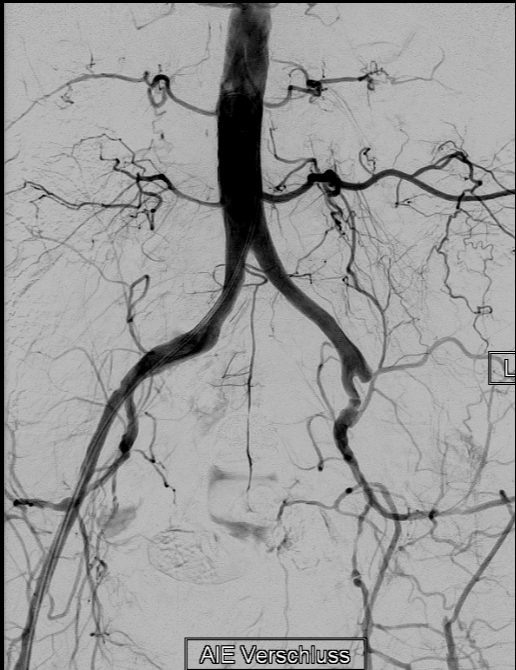




VASCUPEDIA



# Remote endarterectomy: A surgical ``leave nothing behind approach``

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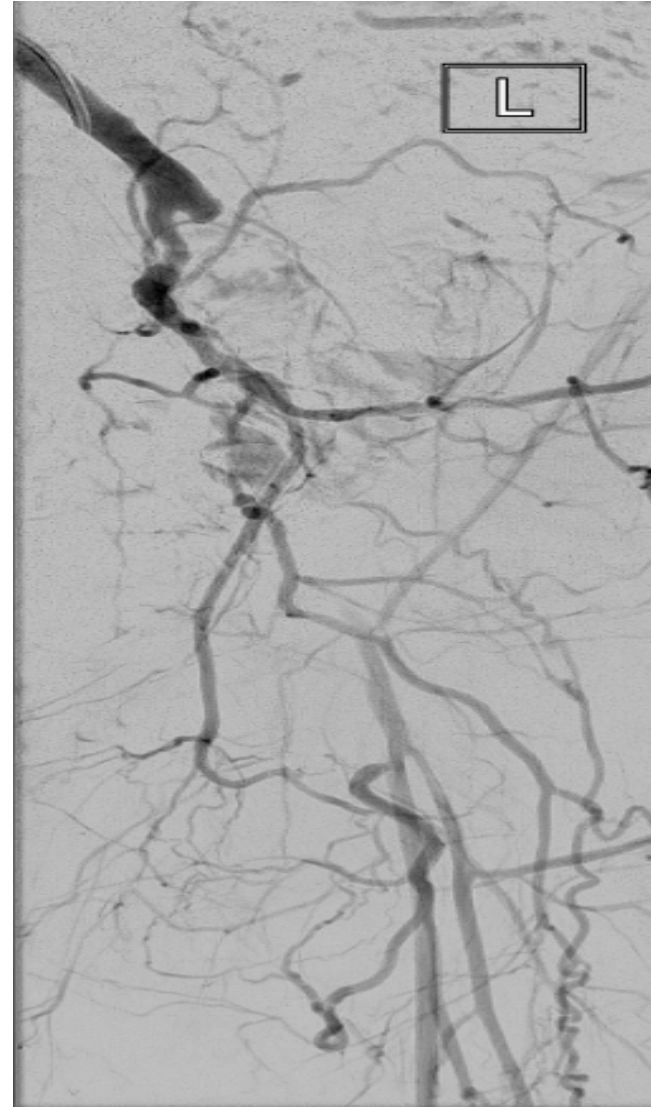
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# Case Presentation

- Male, 72 yrs. old
- **Comorbidity:** Coronary heart disease, Type II diabetes
- Severe Claudication of the left limb (RB Class 3)
- Occlusion of external iliac artery

# Diagnostic Angiogram



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# How would you treat this lesion?

- Iliofemoral Bypass
- Femorofemoral Bypass
- Primary stent deployment
- Primary stent-graft deployment
- Primary leave ``nothing-behind-approach``

# Our Approach: Remote Endarterectomy

1. Surgical exposure of the left common femoral
2. Longitudinal arteriotomy and debulking of the femoral plaque
3. Crossing of the iliac lesion with a 0.035 guidewire

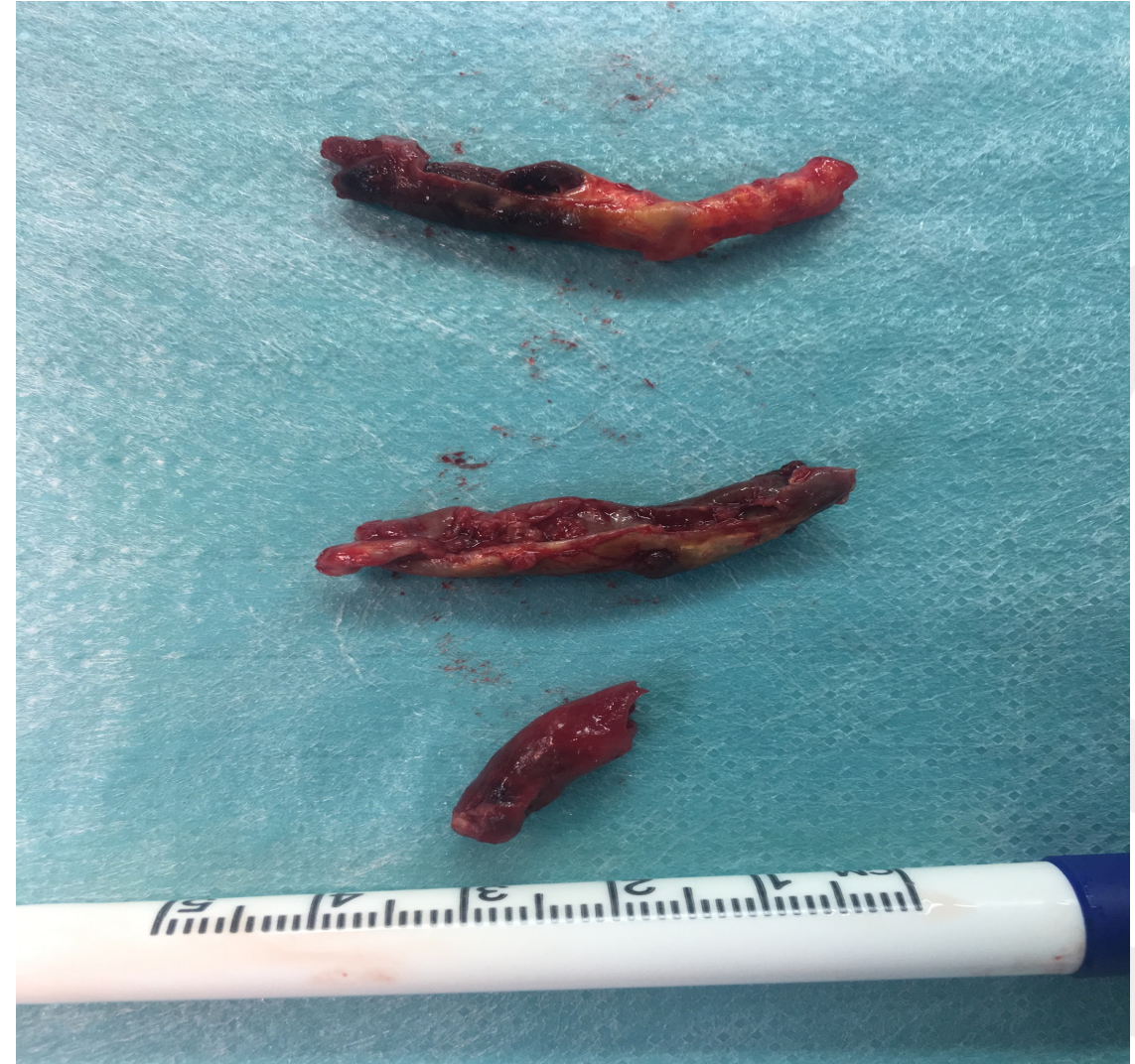


# Our Approach: Remote Endarterectomy

4. Advancing a guidewire-guided Fogarty catheter in the iliac bifurcation
5. Remote endarterectomy of the external iliac artery
6. Parallel pull back of the Fogarty/endarterectomy catheters



# Remote Endarterectomy: Final Result





# Questions to the Vascupedians

- Do you perform remote endarterectomy at your institution?
- Would you preferentially perform an iliofemoral or femorofemoral bypass?
- Do you consider lesions extending up to-/below the inguinal ligament contraindication for endovascular treatment?
- Which would be your medical treatment in this case: Single antiplatelet therapy, dual antiplatelet therapy, anticoagulation?