

# **Contemporary Outcomes of Common Femoral Endarterectomy**

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#### **BACKGROUND**

Published data<sup>1</sup> has cited:

- High mortality
- High morbidity

Associated with common femoral endarterectomy (CFE), lending support for endovascular therapies

#### **OBJECTIVES**

 Analyze patient data and study contemporary outcomes of CFE at an academic hospital

#### **METHODS**

 Retrospective single-center cohort study 2018-2023

Primary outcome measures:

- 30-day morbidity and mortality
- Primary patency
- Freedom from major amputation
- Overall survival
- Freedom from reintervention

362 patients that underwent CFE

#### 90 excluded

- Urgent/emergent CFE
- Access-related complication
- Redo CFE or bypass

272 patients included
First-time CFE for chronic PAD

DEMOGRAPHICS		
Variable	Limbs treated (n=320)	
Mean age, (SD)	72 (11)	
Male, n (%)	230 (72)	
CAD, n (%)	205 (64)	
DM, n (%)	133 (42)	
COPD, n (%)	105 (33)	
CHF, n (%)	71 (22)	
ESRD, n (%)	16 (5)	
Mean pre-operative ABI, (SD)	0.49 (0.20)	
Rutherford score, n (%)		
1-3	169 (53)	
4	67 (21)	
5-6	84 (26)	
Tibial runoff, n (%)		
0	1 (1)	
1	40 (13)	
2	96 (30)	
3	173 (54)	

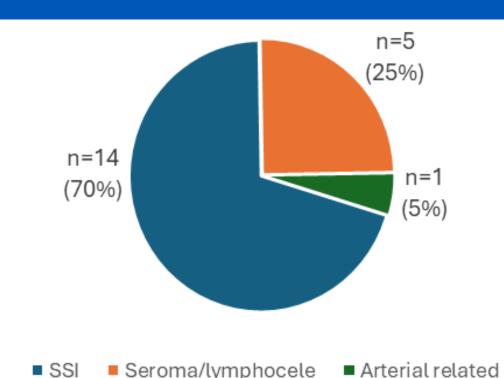
# DISEASE CHARACTERISTICS

Variable	Limbs treated (n=320)
Ipsilateral SFA patency, n (%)	
Patent (<50% stenosis)	48 (15)
Diseased (50-99% stenosis)	135 (43)
Occluded	133 (42)

# **RESULTS - PERIPROCEDURAL**

Variable	Limbs treated (n=320)	
Concomitant endovascular intervention		
Proximal intervention, (%)	165 (52)	
Distal intervention, (%)	50 (16)	
Median length of stay, days	3 (IQR, 2-5)	
Post-operative (30-days) complication		
Mortality, n (%)	2 (1)	
Myocardial infarction, n (%)	8 (3)	
Wound complication, n (%)	34 (11)	

#### **30-DAY REINTERVENTIONS**

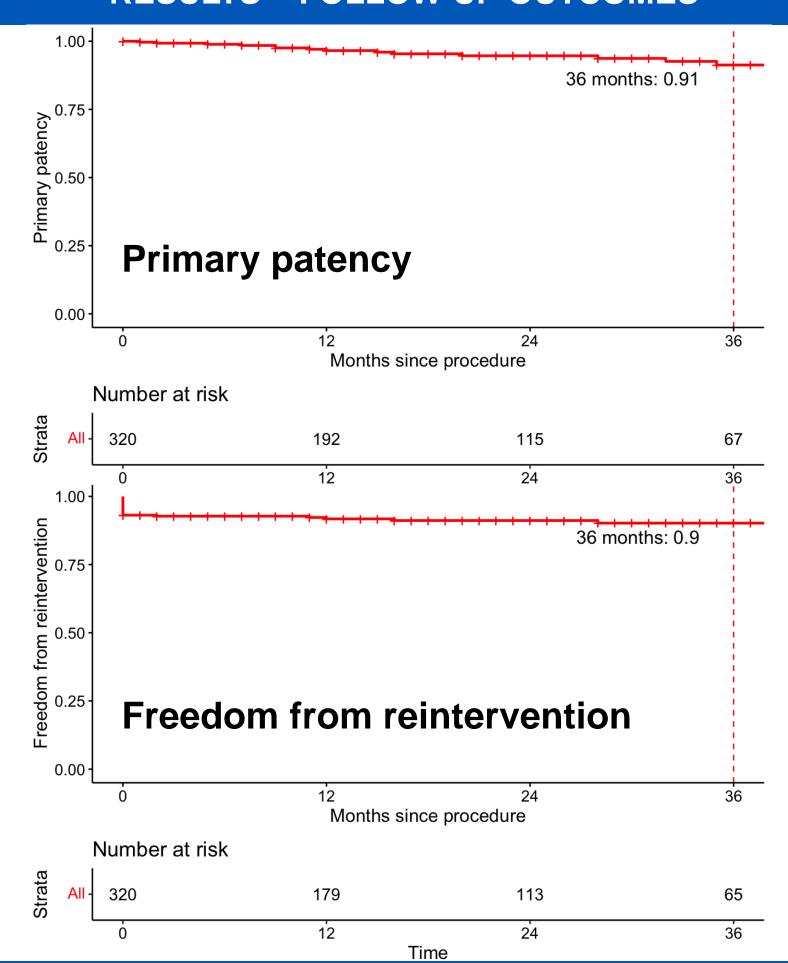


SSI = Surgical site infection

# **RESULTS – FOLLOW-UP**

Variable	Limbs treated (n=320)
Median follow-up (m)	19
Mean ABI at last follow-up, (SD)	0.74 (0.24)
Overall survival at 5-years, (%)	50

# **RESULTS – FOLLOW-UP OUTCOMES**



### **CONCLUSIONS**

Common femoral endarterectomy remains a safe and durable treatment for femoral artery occlusive disease. Early re-interventions are largely driven by wound complications and not technical failure.

<sup>1</sup> Morbidity and mortality of common femoral endarterectomy. Chaney, Michael et al. Journal of Vascular Surgery, Volume 80, Issue 1, 199 - 203