



Why should I take care of the COF???

...or is there another problem...?

Koen Deloose, MD

Head Dept Vascular Surgery

AZ Sint Blasius Dendermonde, Belgium

Disclosures

Speaker name: Koen Deloose, MD

☐ I have the following potential conflicts of interest to report:

☒ Consulting: Medtronic, Philips, Biotronik, Abbott, BD, iVascular, Cook,
Terumo, Contego Medical

☐ Employment in industry

☐ Stockholder of a healthcare company

☐ Owner of a healthcare company

☐ Other(s)

☐ I do not have any potential conflict of interest

Male patient, 69 yr

- **Vascular history**

2013 : PTAS right SFA

- **Risk factors**

AHT, hypercholesterolemia, ex smoker

- **Present state**

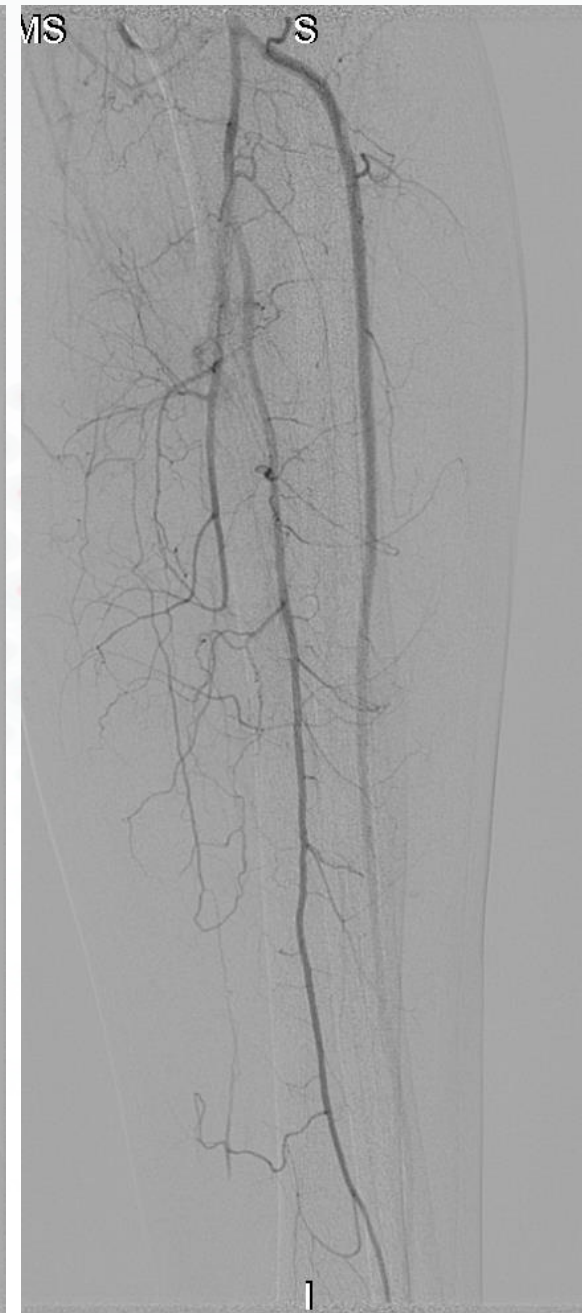
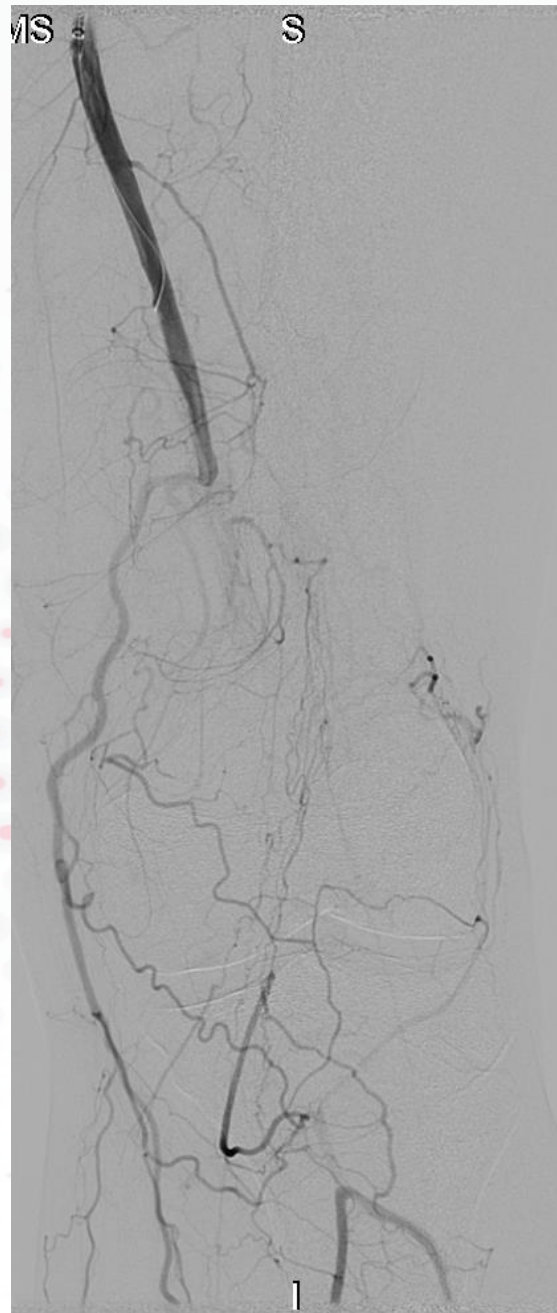
Claudication since 4 months left leg

- **Investigations**

Triphasic signal left CFA, prox SFA ; occlusion left popliteal artery, no PAA, monophasic signal distal vessels

Preop angiography

- CTO P1-P2-P3
- Ipsilateral antegrade access
- 0,035 WH wire, 6F-45cm sheath, 4F supporting catheter
- 0,018 WH wire, 3.6F supporting catheter



Procedure

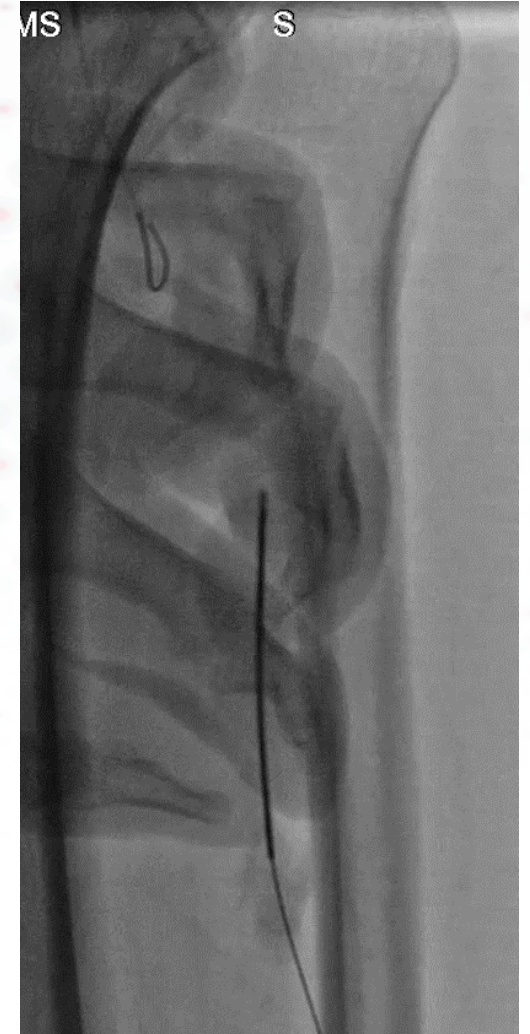
- CTO P1-P2-P3
- Ipsilateral antegrade access
- 0,035 WH wire, 6F-45cm sheath, 4F supporting catheter
- 0,018 WH wire, 3.6F supporting catheter
- **RE-ENTRY FAILURE**



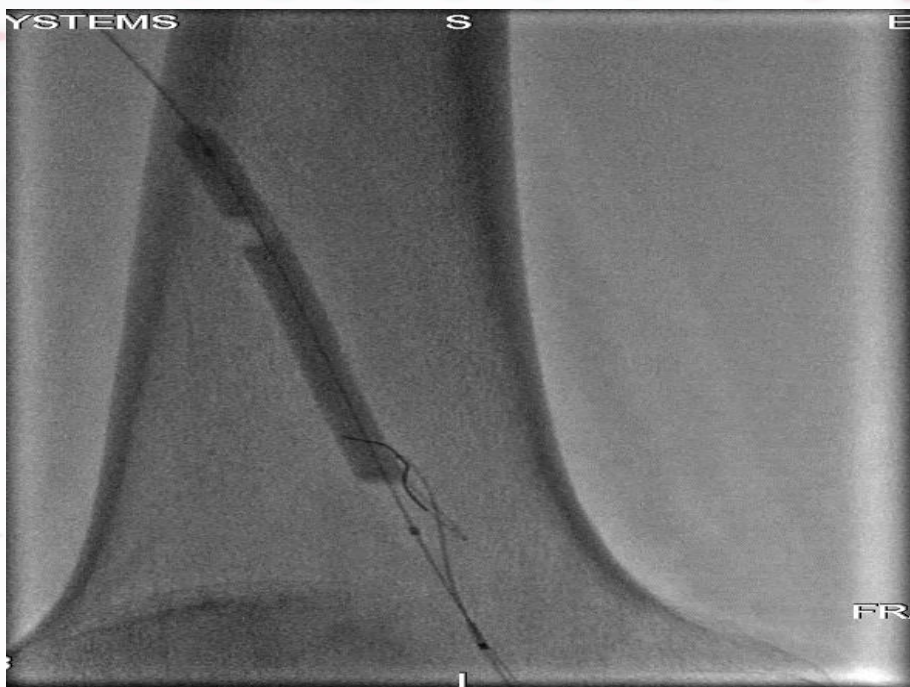
Procedure



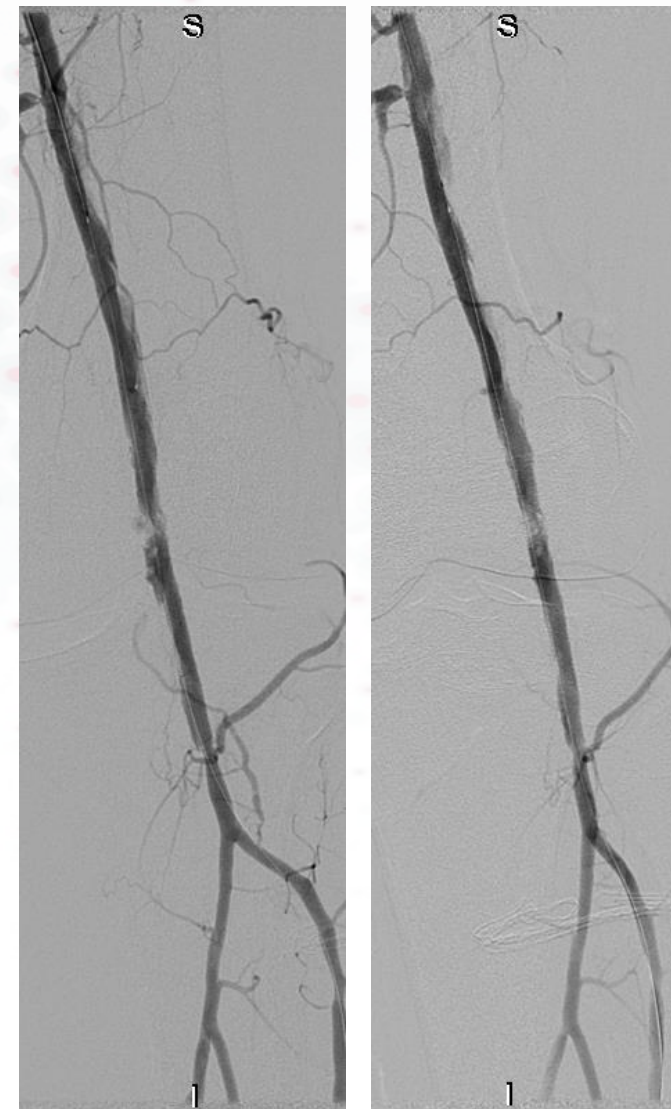
- CTO P1-P2-P3
- Ipsilateral retrograde access
- 0,018 WH wire, 3.6F supporting catheter
- Sheathless approach



Procedure

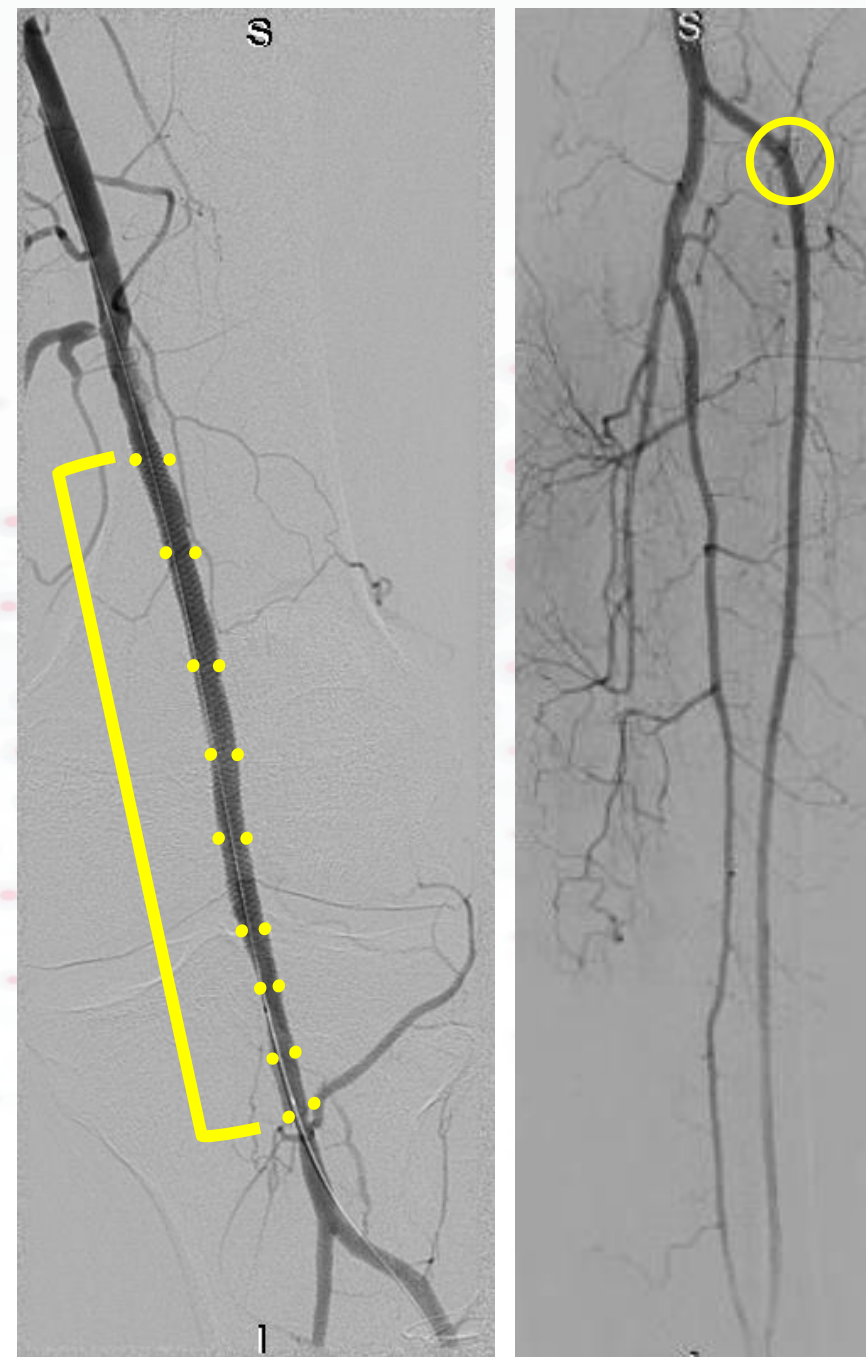


- CTO P1-P2-P3
- Bidirectional access
- 2 x 0,018 WH wire, 3.6F supporting catheter
- Antegrade 5-100 balloon inflation
- **Reversed CART**
- Vessel preparation with **IN.PACT Admiral 6-120 & 6-80**

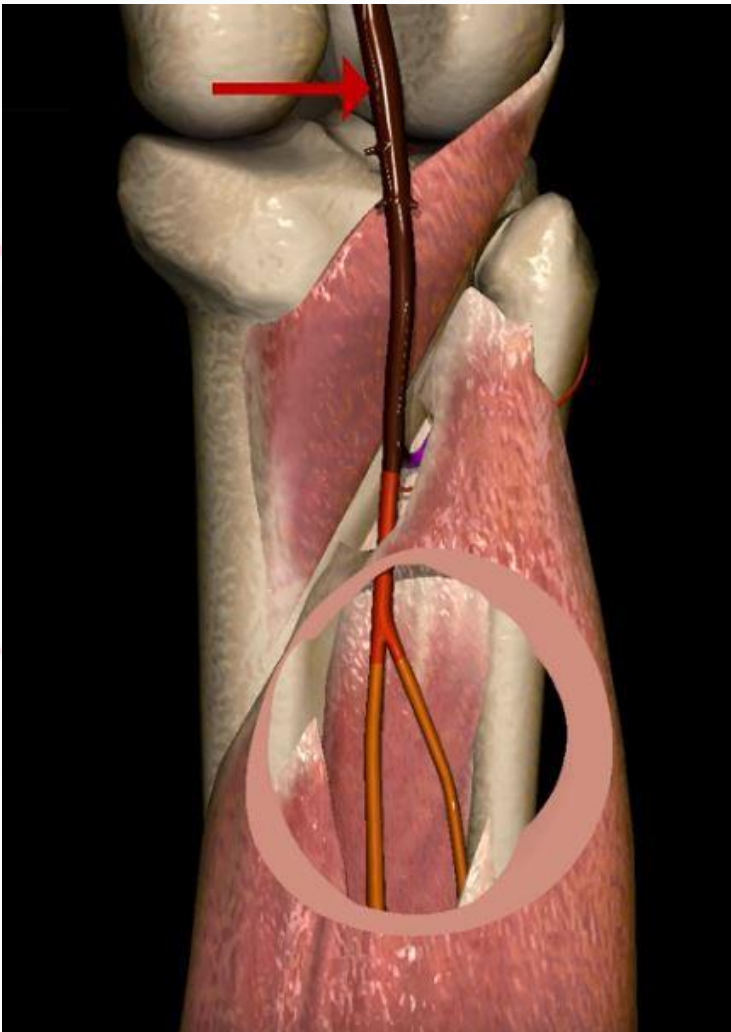


Procedure

- CTO P1-P2-P3
- Bidirectional access
- **Antegrade Supera 5.5-150 implantation**



Final result



	SFA	Popliteal
Shorten	18mm	32mm
Increased curvature	0.04cm	0.20cm
Twist	46 degrees	61 degrees
Flexion points (>15degrees)	2 of 10	10/10 Avg 2.4 per artery

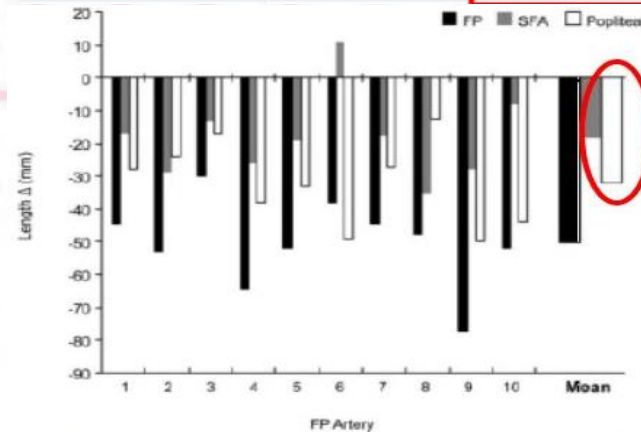


Fig. 6. Absolute change in the length of the SFA, PA, and FP artery between the SL and CL positions for each individual patient.

Leaving nothing behind?

Leaving (sufficient amount of) PTX behind?

Bail out scaffolding?

Study	Stent	# pts	Length	Occl	Fracture	Patency
ETAP	Lifestent	119	41mm	33%	4%	67.4%
Melopre	Lifestent	67	63mm	48%	10%	70.2%
Durability	Everflex	60	71mm	45%	0%	70.3%

Leipzig Supera popliteal registry

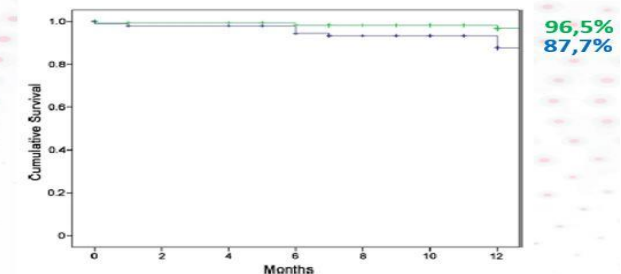


Figure 1. Cumulative Rates of Primary and Secondary Stent Patency up to 12 Months of Follow-Up

Blue line = primary patency. Green line = secondary patency.



Figure 2. Bent-knee X-ray image of a SUPERA Stent in the Popliteal Artery

6,5 months post procedure

- Present state

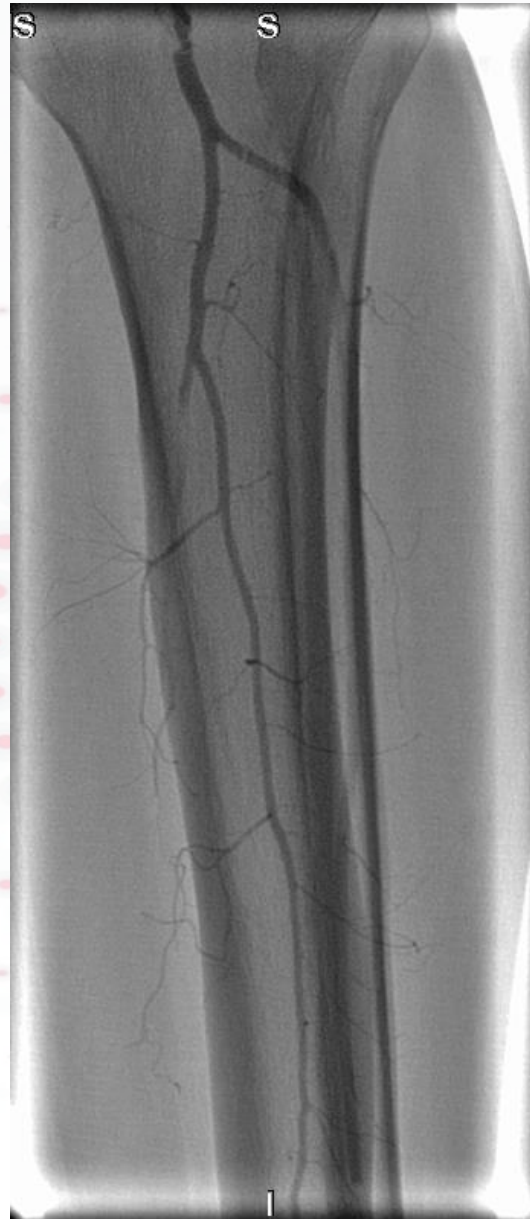
Acute ischemia left leg since 5 hours ;
no sensory or motoric loss

- Investigations

Triphasic signal left CFA, prox SFA ;
occlusion left popliteal Supera stent,
monophasic signal distal vessels

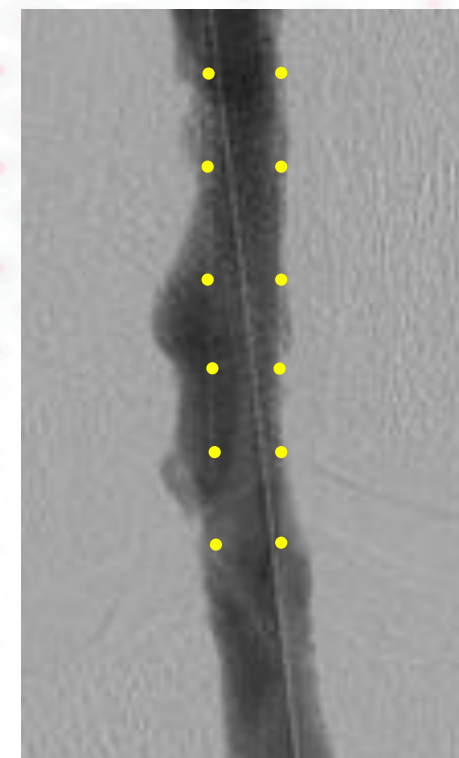
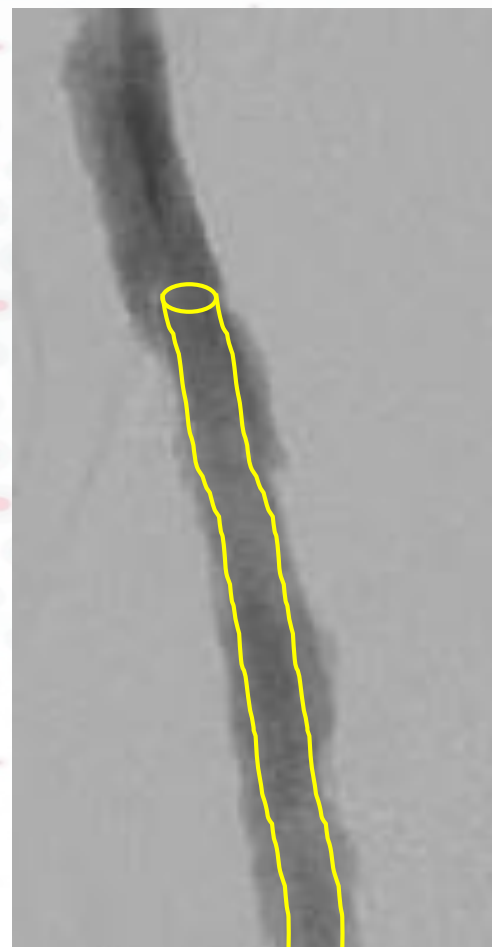
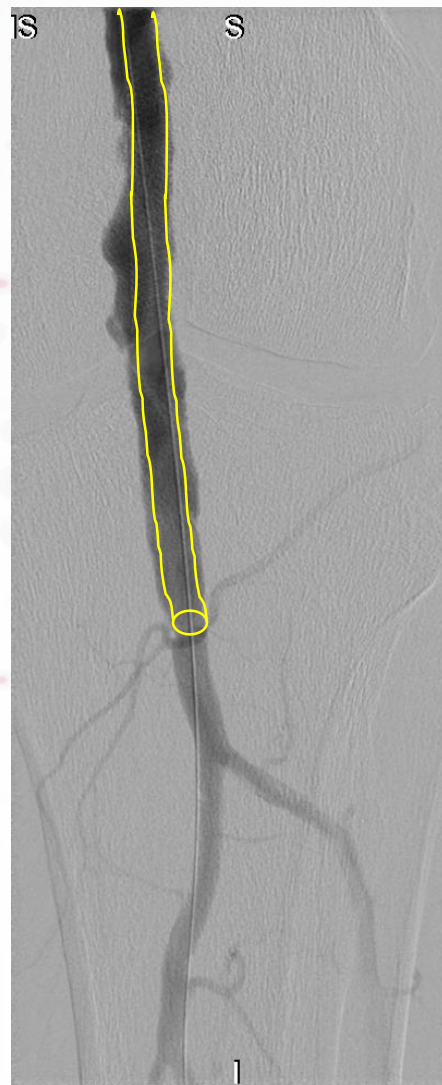
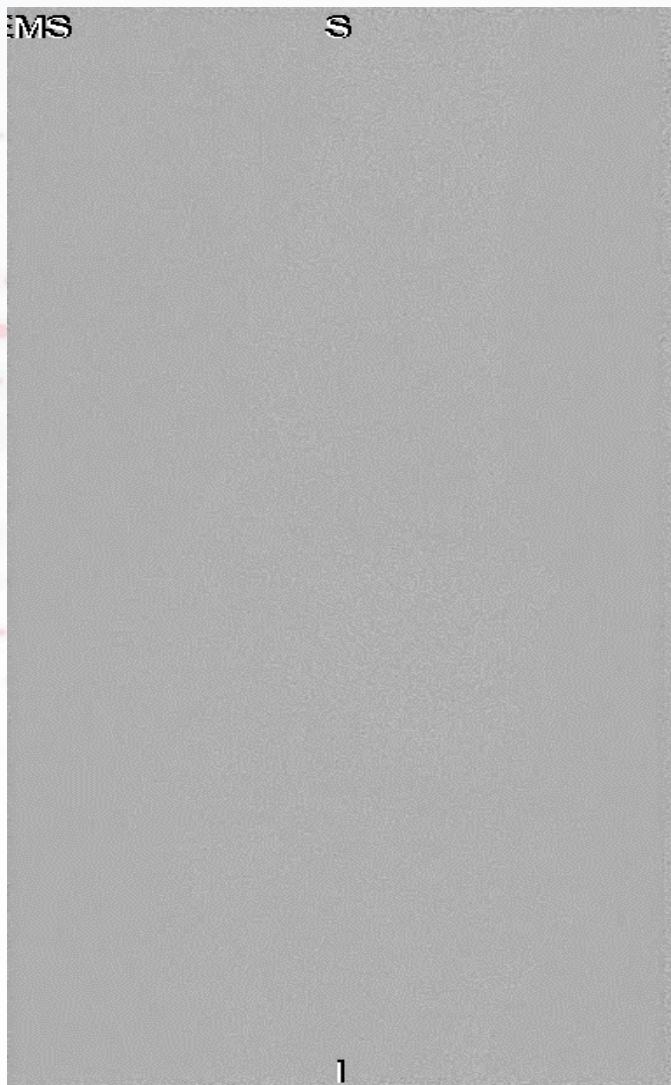


Thrombolysis

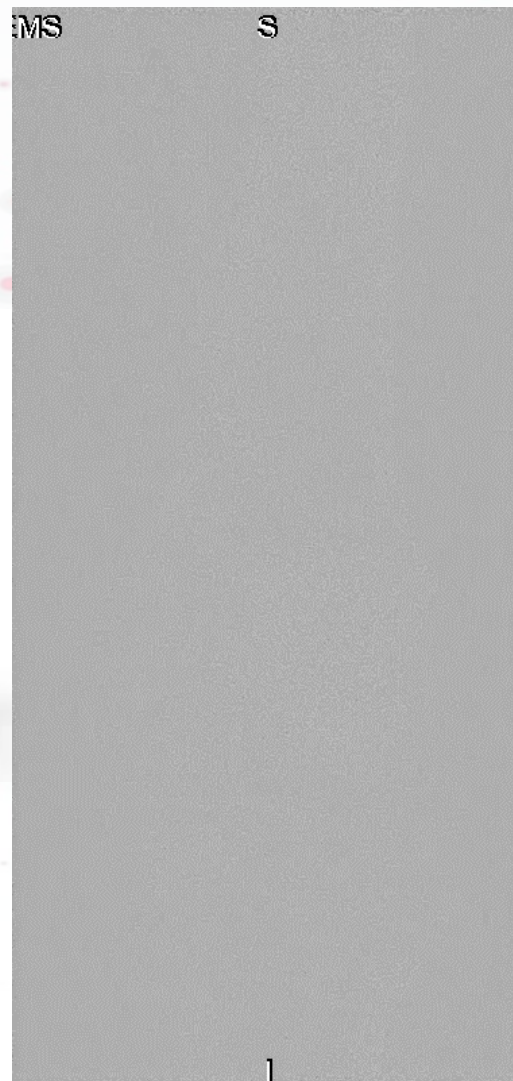


- CTO P1-P2-P3
- Contralateral retrograde access
- 0,035 WH wire, 6F-65cm sheath, 4F supporting catheter
- Unifuse thrombolysis catheter ; 600 000 U Urokinase shot, 1500 U/kg/h during 18 hours

Result after 24 hours



Result after 24 hours



Final result

- Relining with Viabahn 6-250



Discussion

- Local toxicity of (high concentrated) DCB?
- Too much COF of Supera?
- Impossible combination?
- Colleagues same experiences?
- Specific for popliteal artery?
- Other treatment options?

