

## **Procedural Outcomes of Orbital Atherectomy Treatment of Peripheral Arterial Disease in an Outpatient Office-Based vs. Hospital Setting**

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**Background:** Despite the increasing use of atherectomy, few studies have compared outcomes of endovascular procedures performed in an outpatient office-based laboratory (OBL) to those performed in the traditional hospital setting. As the trend for increased outpatient treatment continues, it is critical to begin to assess the procedural outcomes of atherectomy in the OBL setting.

**Methods:** We analyzed the CONFIRM registry series, a data collection of patients with peripheral arterial disease (PAD) who were treated with orbital atherectomy in both the OBL and hospital settings.

**Results:** We found that 36% of patients in both the hospital and OBL groups were classified as Rutherford class 3 ( $p=0.96$ ) and the lesions treated were moderately to severely calcified (angiographic evaluation) in 83% and 90% of hospital and OBL setting, respectively ( $p=0.07$ ). Final residual stenosis, after adjunctive therapy, was  $10 \pm 11\%$  in the hospital group and  $11 \pm 17\%$  in the OBL group ( $p=0.32$ ). Dissections, including flow limiting and non-flow limiting, occurred in 11.4% of lesions in the hospital group vs. 6.5% in the OBL group ( $p=0.12$ ). Adjusted logistic regressions showed no difference in any individual complication rate or the overall complication rate.

**Conclusions:** Orbital atherectomy treatment of PAD in an office-based laboratory was found to be comparable to treatment in a hospital setting. Due to the emergence of more office-based laboratories utilizing orbital atherectomy, a follow-up prospective study is warranted to further investigate the comparative outcomes within a larger patient population.