

King's College Hospital NHS Foundation Trust

"No-option" CLTI is Often a Misnomer; What Diagnostic and Therapeutic Procedures Can Result in Successful Limb Salvage in Many of These Patients

Hisham Rashid, FRCS (Eng), FRCS (Gen Surg)
 Consultant Vascular Surgeon
 Jaber Al Ahmad Al Sabah Hospital, Kuwait
 King's College Hospital, London, UK

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Disclosure

- I do not have any potential conflict of interest

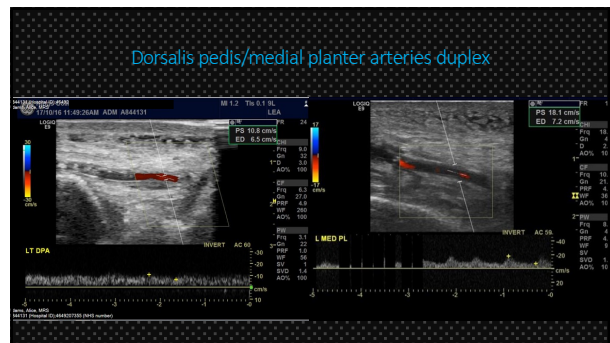
"No-option for treatment" CLTI; why a misnomer?

- Definition; **"no surgical or radiological revascularization option for treatment"**
- Majority of patients labelled "no-option" are only suitable for complex revascularization strategies
- "The majority of CLTI patients are anatomically suitable for revascularization, and establishing direct in-line flow to the foot is the primary technical goal" (*Global Vascular Guidelines (GVG) on the Management of Chronic Limb-Threatening Ischemia "J Vasc Surg. 2019)*

"No-option" CLTI should be delivered down to the foot level (bert foot)

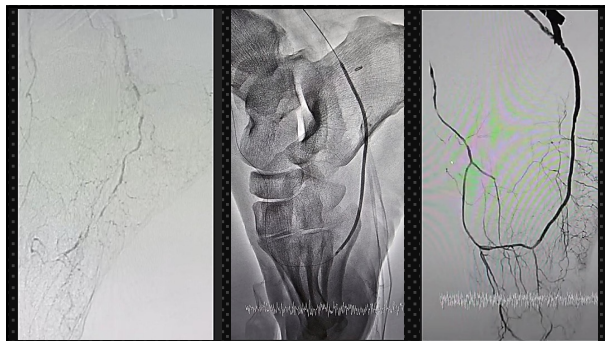
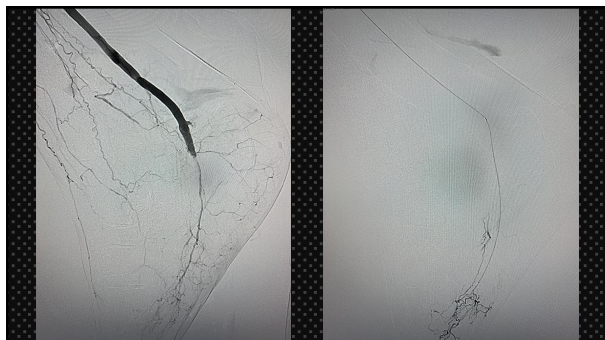
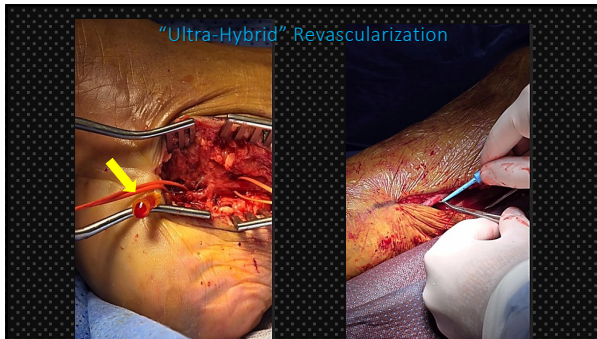
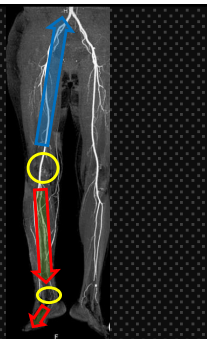
Complex revascularization strategies for "no-option CLTI"

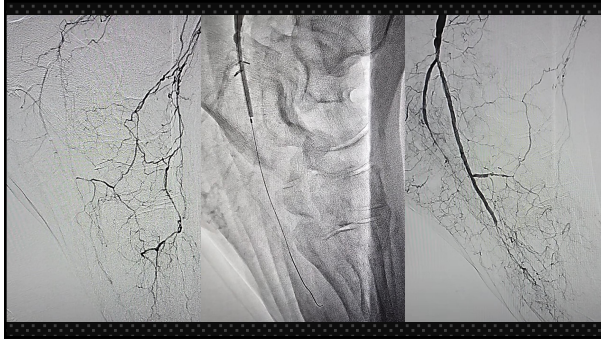
- Hybrid revascularization
- Ultra-hybrid revascularization
- Pedal-planter loop angioplasty
- Deep veins arterialization



Popliteal and pedal arteries; take-off points

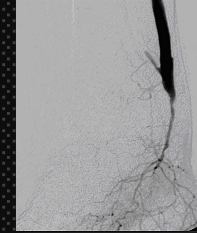
- Popliteal/pedal arteries surgical exposure
- Retrograde SFA/iliac angioplasty/stenting
- Ultra-distal Bypass to the pedal arteries and pedal-plantar loop angioplasty (Ultra-hybrid revascularization)





"No-option for treatment CLI"; proposed definition

"CLI with no option for pedal endovascular, open or hybrid/ultra-hybrid revascularization in a centre of excellence"



Conclusions

- "No-option" CLI is undefined and seldom exists in patient undergoing major amputation
- These patients require complex-options not no-option
- Hybrid revascularization strategies are ideal for most complex CLI
- Ultra-hybrid revascularization ideal for patients with CLI and poor pedal arch quality