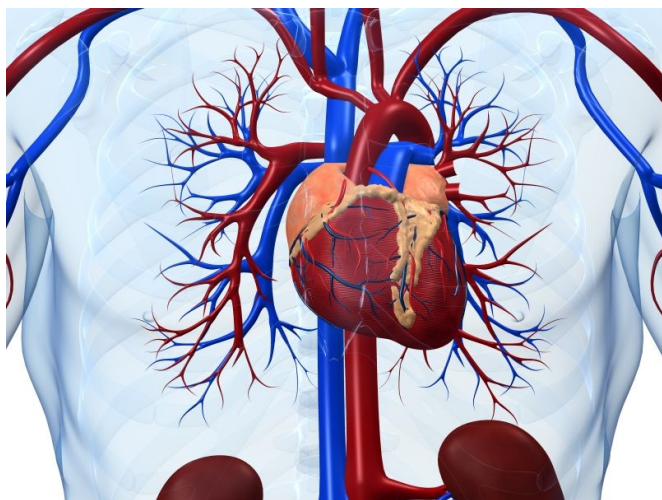


ACC: Good outcomes for endovascular procedures for CLI

22 March 2016



surgical revascularization, from 13.9 to 8.8 percent; during the same period, endovascular revascularization increased from 5.1 to 11.0 percent. This was accompanied by a decrease in in-hospital [mortality](#) and major amputation incidence. Endovascular revascularization correlated with reduced in-hospital mortality, mean length of stay, and mean cost of hospitalization compared with surgical revascularization, although rates of major amputation were similar.

"Despite multiple adjustments, endovascular revascularization was associated with reduced in-hospital mortality compared to surgical revascularization during 2003 to 2011," the authors write.

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(HealthDay)—For patients with critical limb ischemia (CLI), increasing rates of endovascular revascularization correlate with decreases in the rates of in-hospital death and major amputation, according to a study published online March 22 in the *Journal of the American College of Cardiology*. The research will also be presented at the upcoming annual meeting of the American College of Cardiology, to be held from April 2 to 4 in Chicago.

Shikhar Agarwal, M.D., M.P.H., from the Cleveland Clinic, and colleagues used data from the Nationwide Inpatient Sample to characterize trends in hospitalization of U.S. [patients](#) with CLI from 2003 to 2011. A total of 642,433 admissions with CLI were included.

The researchers found that the annual rate of CLI admission was relatively constant across the study period (~150 of every 100,000 people in the United States). From 2003 to 2011 there was a significant decrease in the proportion of patients undergoing

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