Novel extra-anatomical course for infected aorto-iliac axis: Paracolic gutter routing

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Disclosure

Speaker name:

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I have the following potential conflicts of interest to report:

☐ Consulting
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☒ I do not have any potential conflict of interest
Objectives:

Infection of native or aorto-ilio-femoral bifurcation/grafts substantially increases the morbidity and mortality associated with surgery.
Special Consideration

• Excessive surgical debridement ➢ Replacement

➢ In-Situ
In-Situ Bp.: Homograft
In-Situ Bp.: Femoral Vein
In-Situ Bp.: Pericardial Graft
In-Situ Bp.: Omniflow
Special Consideration

• Excessive surgical debridement ➢ Replacement
  ➢ *In-Situ*

• Pathway Faraway
  ➢ *Extra-anatomic*
Extra-anatomic Bp.: Axillo-bifemoral
Special Consideration

- Excessive surgical debridement → Replacement
  - In-Situ

- Pathway Faraway
  - Extra-anatomic

We report our experience with a novel technique providing secure grafting:
Paracolic gutter routing

- Prolonged operating times
- Sufficient length of the autologous graft
- Limited availability of certain prostheses
- Low patency

- Intra-abdominal
- Retroperitoneal
Case 1
Operative Technique
Methods:

• 6 of patients (3 males, aged 69 ± 12 years)
  ➢ 1 (17%) patient had undergone prior endovascular repair
  ➢ 1 (17%) patient: aorto-ureteric fistulae
  ➢ 2 (33%) patients had recurrent re-infections
  ➢ 2 (33%) patients: Mycotic aneurysms were present
  ➢ 3 (50%) patients had undergone redo procedures
Results

• Duration of ICU stay was 2.2 ± 1 days
• In-hospital stay 17 ± 6 days.
• There were no major complications and no in-hospital mortalities.
• All patients were followed up for 15 ± 12 months
• There was one case of graft thrombosis (17%) with subsequent successful thrombectomy, and early surgical revision was required in 1 patient (17%)
Advantages

- Aggressive debridement
- No restrictions in terms of graft
- Intraabdominell & retroperitoneal
- Not reduce the diameter of the Aorta
- Feasible even in Multimorbid Patients
- Time-consuming
- Does not require Extra incision
Disadvantages

Injury:
- Colon
- Ureter

Kinking

No use of autologous material
Creation of a neo-aortofemoral system using a retroperitoneal, retro- and paracolic gutter routing is a

- safe approach in a heterogeneous cohort of patients
- complements other bail-out procedures where surgery may be associated with a high risk of reinfection
- Long-term follow-up is mandatory