 Failed bypass surgery is considered a dilemma
Redo bypass surgery has a lot of challenges especially when the vein is not available

Case scenario

- Male 70 years.
- Diabetic, HTN, Hyperlipidemic, IHD.
- History of left Fem-pop vein bypass 2 years.
- CLI Left lower limb. Gangrenous toes. Rutherford grade V

Introduction

- Failed bypass surgery is considered a dilemma
- Redo bypass surgery has a lot of challenges especially when the vein is not available

Endovascular recanalization was chosen

- Contralateral access with trial to recanalize the bypass
- Unfortunately the wire pass through the graft but did not pass the distal anastomosis with buckling of the wire
- Retrograde duplex guided PTA access was done
- But the wire passed in the native vessel
- So snaring of the wire was done with flossing
- Balloon angioplasty was done with stenting of SFA
- Retrieval of PTA pulse

Conclusion

- The endovascular therapy in redo bypass failure has a lot of challenges
- However the Endovascular interventions could be a valuable less invasive alternative to redo surgery in cases of Bypass failure aiming at limb salvage with good success rate