Results: A total of 615 articles were identified from the literature search. After removal of excluded studies and duplicates, 6 RCT studies were available for analysis. Four of the 6 RCTs restricted their inclusion criteria to patient deemed at high risk for SSI development. In these studies, a total of 362 patients received ciNPT, and 371 patients received traditional dressings (control group). SSI events occurred in 41 ciNPT patients and 107 control patients. The heterogeneity test was non-significant (p > 0.05). The meta-analysis showed a highly significant effect in favor of ciNPT (RR = 0.41, 95% CI 0.29 to 0.57, p < 0.00001). One limitation of this study is the varying RCT inclusion/exclusion criteria, such as differences in procedure types, and patient populations (some RCTs restricted to patients at high risk for complications).

Conclusion: For this meta-analysis, ciNPT usage demonstrated a statistically significant reduction in the incidence of SSI relative to traditional dressings in patients undergoing vascular surgery with groin incisions.

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O-031 The Impact of Anaemia on The Clinical Outcomes of Infra-Inguinal Bypass for Critical Limb Ischaemia

Peripheral Arterial Disease

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Introduction: Anaemia in elective cardio-vascular surgery has been shown to have a detrimental impact on clinical outcomes and survival. Non-elective caseload is high in vascular surgery and the timely revascularisation in critical limb-ischaemia (CLI) significantly contributes towards this workload. The outcomes are hugely significant to the patient. Equally a 2017 Delphi consensus identified that improving outcomes in CLI are a top ten research priority. As such, this tertiary centre cohort study evaluates the impact of anaemia on CLI revascularisation outcomes.

Methods: All infra-inguinal bypass operations for CLI between 2016 and 2018 were identified from a prospectively maintained database. Anaemia was defined as a pre-operative haemoglobin (Hb) of less than 120g/dL. ROC analysis was performed to support this cut-off Hb. Pre-, intra- and post-operative metrics were analysed to understand if anaemia impacted on clinical outcome. Comparative statistics and regression analyses were performed.

Results: 124 bypasses for CLI were included. 45 were anaemic with an average Hb of 105 (9.5) vs. the non-anaemic 141.7 (14.7) group. Baseline comparisons were equivalent for age, gender, co-morbidity and medications, as were the duration of surgery and intra-operative blood loss. Post-operatively there was a greater rate of wound infection (p = 0.036) and myocardial infarction (p = 0.02) in the anaemic group. Regression analysis demonstrated that anaemic patients were 9(OR) times more likely to have an MI.

The mean length of stay was longer in the anaemic group (26.8 (22.6) vs. 14(15.9) days (P = 0.001). 1-year mortality was also higher in the anaemic group (P = 0.037) and OR of 3.6 (1.02 - 12.8)(P = 0.046). Anaemia and length of stay significantly correlated with 1-year mortality.

There was no difference in 30-day mortality or limb loss. A Hb of 111 was the most sensitive and specific critical Hb for both MI and 1-year mortality.

Conclusion: Pre-operative anaemia significantly increases the rate of complications and length of hospital stay following surgical revascularisation for CLI. It is also associated with higher 1-year mortality. Consequently, optimisation of baseline Hb may improve these outcomes in this high risk non-elective group of patients.

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O-032 Platelet Aggregation Inhibitor Prescription for Peripheral Arterial Disease in the Netherlands

Peripheral Arterial Disease

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Introduction: We perceive an increasing acknowledgement of the worth of insight into the real-life practice of physicians. The reciprocity between guideline compliance, real-life practice and patient’s prognosis and safety gives care providers the possibility of improving their treatment strategy and -quality. Antiplatelet therapy (APT) plays a pivotal role in the pharmacological treatment of Peripheral Arterial Disease (PAD) and is prescribed to prevent cardiovascular and thromboembolic events. Guidelines provide class-I recommendations on the prescription of these medicines, but there is little data on actual prescription practices. Our study provides insight into the use of medication among PAD-patients in the Netherlands and reports a “real-world” patient journey through primary and secondary care.

Methods: We conducted a cohort study among patients newly diagnosed with PAD between 2010-2014. ‘Newly diagnosed’ was defined as a recorded ICPD-code for PAD, a PAD-specific WCIA examination code or a PAD diagnosis recorded as free text episode in the GP records and no previous PAD diagnosis record plus no prescription of P2Y12-inhibitors or aspirin in the preceding year. To define the patient journey, at least 1-year database history and follow-up relative to the index date was required. Data were obtained from the PHARMO Database Network, a population-based network of electronic pharmacy and both primary and secondary healthcare setting records in the Netherlands. The