

54 M: Booked on emergency slate for a L AKA.

Presented 1 week prior with a CAP (Streptococcus Pneumoniae), septic shock, complicated by a posterior STEMI.

Coronary angiogram: severe diffuse CAD, POBA to D1, IABP via LFA

No ventriculogram performed due to increased serum creatinine

Cardiac surgery assessed: too ill for CABG

Two days later, upon IABP removal he developed a cold, ischemic L leg

Vascular surgery assessment – CTA runoff showed diffuse, severe PVD

Suggested urgent L AKA

Pre-op assessment:

Intubated in CCU

Ventilator: PSV 10 / 5, FiO₂ 70%, RR 30 – 40 / Min

Vasoactive drugs: NE (0.04), peripherally cool and dry