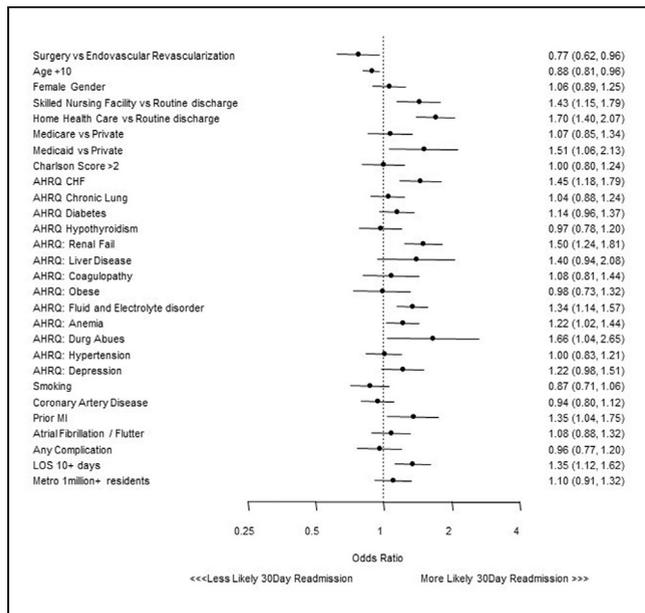


4,18) days. The top five reasons for readmission included persistent or recurrent manifestations of peripheral/visceral atherosclerosis (11.6%); complications of surgical procedures or medical care (6.0%), septicemia (5.5%), heart failure (5.0%), and gastrointestinal hemorrhage (4.7%). Independent predictors of 30-day readmission appear in the Figure.



CONCLUSION Nearly 1-in-5 patients undergoing revascularization for CMI were readmitted within 30-days. Compared with those who underwent endovascular revascularization, patients who underwent surgery were less often readmitted within 30-days. A number of comorbidities, insurance type, and discharge disposition were also independent predictors of 30-day readmission.

CATEGORIES ENDOVASCULAR: Peripheral Vascular Disease and Intervention

TCT-63

A Novel Patent Hemostasis Protocol - Prevention of Pseudoaneurysm after Transpedal Arterial Access for Evaluation and Treatment of Peripheral Arterial Disease

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BACKGROUND Pseudoaneurysm (PSA) is a rare complication (0.2%) after transpedal arterial access (TPA) for endovascular treatment of peripheral arterial disease, occurring only in the posterior tibial artery (PTA) likely related to the anatomy of the vessel giving unfavorable circumstances for adequate hemostasis. We describe a novel patent hemostasis protocol for TPA access to avoid PSA and pedal artery occlusion.

METHODS We prospectively studied 586 patients with symptomatic PAD who underwent 1038 peripheral procedures between 02/2016 and 02/2017 via TPA (dorsalis pedis artery (DP) /anterior tibial artery (ATA), PTA or peroneal artery (PA)). As per our new protocol, hemostasis for the DP/ATA was achieved with the Vasostat™ device, while TR Band™ was used for PTA/PA (Figure). Patent hemostasis technique was confirmed using Doppler.

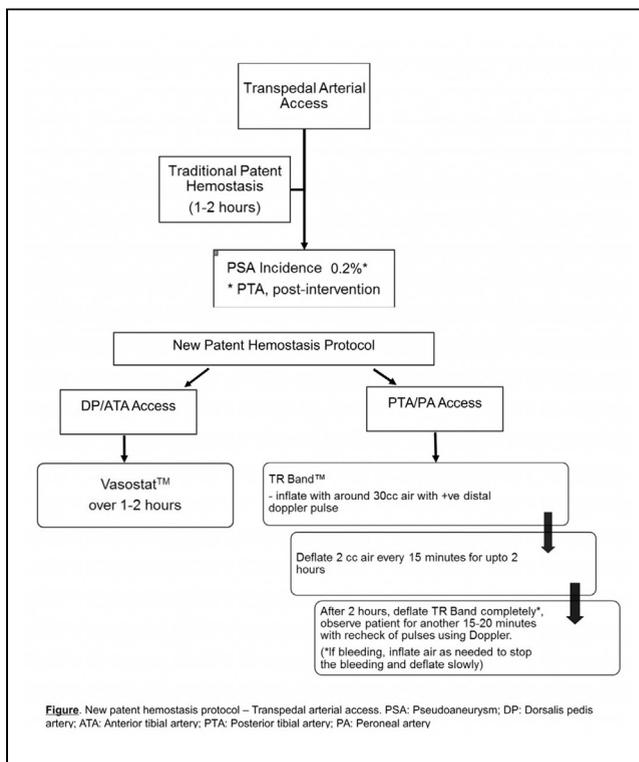


Figure. New patent hemostasis protocol – Transpedal arterial access. PSA: Pseudoaneurysm; DP: Dorsalis pedis artery; ATA: Anterior tibial artery; PTA: Posterior tibial artery; PA: Peroneal artery

RESULTS Of the 1038 procedures, 733 (88% interventional) were done via the DP/ATA, 176 (92% interventional) were done via the PTA and 129 (64% interventional) were via the PA. The incidence of PSA related to any access site was 0.0%. All access sites were patent on Doppler ultrasound at 30 day follow up.

CONCLUSION PSA associated with TPA is very rare, it can be easily prevented with the above described patent hemostasis protocol while preserving the patency of the access site.

CATEGORIES ENDOVASCULAR: Peripheral Vascular Disease and Intervention

TCT-64

Procedural success of pulmonary balloon angioplasty in patients with chronic thromboembolic pulmonary hypertension - a German single-centre, two-year experience

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BACKGROUND Chronic thromboembolic pulmonary hypertension (CTEPH) can be treated curatively by pulmonary endarterectomy (PEA). Up to one third of all CTEPH patients, however, are inoperable. Balloon pulmonary angioplasty (BPA) is an emerging treatment for patients with inoperable CTEPH, but little is known about the persistence of the procedural success of BPA.

METHODS Between March 2014 and October 2016 consecutive patients (n=553) with CTEPH were investigated for treatment options (PEA, BPA, medical therapy) by an interdisciplinary team consisting of thoracic surgeons, interventional cardiologists, radiologists, and pulmonologists. All patients were subjected to right- and left-heart catheterization, pulmonary angiography, 6-minute-walk test, echocardiography, spirometry, and a CT scan. Of 153 (27.7%) patients who were classified as inoperable, 102 patients were planned for BPA