Missing data
MISSING INFORMATION

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

- Type A
- Type B
- Type C-D

Iliac
Fem-pop

BTK

Missing information
Femoro-popliteal segment

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

Type A lesion

Type C-D lesion

Type C-D lesion
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?
Ambulatory management for PAD endovascular treatment

Femoral retrograde (cross-over) → Brachial → Femoral antegrade
Ambulatory management for PAD endovascular treatment

**PRO:**
- Early mobilization
- Availability of 150-180 cm long ballons/stents

**CON:**
- Long distance entry site-lesion
- Decreased support
- Limited devices length for atherectomy, DEB
- No access to BTK
Ambulatory management for PAD endovascular treatment

**PRO:**
Closure devices (according to IFU)
Possibility to employ all the devices

**CON:**
Poor access to BTK

Femoral retrograde (cross-over)
**Ambulatory management for PAD endovascular treatment**

**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
Ambulatory management for PAD endovascular treatment

Brachial Femoral retrograde (cross-over) Femoral antegrade
Ambulatory management for PAD endovascular treatment

Clinical evaluation

- Fragile patients
- Severe comorbidities
- CLI

Duplex scan CT / MRI scan

- Long/complex Type C-D lesions
- Moderate/heavy Ca++
- Hostile groin (BMI, previous interventions...)

Candidates to Ambulatory PAD treatment
Ambulatory management for PAD endovascular treatment

- 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

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