OBJECTIVE: To retrospectively analyze radiation dose data of purely infrainguinal endovascular revascularization in critical Limb ischemia.

Method:
- Single centre, retrospective, observational study.
- Study period: June 2015 to May 2016 at JIVAS.
- Inclusion criteria: Infrainguinal endovascular revascularisation with Rutherford category V and VI patients.
- Exclusion criteria: Endovascular converted to open surgery.
- All patients had pre op MRA/ CTA, duplex and PVR.
- Post procedure all patient’s Fluoroscopy time, radiation dose were measured and recorded automatically in the c arm – GE Omni link Elite 9900. vascular mode with 8 Frames per second was used.

RESULTS
- Out of 142 cases, 16 were converted to open surgery and 44 had inadequate data.
- Study included 82 patients.
- Mean age: 66.85 ± 10.27 years.
- 89% had DM & 78% had HTN.
- 70% had TASC C and 28% had TASC C while 2% had TASC B lesion.
- Mean radiation dose was – 3.31 ± 1.1 rad.
- Mean Fluoroscopy time was 5.17 ± 1.85 min while the least time was 2.5 min and the maximum was 10 min.
- There was no significant difference between the radiation dose or fluoroscopy time with regards to the level of angioplasty.

CONCLUSION: Infrainguinal angioplasty has a very low fluoroscopy time and radiation dose.*

Standard methods of reducing radiation exposures should be followed which includes minimize in-suite staff, collimation, reduced beam angulation, magnification modes, cine and rates of fluoroscopy.