

#13 PREDICTORS OF OUTCOME FOLLOWING INFRAINGUINAL BYPASS FOR LOWER EXTREMITY OCCLUSIVE VASCULAR DISEASE; A REGIONAL AUDIT OF 1289 PATIENTS AT THE UNIVERSITY OF TORONTO.

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Purpose: To determine predictors of outcome following infrainguinal bypass (IIB) surgery on a regional basis.

Methods: All patients undergoing IIB at University of Toronto affiliated hospitals between 1995-1999 were identified and reviewed. Logistic regression was used to calculate predictors of outcome at 1 and 3 years. Rutherford classification (RC) was subdivided according to disease severity; 0= mild (RC 0-3); 1= moderate (RC 4) and 2= severe disease (RC 5-6).

Results: A patient in RC group 2 had an OR of 2.87 (CI 1.54, 5.26) compared to group 0, and an OR of 2.06 (CI 1.23, 3.45), compared to group 1 (P=0.005). Other 1-year predictors included cholesterol lowering agents (CLA) (OR 0.45, CI 0.23,0.90), cardiac status (OR 2.59, CI 1.68,4.0), and renal status (OR 5.07, CI 2.85,9.0), which were all highly significant (P<0.003). The 3 year combined amputation/death outcome model also generated 3 predictive variables (P<0.04 for all variables); (CLA) (OR 0.21, CI 0.10,0.44), renal status (OR 5.59, CI 1.58,19.78), and diabetes (OR 3.98, CI 1.90,8.30).

Conclusions: This study is suggestive of a predictive role for the RC, transforming it from a descriptive clinical tool into a powerful predictive marker of morbidity and mortality. The protective effects of CLA's requires further study to assess whether all claudicants should be started on these medications prophylactically to improve outcome.