



- 1. Check patency
- 2. Assess disease



- 1.As part of a surveillance programme
- 2.Immediately after surgery
- **3.Any time** if there is clinical concern

Surveillance resets after intervention





- 1. What?
- 2. When?
- 3. How often?

'How is your walking?'
'Any problems that you're aware of?'

5-1

Summarise



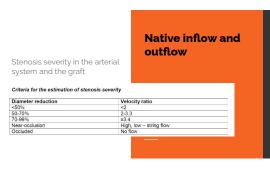
Previous scan report

Scan protocol fem-pop bypass

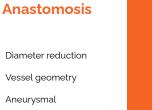
Inflow
CFA
Arastomosis

Graft
Mean graft flow velocity

Anastomosis
popiliteal/TPT
Tibial origins







Mean Graft flow velocity at least 3 PSV measurements -prox, mid, distal

45cm/s





Reporting ...

Calibre change 'raised velocities noted at an area of calibre change (0.7cm to 0.4cm), no evidence of thrombus noted'

Vessel tortuosity 'raised velocities noted, however no disease detected and waveforms remain triphasic throughout. Velocities likely due to vessel geometry'

Valve sites 'Raised velocities and turbulent flow noted, velocities indicate a 50-70% stenosis, however this appears to be a valve site





Reasons to scan full inflow/outflow

Sign of inflow/outflow compromise

Significant change to graft haemodynamics

ABPI reduction > 0.15 with no obvious cause

ABPI



0.15



Grabilty needed scificalty con to n inte

Graft flow velocity
Is not indicative of flow compromise but useful to monitor changes on interval scans

Graft managementFem pop - table 1
Vein graft - table 2

If in doubt...



