Long-Term Outcome of Aortofemoral Bypass for Aortoiliac Occlusive Disease

H Lau,*FRCS (Edin), M Med (Surg), FRACS, S W K Cheng,**FRCS (Edin), FACS, MS

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.*

***Ann Acad Med Singapore* 2000; 29:434-8**

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

---

* *Senior Medical Officer*
** *Professor and Chief*
Division of Vascular Surgery, Department of Surgery
University of Hong Kong Medical Centre
Queen Mary Hospital, Hong Kong
Address for Reprints: Dr H Lau, Department of Surgery, University of Hong Kong Medical Centre, Queen Mary Hospital, Pokfulam, Hong Kong, SAR China.
E-mail: hklauh@netscape.net