

# PVD CASE PRESENTATION

## THE AUDIENCE IS THE 'EXPERT'

Abdullah Masood  
Vascular Surgery, PGY-3  
University of Manitoba

WVES

# PRESENTER DISCLOSURES

- I have no current relationships with commercial entities

# DISCLAIMER

- To protect patient confidentiality, I will refer to our patient as “X”
- Live poll will be utilized during the case

# THE GOOD "OLE" DAYS

2011 CE

An advertisement for the iPhone 4S. It features a white iPhone 4S with its screen on, displaying various app icons. Below the phone, the text reads "iPhone 4S" followed by a table of storage options and prices.

16GB	32GB	64GB
\$199	\$299	\$399

# “X”, 54F

2011 CE

CC: Lifestyle limiting claudication, short distance

PMHx:

1. DM2
2. Peripheral neuropathy
3. HTN

PSHx:

None

Social/Funct Hx:

- Lives with husband
- Ambulates independently
- Smokes 2 ppd since 1975

Examination:

No tissue loss

“X”,  
CTA



Live poll

AUDIENCE IS THE 'EXPERT'

“X”, 54F –

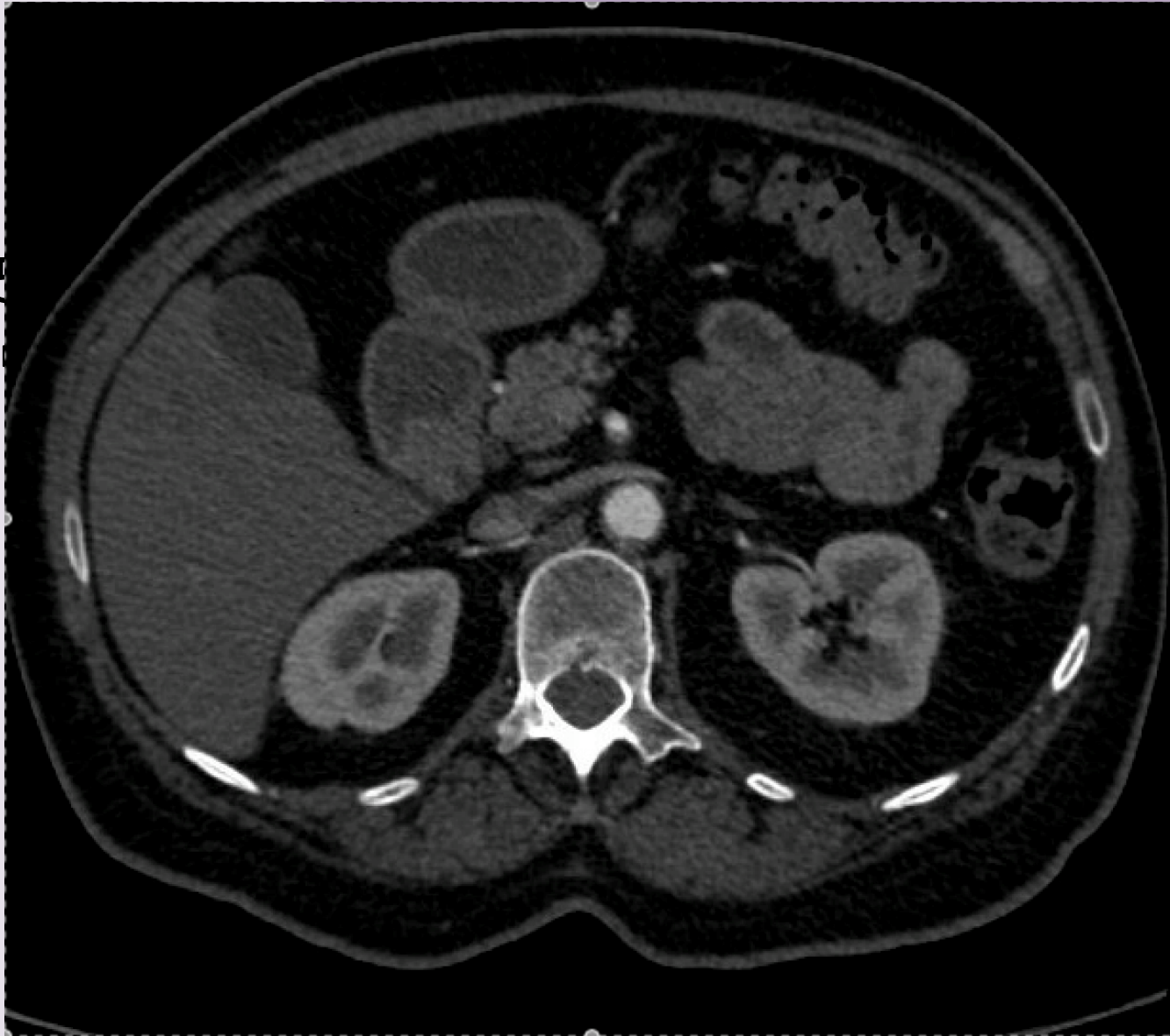
Angio

PROCEDURE

1. Rt Aorto-l
2. Right to L



“X”, 5  
2012 C



## “X”, 55F - INTERVENTION #2

2012 CE

### PROCEDURE:

1. Right External Iliac Artery to Left Femoral Artery Bypass with Dacron Graft
2. Left Femoral Endarterectomy



# “X”, 67F

2024 CE

CC: Pain in left leg with minimal ambulation, unable to manage

PMHx:

1. DM2
2. HTN
3. DLD
4. PAD

PSHx:

1. X-fem bypass
2. Rt iliac to Lt fem bypass

Social/Funct Hx:

- Lives with husband
- Ambulates independently using walker
- Smokes 1-2 ppd since 1975

Examination:

Diffuse rubor to bilateral legs. Minor tissue loss with minimal blistering. Palpable x-fem graft

	RIGHT	LEFT
Ankle-Brachial Index	0.63	0.27
Absolute Toe Pressure	70 mmHg	35 mmHg

“X”,  
2024 C  
CTA



# “X”, 67F - INTERVENTION #3

2024 CE

## PROCEDURE:

1. Left Femoral Artery to Popliteal Artery Bypass with in-situ Great Saphenous Vein

## “X”, 67F

2024 CE:

- 6 week follow up
  - Doing well. Some swelling in thigh but no signs of infection
- 12 week follow up
  - U/S graft surveillance: patent
- 6 month follow up
  - Patent graft with normal velocities

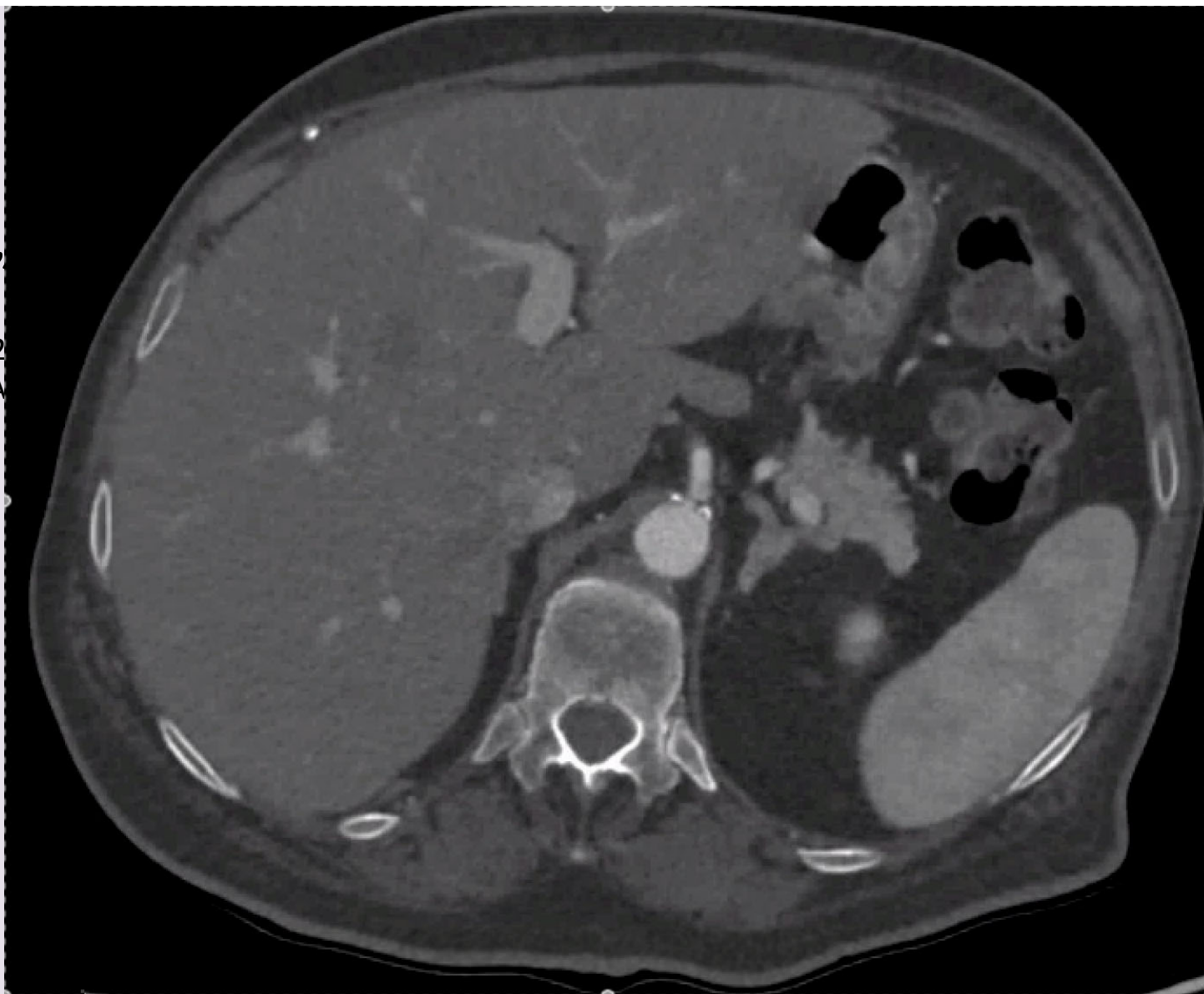
## “X”, 68F

2025 CE – ~10 mo post-op from Left fem-pop:

- Presents to ED:
  - **Severe pain** to left leg, swelling, erythema
  - Unable to walk
  - Early dry gangrene present
  - **No cross-fem or left fem-pop graft pulse**

“X”

202  
CTA



# “X”, 68F - INTERVENTION #4

2025 CE

PROCEDURE:

1. Redo Cross Femoral bypass with Left Basilic vein



# “X”, 68F

2025 CE

4-week follow up:

- Development of right groin infection
- Incisional dehiscence, copious clear fluid drainage – stoma appliance placed
- IV antibiotics initiated in community with home care for dressing changes
- Plan to follow up in 2-weeks

“X”, 68F

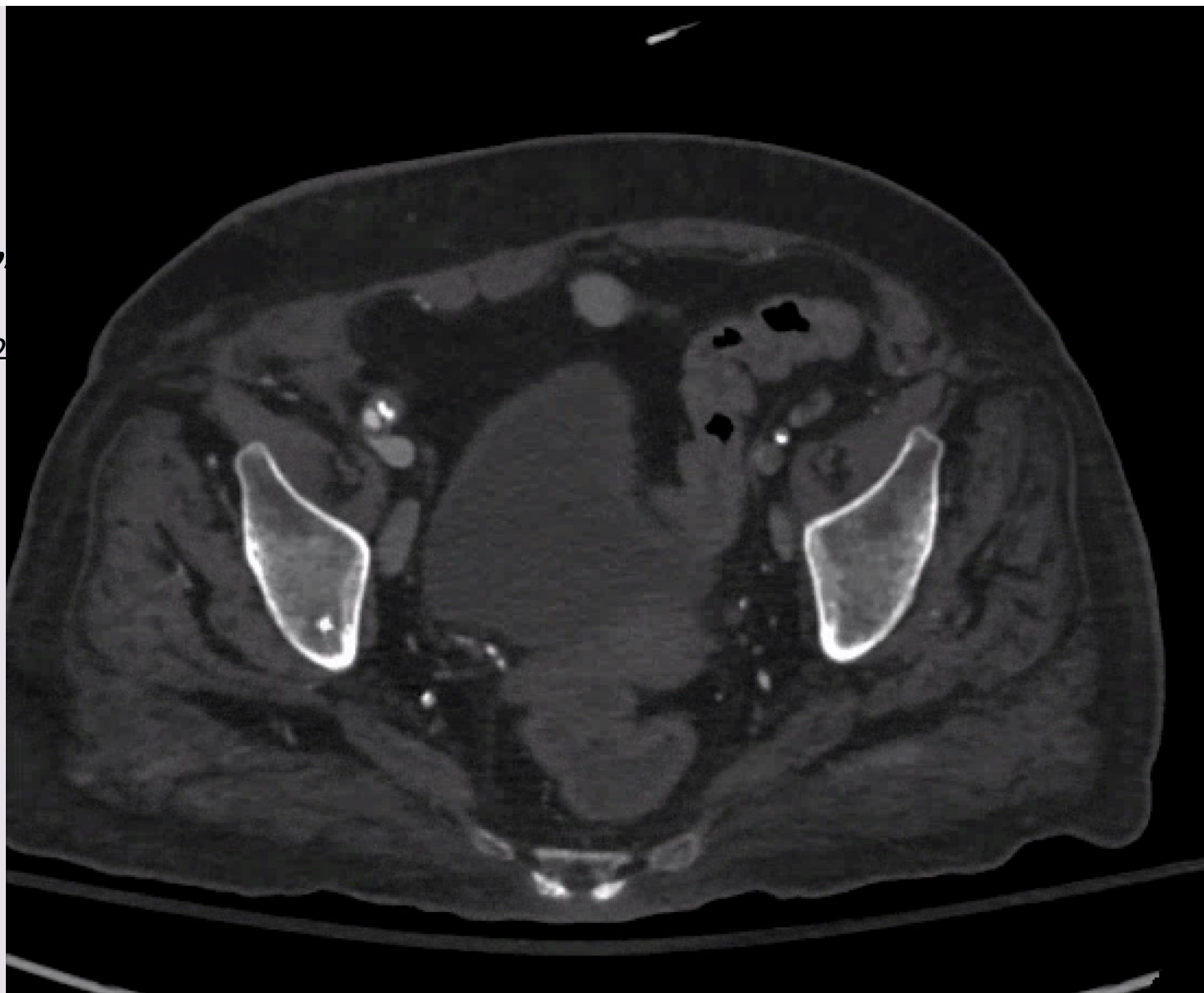
2025 CE

6 week post-op:

- Presents to ED after **fall** at home
- Bleeding from right groin on EMS arrival
- Hypotensive, Improves to 90/50 in ED
- ++ left hip pain. No active bleed on exam

“X”

202



# “X”, 68F - INTERVENTION #5

2025 CE

## PROCEDURE:

1. Right Femoral Endarterectomy with GSV patch angioplasty
2. Removal of Old Occluded Dacron Cross Femoral Bypass Graft
3. Interposition Bypass using GSV from Right Femoral Artery to Cross-Femoral Basilic Vein Conduit

“X”, 68F

2025 CE

- Initial erythema around rt groin post op heals well
- Previous open ulcers to left foot have all healed by 8 weeks post-op
- IV antibiotics discontinued by Infectious Disease

# “X”, 68F

2025 CE

3 months post-op:

- New ulcer forms to left ankle. Pain worsening to left foot again
- No pulse in cross-femoral graft
- Sent for a CTA

	<b>RIGHT</b>	<b>LEFT</b>
Ankle-Brachial Index	0.45	0.26
Absolute Toe Pressure	66 mmHg	29 mmHg

“X”, 68F

2025 CE

CTA findings:

- 3x occluded cross femoral grafts
- Left femoral artery occluded
- Left profunda femoris remains patent but small in caliber
- Left fem-pop remains patent

LIVE POLL

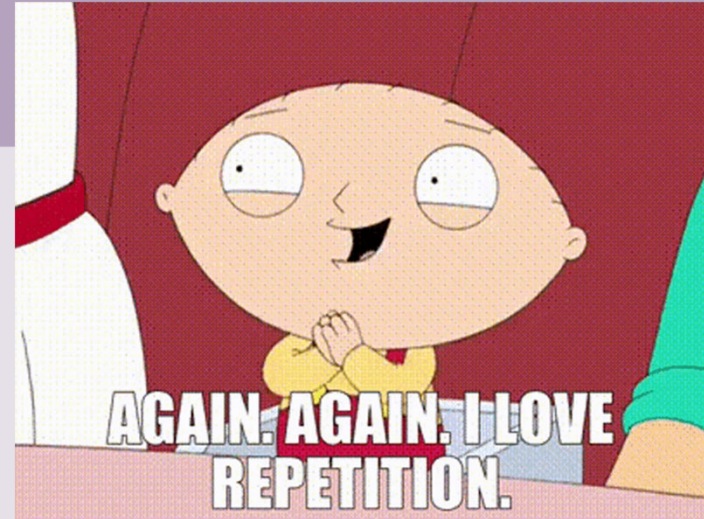
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# “X”, 68F - INTERVENTION #6

2025 CE

## PROCEDURE:

1. Re-do Cross Femoral Bypass with Right Basilic Vein
2. Right External Iliac Artery / Femoral Artery Balloon Angioplasty



“X”, 68F - IN

2025 CE  
Angio

## “X”, 69F

4-week Follow up:

- Incision site healing
- Ulcers to left foot healing, some chronic gangrene to toes unchanged

3-months post-op

- Pain to left foot with ambulation worsening
- Able to sleep at night in recliner

Duplex U/S:

- Decreased velocity in cross femoral graft and left fem-pop graft: ~20cm/s
- Increased velocity in right femoral artery ~ 600 cm/s

“X”  
CTA



“X”, €

2026 CE

PROC

1. Rig

## SCORE CARD

	Total Count
Years Elapsed From Index Encounter	15
Open Interventions Performed	6
Endovascular Interventions Performed	3
Lower Limbs Amputated	0
Number of Toes Salvaged	10

**15 Year Amputation Free Survival: 100%**

THANK  
YOU

