Do **Diabetic Patients** With **CLTI And Extensive Foot Necrosis** Have **Time For Endovascular First Strategy**: Why Primary Open Bypass Treatment Is Better in this setting

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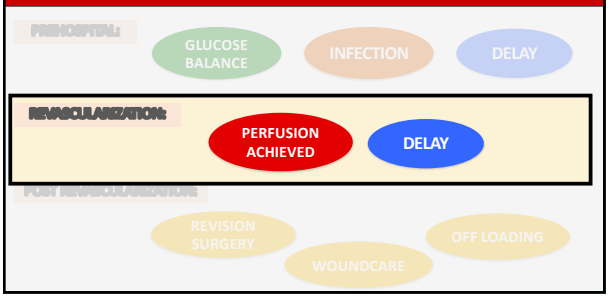
Veith Symposium 2024

Disclosures

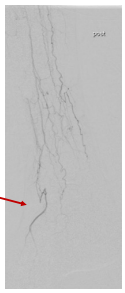
Medistim - Consultant

Key Factors for Limb Salvage in Diabetic Patients



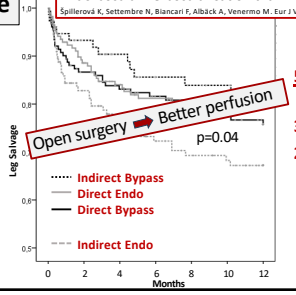
PERFUSION & MAJOR TISSUE LOSS

Pop – ADP Bypass with SSGSV



Leg Salvage

Angiosome Targeted revascularization is More Important in Endovascular Revascularisation than in Surgical Revascularisation.
Spillerová K, Settembre N, Biancari F, Albäck A, Venermo M. Eur J Vasc Endovasc Surg. 2017 Apr;53(4):567-575.



545 DFU patients

316 Endovascular
229 Open Surgery

Perfusion increase in foot angiosomes:

Comparison between direct and indirect revascularization of crural arteries

Venermo, Settembre. Scand J Surg 2024. 113(2):174-181

72 patients with CLTI
61% diabetes

44 Endovascular treatments **28 Surgical bypasses**

Analysis of perfusion before and after revascularization in 4 angiosomes (2 PTA, 1 ATA, 1 PA)

282 Measurements

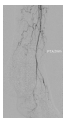
Indocyanine green (ICG) fluorescence imaging

Perfusion changes analyzed in three groups:

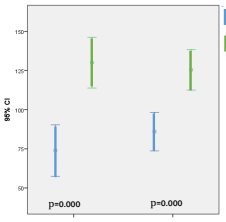
1. DIRECT REVASCULARIZATION

2. INDIRECT REVASCULARIZATION WITH COLLATERALS

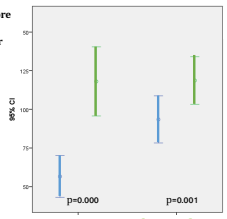
3. INDIRECT REVASCULARIZATION, NO COLLATERALS



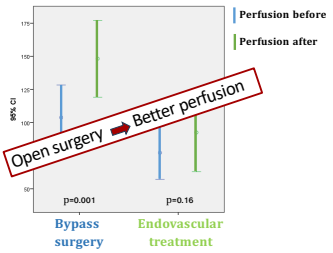
DIRECT REVASCULARIZATION



INDIRECT REVASCULARIZATION WITH COLLATERALS

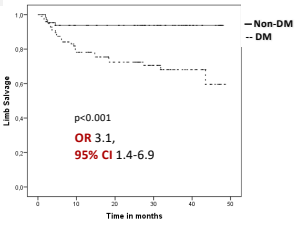


INDIRECT REVASCULARIZATION, NO COLLATERALS



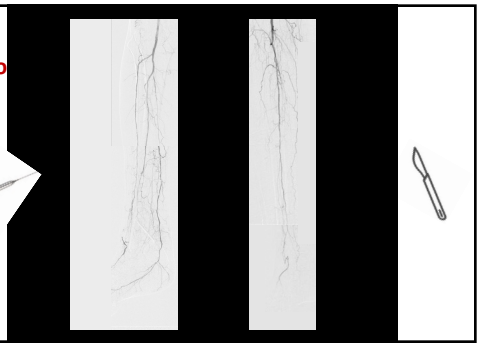
449 Ischemic ulcers
61% DFUS
267 revascularizations

Referral – Revascularization Delay > 2 weeks



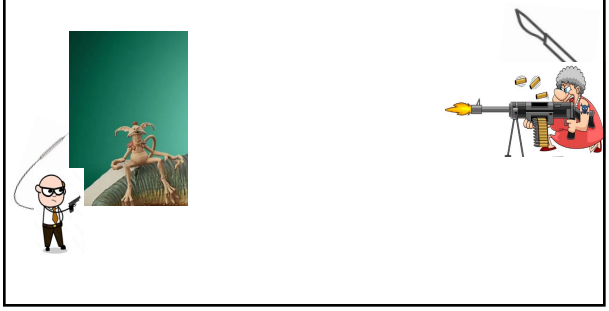
Noronen, Saarinen, Albäck, Venermo. EJVES 2017 Analysis of the Elective Treatment Process for Critical Limb Ischaemia with Tissue Loss: Diabetic Patients Require Rapid Revascularisation.

A suitable weapon to attack the target?



A suitable weapon to attack the target?

Perfusion needed?



It's all about the perfusion…

… and achieving it on time

Thank you!