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abtitle: LYMPHATIC COMPLICATIONS FOLLOWING ARTERIAL AND VENOUS SURGERY
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abstract: Postoperative lymphatic complications (long-lasting edema, lymph fistula and lymphocele) following infrainguinal revascularization and veins primary surgery are relatively uncommon, but higher for reintervention and are troublesome and potentially serious adverse events. Despite efforts to avoid lymphatic injuries, transection of adiacent lymphatics will occur during vascular procedures. Lymph leaks are difficult to manage and can result in prolonged hospital stay, wound infection and either autologous or synthetic vascular grafts infection, with bleeding and loss of vascular reconstruction, limb and/or life. Several imaging studies, including ultrasonography, computed tomography, lymphography, lymphoscintigraphy and, more recently, high-resolution magnetic resonance (MR) lymphangiography has been proposed to identify damaged lymphatics. Edema following femoropopliteal bypass is caused by several degrees of lymphatic damage, which correlated with the extent of surgical dissection, being more prominent in those with a saphenous graft with the popliteal anastomosis below the knee. Treatment of lymphatic complications include conservative dressing changes, leg elevation, pressure dressings, drain placement, use of fibrin sealant, local irradiation, surgical ligation of the leaking lymphatic channel, and in case of an infected graft, muscle flap coverage after graft removal, with variable degrees of success. Recently, vacuum-assisted closure (VAC) therapy resulted in rapid resolution of lymph fistulas or lymphoceles.

Based on our experience, a lateral vertical approach of the common femoral artery sparing lymphatic tissue is recommended to minimize lymphatic injury occurrence. Post-reconstructive lower limb edema occurred on I-II postoperative day in 55% of ours patients undergoing infrainguinal revascularization. In case of persistence over 6 months, limb function limitation and healing ischemic ulcers or wounds impairment were very frequent. In our series of 23 post-operative lymphoceles, resolution was obtained by means of outpatient conservative treatment (limited ambulation, limb elevation and pressure dressings, with no serial aspirations). Significant advantages of this pathway include no re-hospitalization and cost reduction.

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