

OP 18 - Angioplasty for chronic limb threatening ischaemia; Is it safe?

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Introduction: Percutaneous balloon angioplasty (PBA) in peripheral vascular disease (PVD) is considered a safer option than open revascularization due to its minimally invasive nature. Hence there is a tendency to consider it as a first line option in the high-risk patient who has prohibitive risk factors for open surgery. However, it is not without complications. Occasionally these can be limb or life threatening. In this study we aim to present our experience regarding complications following lower extremity angioplasty for chronic limb threatening ischaemia (CLIT).

Methods: This descriptive cross-sectional study was conducted by retrospective analysis of prospectively collected data over a period of 5 years. Patient demographics, procedure related complications and secondary interventions required for management of these complications were analysed.

Results: The total number of procedures done was 308. The median age was 67 (29-95) years. There was a male preponderance (62.7%). Majority of patients were diabetic (88.6%). Ischaemic heart disease, hypertension and chronic kidney disease was present in 38.6%, 59.7% and 11.7% of the study population. Death censored limb salvage at 5 years was 77.5%. The overall complication rate was 8.8% (27/308). There were 3 acute coronary events out of which 1 was fatal. There were 5 puncture site hematomas, 3 pseudoaneurysms, 3 arterio-venous fistulas and 11 non-flow limiting arterial dissections. All were managed non-operatively.

Conclusions: PBA appears a safe therapeutic option for CLTI. Our complications are well within internationally accepted standards. Identification of predictors of these complications may be of value for better patient outcomes.

Key words: balloon angioplasty, chronic limb threatening ischaemia, CLTI

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