

CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE
**CONTROVERSIES & UPDATES
IN VASCULAR SURGERY**

JANUARY 25-27 2018

MARRIOTT RIVE GAUCHE & CONFERENCE CENTER

PARIS, FRANCE

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**Is there a maximum length
to treat stenotic SFA**

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Disclosure

Speaker name:

.....SIBE.....

- ☐ I have the following potential conflicts of interest to report:
- ☐ Consulting
- ☐ Employment in industry
- ☐ Shareholder in a healthcare company
- ☐ Owner of a healthcare company
- ☐ Other(s)
- ☒ I do not have any potential conflict of interest

TWO WAYS

- is it technically feasible?
- Should we do it?

SFA endovascular repair

- All the lesions can be treated by endovascular technics .
- Always the first choice

What we do to really need SFA recanalisation ?

- to be well armed: Guides and KT
- know how to get in by unusual ways:
retrograd puncture or each over
- Find your way: subintimal R or not?
- succeed its exist : reentry

A right and clear process

- Recanalisation
- Diameter of the balloon superior of 1 mm compared to the diameter of the SFA
- inflation for three minutes
- slow deflation
- gentle removal
- stent to the diameter of the SFA
- DEB

Success Keys

- a good experience of recanalization
- a good knowledge of the devices
- a preparation of the artery before stenting
- quality arteriographic and hemodynamic control



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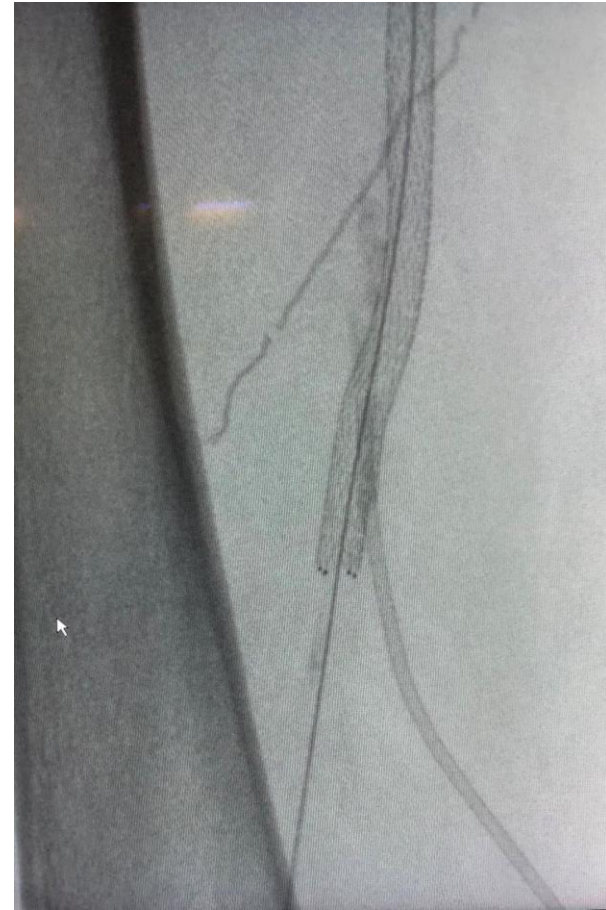


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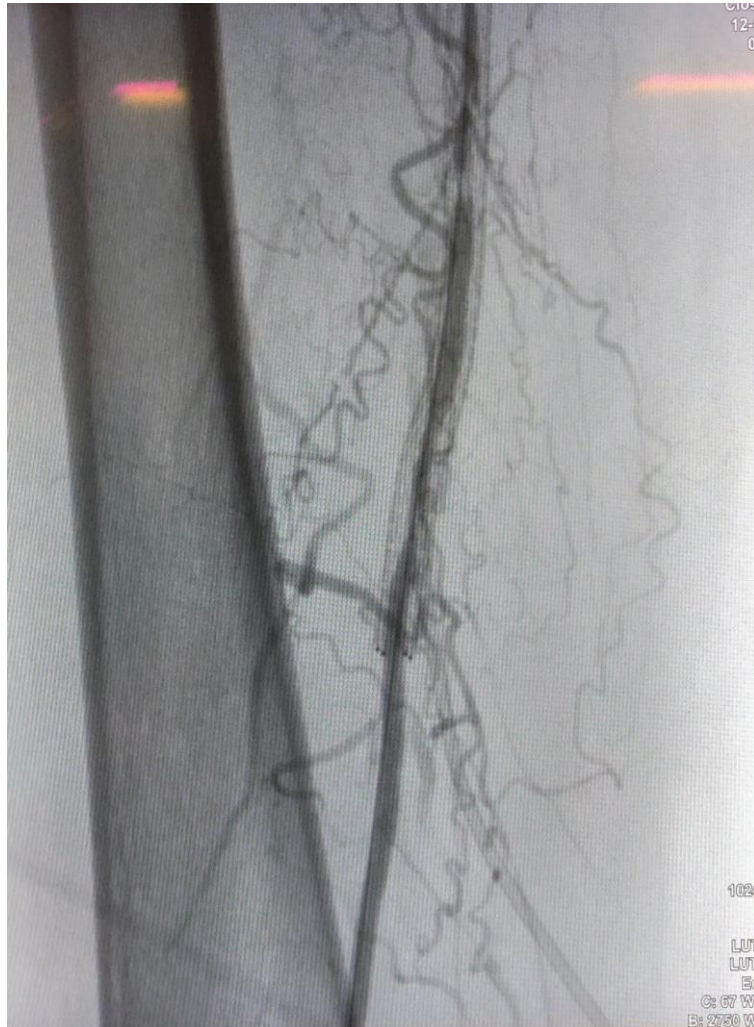


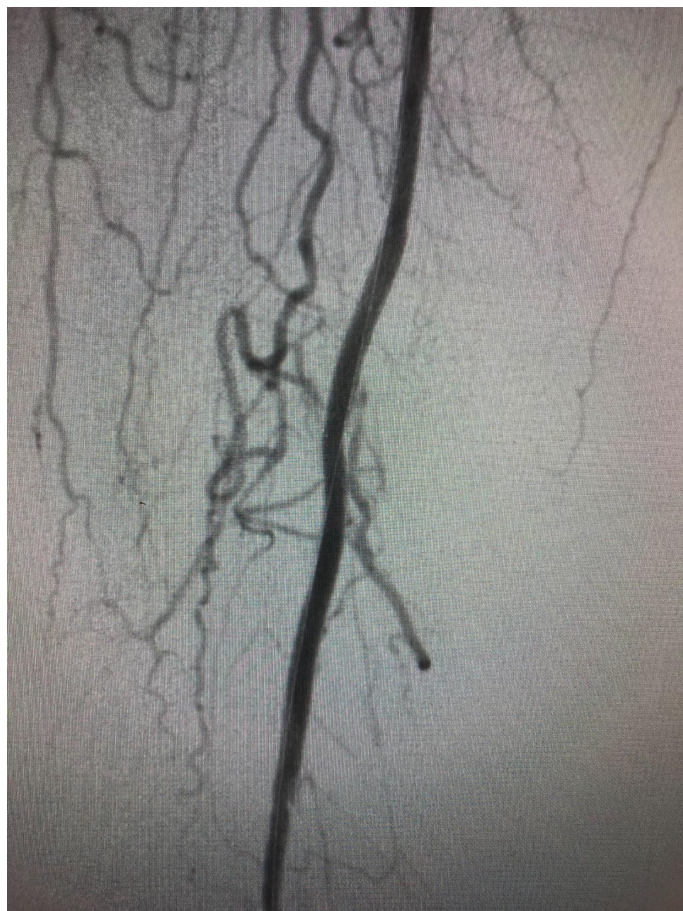




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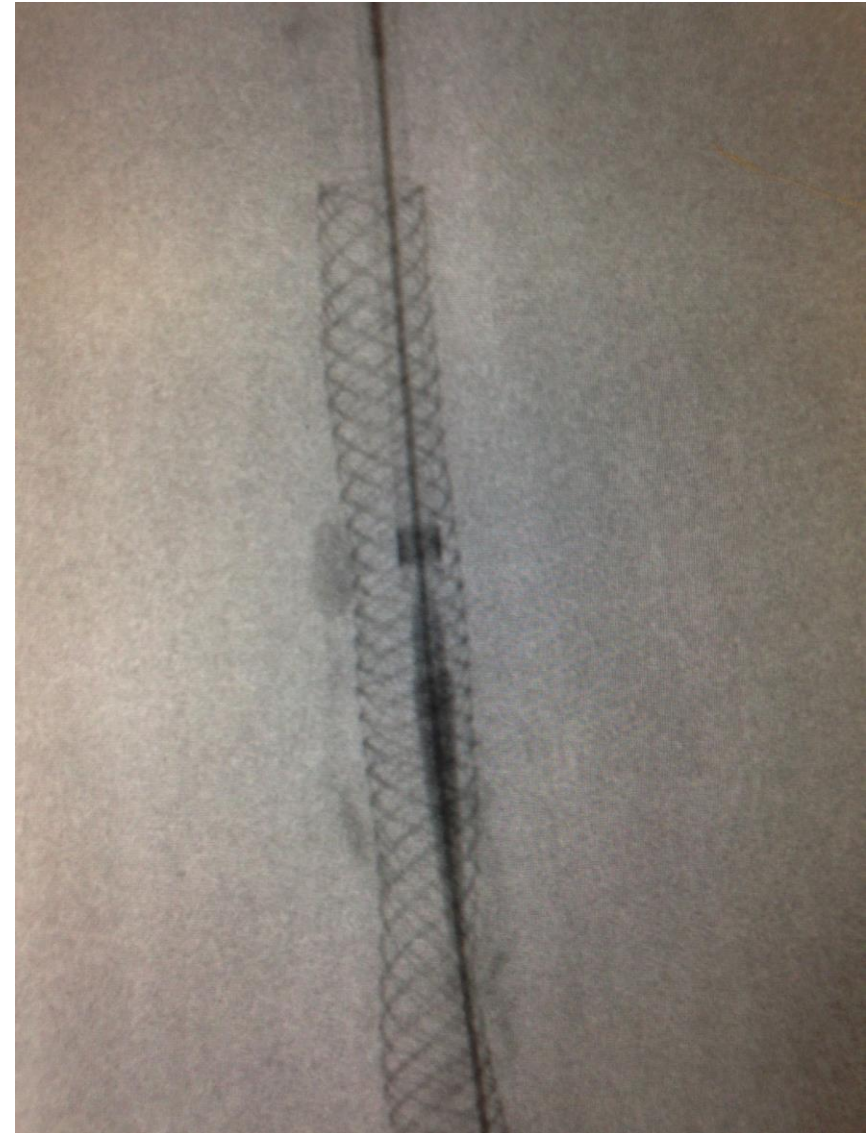




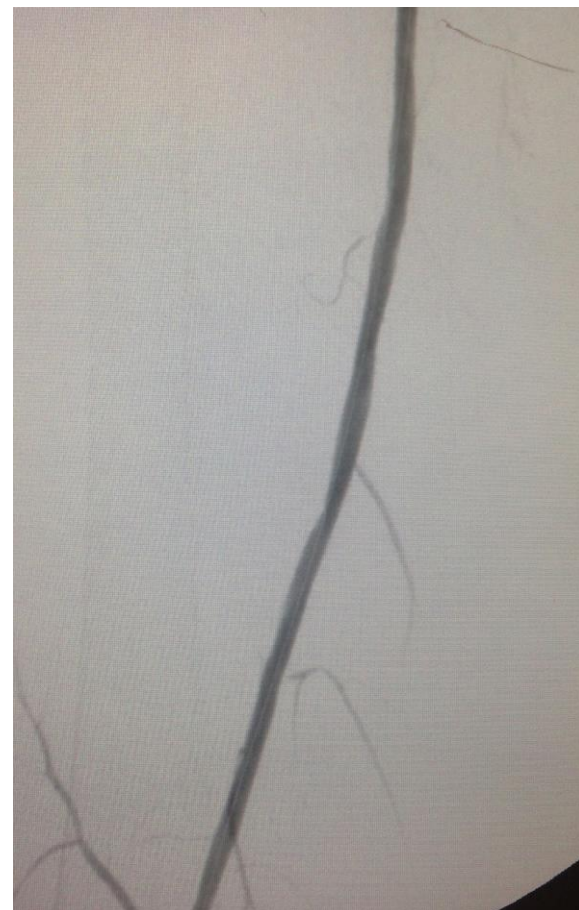


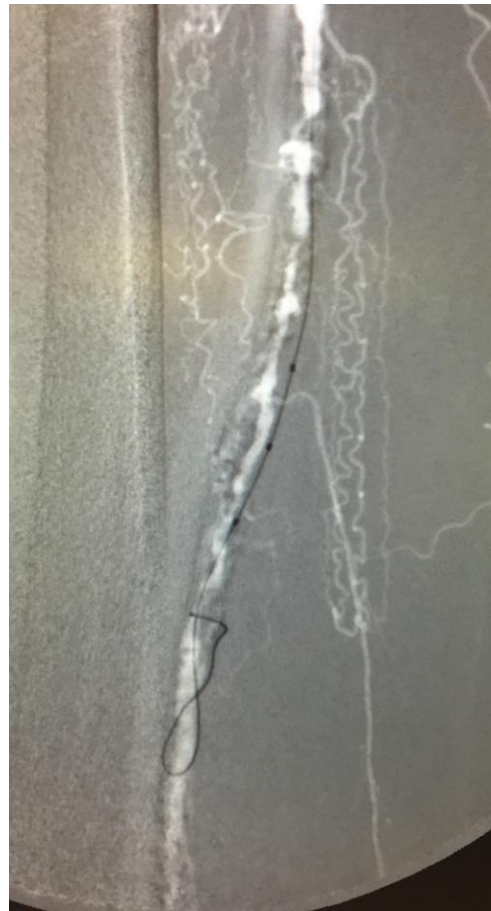






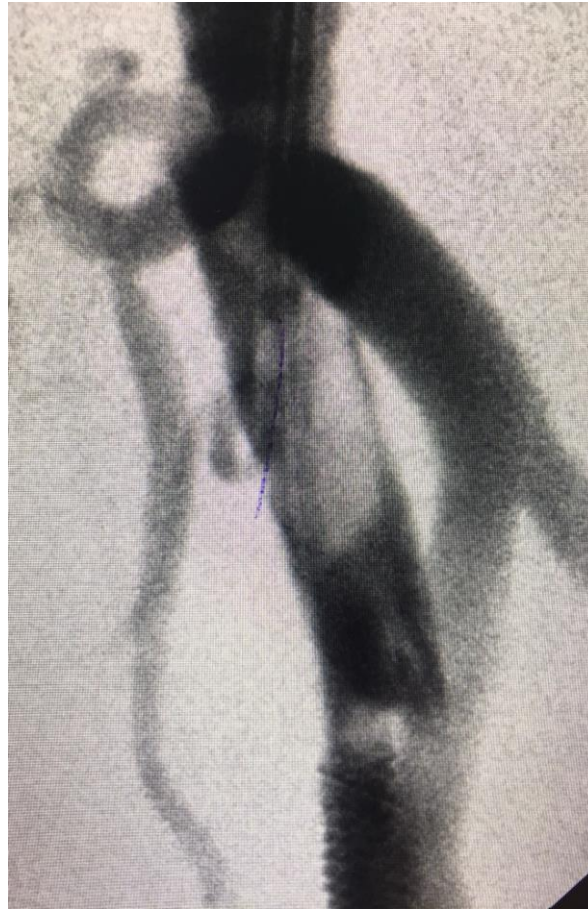


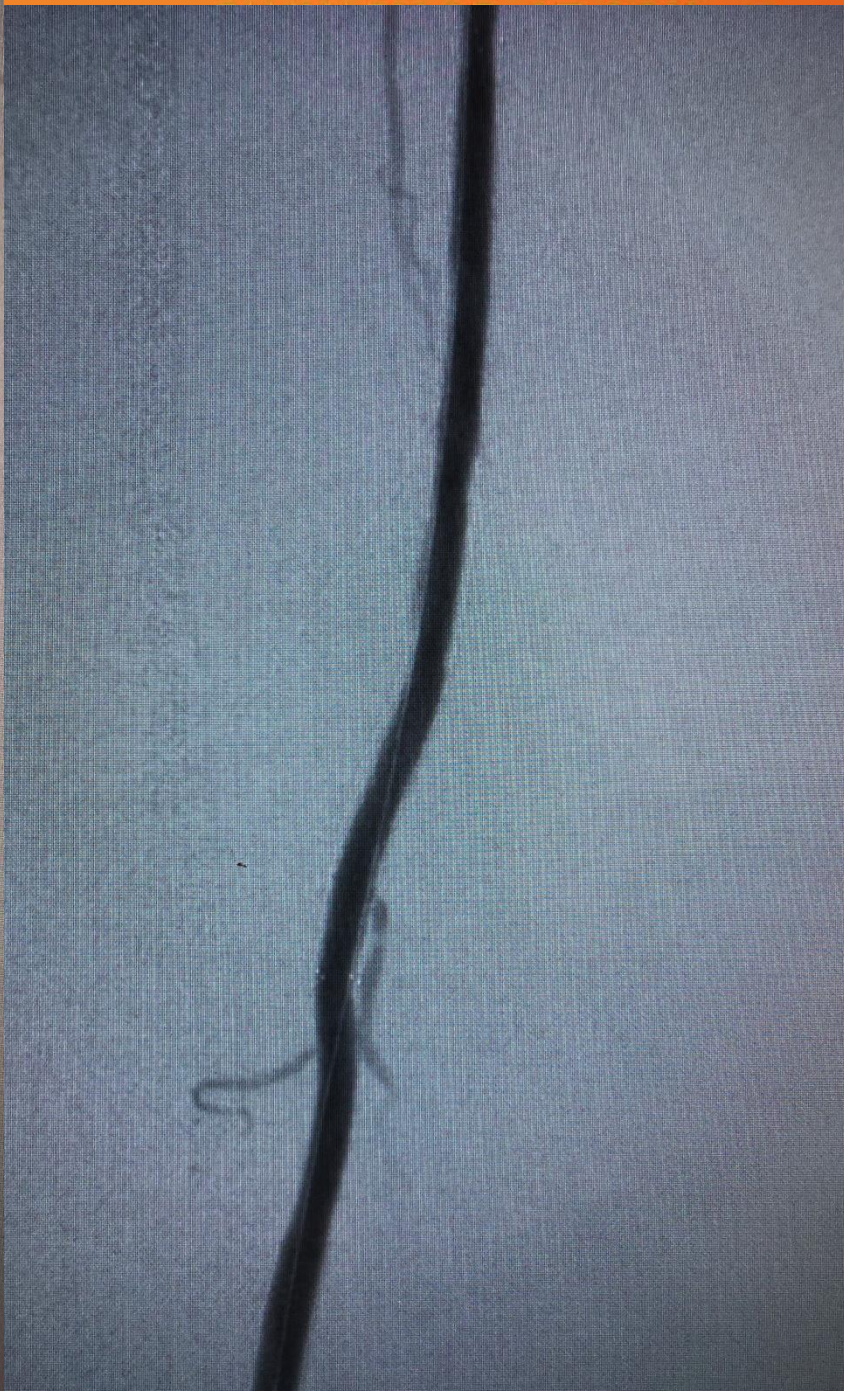
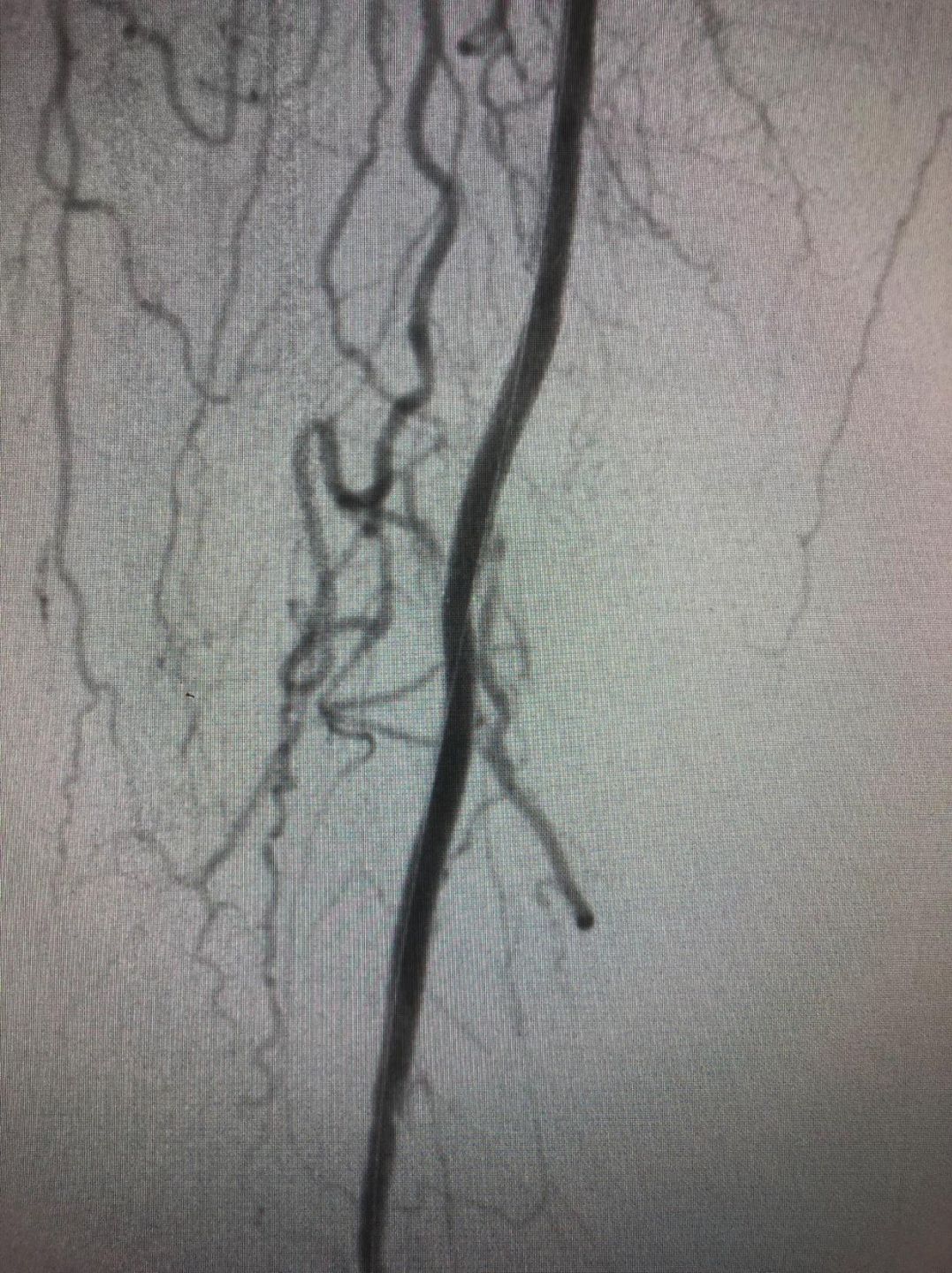












in terms of results: what do the studies say?

- [J Vasc Surg.](#) 2016 Oct;64(4):1002-8. doi: 10.1016/j.jvs.2016.04.053. Epub 2016 Jul 18.
- **Analysis of endovascular therapy for femoropopliteal disease with the Supera stent.**
- [Montero-Baker M](#)¹, [Ziomek GJ](#)², [Leon L](#)³, [Gonzales A](#)⁴, [Dieter RS](#)², [Gadd CL](#)⁵, [Pacanowski JP Jr](#)
- Primary, assisted primary, and secondary patency rates at 12 months by duplex ultrasound imaging were 89.8%, 91.2%, and 93.2%, respectively, by Kaplan-Meier estimates, with a mean lesion length of 184.5 ± 131.80 mm and mean stented length of 197.5 ± 113.65 mm

J Vasc Surg. 2017 May;65(5):1329-1335. doi:

10.1016/j.jvs.2016.11.056. Epub 2017 Feb 20.

French multicenter experience with the GORE TIGRIS Vascular Stent in superficial femoral and popliteal arteries.

[Sibé M1, Kaladji A2, Boirat C2, Cardon A2, Chaufour X3, Bossavy JP3, Saint-Lebes B3.](#)

Mean lesion length was 86.8 ± 44.7 mm. After 12 and 24 months, the overall primary patency rates were 81.5% and 67.2%, respectively, and primary assisted patency was 94.9% and 84.8%. Secondary patency was achieved in 99.1% at 24 months.

J Vasc Surg. 2017 Nov 23. pii: S0741-5214(17)32302-9. doi:

[10.1016/j.jvs.2017.09.017](https://doi.org/10.1016/j.jvs.2017.09.017). [Epub ahead of print]

Results from a multicenter registry of heparin-bonded expanded polytetrafluoroethylene graft for above-the-knee femoropopliteal bypass.

Piffaretti [G1, Dorigo W2, Castelli P2, Pratesi C3, Pulli R4; PROPATEN Italian Registry Group.](#)

Estimated 5-year primary patency was 64% (SE, 0.04); the corresponding figure in terms of assisted primary patency was 65% (SE, 0.035). Secondary patency rate at 5 years was 74.5% (SE, 0.03).

Conclusion

- « the experimenter MD , therefore, will, like the empiricist, be able to assist the sick with all the means possessed by practical medicine; but moreover, with the help of the scientific spirit which directs it, it will contribute to founding experimental medicine, which must be the most ardent desire of all the doctors who for the dignity of medicine would like to see it come out of there where is she. »
- Claude Bernard , 1865, introduction à la médecine expérimentale.