





# Aim of CAVUS study

- *To describe the role of endovascular surgery in the management of CAVUS*
- *Primary End point is complete ulcer healing*
- *Secondary endpoints are*
  - *Sustained clinical improvement*
  - *Binary Restenosis Rate*
  - *Target Lesion Revascularisation*
  - *Target Extremity Revascularisation*
  - *Amputation Free Survival*
  - *Survival Free From Major Adverse Events*





# Demographics

<i>Total procedures</i>	19
<i>Total number of limbs</i>	19
<i>Male : Female</i>	6 :11
<i>Age (years)</i>	74.3(54-87)
<i>Duration of ulcer</i>	6 m-23 y

# Clinical Presentation

<i>Procedures</i>	<i>n=19</i>
<i>Rutherford Category 5</i>	<i>80% (n=14)</i>
<i>Rutherford Category 6</i>	<i>20% (n=5)</i>
<i>Occlusive Lesions</i>	<i>57% (n=11)</i>
<i>Stenotic Lesions</i>	<i>47% (n=8)</i>
<i>De-Novo Lesions</i>	<i>100% (n=19)</i>
<i>TASC D Lesions</i>	<i>n= 4</i>
<i>TASC C Lesions</i>	<i>n= 11</i>
<i>TASC B Lesions</i>	<i>n= 2</i>

# Procedure

➤ <i>SF ligation &amp; level 2 Dissec.</i>	19
➤ <i>Transluminal Angioplasty</i>	12
➤ <i>Subintimal Angioplasty</i>	07
➤ <i>Stenting</i>	09
➤ <i>Total number of stents</i>	11

# Technical Success

<i>Technical Success (Residual stenosis of &lt;30%)</i>	<i>16 (93%)</i>
<i>Technical Failure</i>	<i>1 (7%)</i>
<i>Salvage Bypass (after 12 months)</i>	<i>1</i>
<i>Major Amputation</i>	<i>0</i>
<i>Minor Amputation</i>	<i>0</i>
<i>Mortality after 6 Months</i>	<i>1</i>

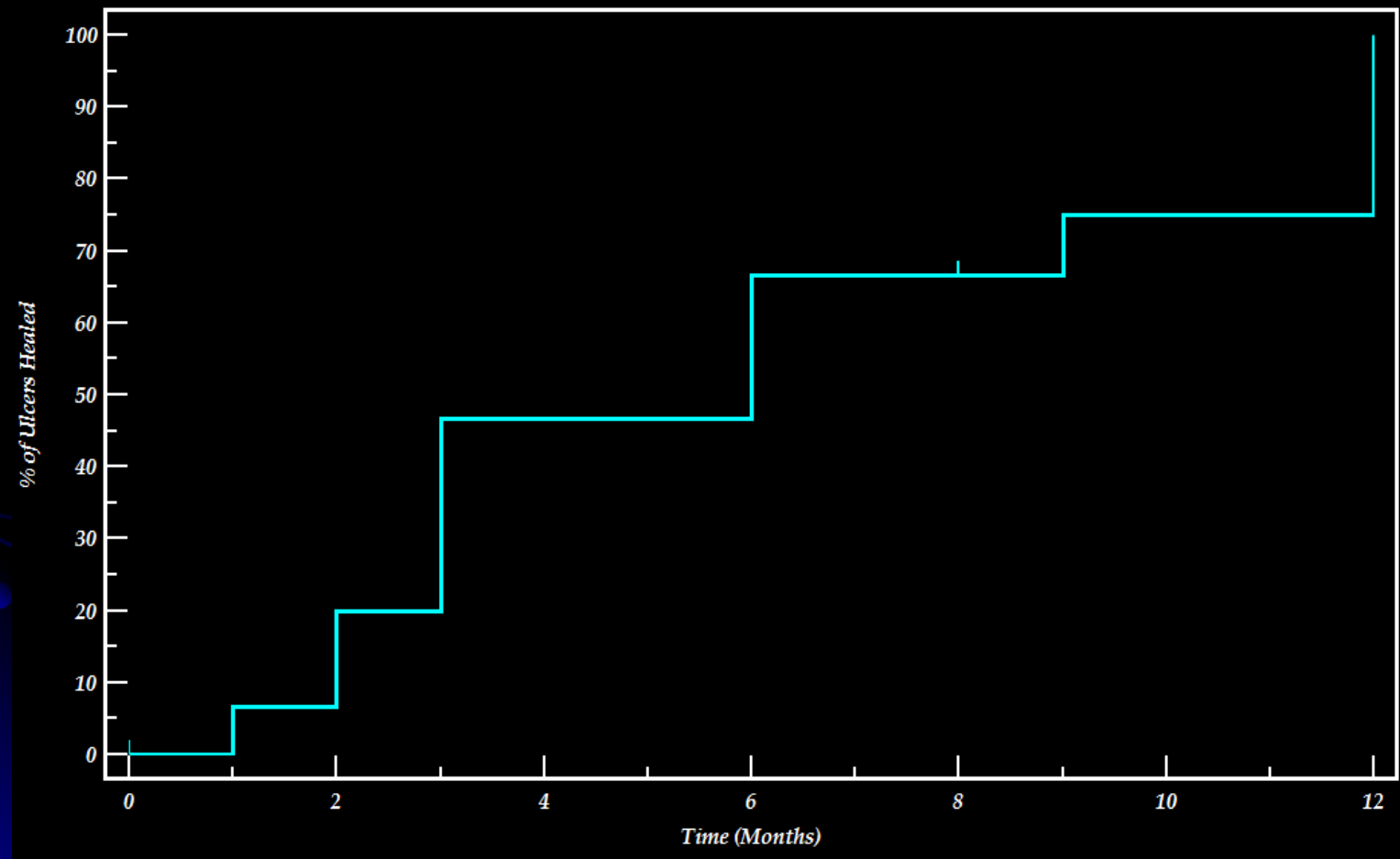
# Immediate Clinical Improvement

*Haemodynamic Success (ABI improved by 0.15 or greater)* 82% (n=15)

*Mean increase in ABI'S* 0.21

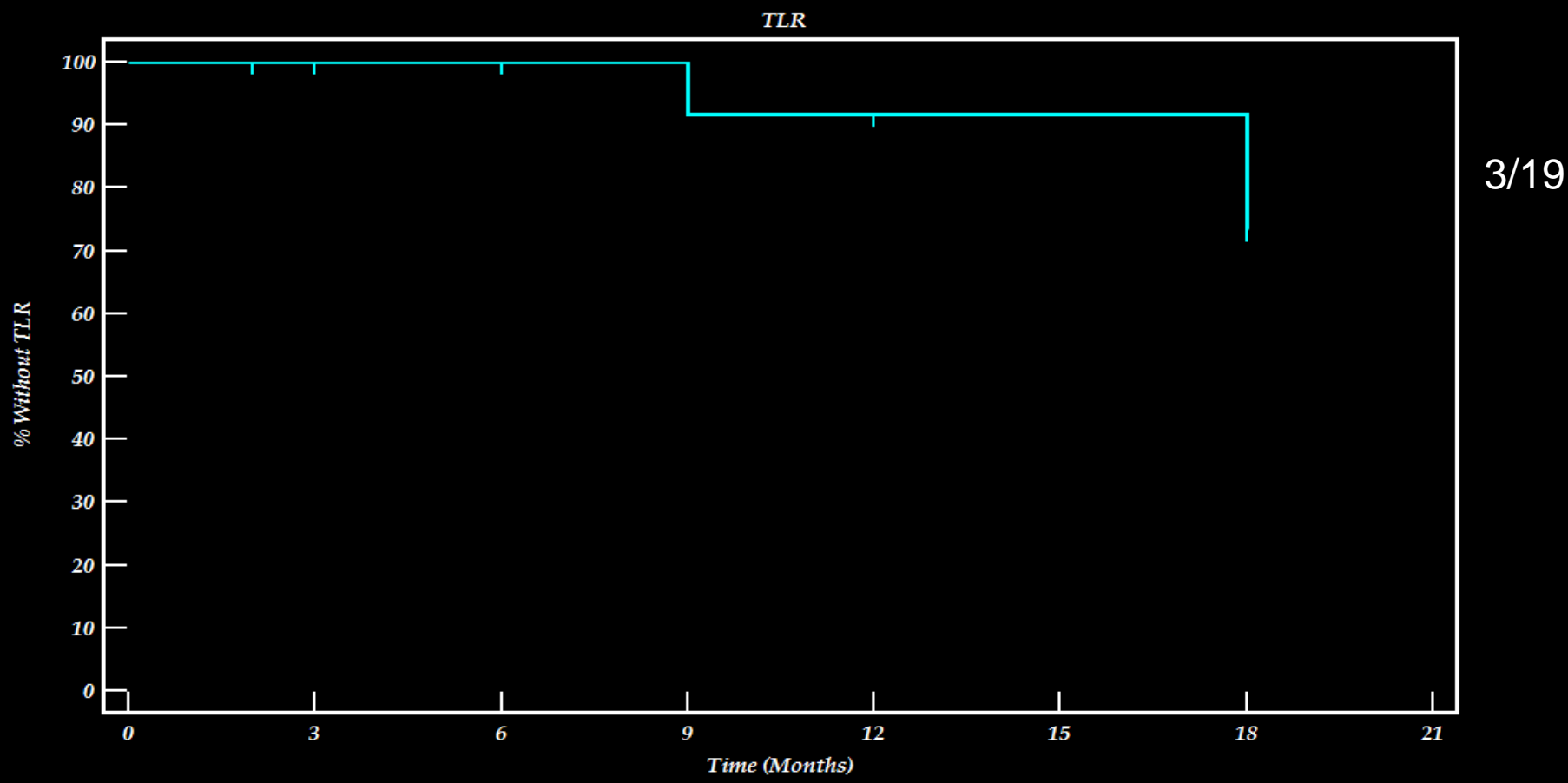
*Mean increase in absolute pressure* 18.3mmg

# Ulcer Healing Time

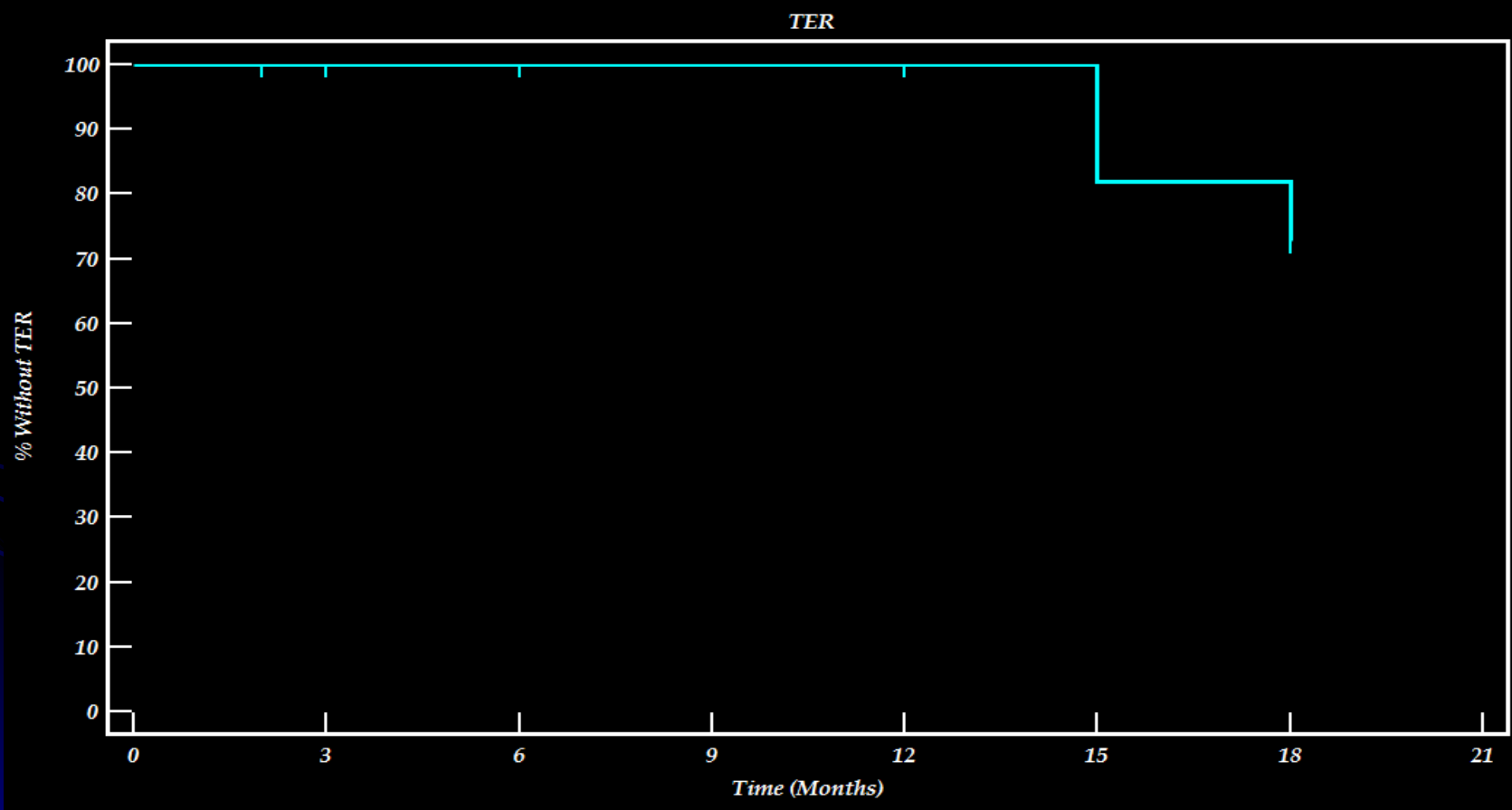


14/19

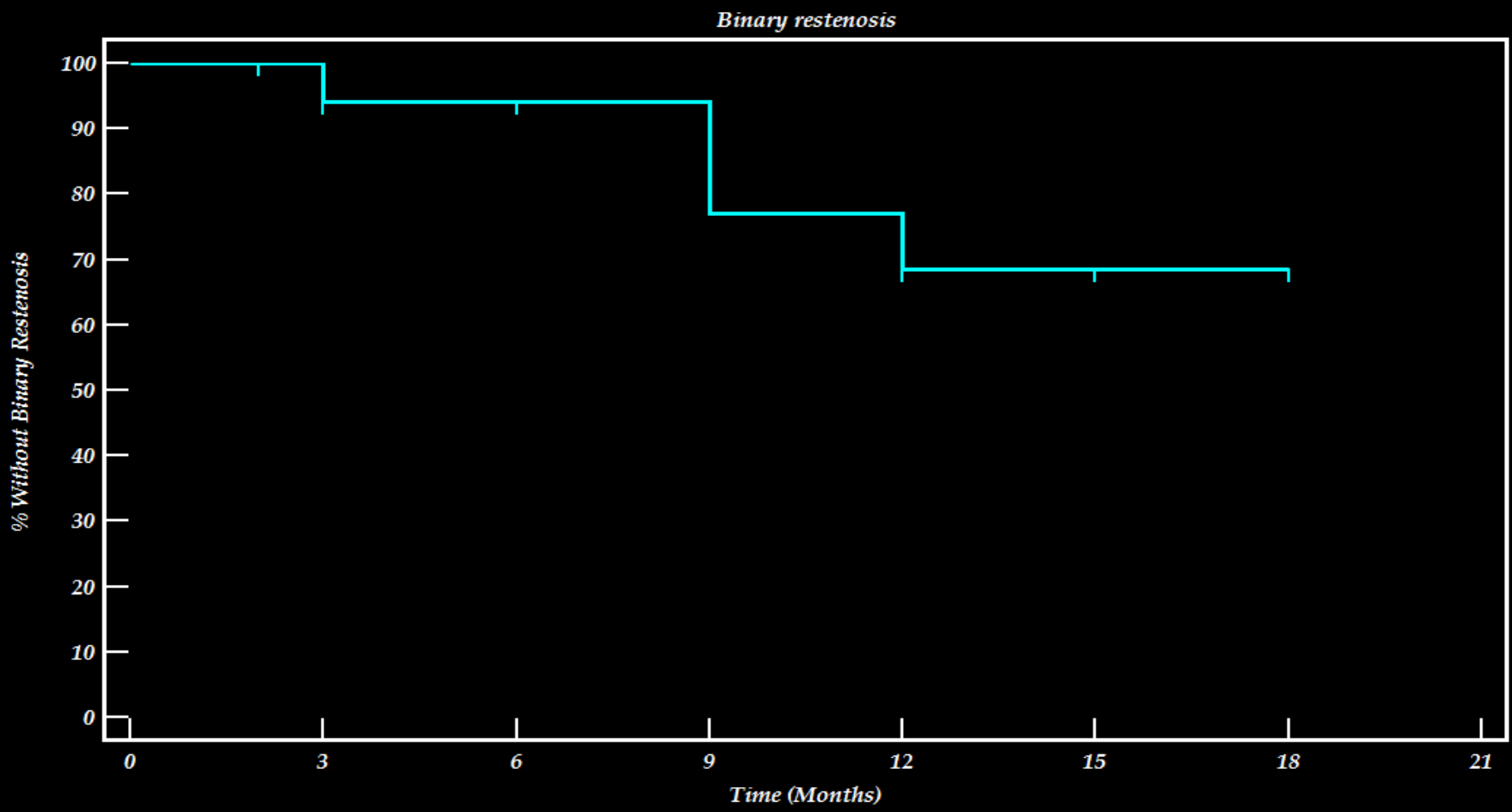
# Target lesion Revascularisation



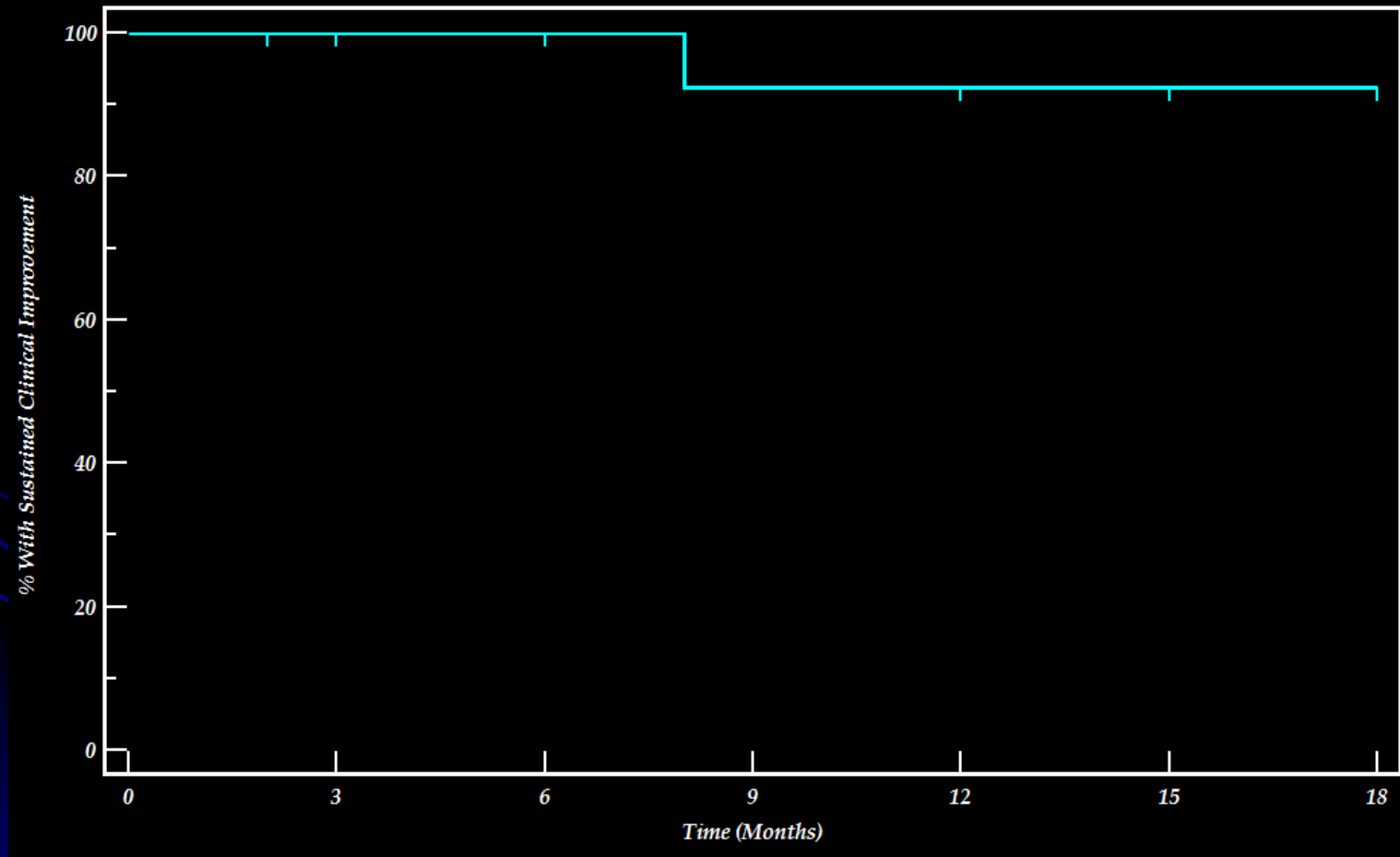
# Target Extremity Revascularisation



# Binary Restenosis



# Sustained clinical improvement



# Conclusions

- *Revolutionised the management*
- *Less morbidity and mortality*
- *Good mid term results*