Vascular surgery for arteriosclerosis in the legs

Record Status
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Citation

Authors' objectives
To evaluate the use of vascular surgery as a treatment for disorders which appear due to arteriosclerosis in the legs.

Authors' conclusions
Patients with symptoms of arteriosclerosis in the legs should be urged to quit smoking. Patients with intermittent lameness should be offered systematic walking exercises. Except in serious cases, vascular surgery can be avoided in most cases of intermittent lameness. Vascular surgery activity in Sweden should be centralised at hospitals with a sufficient number of trained vascular surgeons and cases. Results from vascular surgery procedures, balloon dilation and amputations at each vascular surgery unit should be reported to a central register and continuously monitored. A group of experts should follow technical advancements in the vascular field and ensure that expensive medical equipment is adequately assessed. New biologic or synthetic vascular grafts, as well as other technologies must undergo scientific clinical trials before they can be recommended for general use. Although the literature on vascular surgery for arteriosclerosis in the legs is extensive, there is an urgent need for rigorous, prospective, controlled studies on various patients with intermittent lameness and various degrees of impaired vascular supply. These studies should include cost effectiveness analyses. Although many studies lack an evaluation of long term benefits of vascular surgery and any analysis of cost effectiveness, existing studies suggest that the results are good with regard to intermittent lameness due to constricted arteries in the pelvis (function may be maintained for up to 10 years following surgery), and outcomes are worse the further down the leg that the obstruction occurs. Greater efforts should be made to prevent premature arteriosclerosis through smoking cessation, improved diet, increases exercise, and treatment of high blood pressure. The cost effectiveness of vascular reconstruction surgery compared to amputation cannot be assessed at this time due to the current lack of adequate studies. It is essential that cost effectiveness studies are undertaken.

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