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Background: Inframalleolar (IM) endovascular treatment (EVT) is important for wound healing in patients with chronic limb-threatening ischemia (CLTI), but the clinical impact of repeated IM interventions for restenotic lesions remains unclear. We investigated the association between the cumulative number of IM EVTs and subsequent target lesion revascularization (TLR) and wound healing. **Methods:** We retrospectively analyzed 201 limbs undergoing IM balloon angioplasty between 2018 and 2022, yielding 346 treatment intervals. Intervals were classified as Initial EVT (n=201), Re-EVT (n=81), Re-re-EVT (n=43), and Re-re-re-EVT (n=21). **Results:** Median age was 75 years, 56% of patients were on hemodialysis, and 42% had Wiffl stage 4 disease. Freedom from TLR progressively declined with repeated interventions (p=0.026). Compared with Initial EVT, TLR risk increased in the Re-EVT (HR 1.39, 95% CI 0.97-1.99), Re-re-EVT (HR 1.63, 95% CI 1.04-2.57), and Re-re-re-EVT groups (HR 2.02, 95% CI 1.13-3.59). Wound healing also progressively worsened (p<0.0001), with HRs of 0.48, 0.17, and 0.15, respectively. **Conclusions:** Repeated IM EVT was associated with progressively higher TLR risk and poorer wound healing.