The Swiss Experience with ambulatory treatment of claudicants and CLI patients

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Practical Considerations
Inpatient versus outpatient angioplasty

- Patient factors: clinical presentation, fitness, comorbidities, patient logistics.
- Technical details of revascularization.
- Access closure.
- Reimbursement.
Patient factors

- Clinical presentation (claudication versus CLI).
- Patient fitness / comorbidities (renal insufficiency, need for hydration, etc.).
- Patient logistics (dependency status).
- Primary care physician.
Preprocedural planning

- Clinical / hemodynamic workup.
- Duplex sonography: Length and severity of obstruction, imaging of arterial access.
- Advanced imaging (CTA, MRA) rarely required.
Technical Details

Type of catheter treatment required (angioplasty / stenting, atherectomy, multilevel treatment, lysis).
Clinical Case I
Outpatient Management of Claudication

- 70-year old claudicant, CVFR: cigarette smoking, arterial HT
- Nitinol stenting infrarenal aortic stenosis, 10F, Angio-seal 8F.
Clinical Case II
Outpatient Management of CLI

- 69-year old CLI patient, chronic ulceration right big toe, CVRF: cigarette smoking, DM type II, arterial hypertension, hyperlipidemia, chronic renal insufficiency, ventricular fibrillation with embolic damages to both feet and subsequent calf amputation left side.
- Prior PTA of anterior tibial artery 10 months ago
Immediate Angiographic Result
Technically complex endovascular procedures in claudicants (re-entry systems, multiple stents, atherectomy) may not be covered in inpatients.
Access closure
StarClose versus manual compression

The StarClose® Vascular Closure System: Interventional Results From the CLIP Study


- Randomized multicenter study to compare StarClose versus manual compression
- 596 patients
- StarClose non-inferior to manual compression
- StarClose significantly reduced time to hemostasis, ambulation, and dischargeability when compared with compression.

Conclusions

• Outpatient treatment of patients treated for both claudication and critical limb ischemia is feasible.

• Clinical and procedural factors determine eligibility for outpatient treatment.

• Reimbursement may impact decision for outpatient treatment.
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