



# Combined cardiac surgery and extra-anatomic ascendant aorto-bifemoral bypass: short-term results

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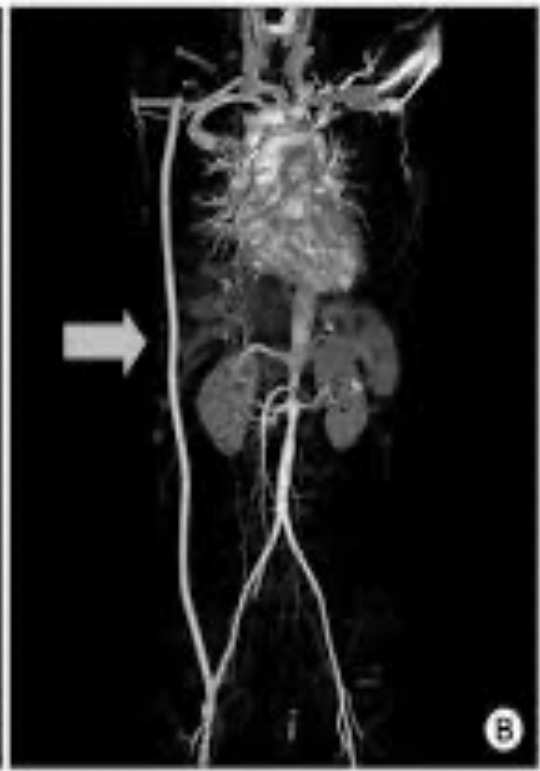
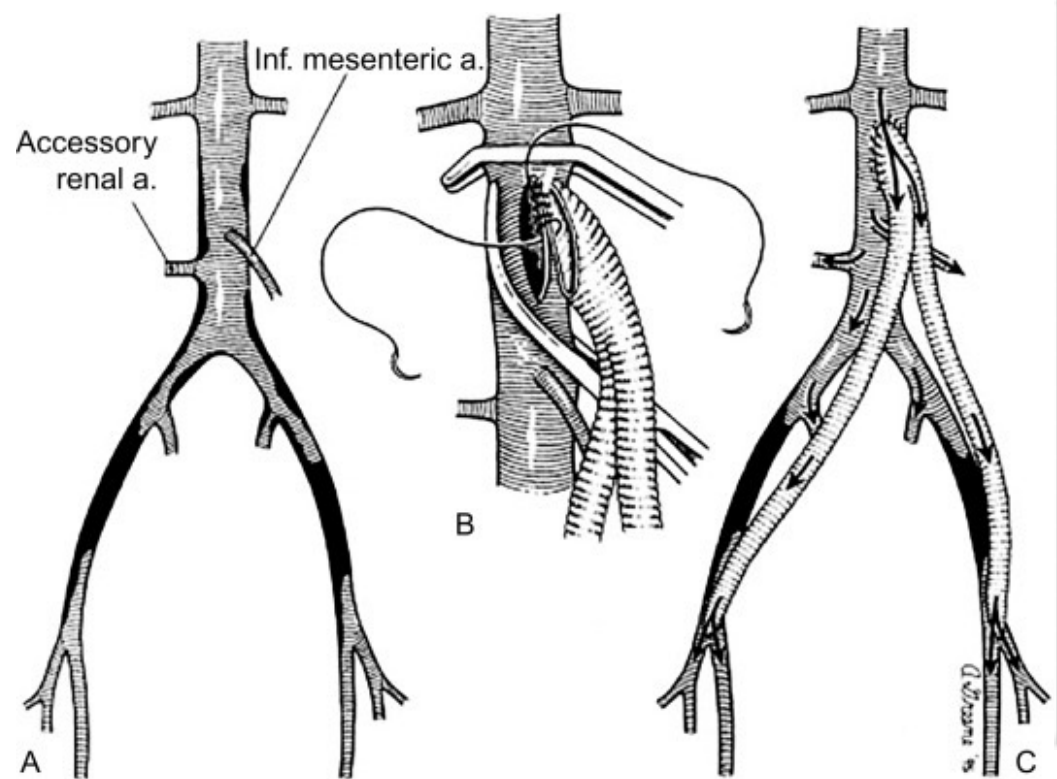


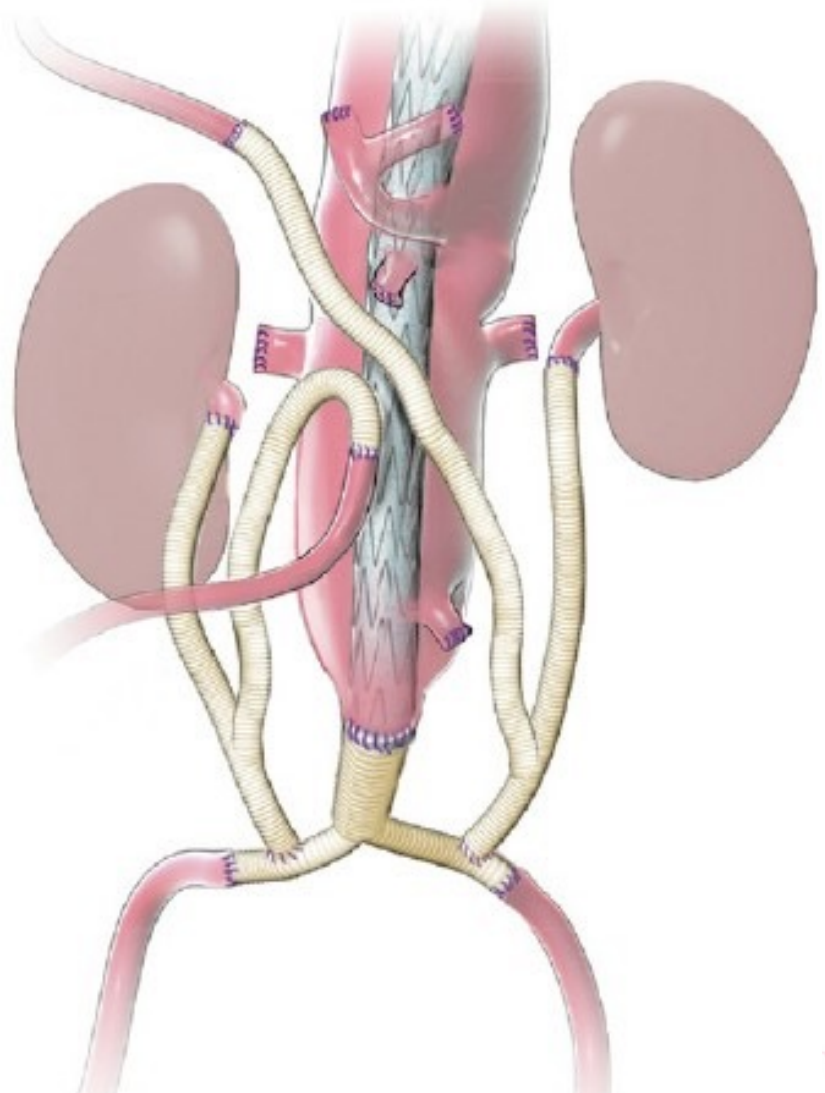
# Introduction



- Valvular or coronary artery disease associated with aorto-iliac vascular disease is uncommon but very severe.
- Two stage operation: (1) abdominal aorto- femoral bypass & (2) cardiac surgery for valvular disease or CABG
- We report the short-term results of 5 cases of single-stage surgery performed cardiac surgery and extra-anatomic ascendant aorta-bifemoral shunt.





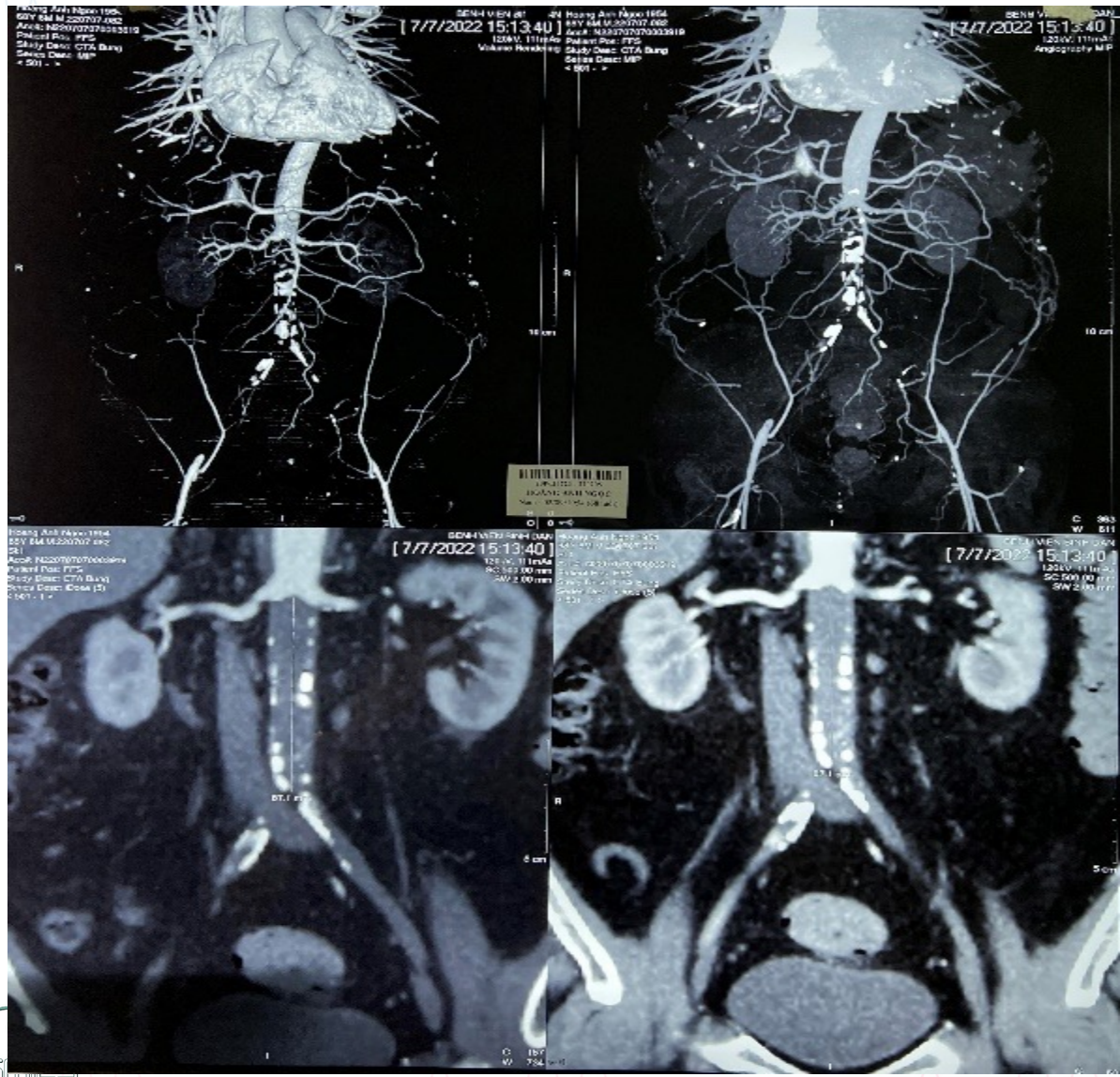




# Method

Retrospectively describe **5** cases of single-stage cardiac surgery combined with ascendant aorta-bifemoral artery bypass





**AIOD TASC II D**

Im: 1/51  
Se: 1

HUYNH DONG PHUONG 2207578  
2207578  
1/01/1960 M  
VIEN TIM TP HCM  
R202209261251059  
Cardiac  
Left Coro 15 fps Normal

WL: 128 WW: 256 [D]  
RAO: 19 CAU: 25

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Im: 1/75  
Se: 7

HUYNH DONG PHUONG 2207578  
2207578  
1/01/1960 M  
VIEN TIM TP HCM  
R202209261251059  
Cardiac  
Left Coro 15 fps Normal

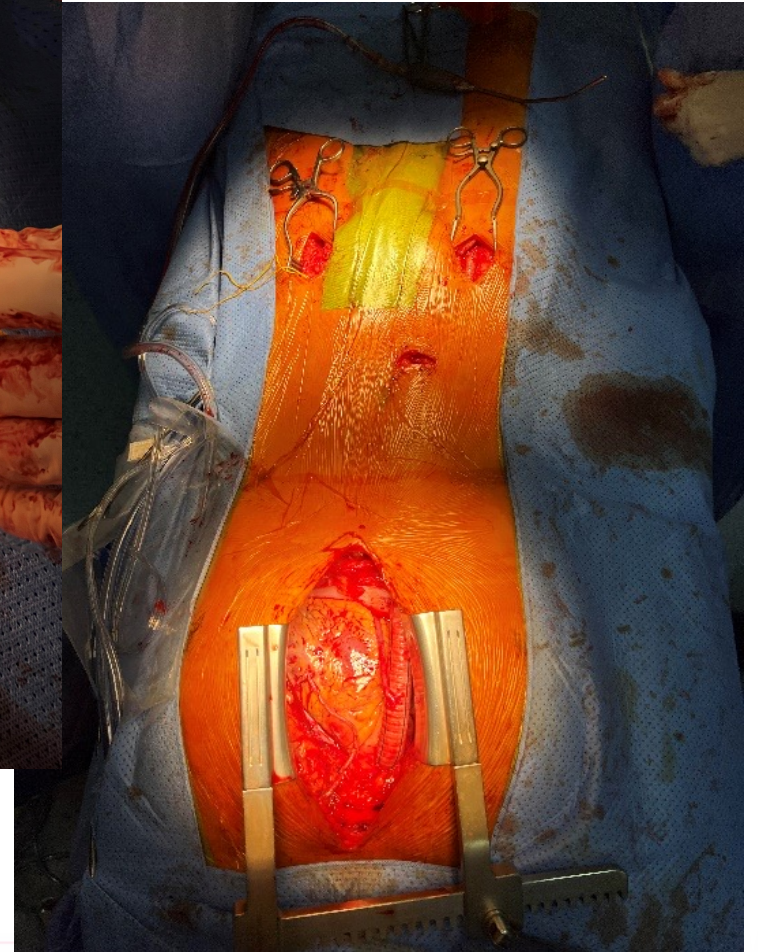
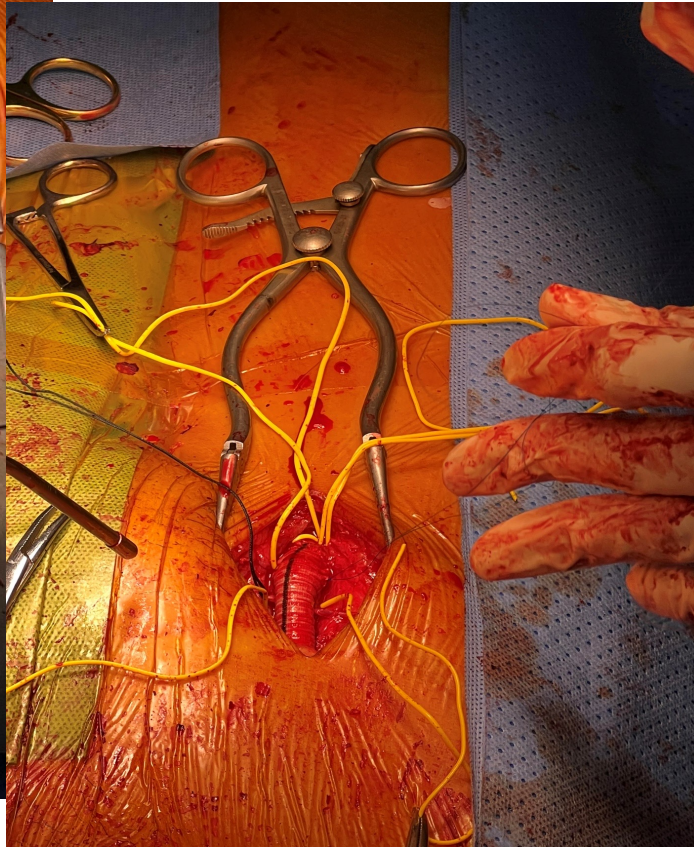
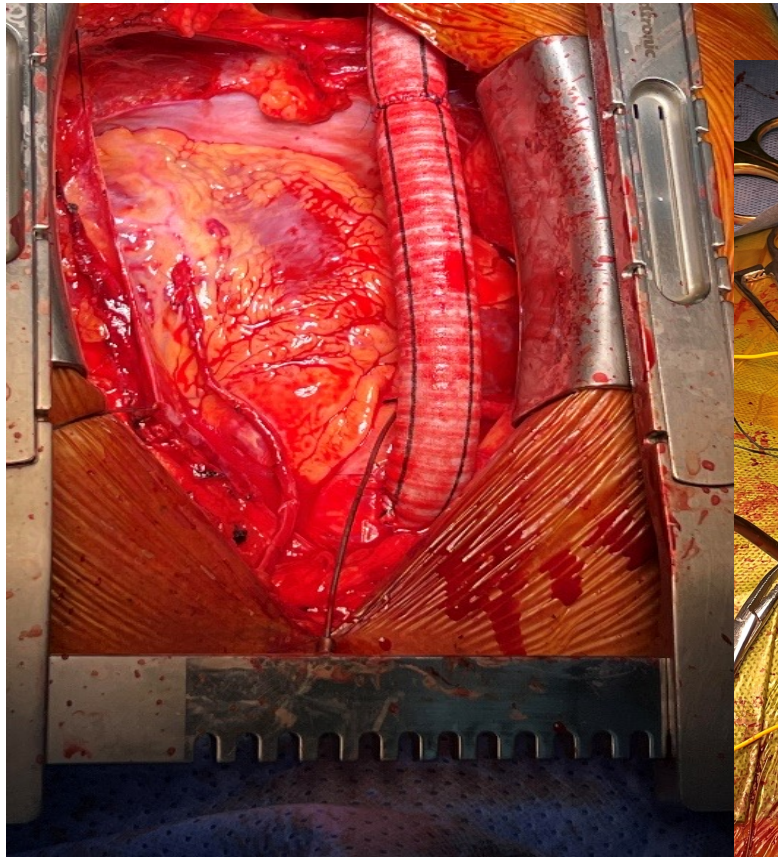
WL: 128 WW: 256 [D]  
LAO: 31 CRA: 22

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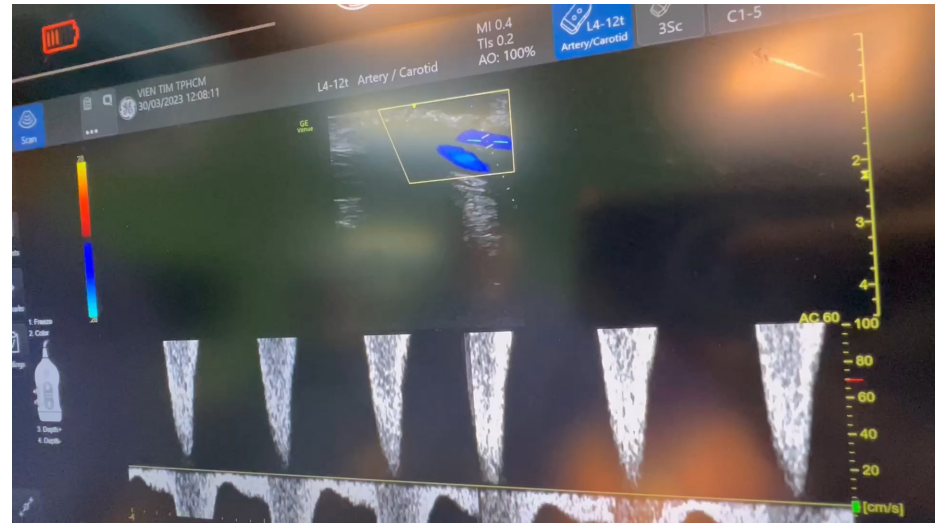
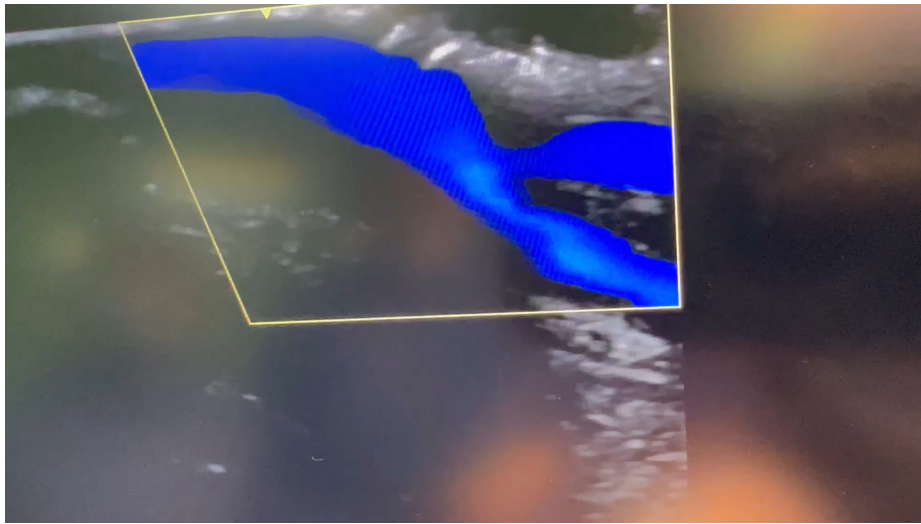
Patients	Underlying disease	Heart disease	AIOD	Surgery	Results
Pat. N.1, 68 y.o	Hypertensive, Lipid disorder	Severe mitral stenosis MVA#0.6cm <sup>2</sup> SPAP: 60mmHg	TASC II D	MVR ( tissue 27) + AABF	Alive, no complication
Pat. N.2, 63 y.o	Hypertensive, Lipid disorder Tabagism	3-vessels disease	TASC II D	1 bypass (LAD)+ AABF	Alive, still have leg pain (minor)
Pat. N.3, 65 y.o	Hypertensive, Lipid disorder, Diabetes	3-vessels disease	TASC II D	2 bypass (LAD- OM) + AABF	Alive, no complication
Pat. N.4, 68 y.o	Hypertensive, Lipid disorder	3-vessels disease	TASC II D	2 bypass (LAD - OM) + AABF	Alive, no complication
Pat. N.5, 66 y.o	Hypertensive, Lipid disorder Tabagism	Severe Mitral regurgitation. MVA#1.2cm <sup>2</sup>	TASC II D	MVR (tissue 27) + AABF	Alive, no complication





## Brief Implement technique





# Indication and contra-indication

Indications : endovascular intervention(EVAR) is not possible in the following cases:

- (1) stenosis or occlusion of the iliac artery or severe stenosis abdominal aorta with acute symptoms;
- (2) claudication unresponsive to medical treatment or necrosis, non-healing lower extremity ulcer or severe lower extremity ischemia (pain at rest, severe intermittent claudication)
- (3) Impotence

Contraindications: unable to have general anesthesia, recent CVA or myocardial infarction. Horseshoe kidney, and retroperitoneal fibrosis are also relative contraindications





# Follow-up

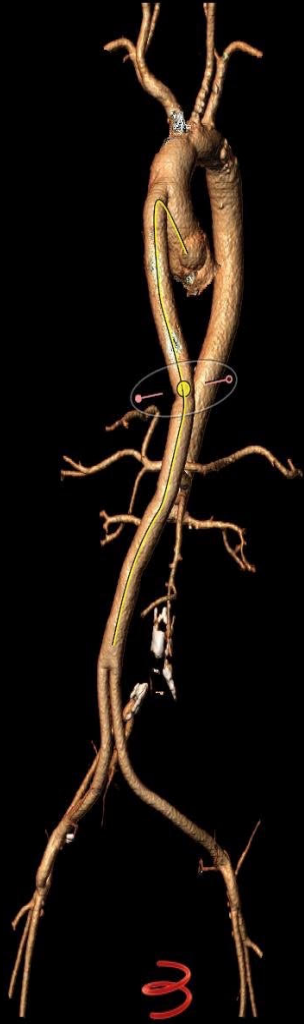
- Median time of FU: 6 months ( 4-11)
- No late death, no leg pain
- All have MSCT post-op 3-6 months



HOANG ANH NGOC 1954  
1/1/1954  
221011-028  
RAO: 0°  
Caudal: 0°

iDose (5)  
10/11/2022

Series: 501  
Image(s): 1-603  
Slice Spacing: 1.0 mm



CT scan 3-6 months post-op ( 1<sup>st</sup> pts)



# Alternative technique

- Suzer 2009 : retro-peritoneal thoracic aorto-femoral bypass
- Baird 1986 : “ventral aorta”
- Stewart 2021: thoracotomy thoracic aorto-femoral bypass
- Bosse 2018 : ascending aorta to left femoral and femoro-femoral bypass





# Conclusion

**The extra-anatomic AABF bypass is an effective, easy-to-implement, and safe solution in cases requiring cardiac surgery at the same time as acute AIOD.**

**It also requires a longer follow-up time and a larger number of patients to accurately assess the effectiveness of this combination approach.**



**THANK YOU FOR YOUR ATTENTION**

