

# My Practice with Zilver PTX



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# What is the Optimal Treatment of Femoro-Popliteal Lesions ?

1 RCT trial showed superiority of the Zilver-PTX over BMS

4 RCTs showed superiority of DEB over standard balloons  
(Thunder, FemPac, Levant I, Pacifier)

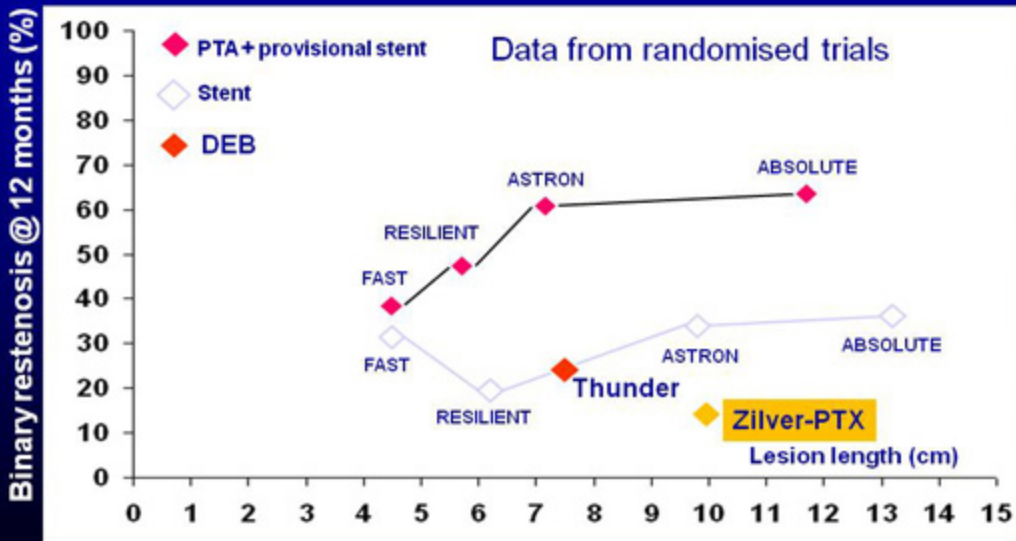
No comparison between DEB and „standard“-treatment of longer SFA-lesions, non-coated nitinol-stents.

No comparison between Zilver-PTX and DEB,

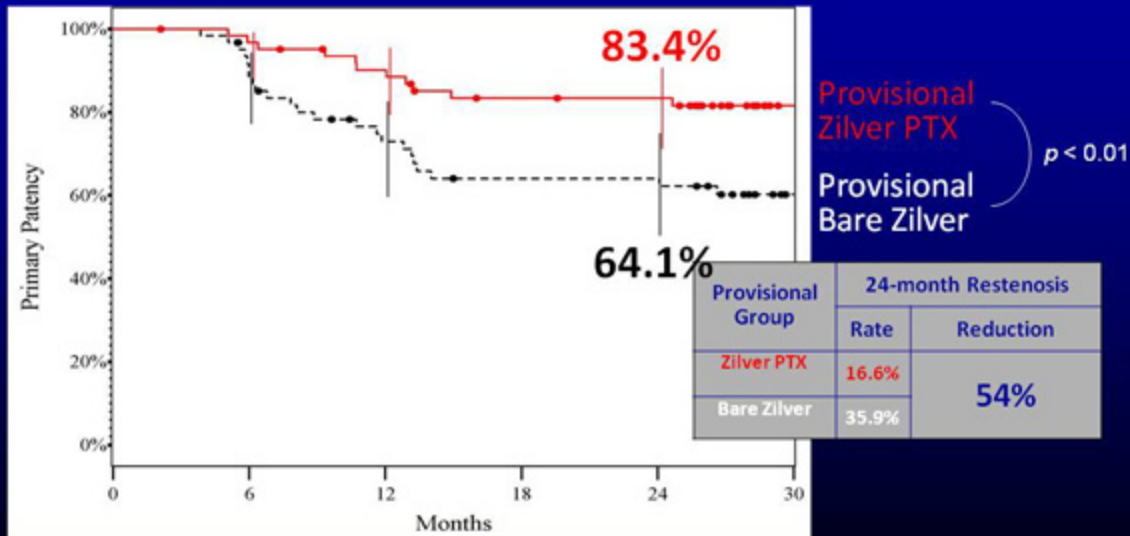
No data about the combination of DES and DEB.

# RCTs POBA vs. Stenting SFA

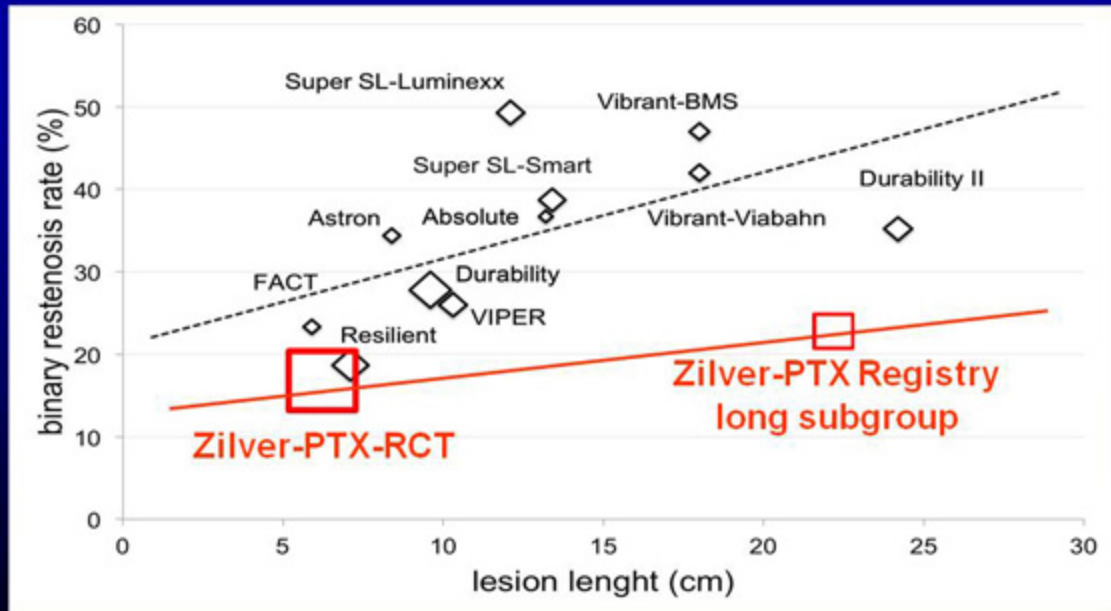
## 12 months restenosis vs. lesion length



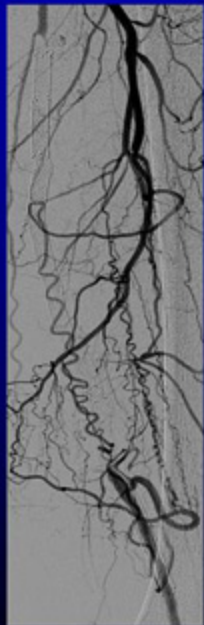
# Zilver<sup>®</sup>PTX<sup>™</sup> vs. Bare Metal Zilver-Stent (Is the Drug effective?) 24 Months



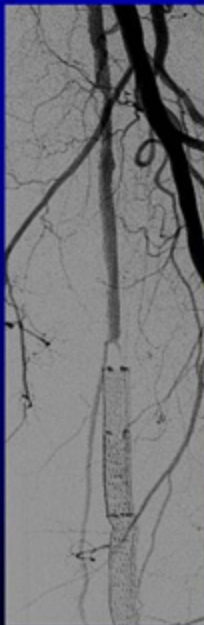
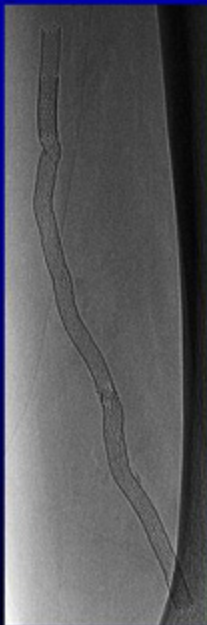
# Binary Restenosis at 12 Mo in SFA Stenting Trials



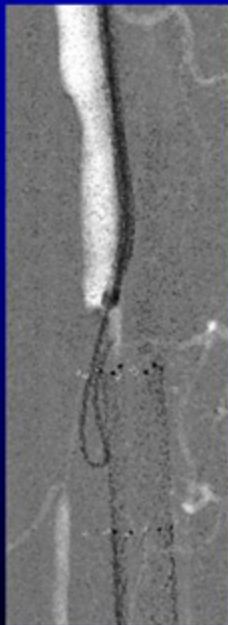
# Reason why DEB might be preferred



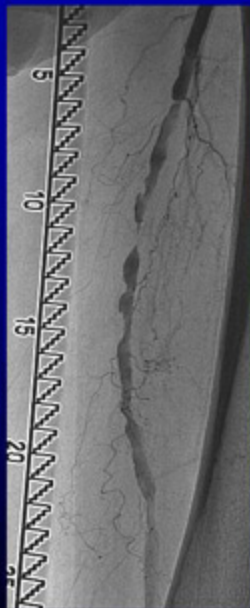
Occluded nitinol-stents



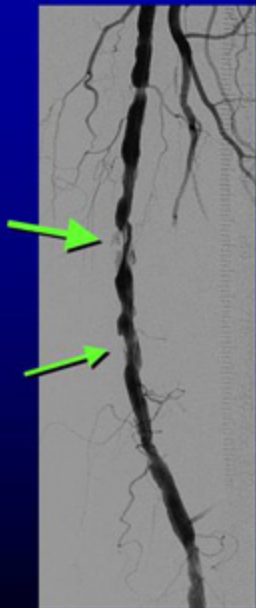
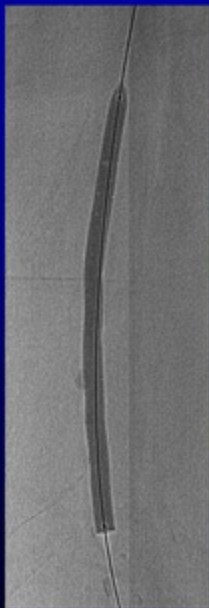
GW-passage into stent failed



# POBA / DEB for Short SFA-Lesions



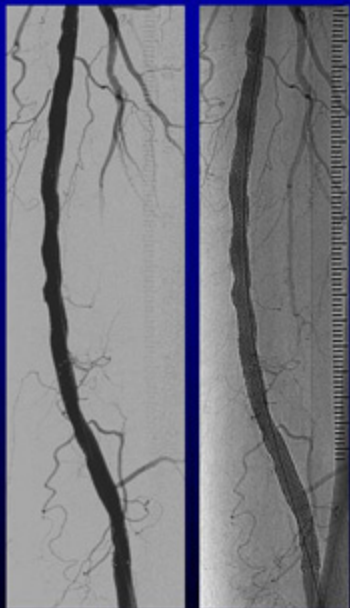
TASC B lesion



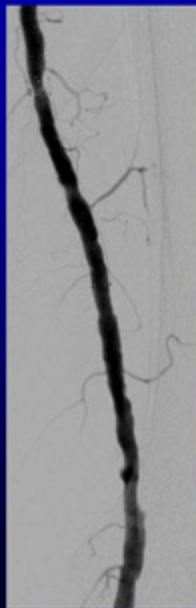
Severe recoil after PTA



# Zilver-PTX for Bail-Out Situations



Zilver-PTX



32-months FU



# DEB or DES (or Combination) ?

Predilatation of the SFA-lesion with an undersized balloon  
(Usual treatment-path before DEB)

In case of severe dissection

Zilver-PTX-Stent

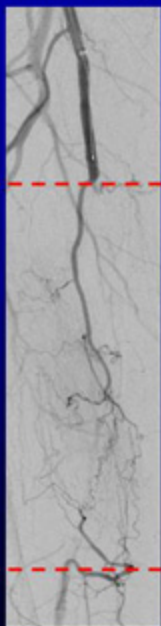
Good result

DEB according to the RVD

Additional BMS if necessary

## Long SFA-Lesions: DEB or DES?

16 cm  
TASC C



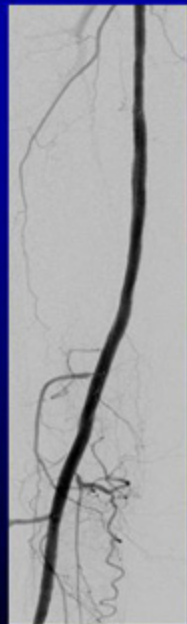
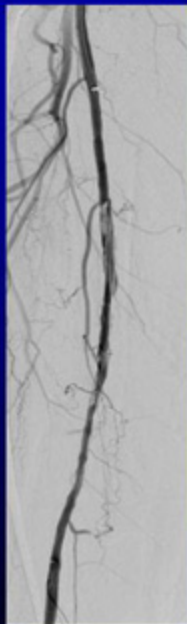
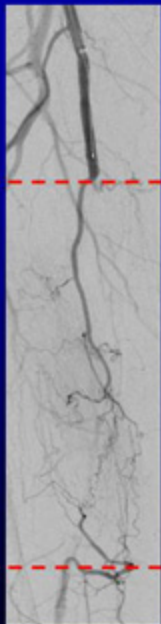
Female, small arteries

Mean lesion-length of the  
4 RCTs DEB vs. standard balloon

	Lesion-length
Thunder	7.5 cm
FemPac	5.7 cm
Levant I	8.1 cm
Pacifier	7.0 cm

# Indications for Zilver-PTX Stent

16 cm  
TASC C

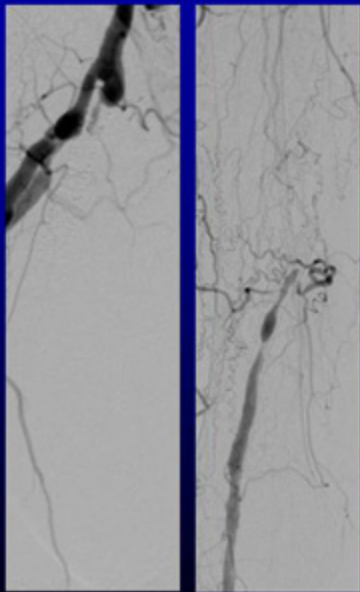


Female, small arteries

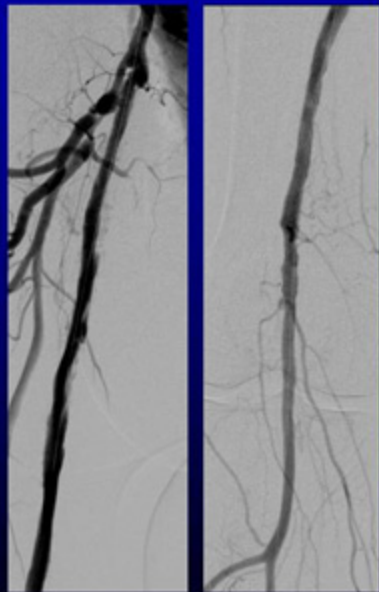
After PTA

Zilver-PTX 6/120 + 6/60

## DEB or DES for Long SFA-Lesions

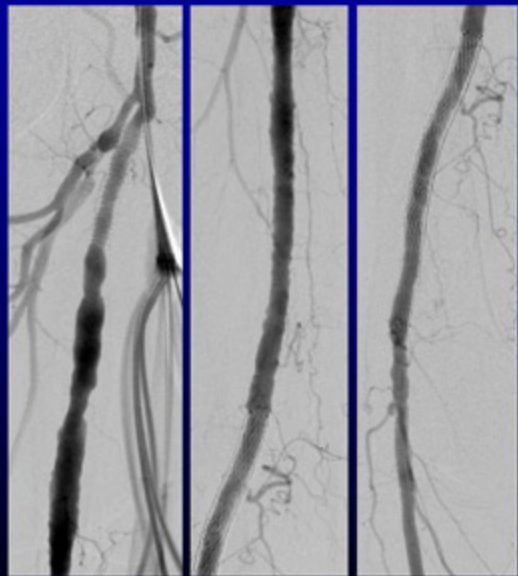


SFA reocclusion

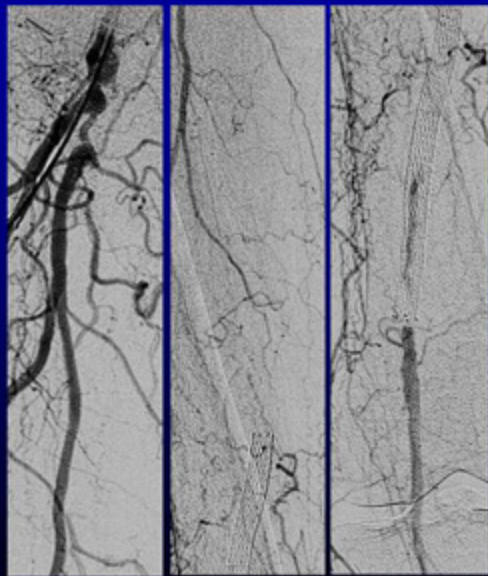


3 x DEB 5.0/120

## DEB or DES for Long SFA-Lesions

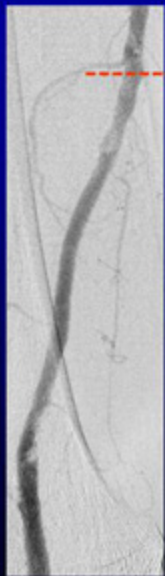
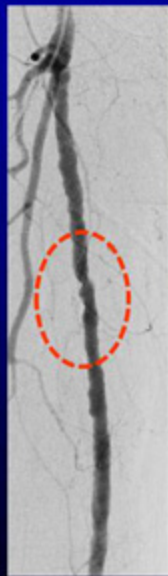
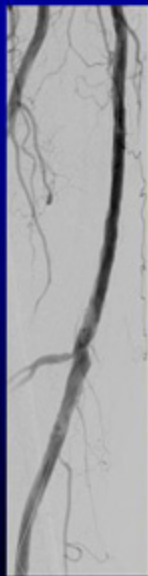
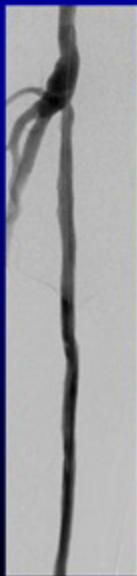
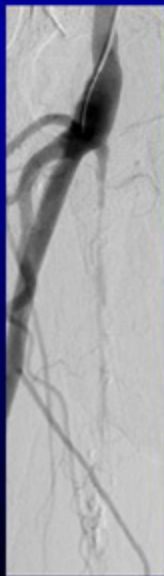


3-months result



9 months after DEB

## DEB or DES for Long SFA-Lesions



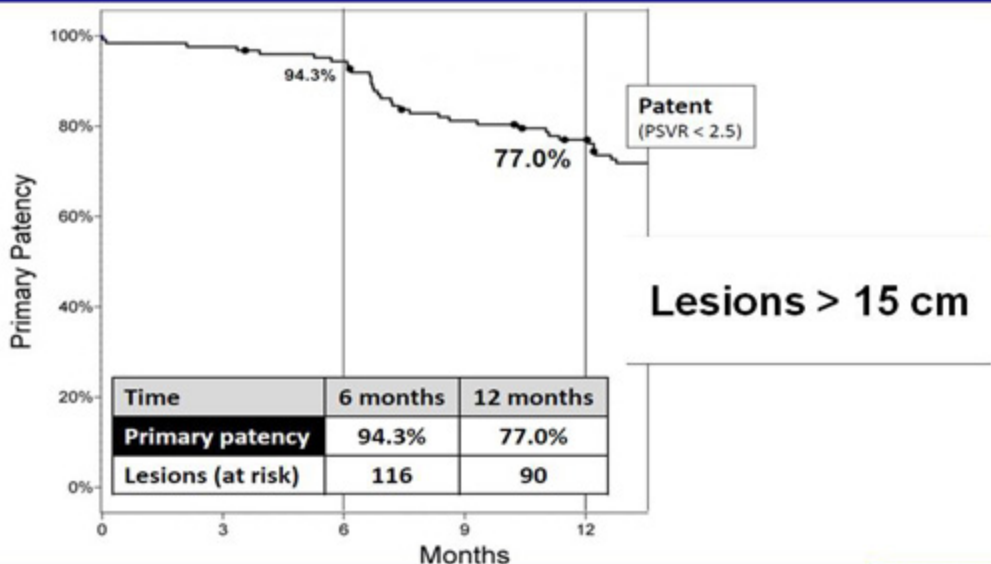
Subintimal reca with Outback

3 x DEB 5.0/120

15 months result

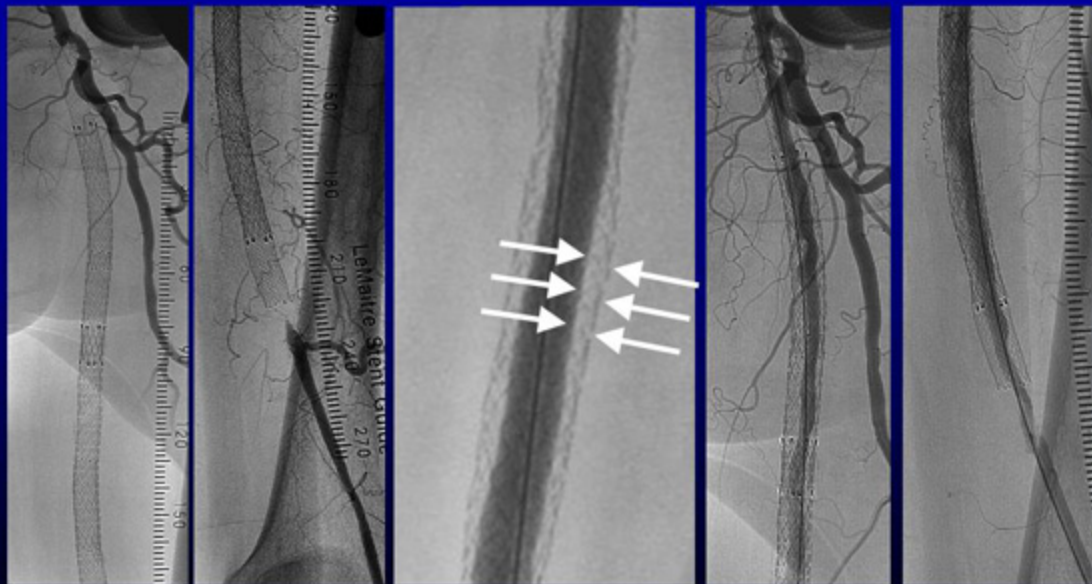
# Zilver-PTX for Long SFA-Lesions

## Data from the single arm registry



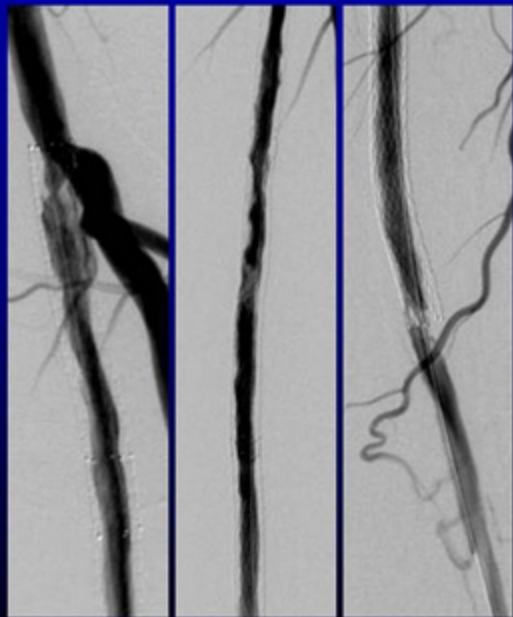


# DEB or DES for In-Stent-Restenosis ?

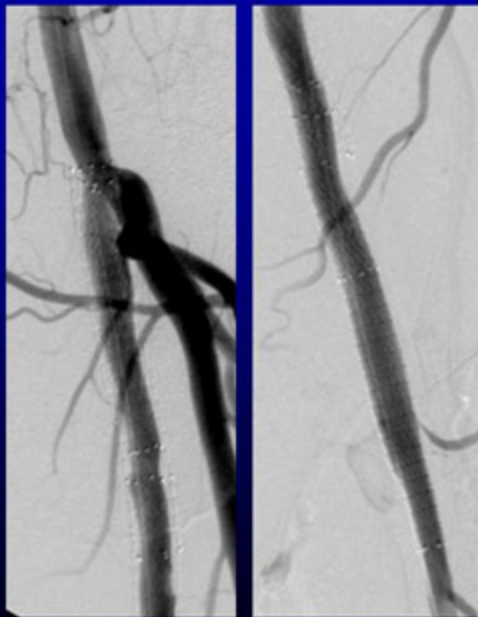


After balloon-angioplasty

# Treatment of In-Stent-Restenosis



After ballooning

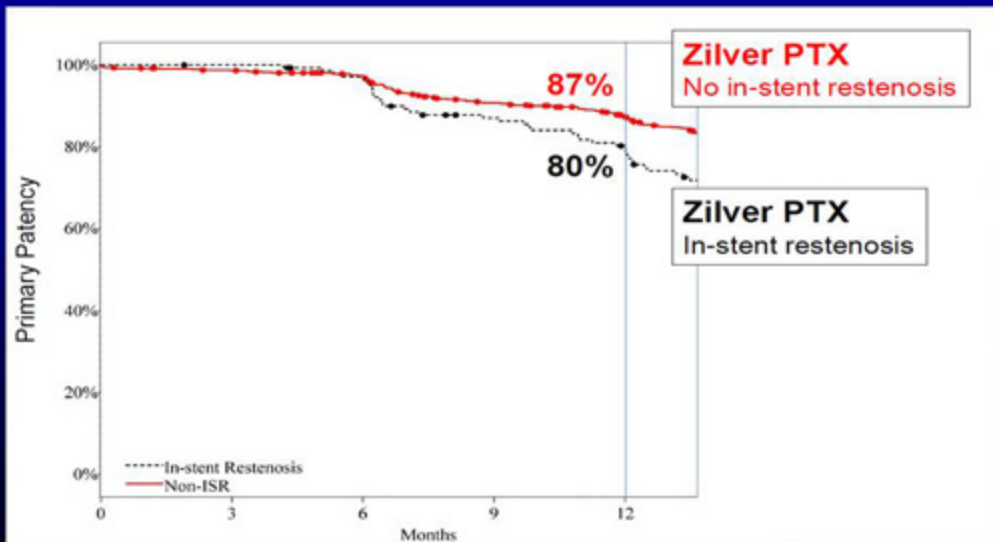


In-stent stenting

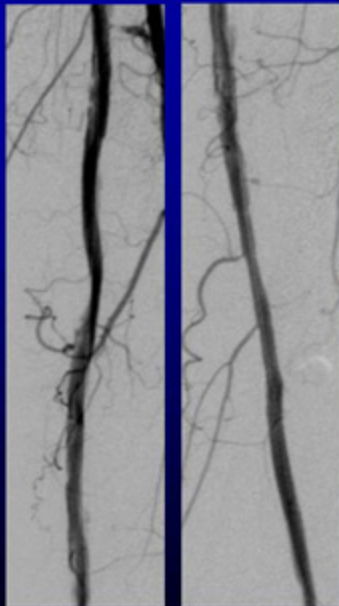
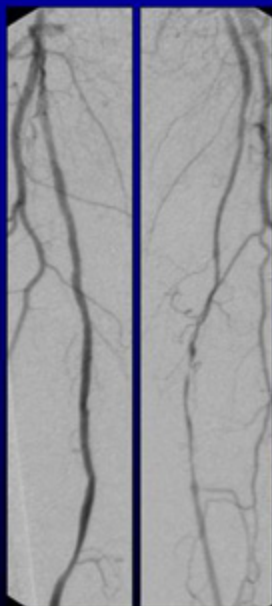
# Zilver-PTX for ISR

## Data from the Single-Arm Registry

### Primary Patency (PSVR < 2.5)



# ISR-Case: Balloon-Angioplasty + Stenting

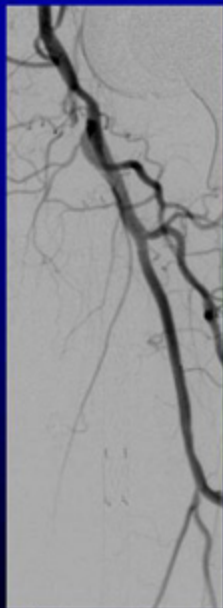


After ballooning

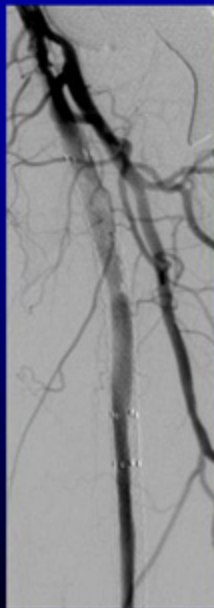
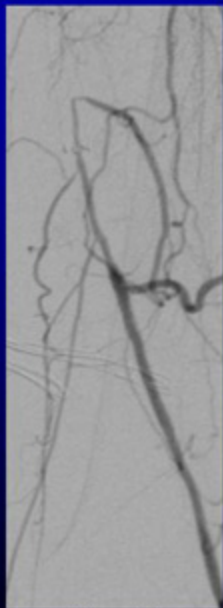


Nitinol-stents (BMS)

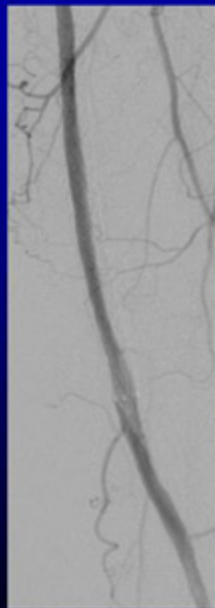
# ISR-Case: Reocclusion 11 months later



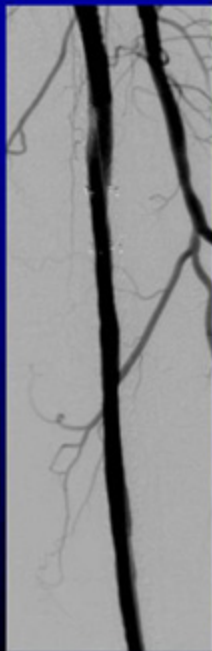
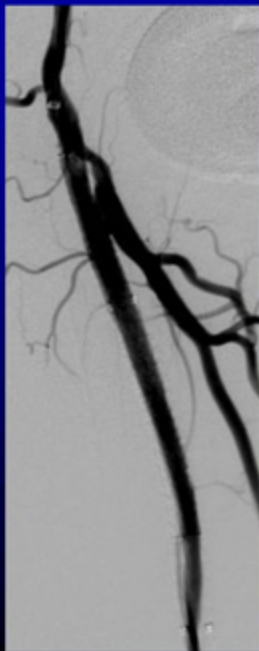
Recurrent claudicatio



After ballooning



## ISR-Case: Stent-in-Stent-Implantation (BMS)



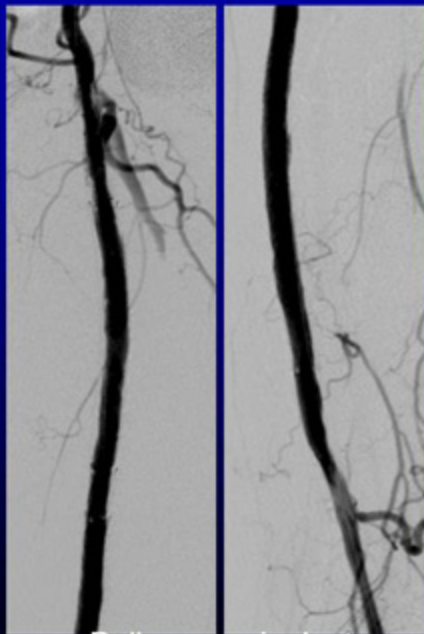
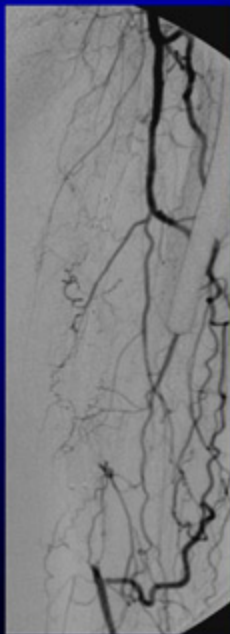
# ISR-Case: Re-Re-Occlusion 9 months later



Third Intervention (balloon)

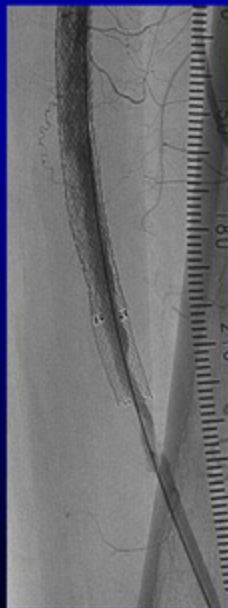
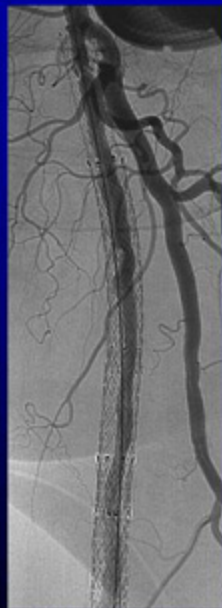
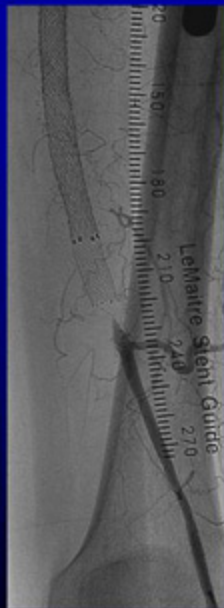


## ISR-Case: Third Reocclusion, Fourth Intervention



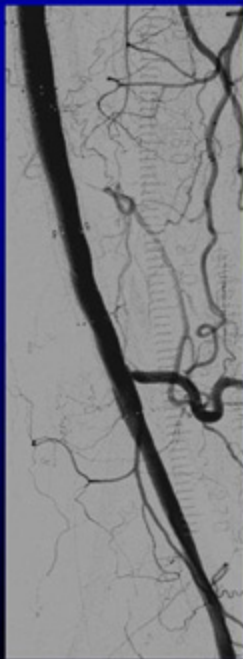
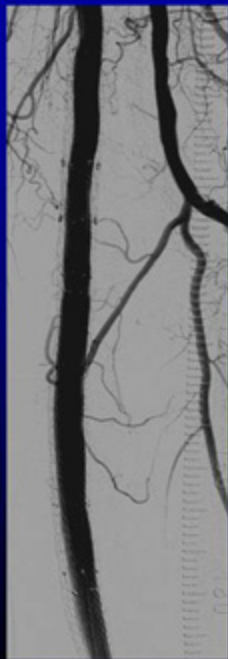
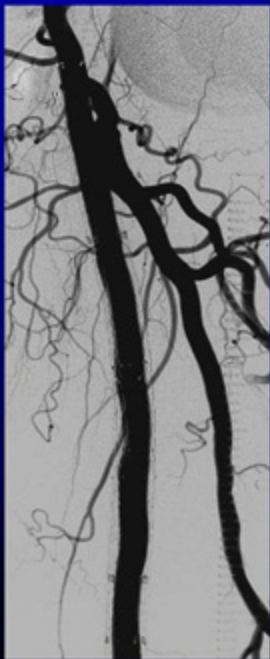
Balloon-angioplasty

# ISR-Case: Fourth Reocclusion

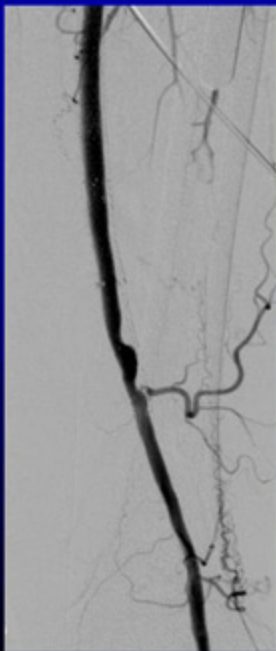


After balloon-angioplasty

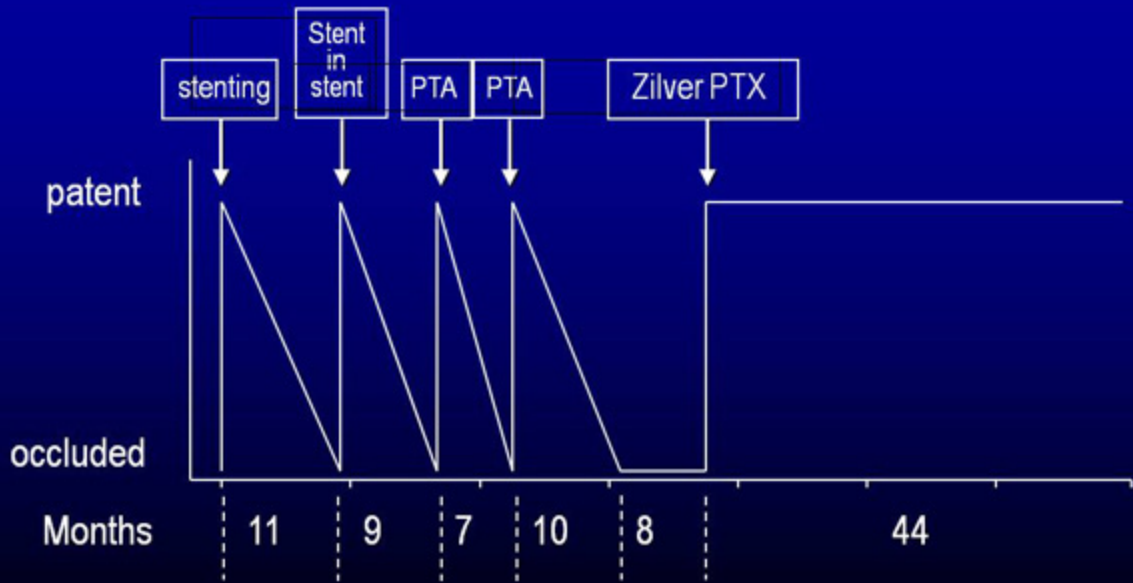
# ISR-Case: Zilver-PTX Stents in Stent in Stent



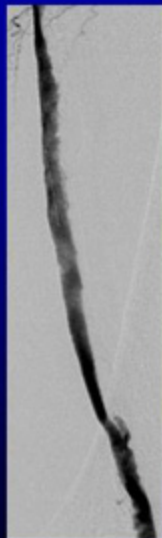
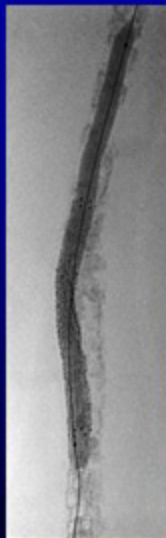
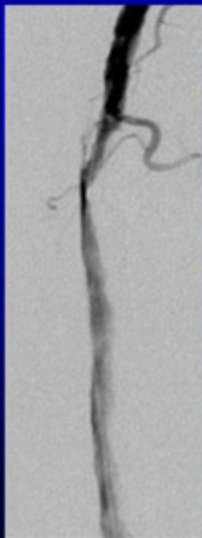
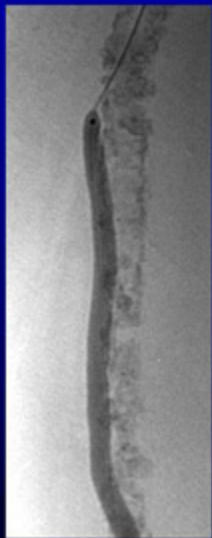
## ISR-Case: 44 Months Follow-Up



# Zilver-PTX for ISR-Treatment



# Calcified Femoro-Popliteal Lesions



Will DEB work in these lesions?

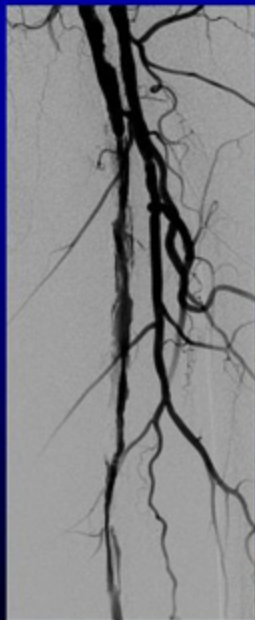
Radial force of „standard“-nitinol-stents high enough?

## Calcified SFA-Occlusion



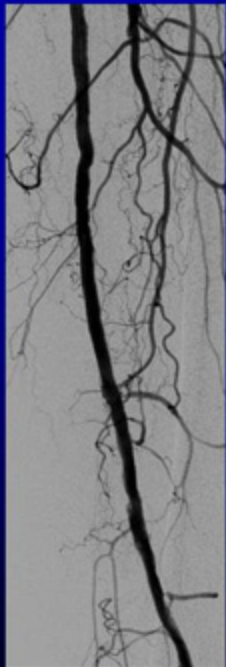


# Calcified SFA-Occlusion

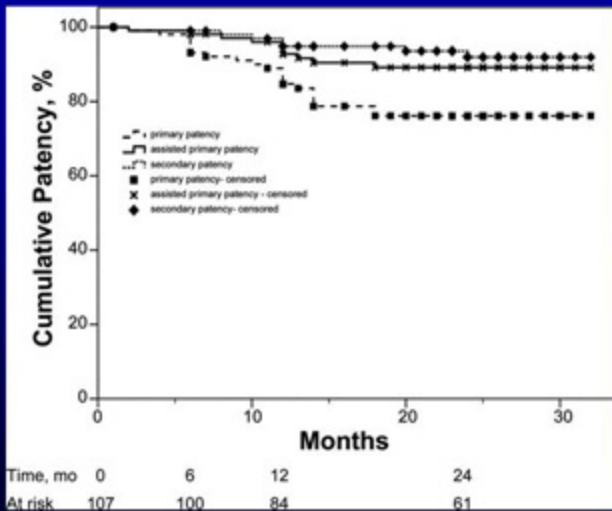


After 5mm ballooning

## High Radial Force Stents for Calcified SFA-Lesions

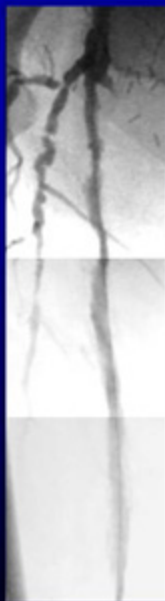
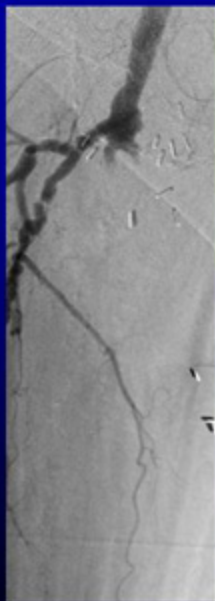


Supera-stent implantation



Supera-registry: Scheinert et al., J EVT 2011

# Femoro-Popliteal Lesions



Femoro-popliteal occlusion

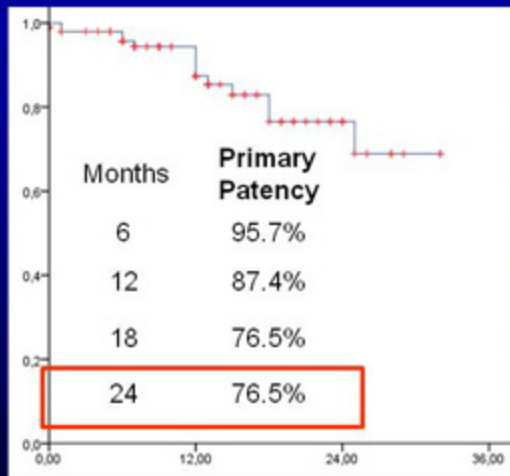
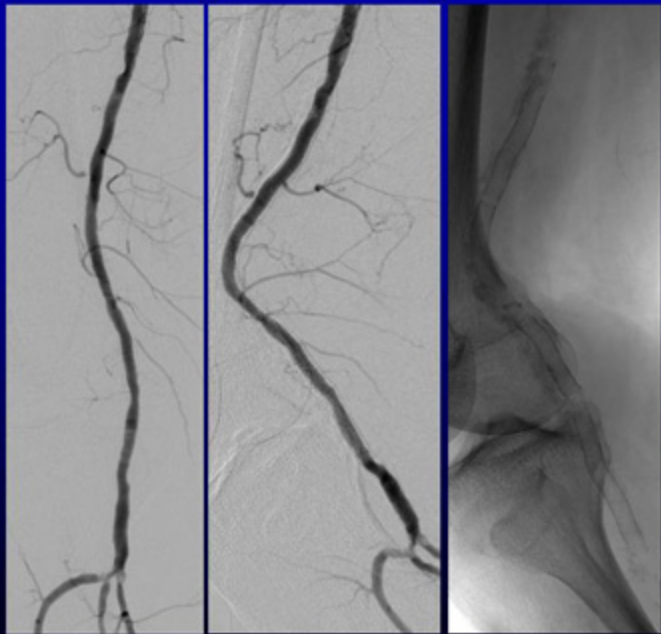
PTA

Zilver-PTX-Stents

# Combination of DES and DEB in Multilevel Disease



# Supera-Stent for the Popliteal Artery



Supera after DEB ?

## Current Practice with Zilver-PTX

Provided that reimbursement is guaranteed

- Drug-eluting devices have replaced standard-devices in a large number of cases.
- DEB for shorter, less calcified lesions combined with non-coated nitinol-stents if necessary.
- Zilver-PTX for all more complex lesions.
- For very calcified lesions, stents with high radial force

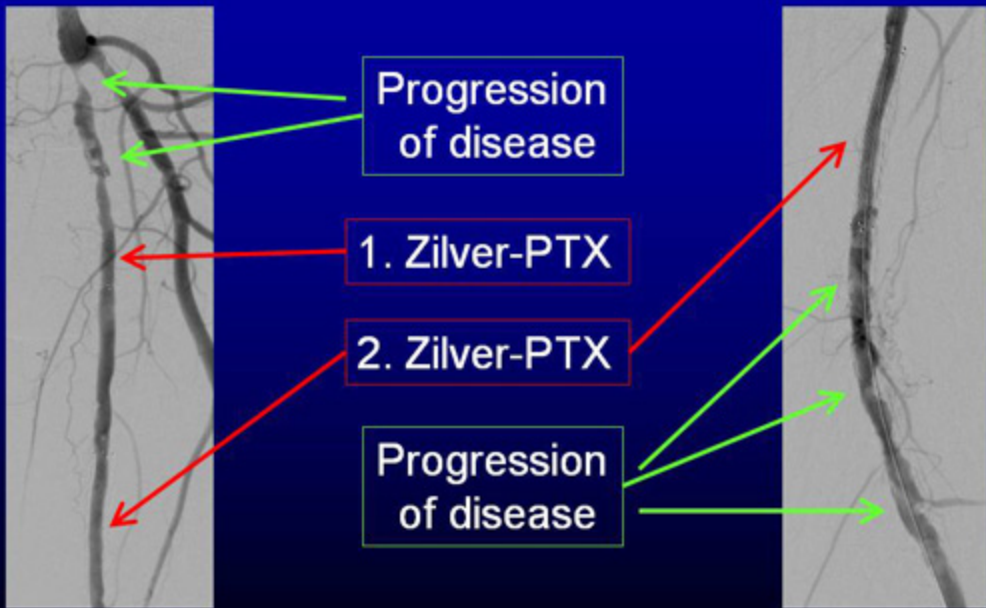
# Zilver PTX Long-Term Results



11/2006 Zilver-PTX 7/40 prox + mid SFA left



# Zilver PTX Long-Term Results



Angio 5/2011 (4.5 years post implantation)



**PAOD-patients need  
Zilver-PTX stents  
for prophylaxis**