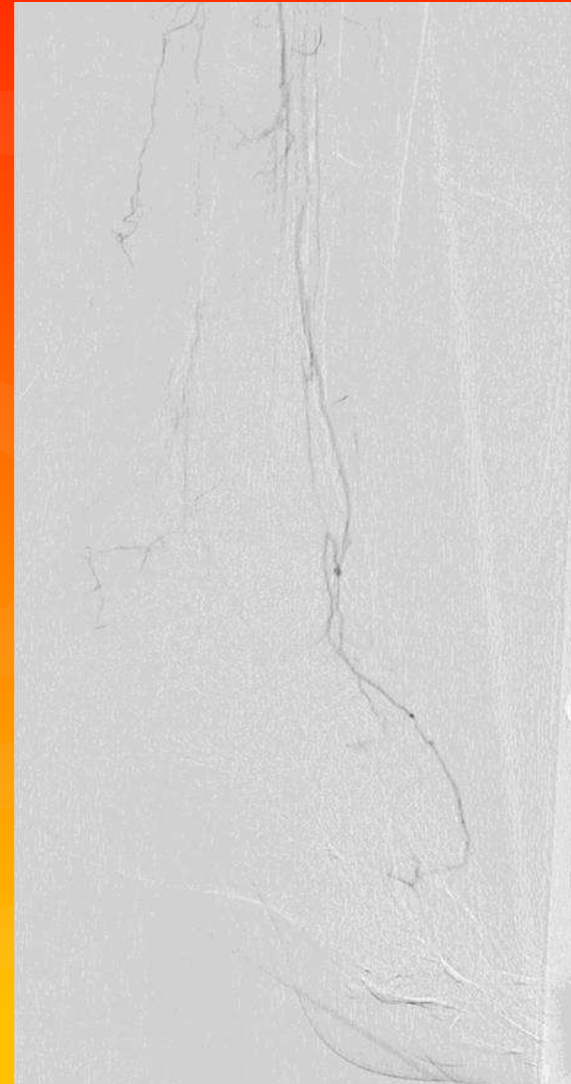
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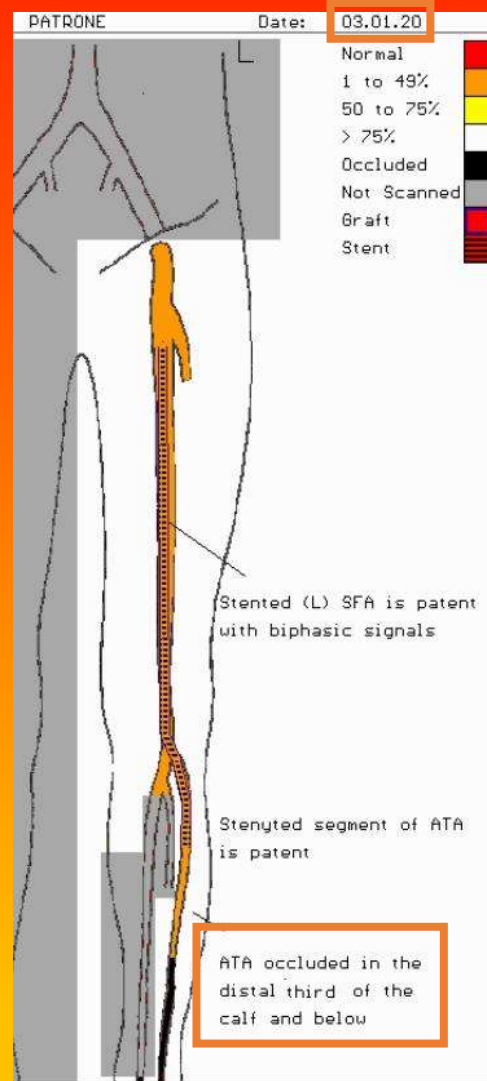
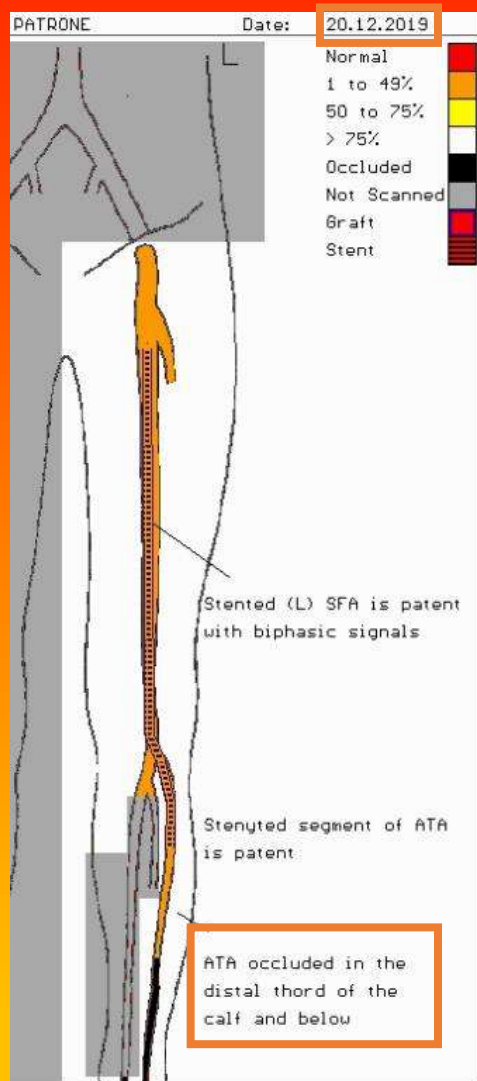
- a) TO LEAVE IT LIKE IT IS, OUTFLOW IT'S SUFFICIENT
- b) TO TRY TO GET A BETTER FLOW INTO THE DORSALIS PEDIS (?COLLATERAL)

## WHAT WOULD HAVE BEEN YOUR APPROACH #5

- a) TO LEAVE IT LIKE IT IS, OUTFLOW IT'S SUFFICIENT
- b) TO TRY TO GET A BETTER FLOW INTO THE DORSALIS PEDIS (?COLLATERAL)

- 5-HOUR PROCEDURE
- UPAND OVER ACCESS
- 190 MLS OF CONTRAST
- NO TISSUE LOSS
- DECENT FLOW TO THE FOOT







# WHAT WOULD HAVE BEEN YOUR APPROACH #6

- a) TO LEAVE IT LIKE IT IS, OUTFLOW IT'S SUFFICIENT
- b) ELECTIVE ANTEGRADE APPROACH AND RECANALISATION OF THE AT

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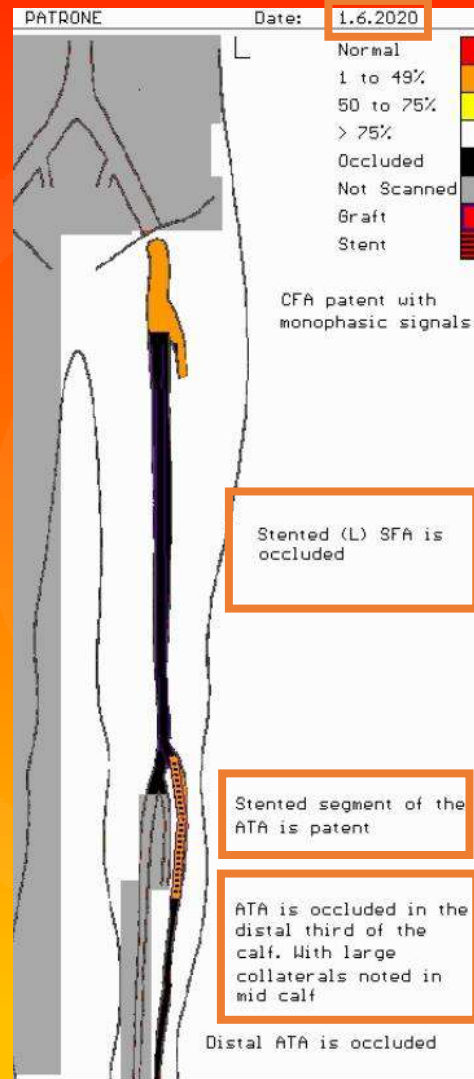
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**Coronavirus: The London hospital hit by a 'tidal wave' of patients**

By Thomas Mackintosh  
BBC News, London

© 2 June 2020

Coronavirus pandemic



mar 22:51

IN PAIN WITH IT CANT WALK VERRY FAR BUT I TRY BUD

You are great! How far can you walk?

Did it worsened in the last months? Do you want to be checked?

mar 23:08

ABOUT 50 METERS AND REST 4 5 MINS IT HASNT GOT ANY WORST IN THE LAST COUPLE OF MONTHS WEN UR NOT AS BUSY WE WILL CHECK IT OUT IL B FINE UNTIL THEN BUD