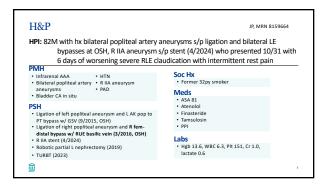
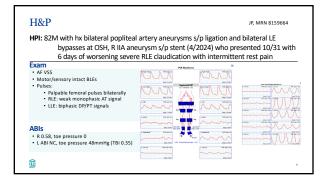
🚊 Mass General Brigham

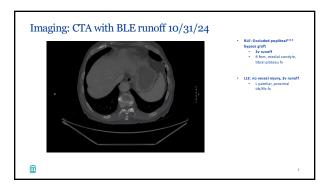
The History And Physical Examination Matters And Guides The Workup

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🔟 Mass General Brigham	
Case JP	
Indication: RLE CLTI	







OR #1 11/2/24

Operation: aortogram, RLE angiogram, recanalization and 6mm DCBA of R SFA, lysis catheter placement

Findings: Patent aorto Iliac system. Total occlusion of R distal SFA/pop and bypass graft. Unable to cross thrombosed BPG. Gmm DCB of SFA from femoral bifurcation to adductor canal. Lysis catheter placed at distal SFA. Patent TPT w/ 2v runoff via AT and peroneal.

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OR #2 11/3/24

Operation: RLE lysis check and catheter exchange

Findings: hood of the previously thrombosed distal SFA to popliteal bypass graft was open. However the graft itself was still thrombosed with sluggish flow proximally. Re-wired lysis catheter into bypass graft ending in R PT artery. Completion angio w/ multiple areas with embolized thrombus and no named inline vessels to the foot.

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OR #3 11/3/24

RTOR due to L groin hematoma, Hgb drop by 2, and decreasing fibrinogen to 163

Operation: - RLE angiogram - Shockwave IVL of R SFA - DCBA and Eluvia DES to entire R SFA - Removal of lysis catheter

Findings: brisk flow through the previously occluded graft. There was two vessel run off to the foot. We then used shock wave to shockwave lithotripsy the entire SFA that was severely calcified and then placed eluvia drug eluting stents along the entire SFA. Distally we balloon angioplastied the popliteal with a Smm DCB. We then performed a completion angiogram which showed brisk flow throughout the leg. Perclosed LCFA access

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Postoperative course

POD1 hematuria in setting of recent bladder CA and lysis, urology consulted Otherwise uneventful, DC'd POD2

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