

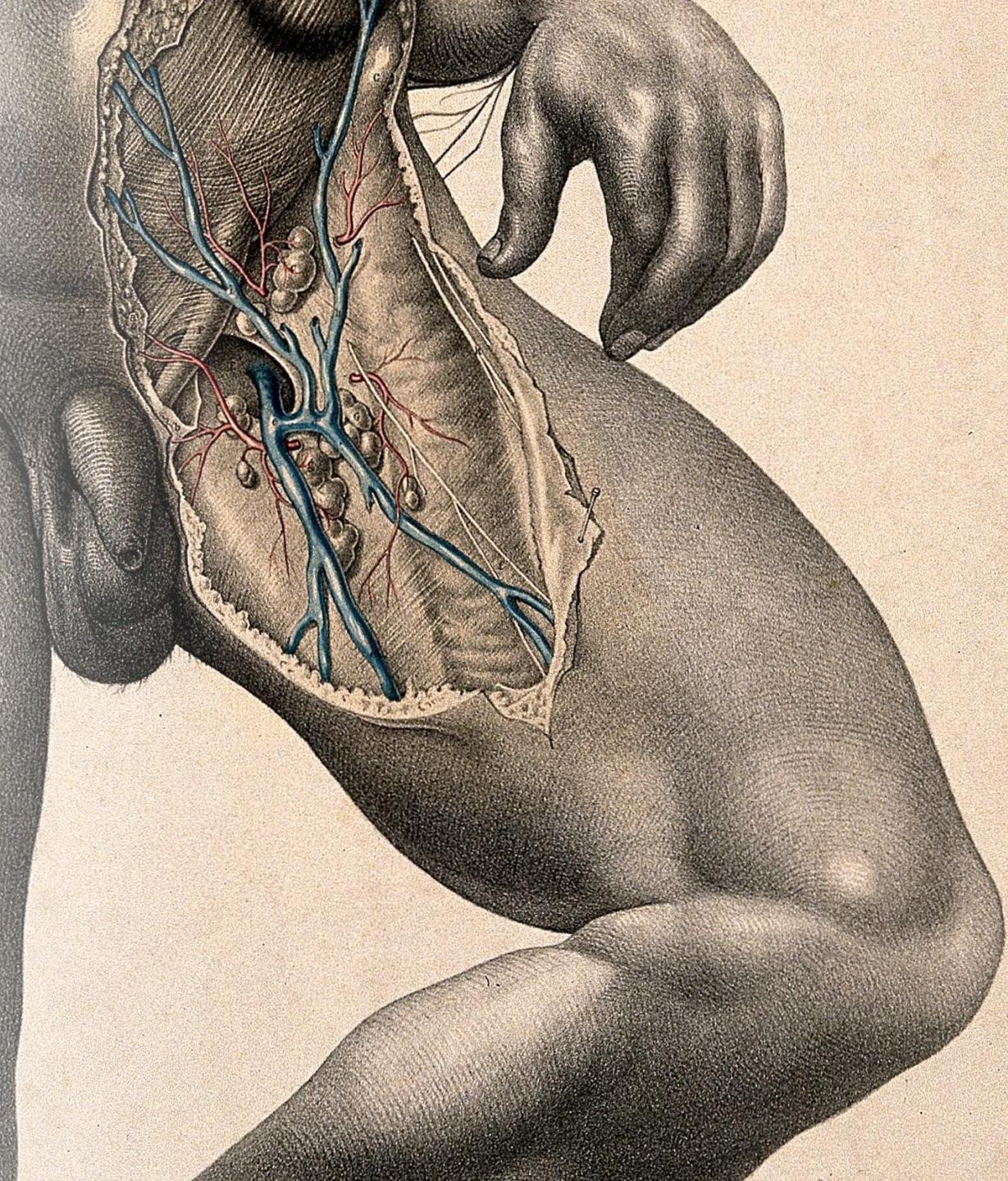
Leistenkomplikationen; häufiger als uns lieb sind!

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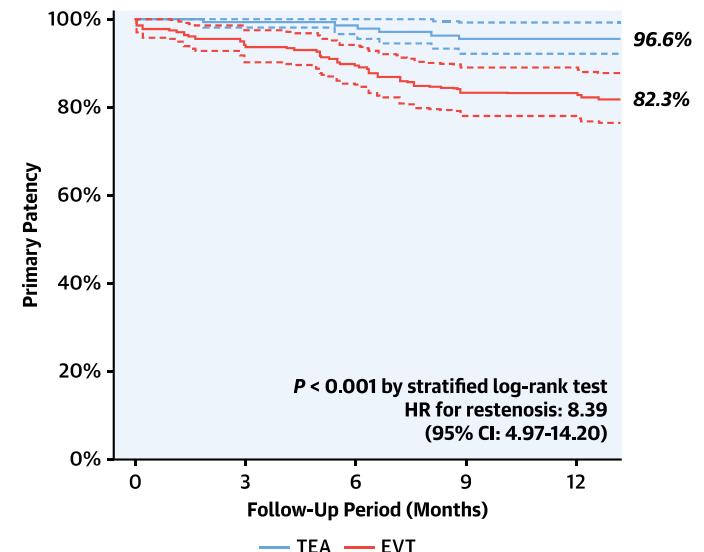


1-Year Outcomes of TEA vs Endovascular Therapy for Common Femoral Artery Lesions CAULIFLOWER Study Results

Nakama et al TEA vs EVT for CFA Lesions
JACC: CARDIOVASCULAR INTERVENTIONS VOL. 15, NO. 14, 2022 JULY 25, 2022

- A total of 1,193 consecutive patients who underwent EVT (761) or TEA (432) for CFA were identified and retrospectively reviewed from a registry of 66 institutions.
- the 1-year primary patency rate was significantly higher in the TEA group (82.3% vs 96.6%; $P < 0.001$)
- The TEA cohort had significantly longer hospital stays and more complications than the EVT cohort.

Main Result of the Multicenter CAULIFLOWER Study, N = 1,193
1-Year Primary Patency in the Propensity Score-Matched Cohort,
N = 694 (EVT = 482, TEA = 212)

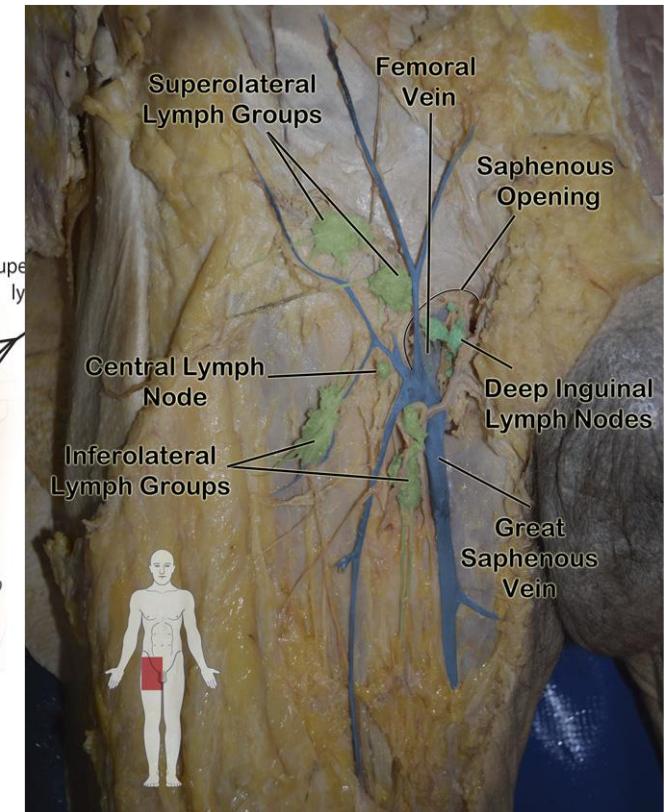
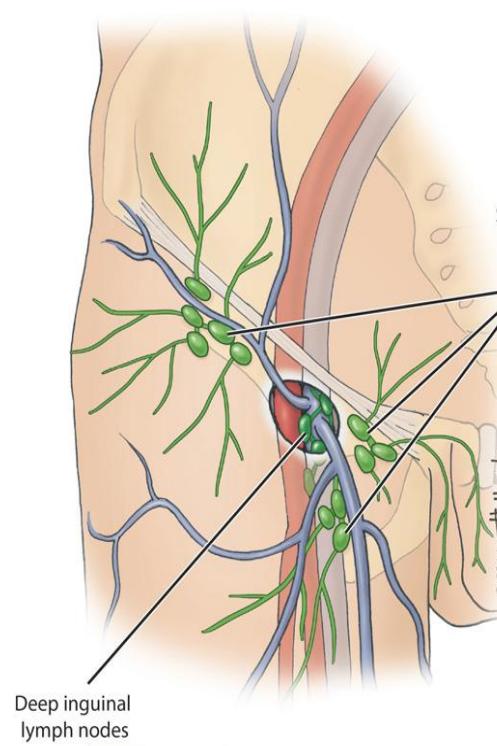


„TEA is still the gold-standard treatment for CFA diseases“

The Surgical Anatomy of the Inguinal Lymphatics

CESMEBASI et al THE AMERICAN SURGEON April 2015 Vol. 81

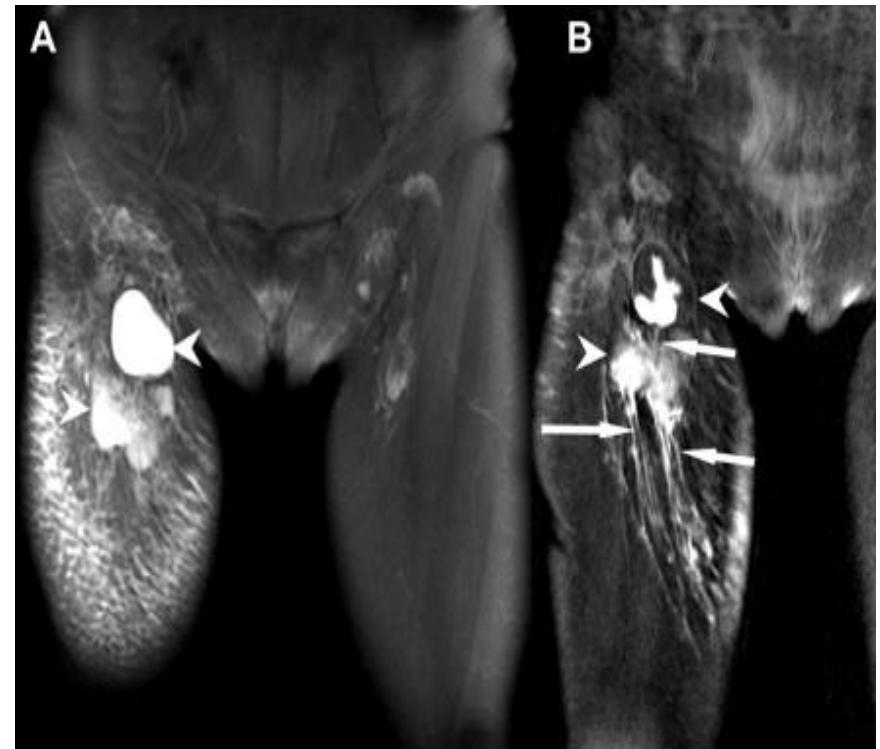
- Inguinal region represent a network of lymph nodes and vessels, which connect the lower extremities to the pelvis/perineum and abdomen.
- Five groups based on the termination of the great saphenous vein: superomedial, superolateral, inferomedial, inferolateral, and central.



Algorithmic approach to the lymphatic leak after vascular reconstruction: a systematic review

Nicksic et al, Archiv Plast. Surgery Vol. 48 / No. 4 / July 2021

- Lymphatic fistulas occurring in up to 15% of patients after vascular surgery.
- Definition; a secretion volume of more than 50 mL per 24 hours for more than 4 days after surgery.
- The patient's hospital stay is often prolonged. Hypoproteinemia, immunodeficiency, or, rarely, relevant fluid loss can occur.
- The main complication is local and systemic infections, with the lymphatic leak, septic bleeding is one of the most severe complications.



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“GROIN WOUND INFECTION AFTER VASCULAR EXPOSURE”

Systemic review of existing risk prediction models

Brenig L. et al. Eur J Vasc Endovasc Surg (2021) 62, 258e266

- A search of the MEDLINE database (date of last search: 12 October 2020) identified 1 194 studies
- Eight were shortlisted on review of titles and abstracts. On full text review, leaving three risk prediction models
- Studies are generally small, retrospective, or use heterogeneous definitions of SSI.
- Published groin SSI rates varies considerably, ranging from 6.4% to38.5%

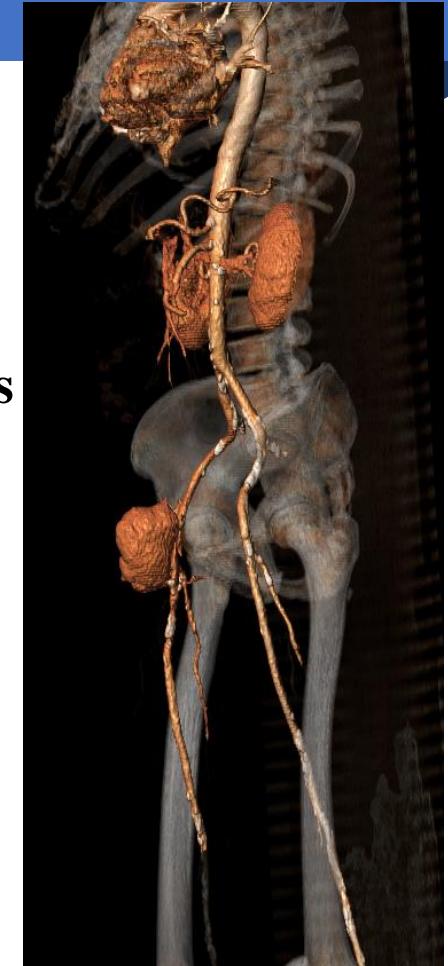


“GROIN WOUND INFECTION AFTER VASCULAR EXPOSURE (GIVE) STUDY GROUP”

Int Wound J.2021;18:164–175.

GIVE, an international multicentre prospective cohort study

- **1039 patients (UK)**
- **Infected pseudoaneurysm, percutaneous only procedures, venous access procedures, and cardiac procedures were excluded.**
- **Median of 30 patients/Centre**
- **26.2% female**
- **median age 71 years**
- **BMI 26 kg/m²**
- **43.2% urgent or emergency procedure**



“GROIN WOUND INFECTION AFTER VASCULAR EXPOSURE (GIVE) STUDY GROUP”

Int Wound J.2021;18:164–175.

Operative Interventions and post-operative outcomes

- 1032 (78.7%) longitudinal (versus oblique) and 222 (16.8%) “re-do”.
- Antibiotic prophylaxis in 1276 (98.9%)
- Local antibiotics (e.g. Collatamp®) used in 184 groins (14.1%).
- Skin closure in 75.5% continuous subcuticular suture.
- Closed incision negative pressure therapy in 50 groins (3.8%).
- Median blood loss 0.250 L (0.125–0.500)

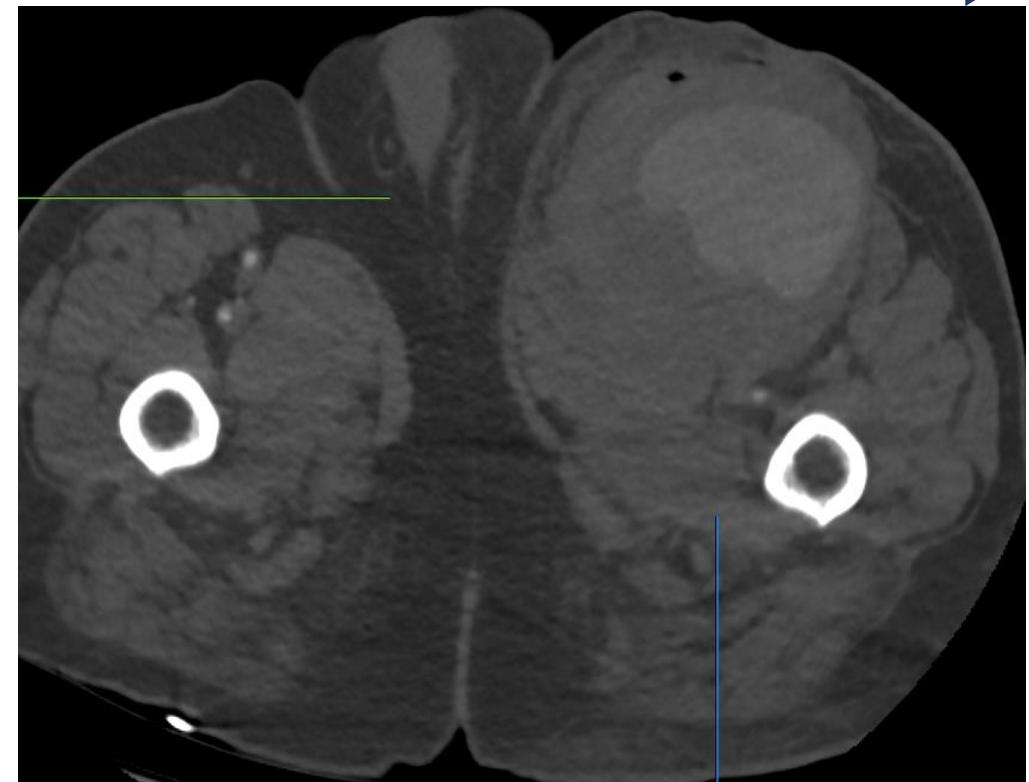
A total of 54 (5.2%) patients died within 90 days of surgery.

“GROIN WOUND INFECTION AFTER VASCULAR EXPOSURE (GIVE) STUDY GROUP”

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Surgical site infection rates

- **107 patients (10.3%) SSIs**
- **62 (4.6%) groin SSIs superficial**
- **51 (3.8%) deep/organ/space infections**
- **The most commonly found organisms were coliforms (72.3%)**
- **SSIs resulted in sepsis in 17 patients (1.6%).**



“GROIN WOUND INFECTION AFTER VASCULAR EXPOSURE (GIVE) STUDY GROUP”

Int Wound J.2021;18:164–175.

Surgical site infection rates

- 50 (3.7%) further surgical interventions
- 37 (2.77%) required management of infected fluid/tissue
- 13 (0.97%) required explantation of foreign material.
- Limb loss occurred as a result of SSIs in four cases (0.30%)



“GROIN WOUND INFECTION AFTER VASCULAR EXPOSURE (GIVE) STUDY GROUP”

Int Wound J.2021;18:164–175.

Variables identified as independent predictors of all SSIs

- **Obesity is a risk factors for the development of SSI. BMI of >30 more than three times more likely to develop an SSI.**
- **Female sex was an independent predictor of SSIs.**
- **A potential reason for this finding is the difference in fat distribution between genders, and differences in groin skin flora.**
- **ischaemic heart disease.**

“GROIN WOUND INFECTION AFTER VASCULAR EXPOSURE (GIVE) STUDY GROUP”

Int Wound J.2021;18:164–175.

Variables identified as independent predictors of all SSIs

- Aqueous betadine skin preparation (compared with alcoholic chlorhexidine)
- Use of vein, prosthetic, or xenograft bypass/patch material (compared with no bypass/patch material)
- operation time
- Coliforms the most frequently isolated organisms, 6% multidrugresistant.

Zusammenfassung

- **Die Leiste ist ein idealer Zugang zum Gefäßsystem.**
- **Die offenen chirurgischen Rekonstruktionen (TEA, Interposition, Anastomosen) an der AFC unverzichtbar.**
- **Die engen anatomischen Verflechtung mit lymphatischen Strukturen ist eine erhebliche Einschränkung.**
- **Die Leistenregion ist keimreich und hygienisch schwer für chirurgische Interventionen zu dekontaminieren.**
- **Die Vaskulären und Wundheilungskomplikationen können zum größten Teil nur gefäßchirurgisch versorgt werden.**

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