

Surgery Lower Extremity Threatened Limb Classification System (WIFI). Amputation free survival (AFS) using Kaplan-Meier plot was the primary end point in the outcome analysis. The association between age, gender, smoking and type of bypass to the primary end point was analyzed.

**Results:** Total of 300 bypasses were performed and 255 (85%) had DFUs. Mean follow up was 18.4 months. AFS was 91.4%, 62.9% and 57.4% in one month, 12 and 24 months respectively in diabetic patients and did not differ significantly from the non diabetics. There was a statistically significant increase in overall survival (p= 0.045) in diabetics with a hazard ratio of 1.778 in non-diabetics after Cox regression analysis. Among the bypasses 119 (46%) were femoro-popliteal and 136 (54%) were pop- distal. AFS in pop distal bypasses was 67% and 62.2% in one and two years respectively while it was 58.3% in fem-pop bypasses in one year and 51.9% in two years. The values did not show any statistical significance and did not significantly differ from the non-diabetics. Median wound healing time was 3 months. Age, gender and smoking did not have a statistically significant effect on primary outcome.

**Conclusion:** Lower limb arterial bypasses offer means of successful limb salvage and wound healing in diabetic patients with ischaemic foot ulcers. Further assessment, analysis and follow up are required on factors pertaining to wound care.

**Disclosure:** Nothing to disclose

#### P-148 Limb Salvage in Lower Extremity Arterial Disease: Experience from A Tertiary Centre

##### Peripheral Arterial Disease

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**Introduction:** Lower extremity arterial disease (LEAD) is an emerging problem in Sri Lanka, though our data on prevalence of LEAD is scarce. Majority of our patients are detected in late stages of severe ischemia and ulceration. Limb salvage in these patients are extremely difficult considering their comorbidities and extend of tissue loss. We present our experience on limb salvage in these patients.

**Methods:** A prospective study was conducted on all patients who underwent infra-inguinal lower extremity arterial bypass surgery during the period of January 2015 to December 2017 at professorial surgical unit National Hospital of Sri Lanka. Patients were followed up in wound clinics and by telephone based inquiries. Overall survival and amputation free survival was calculated using Kaplan Meier method.

**Results:** A total of 295 patients underwent lower extremity arterial bypass surgery during this period. Majority (64.4%) of study population were male with a mean age of 65.04 years. Risk factors identified were Diabetes mellitus

(84.4%), Hypertension (35.6%), Ischemic heart disease (13.5%) chronic kidney disease (7.5%) and smoking (26.1%). Out of this 137(46.4%) patients underwent femoral popliteal bypass, 145(49.1%) underwent popliteal distal bypass and 13(4.4%) underwent femoral distal bypass.

Overall survival at 30 days was 94.6% and at 1 year was 82.3%. The amputation free survival at one year was 62%. Although patients after femoral popliteal bypass survive better than popliteal distal bypass, this was not significant (p=0.375)

**Conclusion:** Although outcomes following peripheral arterial bypass surgery in our unit is satisfactory, we have to improve our figures. To achieve this we should improve our health system to refer ischemic diabetic foot ulcers early to a vascular unit where revascularization can be performed. In addition we should establish peripheral wound care centers to look after the post bypass patients who loose follow up from tertiary centers mainly because of long travelling distance to reach those centers.

**Disclosure:** It was presented in the annual meeting of the college of surgeons Sri Lanka in 2018

#### P-149 Feasibility and Clinical Outcome Of REBOA in Patients With Impending Traumatic Cardiac Arrest

##### Vascular Trauma

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