

PERIPHERAL ARTERIAL BYPASS SURGERY: TWO YEAR OUTCOME AT TEACHING HOSPITAL, KARAPITIYA (THK).

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Introduction

An ageing population and an epidemic of diabetes has allowed peripheral arterial disease(PAD) to emerge as an important health burden in Sri Lanka. We present the outcome of peripheral arterial bypass surgery at THK.

Method

A retrospective study was conducted on all patients who underwent peripheral arterial bypass surgeries between 2015 January to 2017 April at the Vascular and Transplant unit, THK.

Results

A total of 129 patients underwent lower extremity arterial bypass surgery. Mean duration of follow up was 11(1-31) months. Majority(79%) of study population were male(104/131) with a mean age of 65.6(28-95) years. Common risk factors for PAD included history of smoking(88%), active smoking(57%), diabetes(70%), hypertension(60%) and dyslipidaemia(55%). Majority of study population had multiple comorbidities including ischaemic heart disease(36%), renal dysfunction(32%) and respiratory disease((26%).

Indication for revascularization was either disabling claudication (3%) or critical limb ischaemia(97%) [rest pain (7%), tissue loss(90%)].

26/129 patients had suprainguinal disease. 14/26 underwent aorto-femoral bypass. 12 patients not surgically fit enough to undergo aortic surgery underwent extra anatomical bypass with either Axillo-Femoral(2) or Fem-Fem/pop cross over(10) bypass.

Patients with infra-inguinal disease underwent femoral-popliteal bypass (56/103) [RSVG(40), PTFE(16)] or popliteal-distal bypass (41/103) or fem-distal bypass (6/103).

Overall 30-day per-operative mortality was 7/129 (5.2%) and amputation free survival was 94%, At time of follow up assisted primary patency, limb salvage and overall survival was 85%, 88% and 86%respectively.

Conclusion

Initial results of the lower extremity bypass surgery at THK is satisfactory and encouraging. Graft patency and survivals are in keeping with international figures.