

## **The impact of comorbidity on long-term results of above-knee prosthetic femoropopliteal bypass for intermittent claudication.**

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### **Abstract**

**AIM:** The aim of this work was to report the impact of comorbidity on long-term results of prosthetic above-knee femoropopliteal bypass for intermittent claudication.

**METHODS:** One hundred and forty-one consecutive operations (129 patients) between January 1990 and December 2001 in one single vascular unit were analyzed. All cases were prospectively registered. Survival and assisted primary patency rates were studied and subgroups of patients were compared.

**RESULTS:** The 5-year survival was 77%, which is significantly lower than the survival of a demographically matched population (85%). Preoperative serum-creatinine >125 mmol/L was significantly associated with reduced survival ( $P<0.01$ ). The assisted primary patency rates were 62% at 2 years and 44% at 5 years. The 5-year patency rate for smokers was 24% versus 67% for non-smokers ( $P<0.01$ ). A previous history of cerebral infarction was significantly associated with reduced graft patency ( $P=0.02$ ).

**CONCLUSIONS:** Careful selection of patients submitted to surgical treatment of intermittent claudication is mandatory to achieve the optimal gain of the operation. Patients with intermittent claudication and renal impairment reveal poor survival. The reduced graft patency rates of patients with a history of a cerebral insult need further studies to be verified. Smokers should be treated conservatively due to their inferior graft patency rates.