**PROFILES OF PERIPHERAL ARTERIAL DISEASE INTERVENTIONS IN A NETWORK OF FREESTANDING OUTPATIENT CLINICS**

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**Objective:** Data defining patient characteristics, reasons for visits, locations, intervention types and safety profiles for peripheral arterial disease (PAD) interventions performed in outpatient settings is limited. We characterized patients’ profiles and types of PAD interventions among those who undergo endovascular procedures in a freestanding outpatient setting where patients are discharged on the same day.

**Method:** Data from 2015 and 2016 at 22 freestanding outpatient centers was studied. Patients’ demographic, comorbidity information and reason for visits was obtained from patients’ charts; location of the intervention and intervention type, and adverse events were also noted in the chart. Although multiple lesion locations may be performed during one procedure, we analyzed data only on the first lesion where procedures were performed.

**Results:** We analyzed data on 7,330 PAD procedures in patients with mean age (+stdev): 70.5 (9.9) years, 55% were male, 67% were Caucasian. The most common patient comorbidities were hypertension (89%), hyperlipidemia (81%), CAD (59%), smoking (53%), diabetes (43%), CKD (12%), history of myocardial infarction (11%), and CHF (11%). Most common reasons for visit were leg pain (82%), diminished or absent pulse (70%), and numbness (20%). Most common location of the procedure performed was in lower extremity superficial femoral artery (SFA) at 46.2%; this was followed by common iliac artery at 11% and popliteal at 8.9%. Most common procedures performed were balloon (54%), atherectomy (32%), stent (25%) and medical therapy (10%). Tracking of adverse events (death, amputation, stroke, MI) suggested that 0.1% of procedures had any complications.

**Conclusion:**PAD interventions performed in a network of outpatient centers suggest that patients tend to be older with a wide array of comorbid conditions and multiple symptoms present. The most common location of the intervention is lower extremity SFA using a balloon procedure. Outpatient interventions appear safe with a low rate of complications albeit the complexity of the population involved. PAD data is scarce in the freestanding outpatient setting and these findings serve as key benchmarks.