

## Supplementary Files

**Table S1.** Protocol parameters of noncontrast enhanced 2D ECG-triggered QISS-MRA.

Parameters	Values/Setting
Imaging mode	2D
TR (ms)	667.6
TE (ms)	1.7
Acquisition matrix (Px)	400 × 400
Reconstructed pixel (mm <sup>2</sup> )	0.5 × 0.5
In-plane interpolation	On
Slice thickness (mm)	3
Number of slices per slab	60
Slice distance factor (%)	-20
Number of averages	1
Receiver bandwidth (Hz/Px)	658
Flip angle (°)	120
Slice orientation	Transverse
Phase oversampling (%)	0
Filter	Raw data, distortion correction (2D); prescan normalizer
B <sub>0</sub> shim mode	Standard

Asymmetrical echo	Weak
RF pulse type	Normal
pulse length (ms)	2.56
Gradient mode	Fast
Maximum amplitude (mT/m)	24
Maximum rise time ( $\mu\text{s/mT/s}$ )	5.55
Maximum slew rate (mT/m/ms)	180.2
iPAT modus (acceleration factor/number of reference lines)	GRAPPA (2/24)
Partial Fourier (phase and slice)	5/8
Thickness of venous saturation slab (mm)	75
TI (ms)	345
TD (ms)	100
Acquisition time per slice (s)	<1
	Depended on the cardiac cycle

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TR = repetition time, TE = echo time, Px = pixel, Hz = Hertz, RF = radiofrequency, iPAT = integrated parallel imaging technique, GRAPPA = GeneRalized Autocalibrating Partial Parallel Acquisition, TI = time from in-plane and venous saturation to acquisition of central k-space ( $ky=0$ ), TD = trigger delay.

### **Calculation of the apparent signal-to-noise ratio (SNR) and the apparent contrast-to-noise ratio (CNR)**

Nine circular regions of interest (ROIs) of appropriate size in relation to the cross-sectional areas of the corresponding vessels were placed in the aorta ( $ROI_{Aorta}$ , 2.0 cm above the aortic bifurcation with a size of 100 mm<sup>2</sup>), in the right and left popliteal artery ( $ROI_{PA}$ , at the level of the knee joint space, 20 mm<sup>2</sup>), and in the three arteries of the right and left lower leg ( $ROI_{AT}$ ,  $ROI_{PT}$ ,  $ROI_{FA}$ , each at the same level, measured 1 cm below the bifurcation of the tibiofibular trunk, 6 mm<sup>2</sup>). Here, the anterior tibial artery is abbreviated as AT, posterior tibial artery as PT, and fibular artery as FA.

In addition, three  $ROI_{Air}$  were drawn in the background without visual imaging artifacts at the same level of  $ROI_{Aorta}$ ,  $ROI_{PA}$  and  $ROI_{AT/PT/FA}$  to determine the SNR. All three  $ROI_{Air}$  were the same size as the ROI in the corresponding artery. In addition, two ROIs were placed in the right and left tibialis anterior muscle ( $ROI_{Muscle}$ , 6 mm<sup>2</sup>) to calculate the CNR of AT, PT, and FA.

**Table S2.** Correlation of different variables with surgical complications.

<b>Variable</b>	<b>Phi-Value</b>	<b>Rho-Value</b>	<b><i>p</i>-Value</b>
Gender	0.007		1
Hypercholesterolemia	-0.021		1
Smoking	0.007		1
Arterial hypertension	0.021		1
Diabetes	-0.021		1
Obesity	-0.226		0.36
Grading of Right FA		-0.026	0.86
Grading of Left FA		-0.014	0.93
Presence of Perforators Right Leg		0.162	0.27
Presence of Perforators Left Leg		0.226	0.11
Number of Perforators Right Leg		0.103	0.49
Number of Perforators Left Leg		0.184	0.20