Objective(s): Longer operative times for infrainguinal revascularization have been associated with higher perioperative complication rates particularly with respect to surgical site infections and extended lengths of stay. We sought to determine if prolonged procedure times following minimally invasive, endovascular interventions were also associated with increased morbidity and or mortality.

Methods: The NSQIP 2016 Lower Extremity Target database was utilized. A total of 2016 patients were found suitable for review. We compared two groups: Group A, those with operative times of 0-110 minutes and Group B, those with operative times >110 minutes. Fisher’s exact test was used to calculate significance for each variable between the two groups.

Results: The NSQIP 2016 Lower Extremity Target database was utilized. A total of 2016 patients were found suitable for review. We compared two groups: Group A, those with operative times of 0-110 minutes and Group B, those with operative times >110 minutes. Fisher’s exact test was used to calculate significance for each variable between the two groups.

Conclusions: Prolonged operative times (>110 minutes) for endovascular procedures are associated with increased morbidity but not mortality. Higher amputation rates were also associated with prolonged operative times. This may be attributed to differences in indications for endovascular intervention, which were more often critical limb ischemia requiring more complex procedures. Nevertheless, surgeons should bear in mind the greater risks for complications associated with lengthy endovascular procedures.