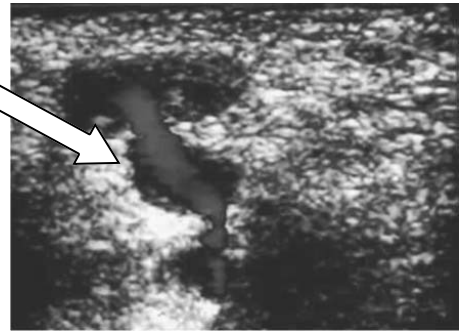


Key to Success: Whether aneurysm “neck” (communicating channel) between native artery and pseudoaneurysm can be uniformly and completely compressed.



3. Technique:

- Patient signs informed consent.
 - Ideally, anticoagulant therapy discontinued.
 - Dr. present during procedure.
 - Patient somewhat sedated due to discomfort.
 - No standardized protocol at this time, however alternate compression/rest periods occur, with compression lasting about 10-15 min. each
 - Image used to determine if compression maneuver is working, (i.e. thrombosis of aneurysm)
 - Distal monitoring of the great toe arterial pulsations done to make certain there is continued inflow during compression maneuver.
 - Procedure lasts up to 30-60 minutes. Varies widely.
4. Percentage of successful compressions varies. Protocol standardization is important. Increased experience determines overall effectiveness. If procedure unsuccessful, patient usually undergoes surgical correction.

C. **POPLITEAL ARTERY ENTRAPMENT SYNDROME**

1. Thought to be caused by compression of popliteal artery by medial head of gastrocnemius muscle (anomalous origin), or fibrous bands.
2. Often found in young men; Repeated trauma to artery may result in development of aneurysm, thrombosis, emboli.
3. Patients present with symptomatic arterial occlusion or intermittent claudication.
4. Flow to the great toe is monitored with an “end point detector” such as PPG.
5. With knee extended and active plantar flexion of the foot against resistance or with passive dorsiflexion of the foot against resistance, pulsations may diminish. Diminished pulsations on PPG would be considered suggestive of popliteal artery entrapment syndrome.