



Fig. 2. Intraoperative photo showing the popliteal artery (left arrow) and gelatinous material coming out from the arteriotomy (right arrow).

dilatation, restored blood flow in the popliteal artery, a large polycystic mass (instead of a single cyst), chronic inflammation in the popliteal fossa, and anticoagulant treatment.

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Effects of a Person-Centered, Nurse-Led Follow-Up Program on Adherence to Prescribed Medication Among Patients Surgically Treated for Intermittent Claudication: A Randomized Clinical Trial

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Objective: The aim of this study was to investigate whether a person-centered, nurse-led follow-up program could improve adherence to medication compared with standard care.

Methods: A non-blinded randomized controlled trial was conducted at two vascular surgery centers in Sweden. Patients with intermittent claudication, scheduled for revascularization, were randomized to the intervention or control (standard care) follow-up program. The primary outcome – adherence to prescribed secondary preventive medication – was based on registry data on dispensed medication and self-reported intake of medication. Secondary outcomes were risk factors for cardiocerebrovascular disease, according to the Framingham risk score.

Results: Some 214 patients were randomized and analyzed on an intention-to-treat basis. The mean proportion of days covered (PDC) at 1 year for lipid-modifying agents was 79% in the intervention group, and 82% in the control group. This rose to 92% vs. 91% for antiplatelet and/or anticoagulant agents. The groups did not differ in mean PDC (lipid-modifying, $p = 0.464$; antiplatelets and/or anticoagulants, $p = 0.700$) or in change in adherence over time. Self-reported adherence to prescribed medication was higher than registry-based adherence, regardless of allocation or medication group (minimum $p < 0.001$,

maximum $p = 0.034$). There was no difference in median Framingham risk score between the groups at 1 year.

Conclusion: Compared with the standard follow-up program, a person-centered, nurse-led follow-up program did not improve adherence to secondary preventive medication. Adherence was overestimated when self-reported, compared with registry-reported adherence.

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Atherectomy With Drug-Eluting Balloon for Common Femoral Artery Occlusive Disease: 2-Year Experience

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Objective: Gold-standard treatment for occlusive lesions of the common femoral artery used to be endarterectomy. In recent years, interest in endovascular treatment of the common femoral artery has been increasing. Vessel preparation with rotational atherectomy, followed by drug-eluting balloon usage, could be a good option.

Methods: Between June 2021 and September 2023, 49 patients with 56 occlusive diseases of the common femoral artery had been treated with rotational atherectomy followed by drug-coated balloon. They were reviewed prospectively. The primary endpoint was freedom from target lesion revascularization.

Results: There were 33 men and 16 women reviewed, with mean age of 75 years. Forty-eight legs had had preoperative Rutherford stage 2 or 3 peripheral arterial disease. The mean preoperative ankle brachial index was 0.72, the mean length of lesions 3.9 cm, and there were 5 chronic total occlusions. All lesions were heavily calcified. All procedures except 2 were performed with the patient under local anesthesia: 42 were antero-grade, with 40 contralateral femoral and 2 humeral punctures, and 14 were retrograde, with ipsilateral superficial femoral puncture. No filters were used.

Technical success rate was 100%, and no bailout stenting was required. One case of asymptomatic embolization had occurred in the deep femoral side branch. Three patients died after one month, two patients had experienced a none-ST-elevation myocardial infarction, three an acute kidney injury, four false aneurysms, and two thrombosis at the puncture site. All other patients had no complications.

Mean follow-up was 13.4 months. Freedom from target lesion revascularization and decreased Rutherford stage rates were 93%. Three patients had needed secondary endarterectomy, and one a new atherectomy. One patient had a major amputation, and 2 a minor amputation.

Conclusion: These short-term results have shown that rotational atherectomy with drug-coated balloon angioplasty for common femoral calcified occlusive disease is feasible and safe. It has the advantages of avoiding the potential complications of surgical treatment, and does not leave a stent behind.

The best indication seems to be in older patients with intermittent claudication, as well as those with the worst chronic limb-threatening ischemia with multi-level extended occlusive disease.

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External Validation of VQI and SPINACH Survival Prediction Models in Japanese Patients With Chronic Limb-Threatening Ischemia Who Underwent Revascularization

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