
Abstracts of Session 4d

Interventional radiology

4d1

Arterial revascularisation procedures in outpatient procedure — is it safe, is it useful, is it less expensive? A 6 year experience

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INTRODUCTION: In April 1994, we started carefully with outpatient arterial revascularisation procedures from April 1994 till November 2000, we performed 317 arterial revascularisation procedures. From them, we performed 101 in combination with an interventional procedure. **RESULT:** Since April 1995, we performed 27 FEM-popliteal above knee bypasses. The patency rate after 6 month is 77.6%, which is very good. The procedures are performed in the supra-aortic, retroperitoneal and in the infra-aortic region. We performed also extra-anatomic bypass procedures.

There are 17 complications in 317 arterial reconstruction procedures, 10 minor and 8 serious complications. In the minor complication group were nine superficial wound-infections and one heparin induced hamatoma.

In the eight serious complications, there were three graft infections, two deep wound infections, one lymphfistula and one postoperative bleeding.

The postoperative complication rate is with 5.67% very low.

All procedures have been performed in local anesthesia in combination with intravenous anesthesia in a spontaneous breathing patient. There were no cardiopulmonal complications the costs are less expensive, compared with clinical procedures.

CONCLUSIONS: Outpatient arterial revascularisation surgery, excluded transabdominal and transthoracal operations is very good possible and safe under some specific conditions.

Outpatient arterial reconstructions are undoubted more cost-effective.