

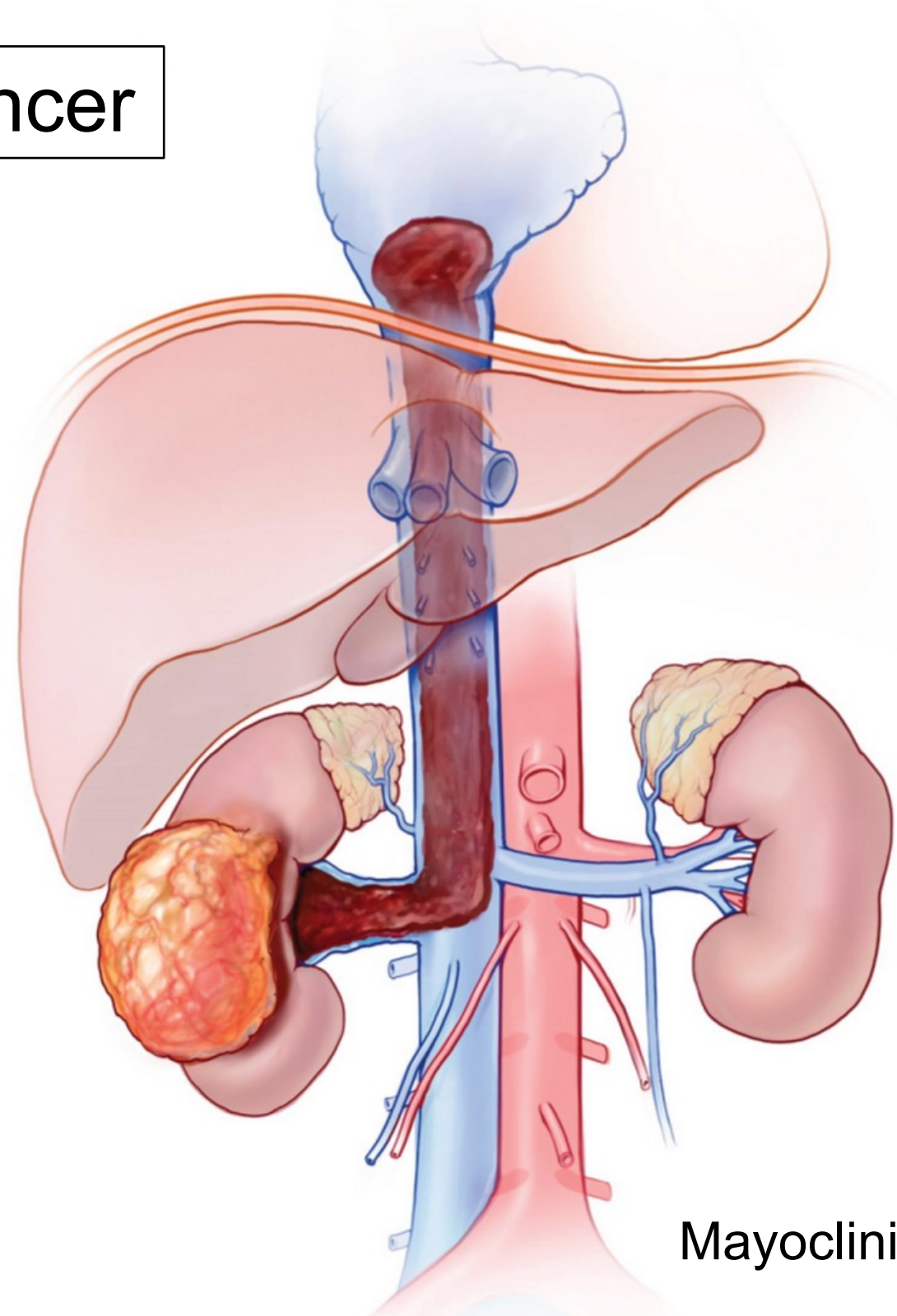
Vascular Surgery Consulted By Other Departments

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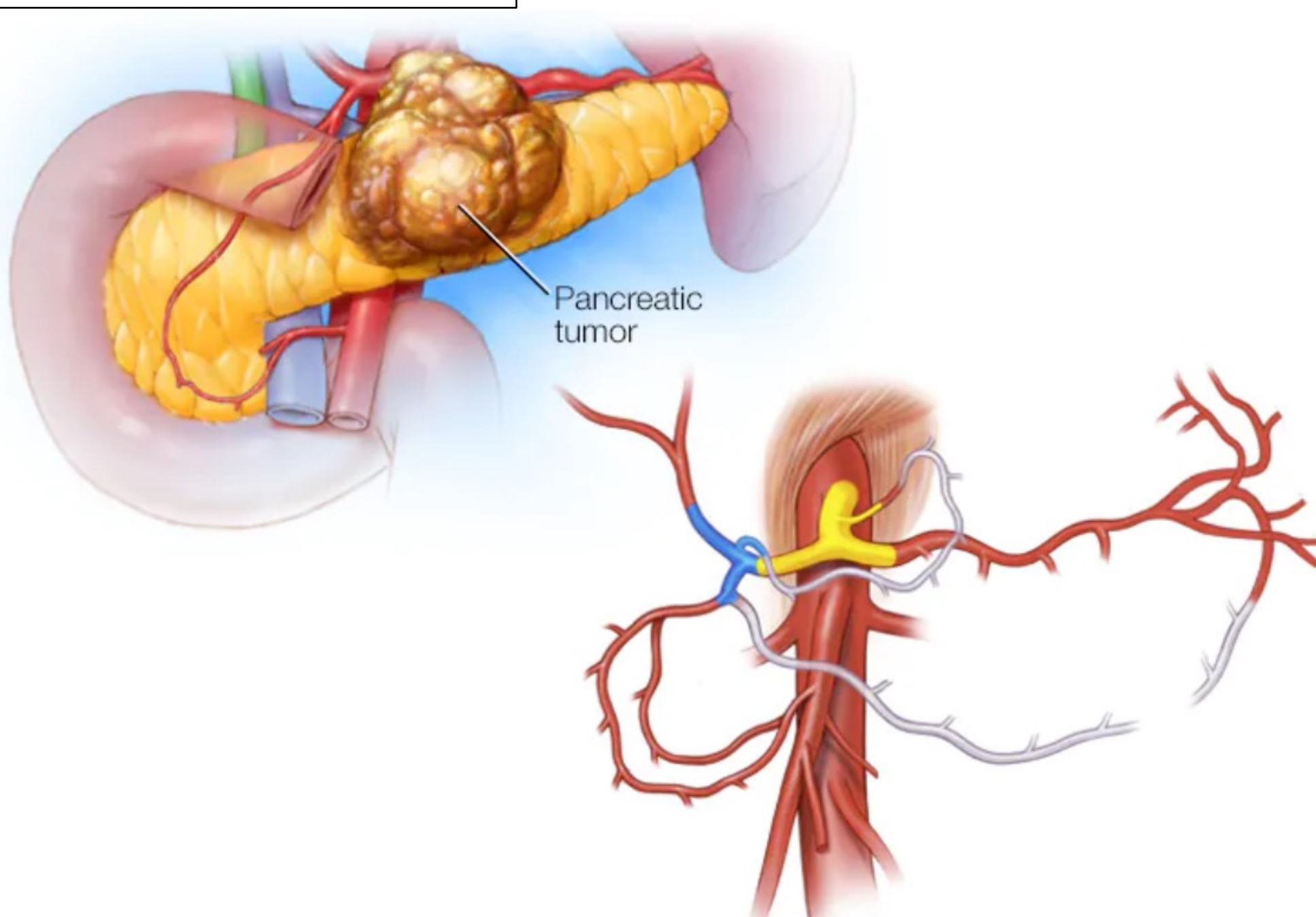
Background

The purpose of this study is to evaluate the results of vascular surgery performed at our hospital, a tertiary emergency general hospital, in patients undergoing surgery in other departments. The results of the study were reviewed.

Renal cancer



Pancreatic cancer



Object

To Evaluate the results of surgeries collaborated with other departments

Evaluate factors

- Consulted Departments
- Surgeries we coducted

The number of cases of hemoperfusion and hemostasis after tumor resection in abdominal surgery is increasing due to the complexity of gastrointestinal, urologic, and obstetric surgery. The results of the study will be discussed.

Methods

The study included cases in which cardiovascular surgery was performed at the request of other departments over a 15- year period from January 2006 to October 2022. Patient backgrounds, departments that requested surgery, surgical procedures, use of extracorporeal circulation, and surgical techniques were reviewed. Patients with femoral artery exposure or ECMO removal during TAVI requested by cardiology were excluded.

Results

Table 1. Demographics and Comorbidities

Variables	Overall (N = 58)
Age, years	63 ± 14
Male	43 (74)
Consulted Department	
Urology	29 (50)
Gastroenterology	18 (31)
Orthopedics	7 (12)
Emergency	3 (5)
Obstetrics and gynecology	1 (2)

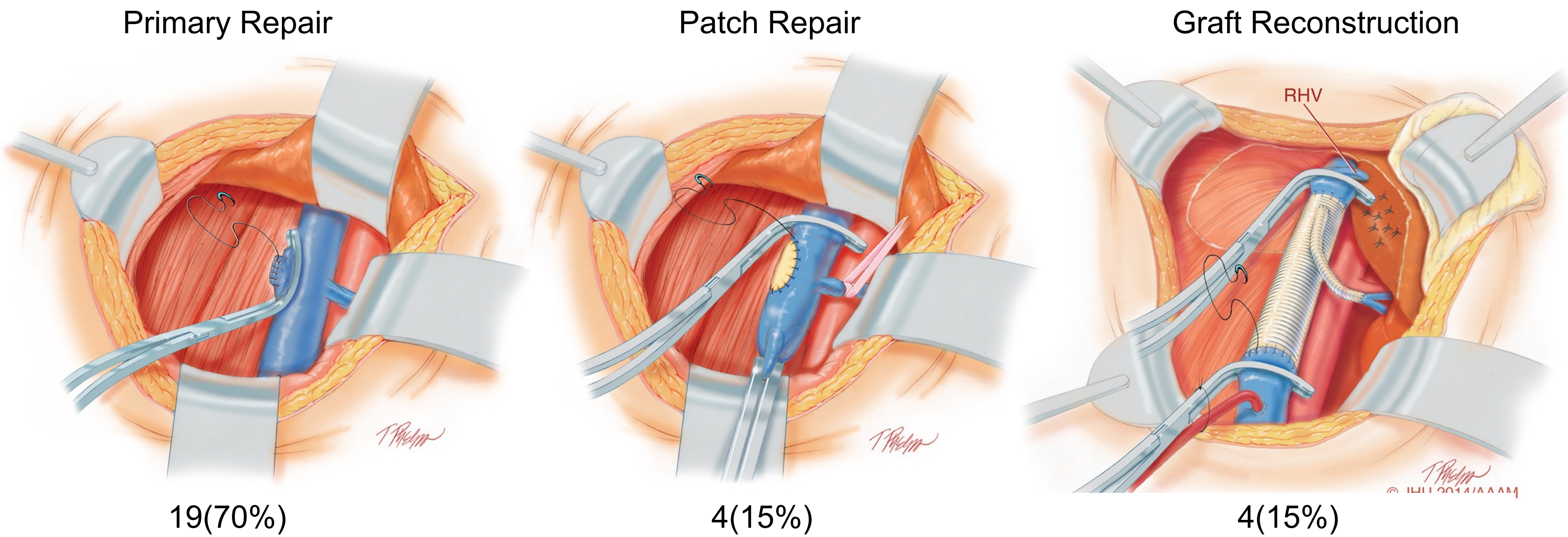
Categorical data are presented as number (%) and continuous data as mean ± standard deviation.

Table 2. Operative Procedure Characteristics

Variables	Overall (N = 58)
Procedure	
Tumor resection and reconstruction of inferior vena cava	27 (47)
Bypass to secure intraperitoneal arterial blood flow	15 (26)
Bypass during resection of femoral tumor	4 (7)
Hemostasis due to trauma	3 (5)
Intraperitoneal hemostasis	3 (5)
Thrombectomy	2 (3)
Others	4 (7)
Use of cardiopulmonary bypass	6 (10)

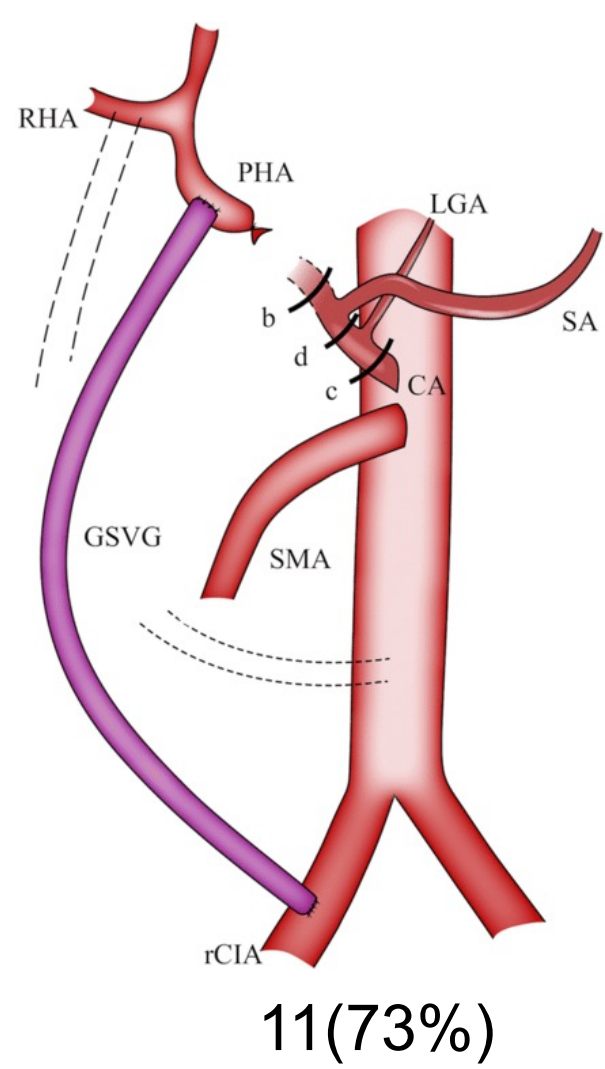
Categorical data are presented as number (%).

Procedure of IVC reconstruction (n=27)



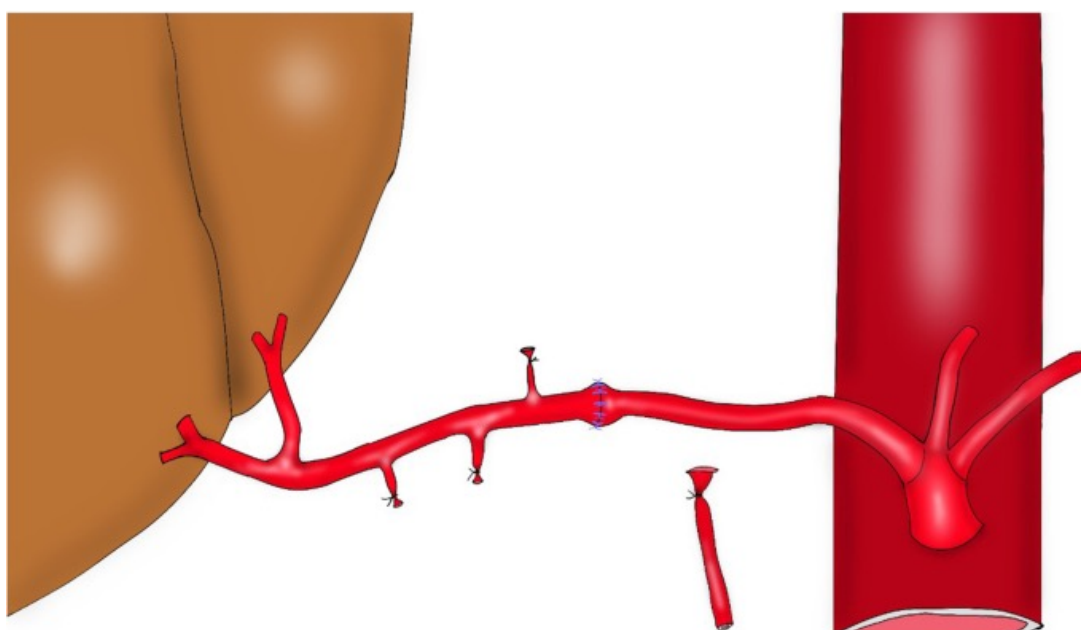
Procedure of Bypass to intraperitoneal arterial blood flow (n=15)

Artery reconstruction with saphenous vein



11(73%)

Direct anastomosis



4 (27%)

All grafts were patent at discharge

Concept for surgery

- No refusal policy
- Aim for reconstructive methods that use as few artificial materials or grafts as possible
- Consider anastomosis to shorten the bypass vessel

Conclusions

A 15-year case study of vascular surgery support operations requested by other departments at our hospital. All reconstructed sites were open at the time of discharge.