Disclosure

Speaker name: E Ducasse

I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
European Society Guidelines on Diabetic foot

Recommendation
Surgical intervention for moderate or severe infections is likely to decrease the risk of major amputation. (Level 2c; Grade B)

Recommendation
The choice between different methods of revascularisation – open, endovascular or hybrid – depends on comorbidity, severity and extension of the arterial lesions as well as the expertise of the centre. (Level 2c; Grade B)

Table 1  Multifactorial treatment of a diabetic foot ulcer

<table>
<thead>
<tr>
<th>Goal</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvement of perfusion</td>
<td>Endovascular revascularisation (PTA)</td>
</tr>
<tr>
<td></td>
<td>Reconstructive vascular surgery (bypass)</td>
</tr>
<tr>
<td></td>
<td>Vascular drugs</td>
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<tr>
<td></td>
<td>Reduction of oedema</td>
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<tr>
<td></td>
<td>Hyperbaric oxygen</td>
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</tbody>
</table>
### Recommendations on the management of chronic limb-threatening ischaemia

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Class&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Level&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early recognition of tissue loss and/or infection and referral to the vascular team is mandatory to improve limb salvage&lt;sup&gt;317&lt;/sup&gt;</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td>In patients with CLTI, assessment of the risk of amputation is indicated&lt;sup&gt;317&lt;/sup&gt;</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td>In patients with CLTI and diabetes, optimal glycaemic control is recommended&lt;sup&gt;318,319&lt;/sup&gt;</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td>For limb salvage, revascularization is indicated whenever feasible.&lt;sup&gt;314&lt;/sup&gt;</td>
<td>I</td>
<td>B</td>
</tr>
<tr>
<td>In CLTI patients with below-the-knee lesions, angiography including foot runoff should be considered prior to revascularization.</td>
<td>IIa</td>
<td>C</td>
</tr>
<tr>
<td>In patients with CLTI, stem cell/gene therapy is not indicated.&lt;sup&gt;329&lt;/sup&gt;</td>
<td>III</td>
<td>B</td>
</tr>
</tbody>
</table>

CLTI = chronic limb-threatening ischaemia.

<sup>a</sup> Class of recommendation.

<sup>b</sup> Level of evidence.

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### Recommendations on revascularization of infra-popliteal occlusive lesions

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Class&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Level&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the case of CLTI, infra-popliteal revascularization is indicated for limb salvage.</td>
<td>I</td>
<td>C</td>
</tr>
<tr>
<td>For revascularization of infra-popliteal arteries:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• bypass using the great saphenous vein is indicated</td>
<td>I</td>
<td>A</td>
</tr>
<tr>
<td>• endovascular therapy should be considered.</td>
<td>IIa</td>
<td>B</td>
</tr>
</tbody>
</table>

CLTI = chronic limb threatening ischaemia.

<sup>a</sup> Class of recommendation.

<sup>b</sup> Level of evidence.
INTRODUCTION

- I confess, I am vascular surgeon.....
- We have many studies reporting the benefit for the distal bypasses
Open Vs endo

STOP THE DEBATE
ENDOVASCULAR INTERVENTION AND OPEN SURGERY: COMPLEMENTARY TECHNIQUES!
CLINICAL CASE

- Based on my daily practise
- Male 75 Y.
- CLI + poor heart status
- Previous US investigation: SFA + popliteal occlusion. Only peroneal artery remaining

Of course: endo first
CLINICAL CASE

- Under LA
- Full recanalisation ante-retro down to the peroneal artery (largely stented)
- + toe amputation
- Slow flow !!!

Post operative thrombosis + bad clinical evolution
CLINICAL CASE
CLINICAL CASE

- Excellent clinical evolution
- Patient discharged at D + 6
Take home message

- BUT: THERE IS DEFINITELY STILL A PLACE FOR BYPASS IN CLI PATIENTS AND NOT ONLY AFTER ENDOVASCULAR FAILURE

- Endo first for (all) patients especially with poor life expectancy and/or without vein available

- For other patients (very long calcified lesions + good clinical status + vein) a bypass remains a very good (primary?) indication
Thank you for your attention
ENDOVASCULAR INTERVENTION VS. OPEN SURGERY: PRO/CONS AND BOUNDARIES

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