

Percutaneous access and bailout to the femoral and supra-aortic trunks including the carotids

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No disclosures

Endovascular rescue after failed proglide/prostyle in the femoral artery .

Percutaneous carotid access

Femoral Rescue

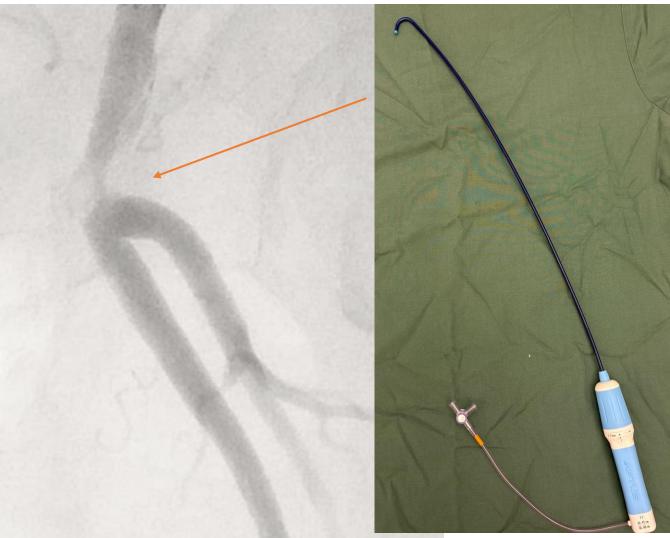


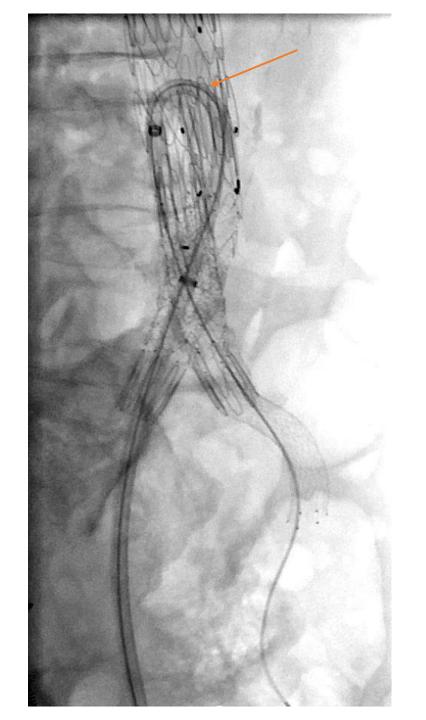


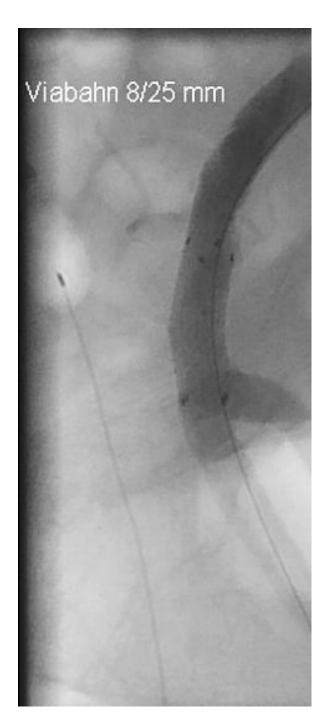
Angiography

Femoral Rescue









Malmö 2018-2023

n=751

n=685 (91,3 %) no intraoperative access complication intraoperative access complication

n=66 (8,7%)

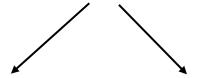
n=39

n=27

Bleeding

Stenosis/Occlusion

n=39 (59 %) Bleeding



n=22 fascia closure

n=17 vessel exploration/closure

n=27 (41 %) Stenosis/Occlusion



n=17 open repair

n=10 endovascular solution

Results

| Characteristic feature | Value |
|-----------------------------------|--|
| Procedural success | 100% |
| Stent length (mm) | 27.5(20-40) |
| Stent diameter (mm) | 7 (1 8) |
| Follow up time (months) | 22.5 (6.5-26.5) |
| Primary patency | 100% |
| Restenosis rate (>50% restenosis) | 7.6% (N=1) |
| Clinical success | 100% |
| Adverse events | |
| Immediate – Local | Two hematomas – resolved spontaneously |
| Short to mid term | No adverse events described in the endpoints |

Conclusion

- Endovascular bail out avoiding open exploration feasible
- Low frequency of complications related to stent during 22,5 months FU

Percutaneous carotid access

- Why?
 - Avoiding neck swelling
 - Prolonged ventilator treatment
 - Postop awake patient-easier SCI evaluation

How is it done?

- Ultrasound guided puncture
- Pro-glide/style
- Arch procedure
- Sutures tied down- wire in place
- Angiography



Percutaneous carotid access

- · 2018-2023
- N=14

Results

- Technical success 92 %
- 30 day mortality 14 %
- 30 day adverse events

1 carotid dissection (not flow limiting)

1 TIA

1 false aneurysm

Results

- FU 14 months (9-22 IQR)
- All carotids patent/no significant stenosis

Conclusion

- Percutaneous carotid access with Pro-glide/prostyle feasible
- Results encouraring