PREOPERATIVE DIAGNOSIS,1. Aortoiliac occlusive disease bilaterally.,2. Dementia.,POSTOPERATIVE DIAGNOSIS,1. Aortoiliac occlusive disease bilaterally.,2. Dementia.,OPERATION: , Aortobifemoral bypass surgery utilizing a bifurcated Hemashield graft.,ANESTHESIA:, General endotracheal,ESTIMATED BLOOD LOSS: , 300 cc,INTRAVENOUS FLUIDS: , 1200 cc of crystalloid,URINE OUTPUT: , 250 cc,OPERATION IN DETAIL: , After obtaining informed consent from the patient, including a thorough explanation of the risks and benefits of the aforementioned procedure, the patient was taken to the operating room and general endotracheal anesthesia was administered. Note that previously the patient was found to have some baseline dementia, although slight. The patient was seen and evaluated by the neurology team, who cleared the patient for surgery. The patient was taken to the operating room and general endotracheal anesthesia was administered. The abdomen was prepped and draped in the standard surgical fashion. We first began our dissection by using a #10-blade scalpel to incise the skin over the femoral artery in the groin bilaterally. Dissection was carried down to the level of the femoral vessels using Bovie electrocautery. The common femoral, superficial femoral, and profunda femoris arteries were encircled and dissected out peripherally. Vessel loops were placed around the aforementioned arteries. After doing so, we turned our attention to beginning our abdominal dissection. We used a #10-blade scalpel to make a midline laparotomy incision. Dissection was carried down to the level

of the fascia using Bovie electrocautery. The abdomen was opened and an Omni retractor was positioned. The aorta was dissected out in the abdomen. The left femoral vein was identified. There was a nicely clampable portion of aorta visible. We, as mentioned, placed our Omni retractor and then turned our attention to performing our anastomosis. Full-dose heparin was given. Next, vascular clamps were applied to the iliac vessels as well as to the proximal aorta just below the renal vessels. A #11-blade scalpel was used to make an arteriotomy in the aorta, which was lengthened both proximally and distally using Potts scissors. We then beveled our proximal graft and constructed an end graft-to-side artery anastomosis using 3-0 Prolene in a running fashion. Upon completion of our anastomosis, we flushed our graft and noted there was no evidence of a leak from the newly constructed anastomosis. We then created our tunnels over the iliac vessels. We pulled the distal limbs over our ABF graft into the groin. We then proceeded to perform our right anastomosis first. We applied vascular clamps on the proximal common femoral, profunda, and superficial femoral arteries. We incised the common femoral artery and lengthened our arteriotomy in the vessel both proximally and distally. We then footed the graft down onto the common femoral artery to the level of the SFA and constructed our anastomosis using 6-0 Prolene in a running fashion. Upon completion of our anastomosis, we flushed the common femoral, SFA, and profunda femoris arteries. We then removed our clamp. We opened the limb more proximally in

the abdomen on the right side. We then turned our attention to the left side and similarly placed our vascular clamps. We used a #11-blade scalpel to make an arteriotomy in the vessel. We then lengthened our arteriotomy both proximally and distally again onto the SFA. We constructed a footed end graft-to-side artery anastomosis using 6-0 Prolene in a running fashion. Upon completion of our anastomosis, we opened our clamps. There was no noticeable leak from the newly constructed anastomosis. We checked our proximal graft to aortic anastomosis, which was noted to be in good condition. We then gave full-dose protamine. We closed the peritoneum over the graft with 4-0 Vicryl in a running fashion. The abdomen was closed with #1 nylon in a running fashion. The skin was closed with subcuticular 4-0 Monocryl in a running subcuticular fashion. The instrument and sponge count was correct at end of case. Patient tolerated the procedure well and was transferred to the intensive care unit in good condition.