

Guillotine TMA After Arterial Revascularization: When And Why Is It Helpful With CLTI And How Should It Be Done

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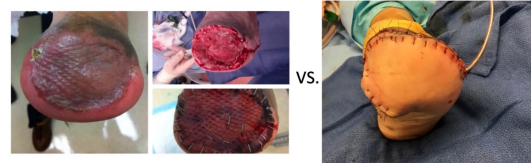


Disclosures

- Non relevant to this topic

The Transmetatarsal Amputation

- TMA presents a viable alternative to below knee amputations (BKA)
- TMA procedures are minor compared to BKA and have lower energy expenditures.
 - However, the TMA **success rate ranges from 26% to 63% in the literature**
 - The theory is a closed environment promotes poor lymph drainage and blood flow, **encouraging infection and poor wound healing.**
- Prior studies have demonstrated gTMA have a high rate of healing and decreased stump breakdown
- Currently there is insufficient literature to guide clinical use of gTMA.
- The revision rate for TMAs could potentially be decreased by considering open or guillotine transmetatarsal amputations (gTMA).

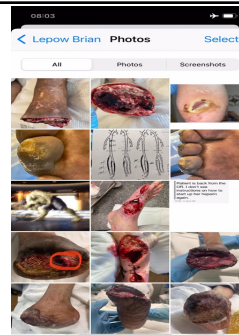
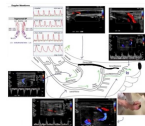
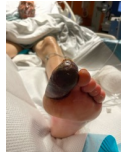


There's unique roles for each

W-I-Fi

Overall patient
condition
"protoplasm"

Pedal HD
mapping



VS

POD



Toe, Flow and GO!



Conclusions

- gTMA is a viable tool for CLTI foot reconstruction
- gTMA should be considered primarily in complex cases
- gTMA and early ambulation could significantly impact patient journey



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