

PRIMARY SURGICAL PROCEDURES TO ENHANCE BLOOD FLOW AND PREVENT AMPUTATION IN CASES OF CHRONIC LIMB-THREATENING ISCHEMIA IN CONTRAST TO ENDOVASCULAR TECHNIQUES AND BYPASS GRAFTING

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Background. Chronic limb-threatening ischemia (CLTI) treatment options, particularly endovascular and bypass grafting methods, have been widely debated, with a focus on successful outcomes and fewer complications. **Objective of the study.** To compare the effectiveness of two surgical options for treating CLTI concerning follow-up, quality of life (QoL), hospital stay duration, and patient outcomes. **Material and methods.** A search on PubMed for English clinical trials published from 2014-2024 was conducted using the terms: "Chronic limb-threatening ischemia," "Endovascular techniques," "Bypass grafting," "Allograft bypass," "Infrainguinal bypass." **Results.** Six clinical trials comparing bypass grafting and endovascular techniques for CLTI were analyzed. Initially (months 1-3), bypass surgery requires

more follow-up visits to monitor healing and graft patency, affecting daily activities and requiring a longer hospital stay (7 days). This method results in fewer reinterventions and lower long-term amputation rates but has higher perioperative risk, especially for high-risk patients. Endovascular techniques allow faster recovery and improved QoL with reduced initial surgical risk but have a higher chance of restenosis, possibly necessitating repeat treatments and increasing long-term amputation risk. **Conclusion.** Bypass surgery may be preferred in severe cases with high amputation risk, while endovascular procedures are better suited for high-risk surgical patients, offering faster recovery with comparable long-term follow-up requirements. **Keywords:** Endovascular techniques, bypass grafting, allograft bypass.