Long-Term Outcome of Aortofemoral Bypass for Aortoiliac Occlusive Disease

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Abstract

Introduction: Revascularisation of aortoiliac occlusive disease has been evolving in the past 2 decades. The present study was undertaken to evaluate the long-term outcomes of aortofemoral bypass for aortoiliac occlusive disease at a tertiary vascular disease centre in Hong Kong. Materials and Methods: A retrospective analysis of 94 patients (176 limbs) who survived aortofemoral bypass was performed to evaluate the graft patency, long-term complications, limb loss and patient survival rates. Thirty-six patients were operated for incapacitating claudication (Group I) and 58 for limb salvage (Group II). Results: The overall primary patency rates of aortofemoral bypass were 97%, 90%, 89% and 84% at 1, 3, 5 and 10 years, respectively. Poor distal run-off and neointimal hyperplasia were the leading causes of late graft failure. Other late complications included femoral pseudoaneurysm (n = 1), infection (n = 1) and femoral graft aneurysms (n = 2). The limb loss rate was 5.1% at 4 years. The overall survival rates were 95%, 86%, 81% and 75% at 1, 3, 5 and 10 years, respectively. Ischaemic heart disease and malignancy were the 2 major causes of late death. The 5-year survival rate of group I patients (96%) was significantly superior to that of group II patients (70%). Conclusions: Aortofemoral bypass achieved a primary patency rate of 89% at 5 years and a satisfactory limb salvage rate. It remains the preferred treatment option for good risk patients with complete occlusion or extensive stenosis of the aortoiliac arteries.

Key words: Aortofemoral bypass, Claudication, Peripheral vascular disease, Vascular

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