

England and Wales. **Conclusion:** This audit demonstrated that IR at St. Mary's Hospital performed better than the rest of England and Wales in the management of blunt splenic trauma. A higher proportion of splenic injuries were managed by IR at St. Mary's Hospital compared with the rest of England and Wales. Mortality rates and length of stay for IR were lower at St. Mary's hospital compared to the rest of England and Wales.

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Direct Percutaneous Puncture and Embolization of Visceral Pseudoaneurysm: Safety and Clinical Efficacy

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Background: The aim of the study was to assess the safety and clinical efficacy of direct percutaneous puncture and embolization in the treatment of visceral pseudoaneurysm. **Methods:** Retrospective analysis of all patients undergoing direct percutaneous puncture of pseudoaneurysm and embolization between January 2012 and January 2017 was done. The study included 26 patients (19 male and 7 female) with a mean age of 36 years (range: 10–71 years). Indications for direct percutaneous embolization were difficult catheterization of feeding artery, previous embolization of proximal artery, and the inability to identify feeding artery on angiography. Patients' demography, details of endovascular procedure, complications, and clinical outcome were evaluated. Patients were followed up for the recurrence of pseudoaneurysm (mean follow-up was 12 months). **Results:** Etiologies were pancreatitis in 20 patients, trauma in 2 patients, iatrogenic in 2 patients, and incidentally detected in 2 patients. Twenty-three patients had difficult catheterization, two patients had prior embolization of feeding artery, and in one patient, feeding artery was not identifiable on angiography. N-butyl cyanoacrylate (NBCA) with lipiodol was used in 23 (88.4%) patients, coil was used in 1 (3.8%) patient, and both coil and NBCA were used in 2 (7.7%) patients. Embolization of pseudoaneurysm was successful in all cases. No procedure-related complications were seen. Follow-up showed no recurrence of pseudoaneurysm. Self-limiting splenic infarct was seen in six patients. Self-limiting abdominal pain was seen in all patients with NBCA embolization. One patient developed liver infarct and subsequent liver abscess requiring percutaneous drainage. **Conclusion:** Direct percutaneous puncture and embolization are safe and effective in the treatment of visceral pseudoaneurysms and can be considered as alternative in patients with failed endovascular approach.

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Endovascular Management of Transplant Kidney Vascular Complications: Experience from a Single Institution

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Background: Vascular complications, especially transplant renal artery stenosis, are among the most common causes of graft dysfunction. Other vascular complications are renal vessel thrombosis, pseudoaneurysm, postbiopsy active renal bleed, and intraparenchymal arteriovenous fistula formation. Endovascular interventions are the first-line treatment in these cases with excellent immediate and long-term results. **Methods:** A retrospective analysis of postrenal transplant patients (from 2010 to 2013) was done who were referred to our department for evaluation and endovascular management of vascular complications. They were evaluated first with Doppler and then with magnetic resonance angiography, if needed. Finally, conventional angiography was done with intent to confirm the diagnosis and treat the patients with angioplasty, stenting, or embolization in the same sitting, if required. Follow-up was done with serial blood pressure measurements, serum creatinine estimation, and Doppler, first in immediate postprocedure period, then at 3- and 6-month intervals. **Results:** A total of 10 patients were included in the study with a mean age of 40.6 years. Five of them had transplant renal artery stenosis, one intraparenchymal pseudoaneurysm, one upper polar arteriovenous fistula, one atherosclerotic right common iliac artery stenosis, and two presented with active contrast extravasations from upper pole arteries. Patients with renal artery stenosis were treated with stenting across the stenosis. Intrarenal pseudoaneurysm, arteriovenous fistula, and active contrast extravasations were treated with coil and/or glue embolization. Postprocedure follow-up showed immediate and long-term improvement in blood pressure control, decreased serum creatinine level, and cessation of hematuria. **Conclusion:** Vascular complications in renal transplant patients are an important cause of graft dysfunction and perioperative morbidity. They can be treated effectively with endovascular interventions with excellent immediate and long-term results.

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Significance of Distal Embolization of the Right Gastroepiploic Artery in Bariatric Gastric Embolization

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Background: Embolization of the arteries supplying the gastric fundus results in decrease in Ghrelin production with secondary decrease in appetite. **Methods:** Four patients with morbid obesity ranging from 35 to 45 body mass index had left gastric embolization. Right gastroepiploic artery embolization was done in three of them, one simultaneous with left gastric embolization in one session and the other two patients in second separate session. Two milliliters of microspheres 300–500 U was used for left gastric embolization and 1–1.5 ml for the right gastroepiploic artery. **Results:** Significant decrease in hunger pain in the four patients is noted in the first 2 weeks. After 2 weeks, the hunger pain differs in the four patients. Two patients with left gastric artery embolization only lost satiety after 3–4 weeks from embolization. Second session of embolization showed the persistence of left gastric artery occlusion, while the gastroepiploic artery showed relative increase in its perfusion of the gastric fundus. Distal right gastroepiploic artery embolization was performed for these two patients in the second separate session. Satiety is resumed with persistent hunger score 3 out of 10 scales for 3 months. The percentage of body weight loss in 3-month follow-up ranged