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Contact:
Kathy Boyd David
202-552-0789 / 717-422-1181
kbdavid@scai.org

Percutaneous Vascular Stenting Reduces Amputations
and Other Lower Extremity Peripheral Vascular Disease Complications

Researchers Reviewed Nearly 90,000 Procedures Performed Over 6 Years

SAN DIEGO, CALIF. (April 27, 2015) — Vascular stenting was associated with a significantly lower rate of post-procedural complications and amputations, over angioplasty alone, in patients undergoing lower extremity peripheral vascular interventions, according to an analysis of nearly 90,000 procedures performed over a 6-year period. The results will be presented at the SCAI 2015 Scientific Sessions.

In lower extremity vascular interventions, angioplasty without stenting has been associated with high rates of restenosis (recurrent narrowing of the artery), especially in patients with long and complex disease. Until now, the literature on comparative outcomes of angioplasty and stenting in peripheral vascular interventions has been primarily limited to smaller studies with scant data on clinical outcomes, such as amputation rates.

To determine the efficacy of lower extremity vascular stenting, Shilpkumar Arora, MD, of St. Luke’s Medical Center in New York City, and colleagues mined the Healthcare Cost and Utilization Project’s (HCUP) Nationwide Inpatient Sample database, which includes data on approximately 7 to 8 million hospital discharges per year and is designed to reflect a 20 percent sample of U.S. community hospitals.

Using procedure codes for bare metal (BMS) and drug-eluting stents (DES) and angioplasty, they analyzed angioplasty procedures performed between 2006 and 2011 in patients ages 18 and older. For the purpose of their analysis, Dr. Arora and his colleagues focused on in-hospital mortality as the primary outcome. The secondary outcome was defined as a combination of mortality and post-procedural complications. Amputation was studied as a separate outcome.

The researchers analyzed 88,324 lower extremity vascular interventions. Of these, BMS were used in approximately 52 percent of the patients, while DES were only used in a minority of patients (<2%). Both types of stents were associated with a significant reduction in amputation (7.3% for BMS and 8.1% for DES vs. 13.6% for angioplasty alone; p<0.001) as well as a reduction in the composite secondary outcome compared with angioplasty alone. The analysis did not show a link between stenting and in-hospital mortality alone.

“This analysis is important because it provides data regarding the clinical efficacy of vascular stenting in lower extremity vascular interventions from a large, unrestricted and real world population sample.” said Dr. Arora.

Dr. Arora reports no potential conflicts of interest.
Dr. Arora will be available at the SCAI 2015 ePosters Bar in the exhibit hall to discuss the study “Impact of Infra-inguinal Percutaneous Vascular Stenting on In-Hospital Mortality and Complications: 6 Years US Perspective” on Friday, May 8, at 1:00 p.m. (Pacific Time).

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