Femoral Embolectomy

Mr. Zainal Ariffin Azizi
Department of General Surgery
Hospital Kuala Lumpur
• Clean & Drap

• Surface mark the position of Femoral Artery

• Pulse +/-

• Infiltrate LA- (Lignocaine/Marcaine)

• Further LA maybe required for deeper layers esp. around the arteries

• Have Anaesthetist around as sedation maybe required.
• Use self retaining retractors
• Sharp dissection esp around the periarterial tissues
• Avoid grasping the artery directly

• Identify where possible all 3 femoral arteries
• Mobilise gently and double loop all 3
• Atraumatic Vascular Clamps – 3
• Blade 11 for arteriotomy- longitudinal

• Pott’s scissors to extend arteriotomy
• Use appropriate size balloon catheter
• Lower limb usually 3F and 4F
• Always test the balloon pre insertion (saline or air)
• Do not use recycle catheters

• Insert catheter gently to prevent dissection or plaque disruption
• Never force the catheter down
• Take note of the maximum level the catheter can pass easily
• The object is to reach the level of ankle easily
- Control inflation/size of the balloon depending on the level
- Over inflation may cause arterial rupture, plaque disruption and intimal damage.

- May require multiple runs
- Insert into both SFA and PFA.
- Proximal will depend on pulsations and position of embolus/clot
- Take note of back bleeding- amount and colour
• Instill heparinised saline distally using paeds feeding tube

• De-air before starting to close

• Use non-absorbable monofilament sutures for closure (5/0 or 6/0)

• Continuous or interrupted

• Patch closure if artery is small

• May want to do an on table angiogram
• Good hemostasis to prevent post op bleeding, hematoma, infection and pseudoaneurysm

• Redivac drain to prevent hematoma, seroma, lymphocele

• Post op anticoagulation

• Check distal pulses and circulation
Femoral Embolectomy

• Outcome of Femoral Embolectomy
  ▪ Limb Salvage ~ 73% - 87%
  ▪ Early Mortality ~ 16% (worse if recent infarct)
  ▪ Late Mortality ~ 26%


Femoral Embolectomy

- Failed Embolectomy
  - Wrong etiology - thrombosis
  - Technique and Equipment.
  - Delayed embolectomy
  - Impacted embolus
  - Underlying arterial disease esp. plaques
  - Under-estimation of the grade of ischaemia
  - Intimal damage
Femoral Embolectomy

• Adjunct Procedures
  – Heparin infusion
  – On table angiogram
  – Fasciotomy : 4 compartment
  – Thrombolysis
Thank You