

Case Presentation

Uninsured Acute Limb

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PRESENTER
DISCLOSURE

Presenter: Leonard Tse

I have no current relationships with commercial entities

Initial Presentation

- 70M sudden onset R leg pain pain, 10 hours ago
- Exam
 - R foot mottled
 - R calf doughy & tender
 - R minimal movement
 - R decreased sensation
 - R pedal pulses absent
 - L calf & pulses normal
- 10:00pm Oct 11, 2025
- Visiting from abroad
- No insurance
- PMX kidney stone, BPH



Admission CT



Next Steps

Options

- Conservative
- Endo thrombolysis
- Endo thrombectomy
- Open

Availability

- OR without fluoro
- Angio without OR
- (suboptimal hybrid setup)



OR without fluoro



Intraoperative Findings

Intraoperative Findings

- ++ thrombus ATA & TPT
- foot still mottled after bypass w palpable TPT pulse and good doppler
- Compartments very swollen but viable
- Unable to pass PT beyond ankle despite maneuvers
- New bleeding after 2nd PT tPA
- DPA proximal thrombus, no distal thrombus, no backbleeding
- DPA palpable pulse, high resistance doppler, foot did not look any better (no hyperemia, persistent mottled foot and pale toes)

Intraoperative Maneuvers

- R GSV & SFA
- R GSV & BKPop
- Hemoclip BPop
- Thrombectomy ATA + 2 tPA
- Thrombectomy TPT + 4 tPA
- Prox e-e anast & clip SFA
- Valvulotomy & Dist e-e anast
- 4 quadrant fasciotomies
- Cutdown distal PTA + 2 tPA
- Cutdown DPA (?no tPA, blding)



Postoperative Course

- Palpable bypass graft
- Palpable DP pulse
- Swollen muscles, no vac yet
- Fixed staining R D1-3 and medial forefoot. Marginal midfoot.
- CK 17,512
- Creatine ok
- Troponin ok



Postoperative Course

- Loss of DP pulse on foot
- Fixed staining R D1-3 and medial forefoot. Marginal midfoot.
- Retention and UTI, hyponatremia
- Eventually Vac dressing



Postoperative Course

- Discharged POD 16
- Outpatient office visit w private dressings
- MDR recommended repatriation







Repatriation POD 33

- Travel plans arranged
- Accepting surgeon arranged
- Transfer summaries, etc



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