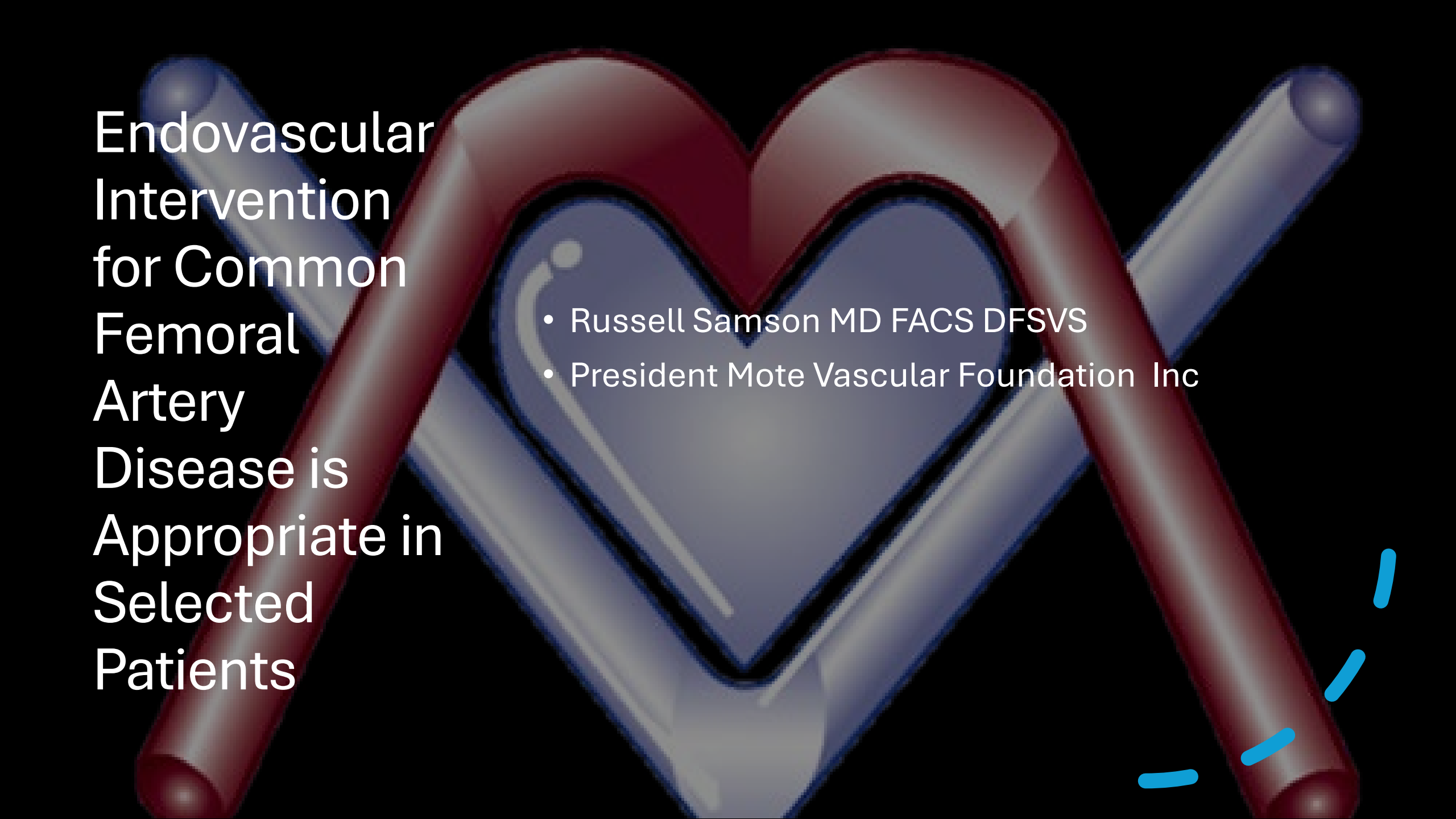
Endovascular Intervention for Common Femoral Artery Disease is Appropriate in Selected Patients



- Russell Samson MD FACS DFSVS
- President Mote Vascular Foundation Inc

I put the title of my talk into CHAPGPT

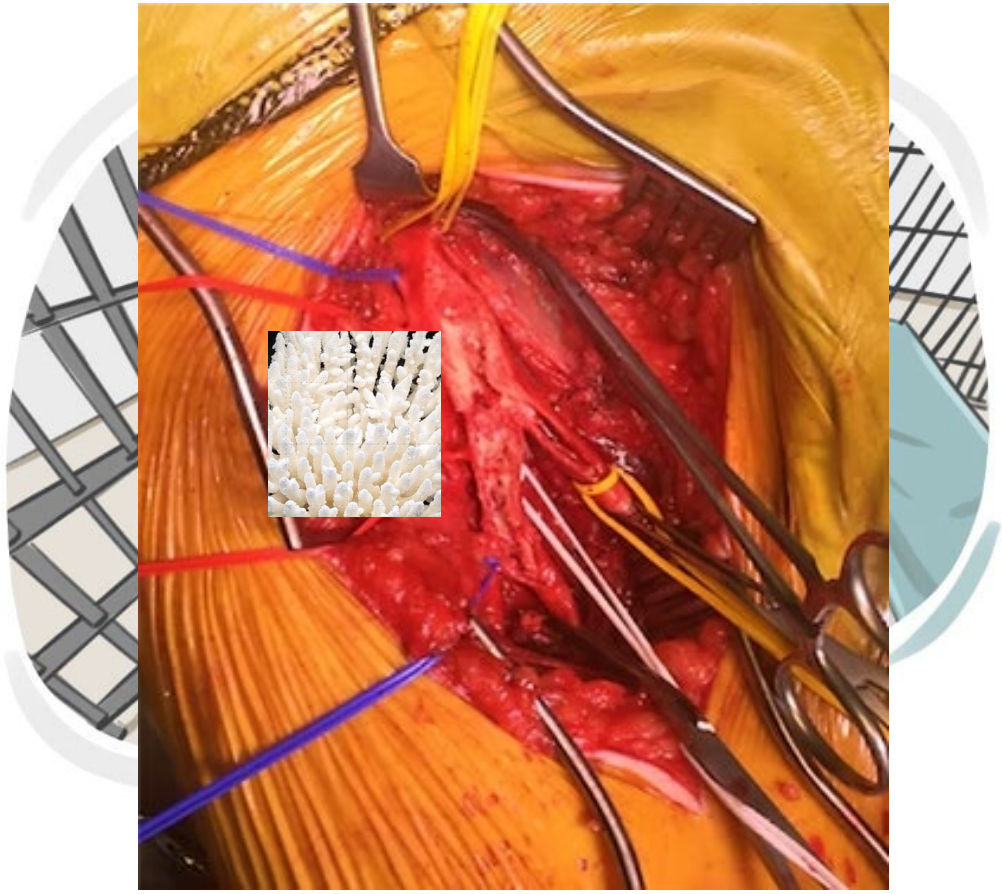
That’s funny, I just made a PowerPoint for Rabih Chaer saying stenting was better

Question is not whether it can be appropriate to use selectively, but rather why it's mostly a bad idea

1. The Anatomic Argument (Why the CFA Is Different)
2. Durability: The Central Pillar
3. Guideline Support
4. The Profunda Argument (Often Underplayed)
5. Hybrid Strategy Strength
6. Complication Profile

The Anatomic Argument (CFA Is Different)
It is not just another leg artery

- It is a **bifurcation artery** (CFA → SFA + Profunda)
- It is exposed to:
  - Flexion
  - Torsion
  - Compression at the inguinal ligament
- It is a junctional artery
  - Associated with inflow and outflow disease
- It frequently has:
  - Heavy coral reef calcification
  - Plaque extending into profunda origin



Durability: The Central Pillar

- **Open CFE Outcomes**
- ***This is one of the most durable operations in vascular surgery!***
  - Primary patency: **90–95% at 5 years**
  - Freedom from reintervention: extremely high
  - Limb salvage: excellent
  - No implant left behind

- **Endovascular CFA Outcomes**
  - Short-term technical success: good
  - Long-term durability: inconsistent
  - Higher reintervention rates
  - Limited high-quality long-term data

When durability matters (CLTI patients especially), open wins

Guideline Support - No major society has declared routine CFA stenting superior to open surgery

- Both societies:
  - Continue to consider **open CFE the reference standard**
  - Recommend endovascular therapy selectively
  - Emphasize individualized decision-making

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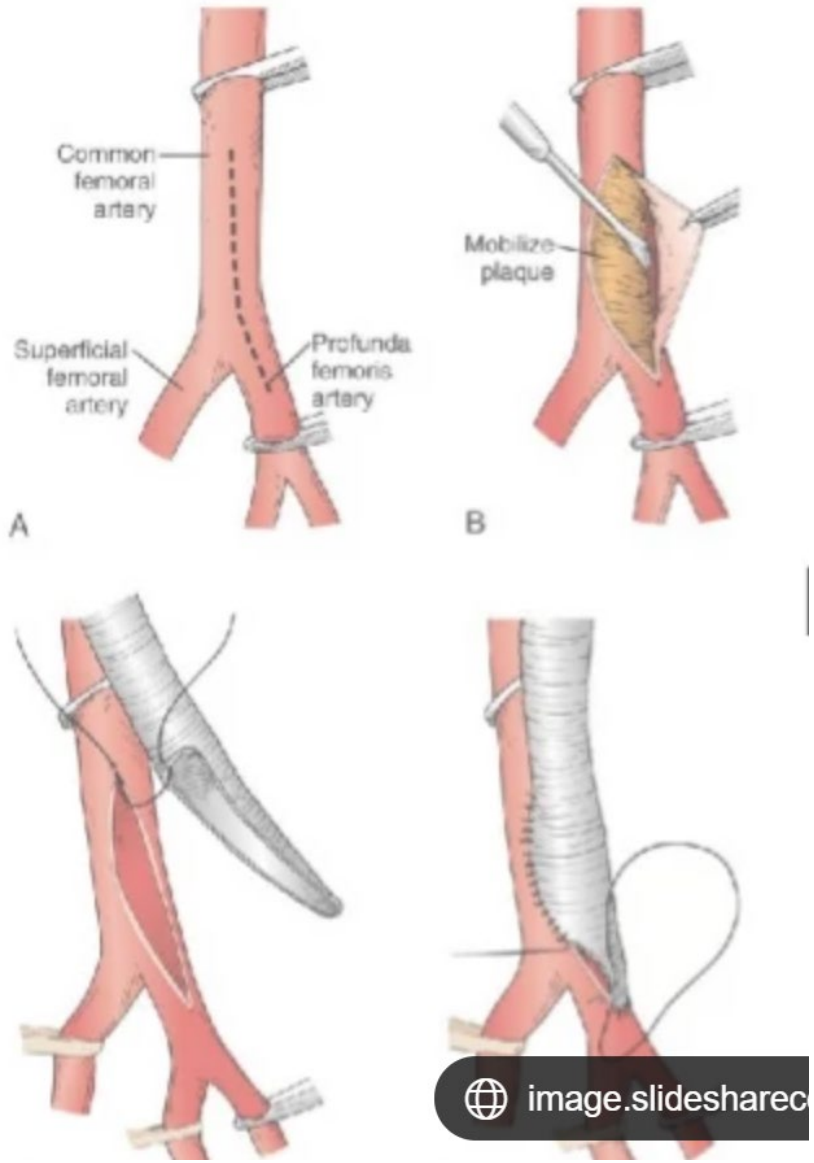
The Profunda Argument -The profunda may be the only artery keeping a leg alive

- Open endarterectomy allows:
  - Direct plaque removal at profunda origin
  - Patch angioplasty
  - Optimization of inflow to collateral networks
- You cannot replicate this reliably with a stent without risking profunda compromise



Hybrid Strategy Strength

- Open CFE integrates seamlessly with:
  - Iliac stenting
  - SFA endovascular therapy
  - Distal bypass

It is the anchor procedure in hybrid PAD reconstruction

Reintervention Burden

- Endovascular therapy often:
  - Requires repeat PTA
  - Requires stent relining
  - Commits patient to lifelong surveillance
  - May complicate future bypass targets

- Open CFE often:
  - Solves the problem definitively
  - Allows hybrid completion distally if needed

Complication Profile:

- Yes—open surgery has:
  - Wound complications (5–15%)
  - Lymph leaks
  - Longer initial recovery
- But:
- Perioperative mortality is low
- Most complications are manageable
- Reintervention rate is far lower

Is lower early morbidity worth higher long-term failure?

For most vascular patients, the answer is **no!**