

Introduction

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

Case scenario

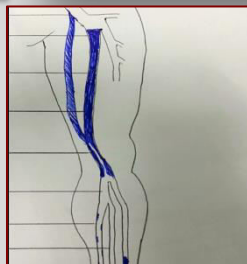
Presentation

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

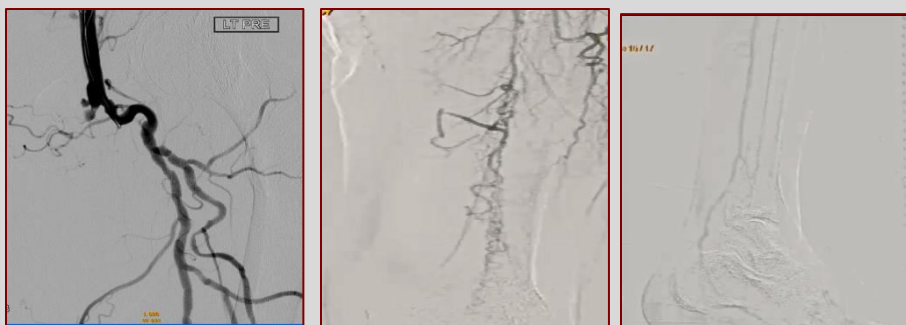


Duplex and Angiography

Extensive disease



Imaging



Treatment options

Surgery

Endovascular

Challenges

Vein availability
Co-morbidities

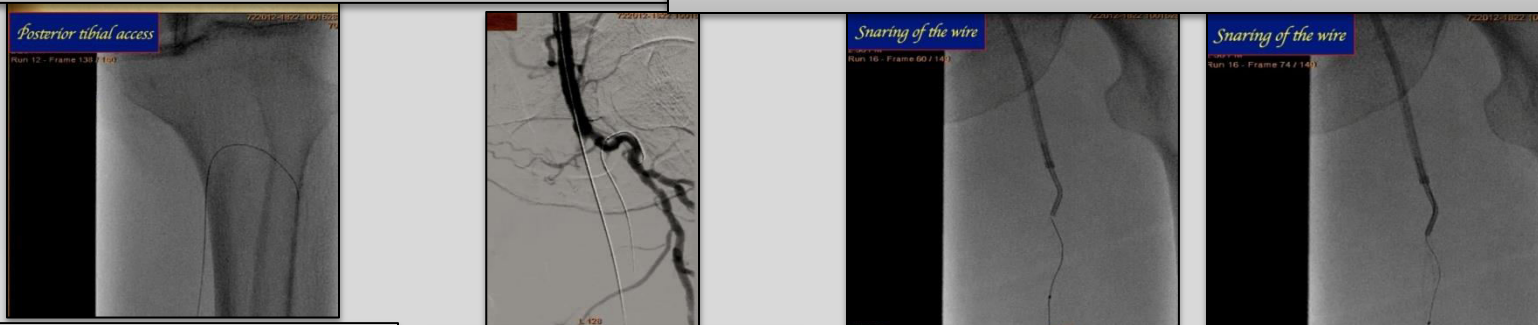
Technical difficulties
Long lesion, calcific , flush SFA

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 anastmosis 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