



# Femoral Embolectomy

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- Clean & Drap
- Surface mark the position of Femoral Artery
- Pulse +/-

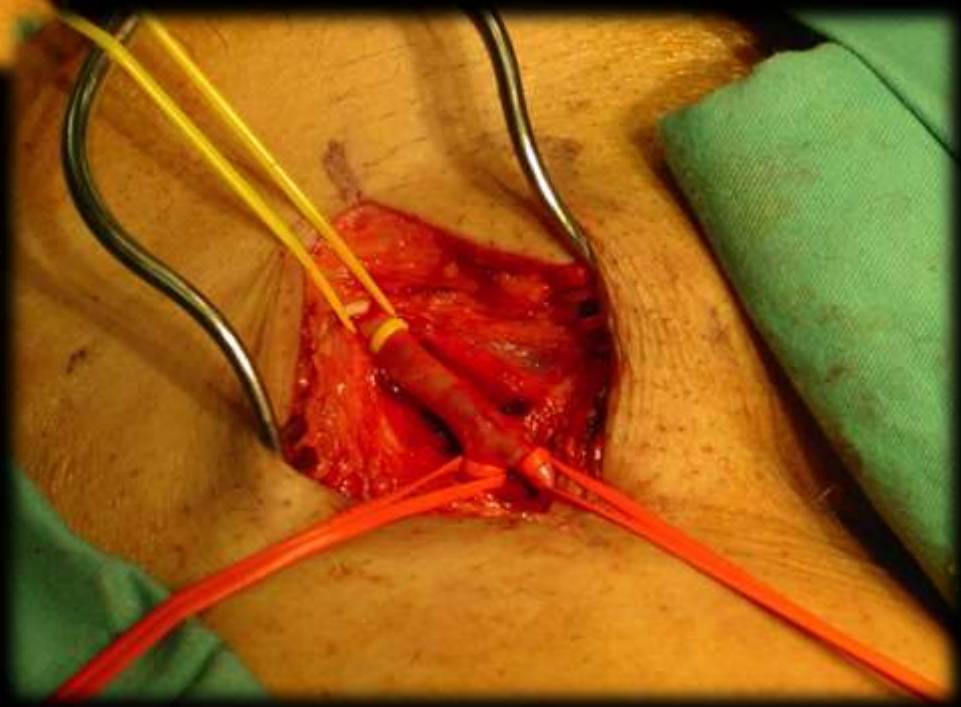
- Infiltrate LA- (Lignocaine/Marcaine)
- Further LA maybe required for deeper layers esp.around the arteries
- Have Anaesthetist around as sedation maybe required.





- Use self retaining retractors
- Sharp dissection esp around the periarterial tissues
- Avoid grasping the artery directly

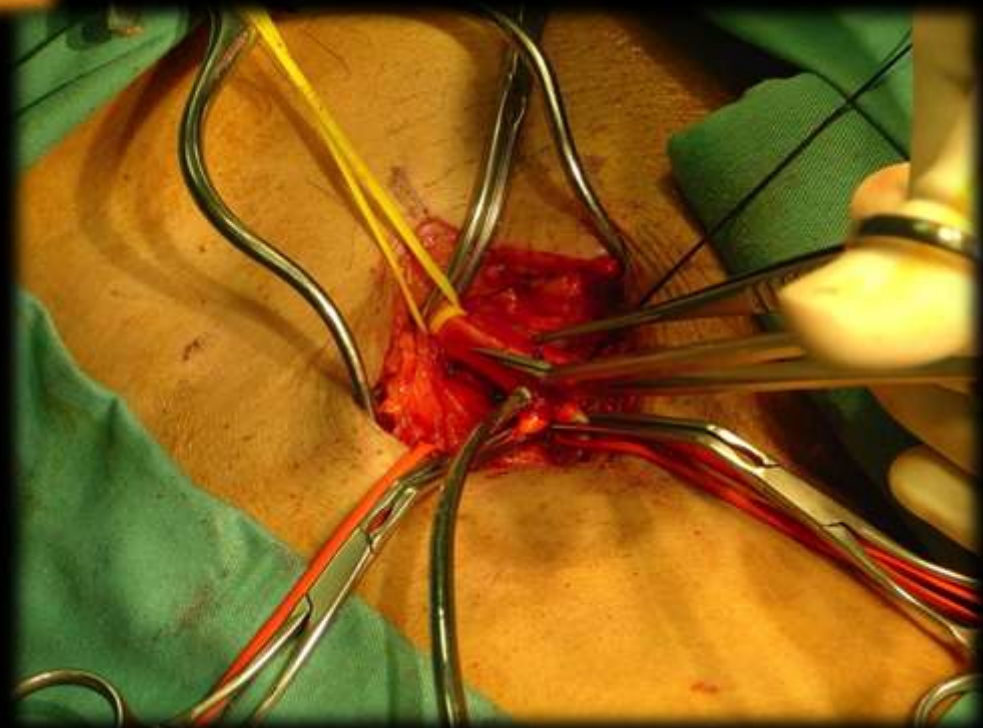
- Identify where possible all 3 femoral arteries
- Mobilise gently and double loop all 3

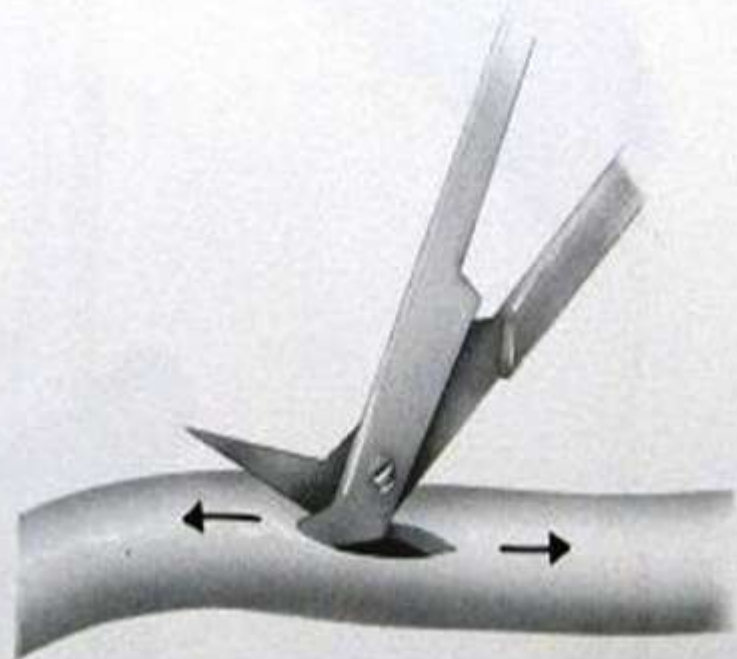


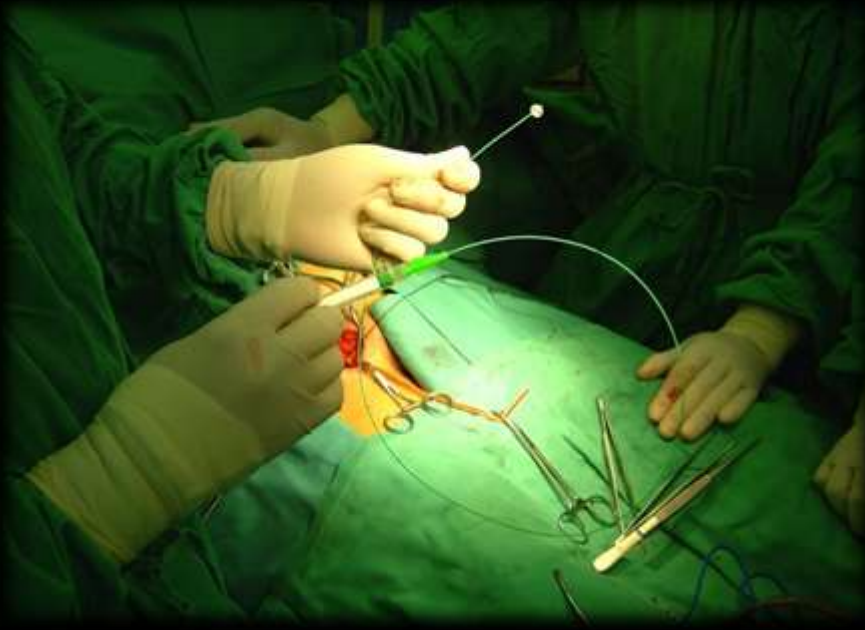


- Atraumatic Vascular Clamps – 3
- Blade 11 for arteriotomy- longitudinal

- Pott's scissors to extend arteriotomy



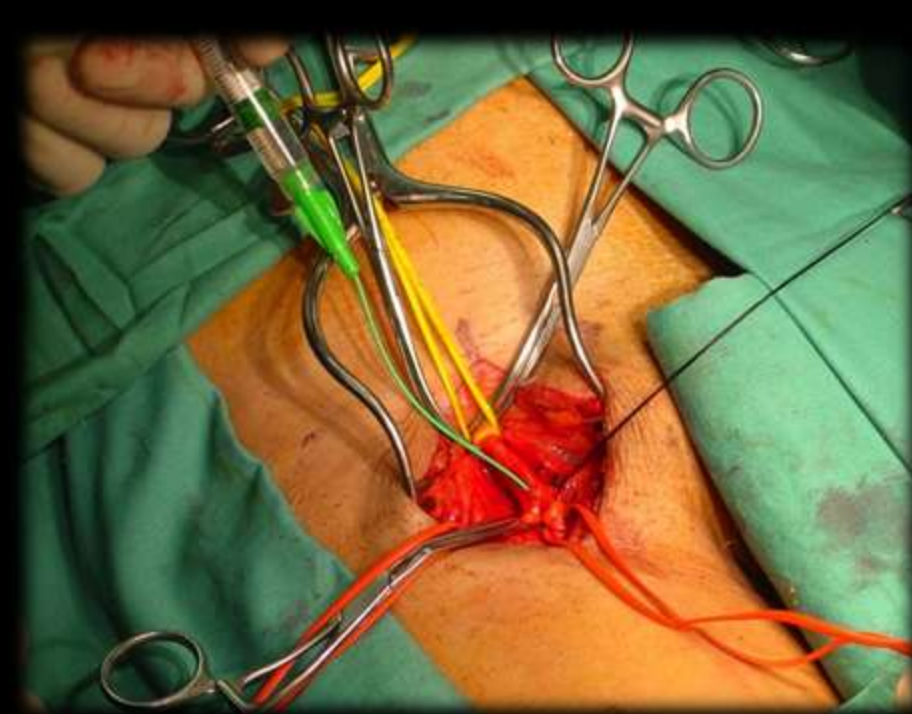




- Use appropriate size balloon catheter
- Lower limb usually 3F and 4F
- Always test the balloon pre insertion (saline or air)
- Do not use recycle catheters

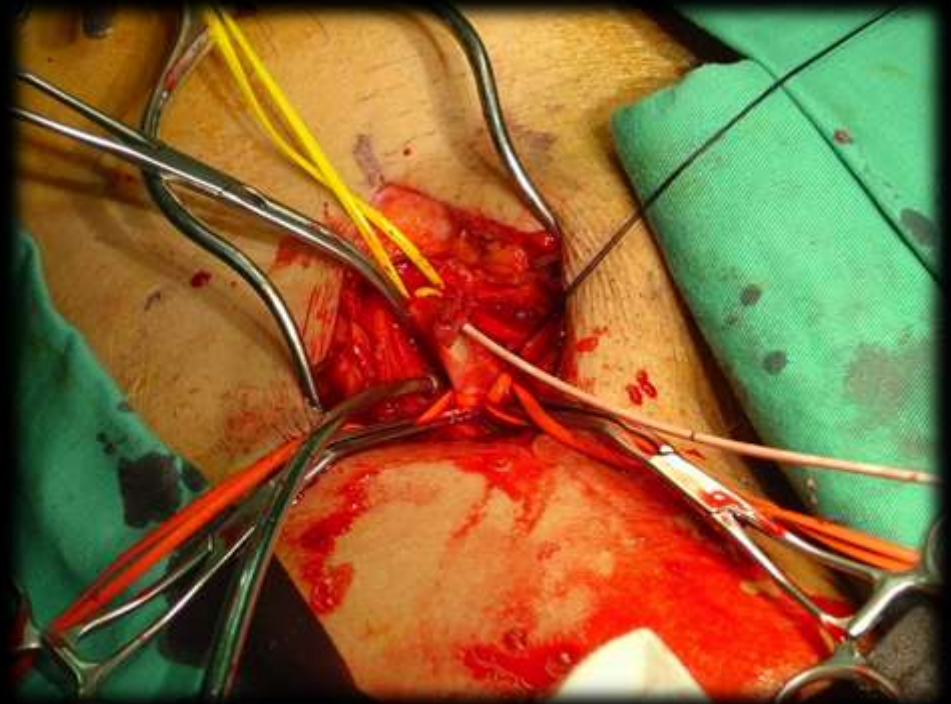
- Insert catheter gently to prevent dissection or plaque disruption
- Never force the catheter down
- Take note of the maximum level the catheter can pass easily
- The object is to reach the level of ankle easily

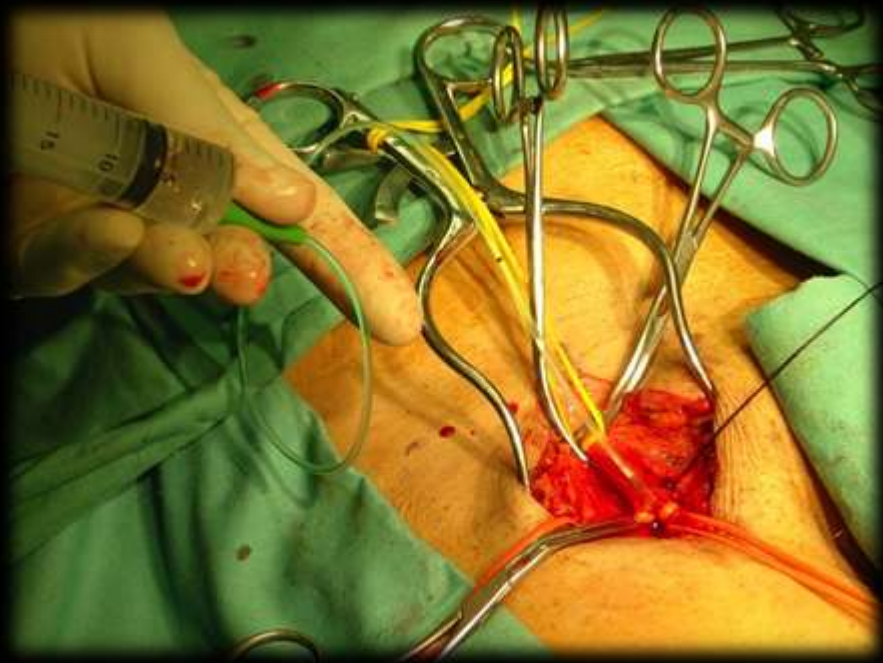




- Control inflation/size of the balloon depending on the level
- Over inflation may cause arterial rupture, plaque disruption and intimal damage.

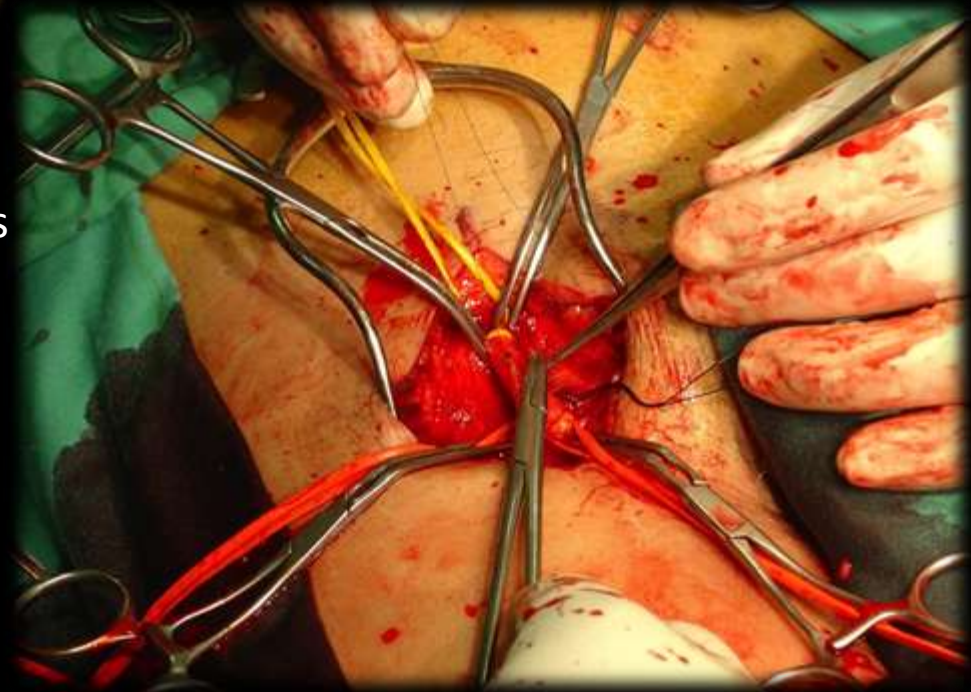
- May require multiple runs
- Insert into both SFA and PFA.
- Proximal will depend on pulsations and position of embolus/clot
- Take note of back bleeding- amount and colour





- Instill heparinised saline distally using paed feeding tube

- De-air before starting to close
- Use non-absorbable monofilament sutures for closure ( 5/0 or 6/0)
- Continuous or interrupted
- Patch closure if artery is small
- May want to do an on table angiogram







- Good hemostasis to prevent post op bleeding, hematoma, infection and pseudoaneurysm



- Redivac drain to prevent hematoma, seroma, lymphocele
- Post op anticoagulation
- Check distal pulses and circulation



# Femoral Embolectomy

- Outcome of Femoral Embolectomy
  - Limb Salvage ~ 73% - 87%
  - Early Mortality ~ 16% ( worse if recent infarct )
  - Late Mortality ~ 26%

*DJA Scott : Annals of R.Coll Surg Engl. 1989; 71:229-232*

*WA Dale : J Vasc Surg. 1984; 1:269-278*

# Femoral Embolectomy

- Failed Embolectomy
  - Wrong etiology- thrombosis
  - Technique and Equipment.
  - Delayed embolectomy
  - Impacted embolus
  - Underlying arterial disease esp. plaques
  - Under-estimation of the grade of ischaemia
  - Intimal damage

# Femoral Embolectomy

- Adjunct Procedures

- Heparin infusion
- On table angiogram
- Fasciotomy : 4 compartment
- Thrombolysis



**Thank You**