

VASCULAR SURGERY & VASCULAR ULTRASOUND LAB

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Revascularization Procedures for Claudication or Limb Salvage: Infra-inguinal bypass grafts (femoro-popliteal or femoro-distal or popliteal – distal bypasses) with or without veins (prosthetic grafts)

If the bypass is performed for life style limiting claudication because of an occluded or thrombosed superficial femoral artery, in some instances, we use prosthetic grafts made out of polytetrafluoroethylene (PTFE) or polyester (Dacron) depending on the anatomy of the patient's vessels and comorbidities.

We use prosthetic grafts when the patient has a superficial femoral artery (thigh artery) occlusion and it reconstitutes above knee level. The patient should be a NON smoker, have at least two vessel run-off below the knee and be able to be anti-coagulated with Coumadin. If the patient is at high risk needing their vein for heart bypasses in the near future, this might be a relative indication to use prosthetic grafts given the mentioned points are present.

If the bypass is done for Limb Salvage, that means that the bypass is done for rest pain or tissue loss (non healing ulcers) or gangrene, then the ulcers might predispose the patient for a higher rate for infections of the wounds or bypass with higher rate of complications and thrombosis of the bypass graft. Especially, in diabetics, smokers, renal failure patients, immune-suppressed patients or patients with open ulcers.