Abstract citation ID: znad258.767

1178 Management of SFA Disease Delineated by Disease Type – a Multicentre European Analysis

N. Fitzpatrick¹, R. Owen², A. Sherazi¹, E. Katsogridakis³

¹Royal Oldham Hospital, Oldham, United Kingdom
²Freeman Hospital, Newcastle Upon Tyne, United Kingdom
³Manchester Foundation Trust, Manchester, United Kingdom

**Aim:** The study aimed to assess how SFA disease is treated in patients with critical limb ischaemia and patients with claudication.

**Method:** Data was collected from the RandomSTOP European registry database. Patients were categorised into those with critical limb...
ischaemic (CLTI) and those with claudication (nCLTI). Patient demographics were stratified by sex, Rutherford classification, lesion length, smoking status, history of diabetes, history of chronic kidney disease, history of hypertension and pre-admission medications. Procedural variables were stratified by type of treatment. Post-operative complications including perforation, dissection, embolization and in hospital reintervention were compared. Chi-squared analyses were used to compare the two groups.

**Results:** Data on 1,567 patients who underwent surgery for SFA disease was analysed. 64% (n = 1,009) of patients had CLTI, and 36% (n = 558) had nCLTI. Those with CLTI were statistically significantly more likely to be older (p < 0.0001****) and female (p < 0.0001****). Those with CLTI were more likely to have CKD (p < 0.0001****) and diabetes (p = 0.002**). Those with nCLTI were statistically significantly more likely to be on a statin and antiplatelet (p < 0.0001****). Most patients underwent percutaneous transluminal angioplasty (PTA), (75% of CLTI and 84% of nCLTI) with some form of vessel preparation (the most common being Drug Coated Balooning; 36% CLTI and 64% nCLTI). Those with CLTI had greater incidence of post-operative complications including perforation (p = 0.002**), embolization (p = 0.0004****) and secondary intervention (p = 0.016).

**Conclusions:** This is one of the largest contemporary series on the real-world management of SFA disease. Vessel preparation and PTA appear to be the mainstay of managing complex SFA disease.