

Crossing strategy for Complex & CTO Lesion

"Cross with Confidence"

Extreme SFA CTO Intervention to Achieve Limb Salvage

There is a **WAY** !

Busan Veterans Hospital

Lee Sea-Won, M.D

18th CARDIOVASCULAR SUMMIT

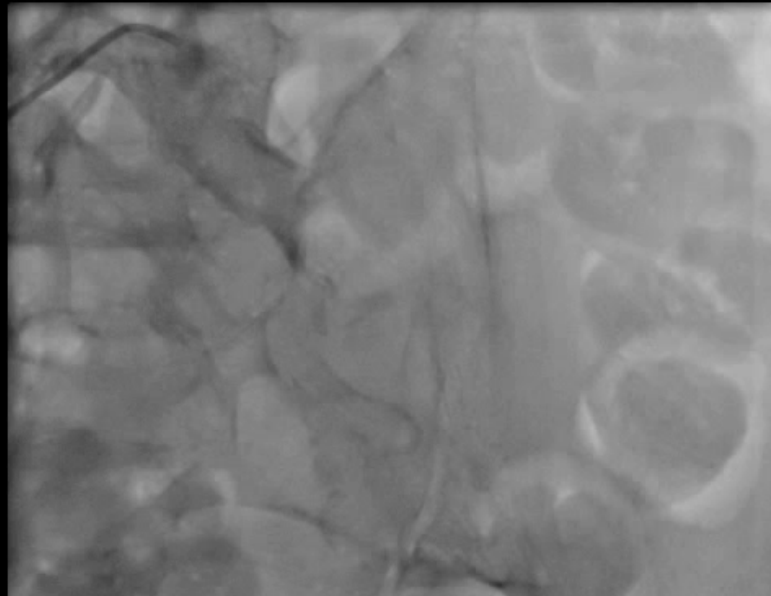
TCTAP 2013

APRIL 23-26
COEX, SEOUL, KOREA

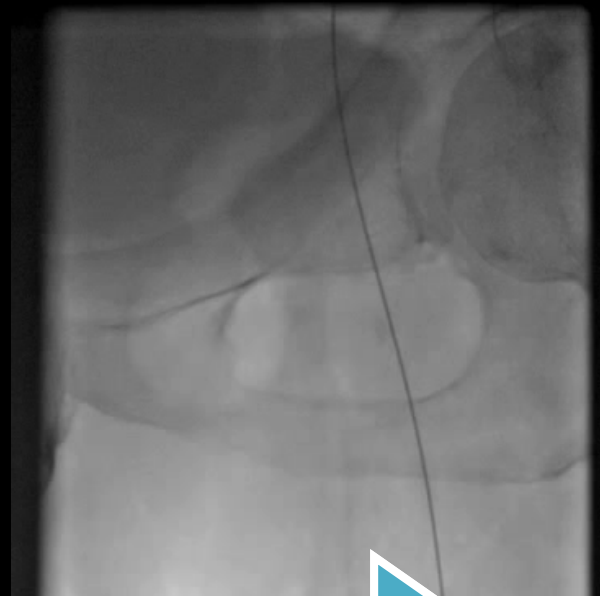
Endovascular Tx for Limb Salvage



2012.8.7 Lt SFA CTO



Angiogram



Post Stenting

Door to Door time: About 1 hour(c CAG)
Absolute Procedure time: About 30 min.

Limb Salvage, Free from Amputation!



2012.8.7 Lt SFA CTO

2012.9.4

2012.9.18

2012.10.16

Worst Scenario...

Minor
amputation

Wound
healing fail

Major
Amputation

Wound
infection

Sepsis

Expire

50% Amputated Pt. did NOT walk again!

Not only LIMB Salvage
But also LIFE Saving!

Nehler et al. J Vasc Surg 2003;38:7-14.

ANGIOPLASTY SUMMIT
TCTAP 2013

There is a Way !



“Cross with Confidence”

WHY ?

Symptomatic PAD: 40% CTO

SFA lesion: 50% CTO

Fight with PAD is

Fight with CTO!

How to Cross CTO ?

G.Markos, F, Miller, A. Bolia , J Vasc Surg 2010; 52:1410-6

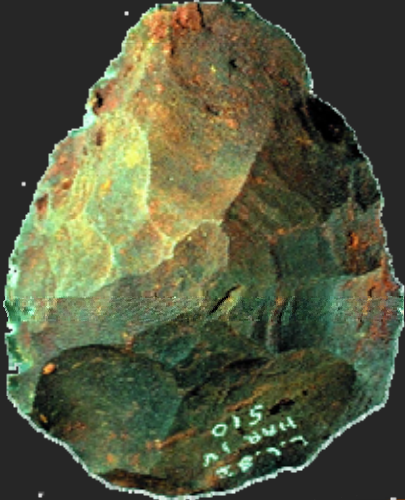
ANGIOPLASTY SUMMIT
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There is a Way !



Viance® &
Enteer®

ue h®



wire

MP cath.

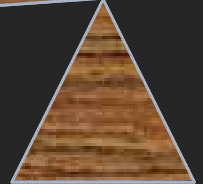
Wire &
Cath

100\$

1 ~ 3000\$

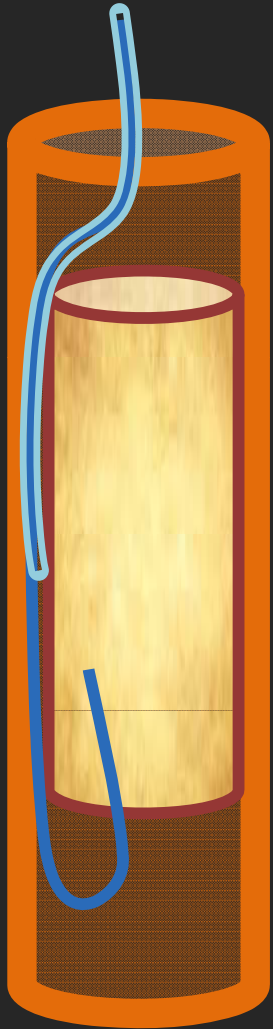
Crossing
devices

Re-entry
devices



BIG wire

SMALL wire



Hydrophilic 035

Subintimal dissection

- Fast, Economic
- High Success rate

Weak point

- Far distal dissection
- Re-entry failure

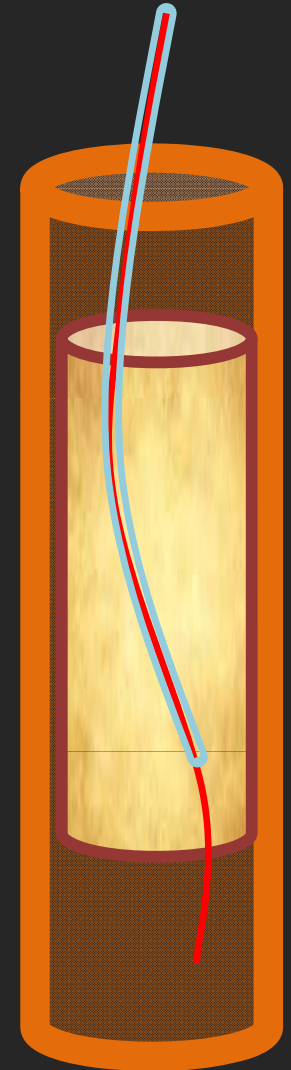
014 & 018

True lumen tracking

- Take times
- Low Success rate

Good point

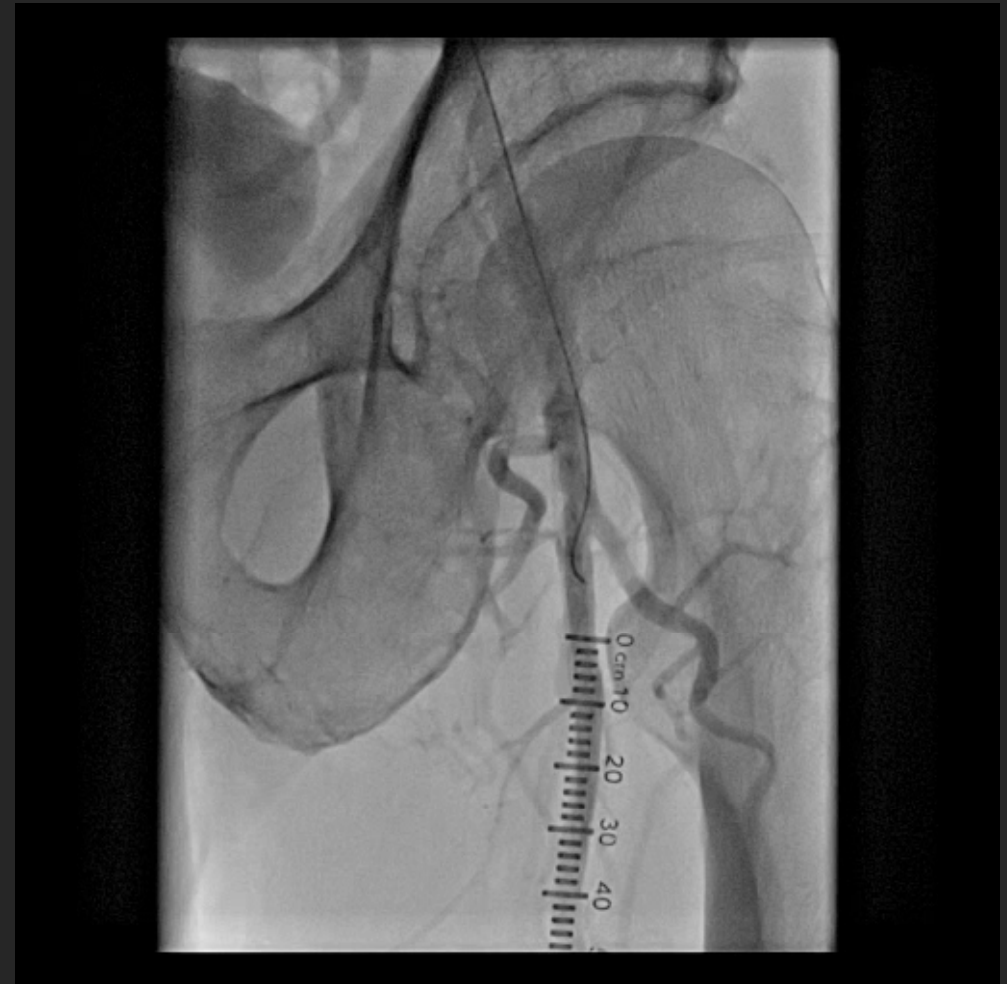
- Micro path tracking
- Distal cap penetration



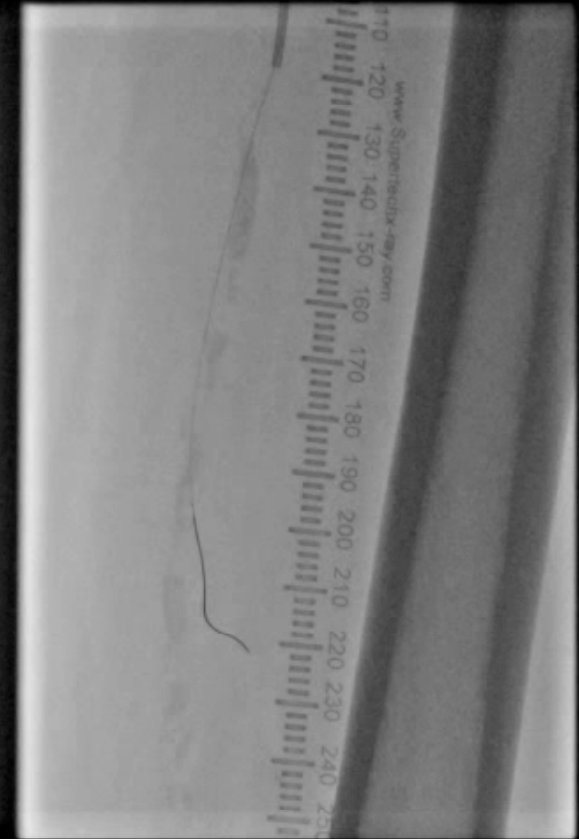
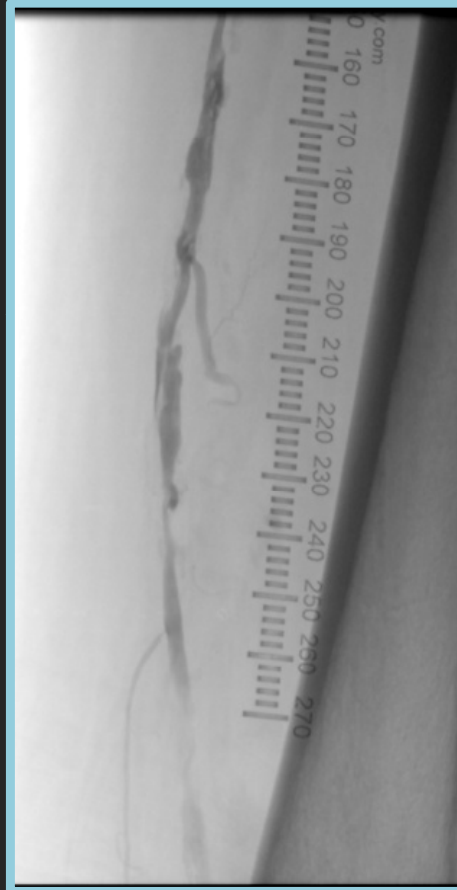
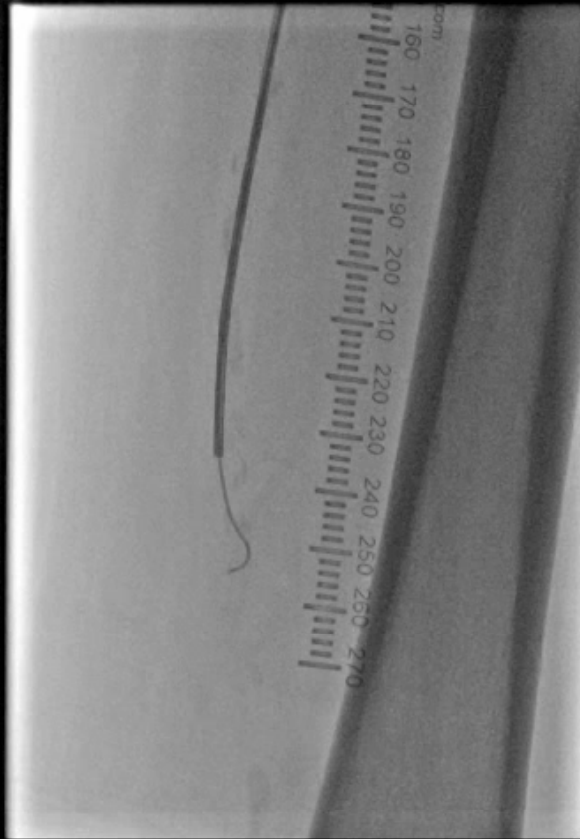
G.Markos, F, Miller, A. Bolia , J Vasc Surg 2010; 52:1410-6

Both SFA CTO(LL 20cm) & Lt CLI

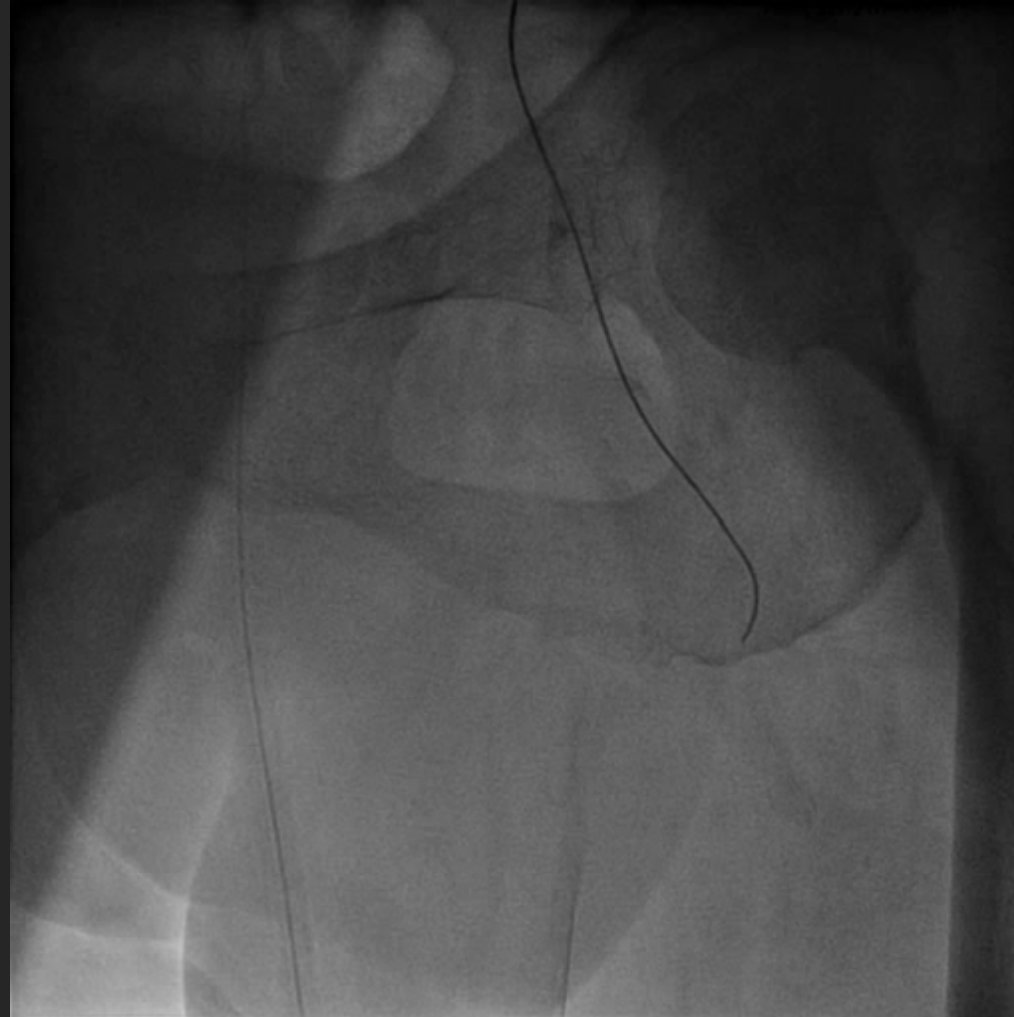
- 90/M
- Lt CLI for 4 month
- ABI: 0.50/0.33



Wiring with 035 & 014



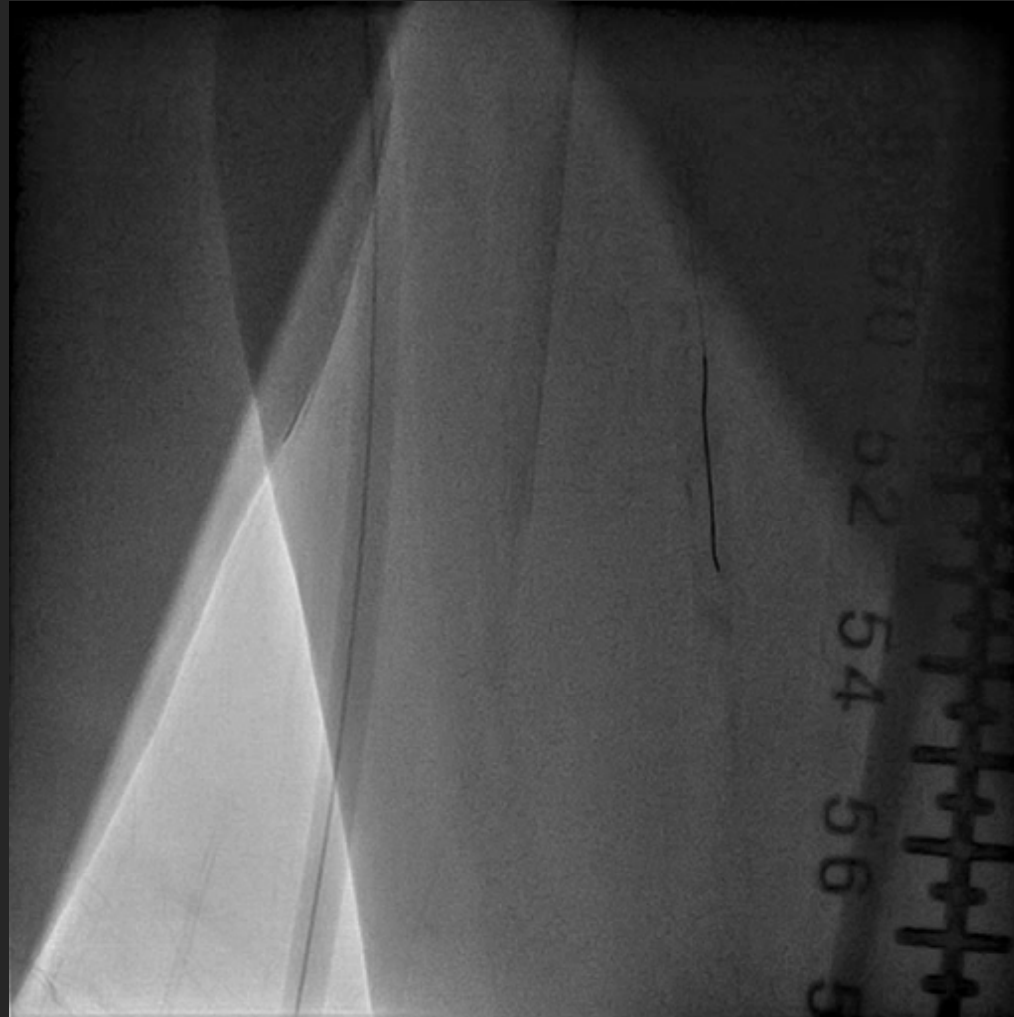
Lt SFA Diffuse long lesion & CLI



Wiring with 035

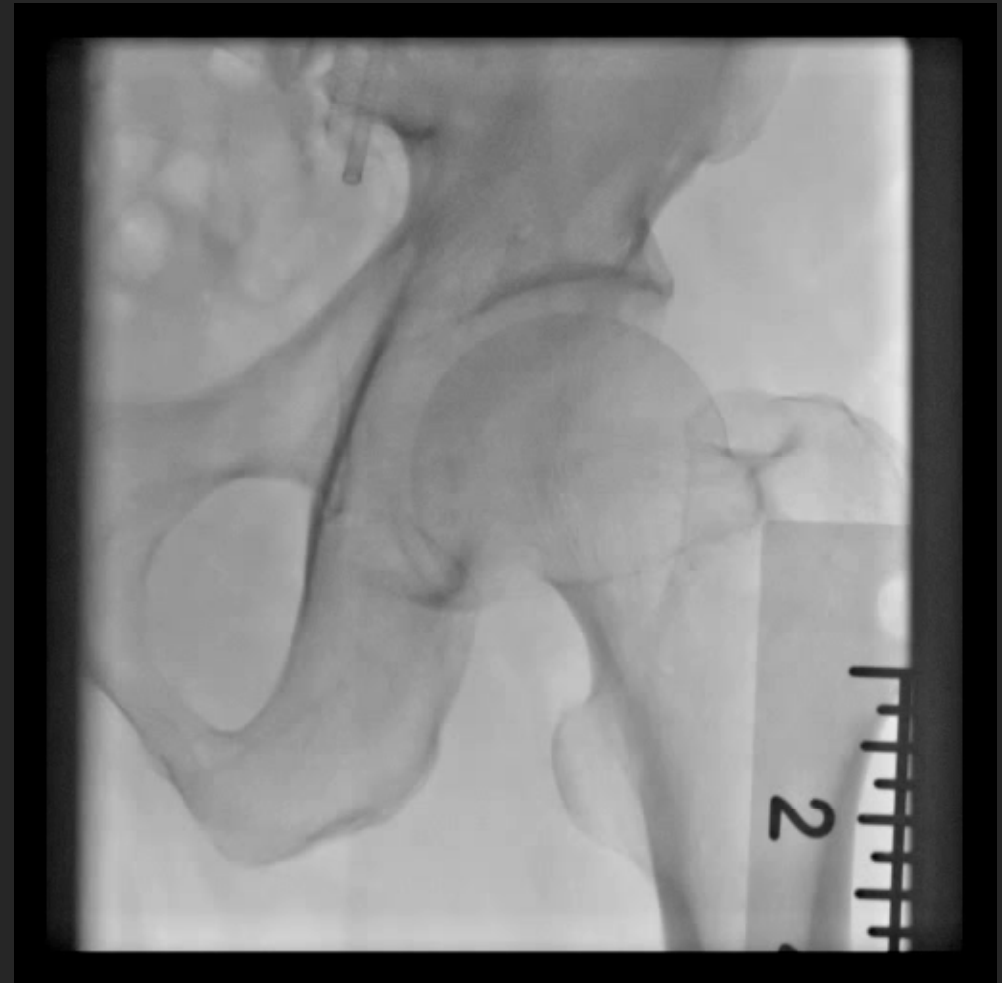
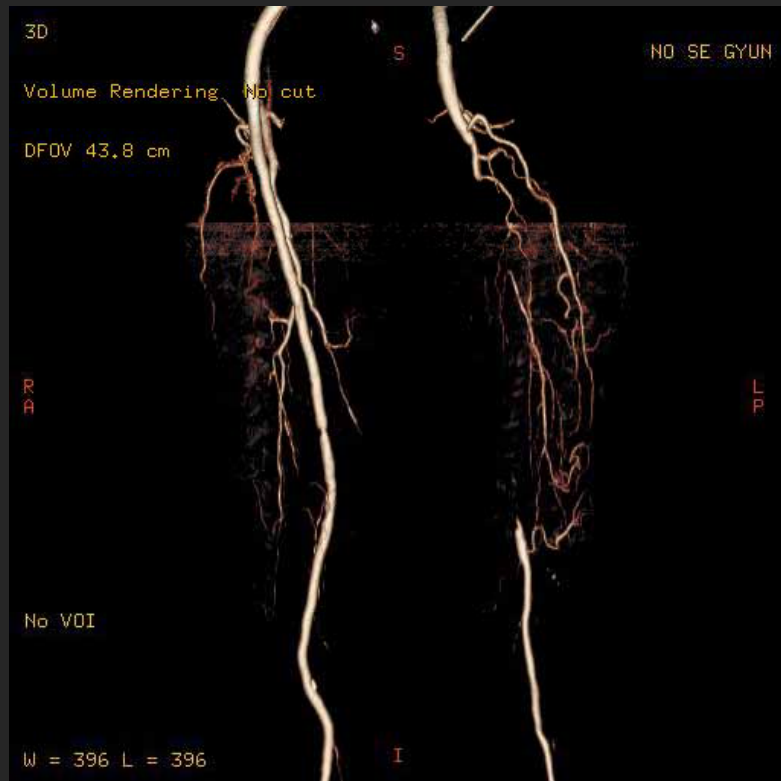


Wiring with 018

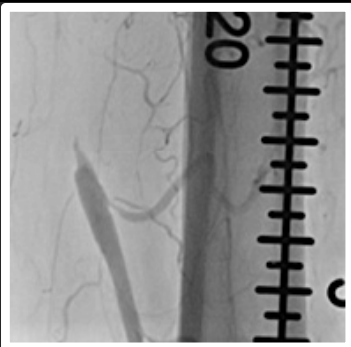
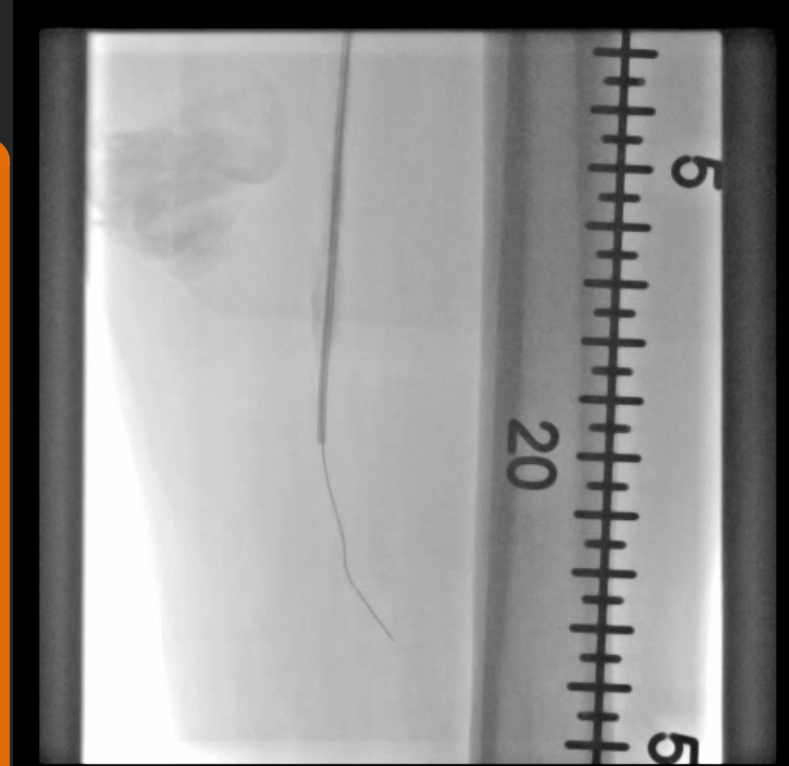
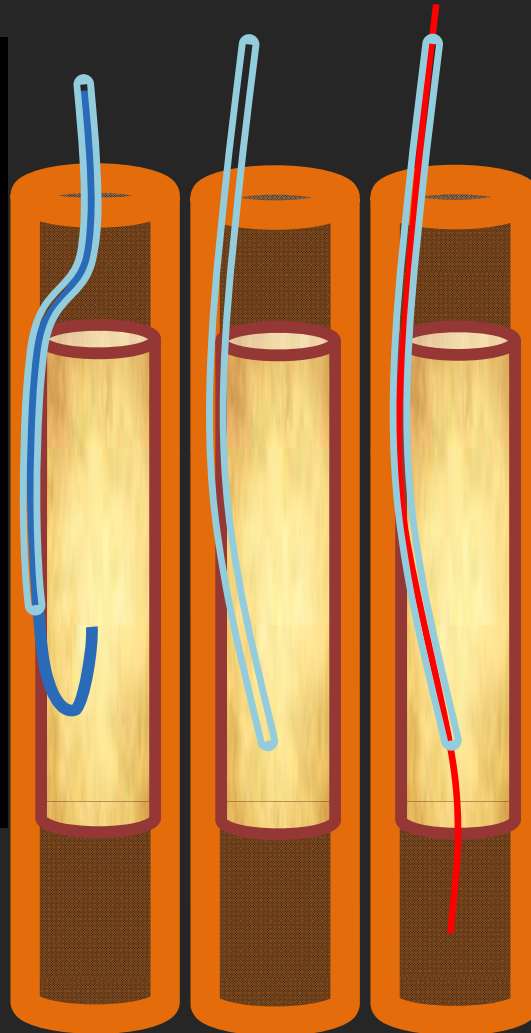
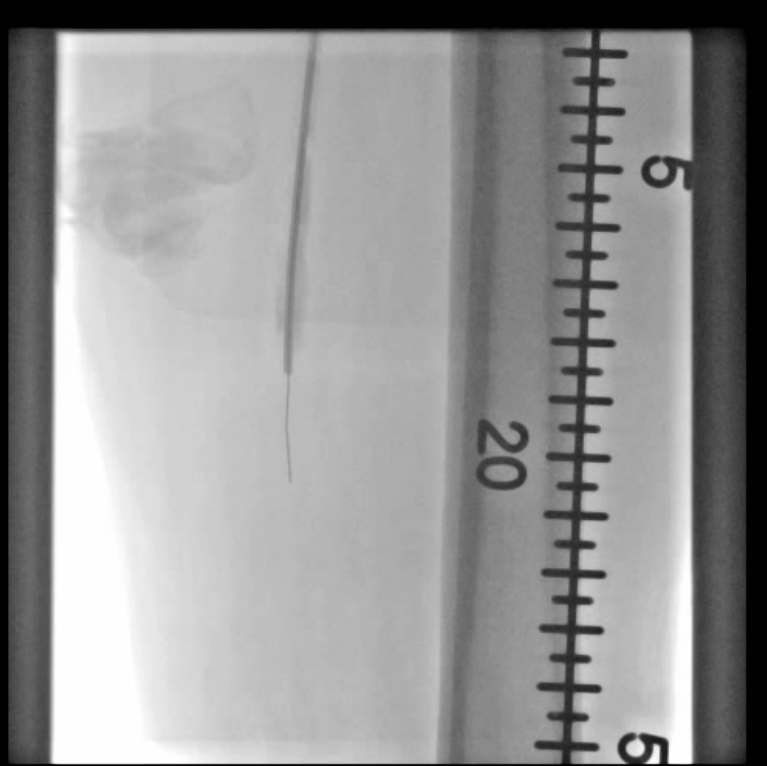


Lt SFA CTO(20cm) & CLI

- 84/M
- Lt CLI
- ABI: 1.08/0.37



BIG wire and SMALL wire

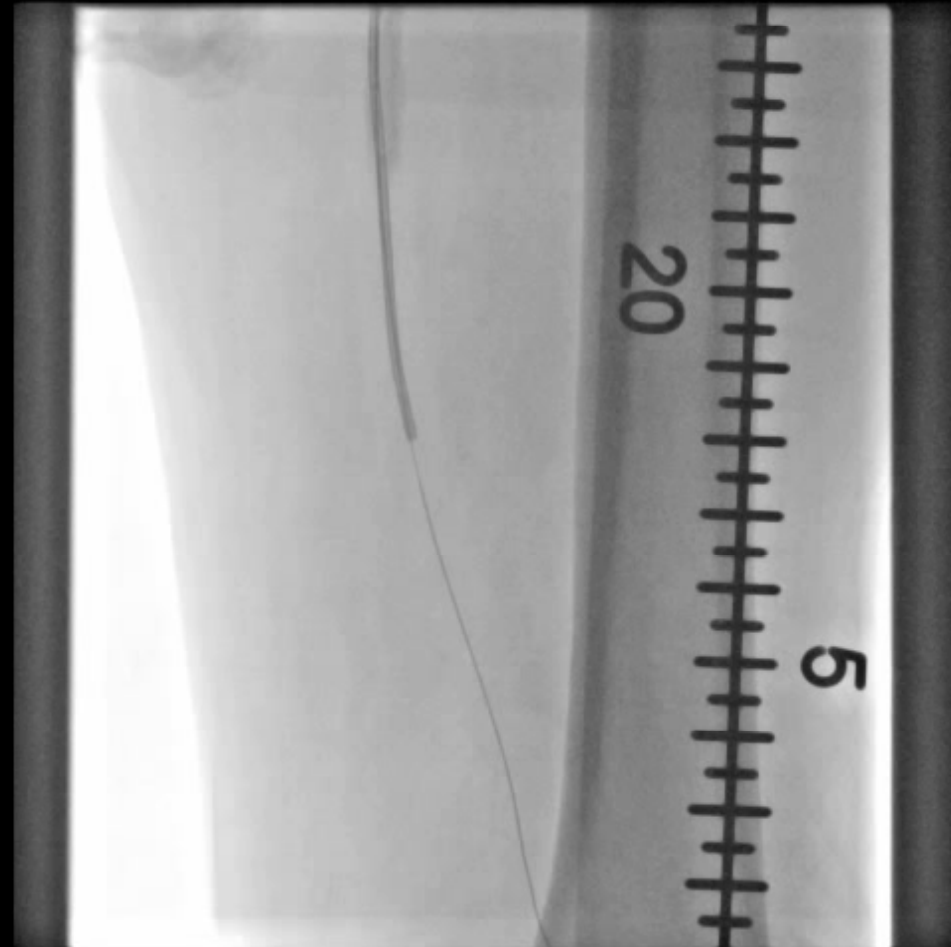
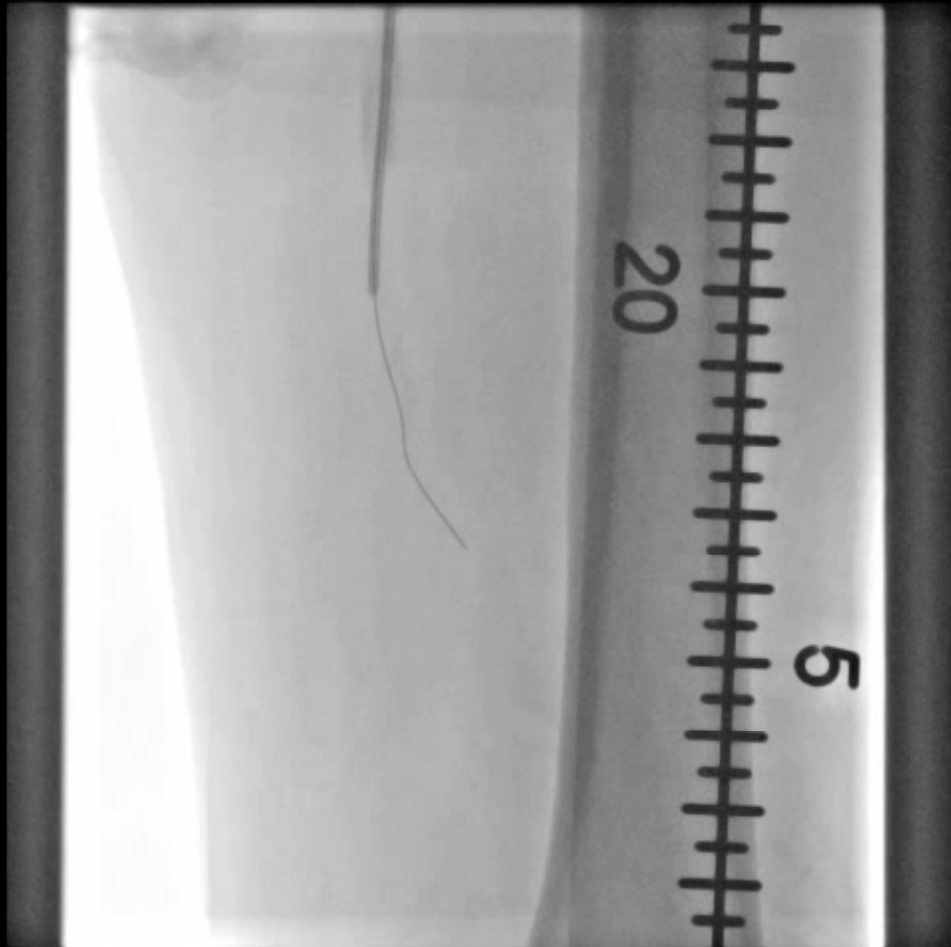


1 →
035

2 →

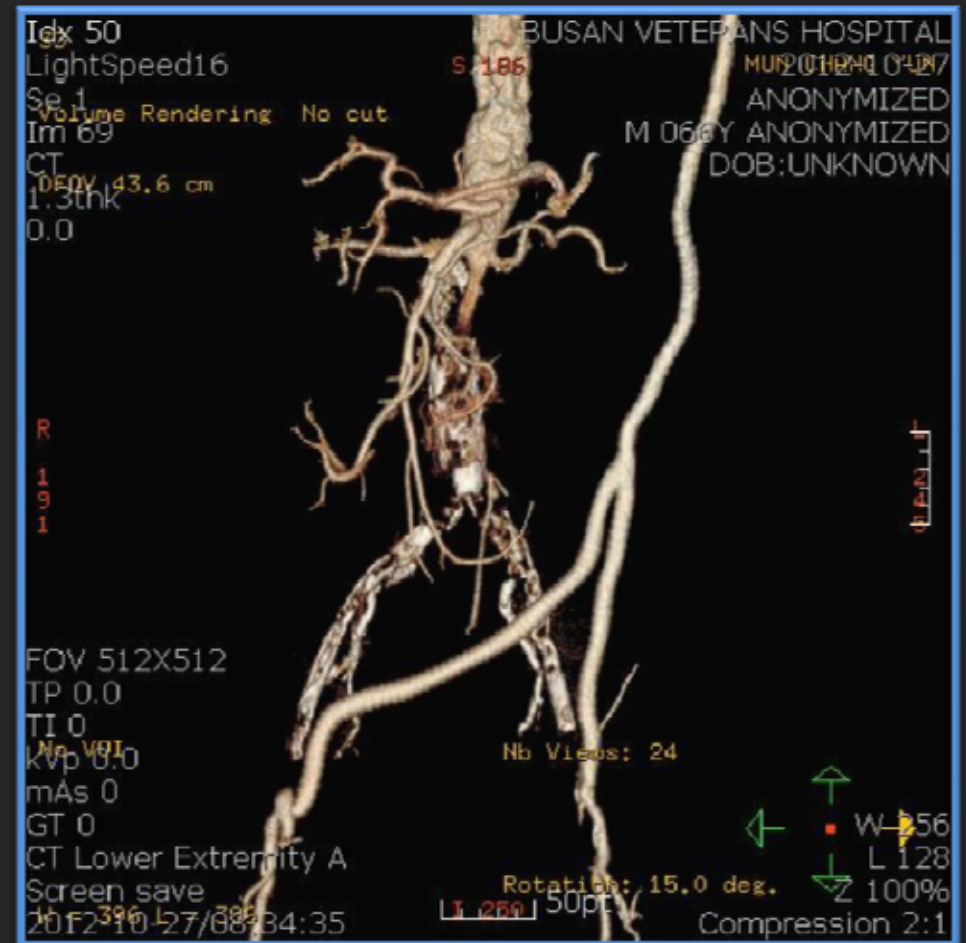
3
018

Wiring with 018



Leriche's Syndrome

- 66/M
- 2002y
 - Lt. Axillo-Fem-Fem Bypass surgery
- Sx:
 - Worsening Claudication, Rt
 - Resting pain, Rt
- No DM, HTN & Angina
- ABI: 0.56/0.67



Idx 10
LightSpeed16
Se 1
Volume Rendering No cut
Im 10
CT
DFOV 44.9 cm
1.3thk
0.0

BUSAN VETERANS HOSPITAL
MUN CHANG YUN
MUN CHANG YUN
ANONYMIZED
M 066Y ANONYMIZED
DOB:UNKNOWN

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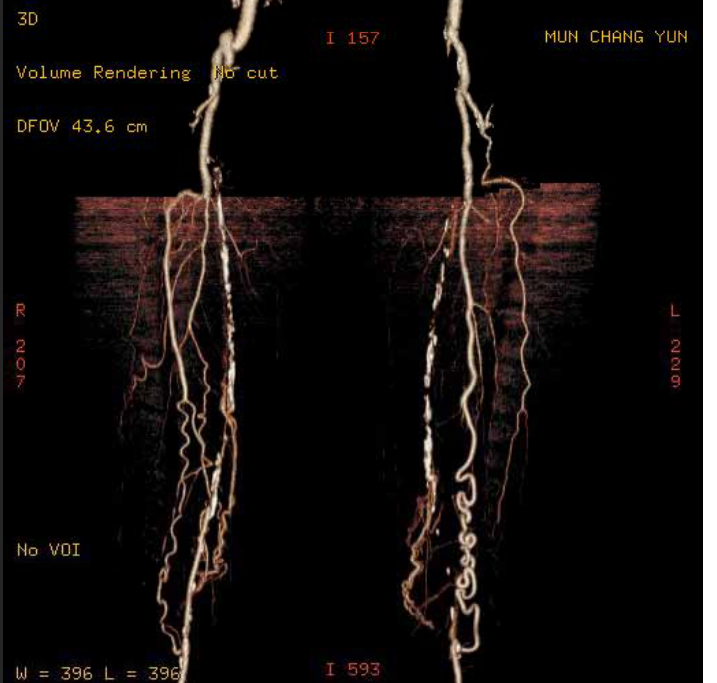
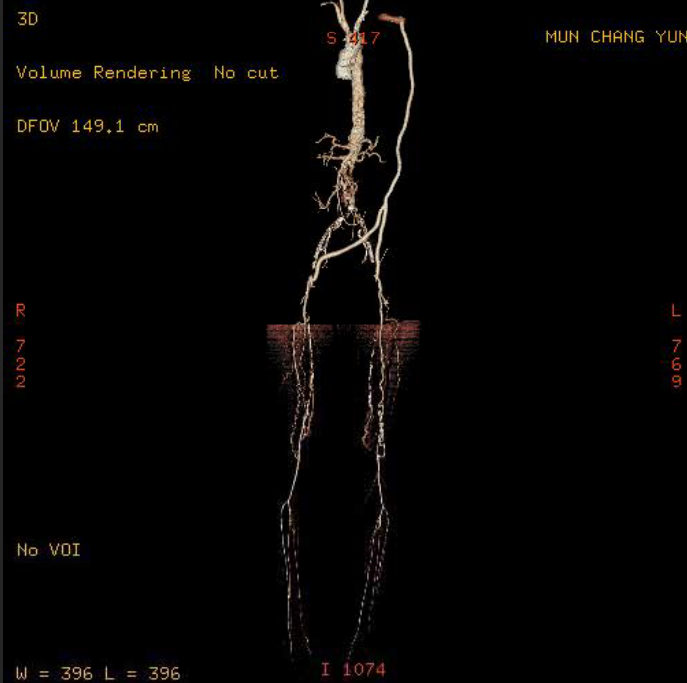
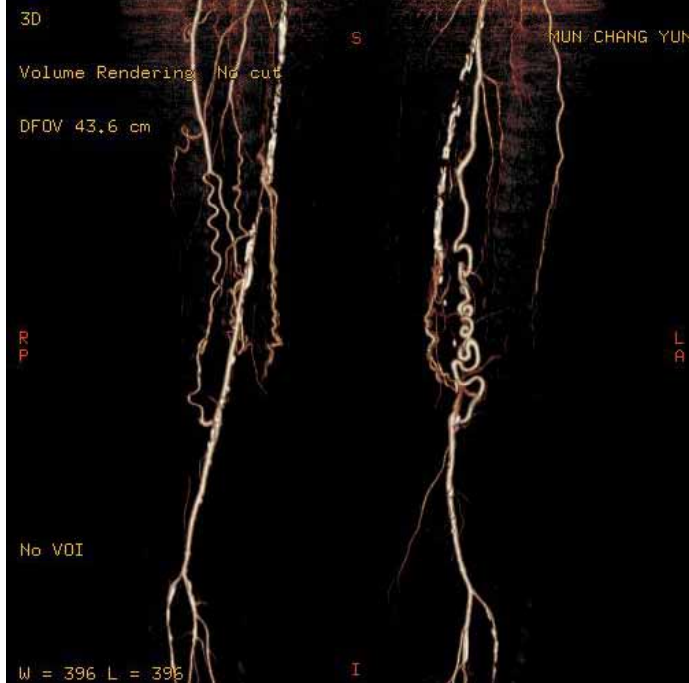
BUSAN VETERANS HOSPITAL
MUN CHANG YUN
MUN CHANG YUN
ANONYMIZED
M 066Y ANONYMIZED
DOB:UNKNOWN

FOV 512X512
TP 0.0
TI 0
kVp 80
mAs 0
GT 0
CT Lower Extremity A
Screen save
2012/10/27/08:34:35

W 256
L 128
Z 100%
Extremity A
7/88534:35

W 256
L 128
Z 100%
Extremity A
27/88534:35

W 256
L 128
Z 100%
Compression 1:1

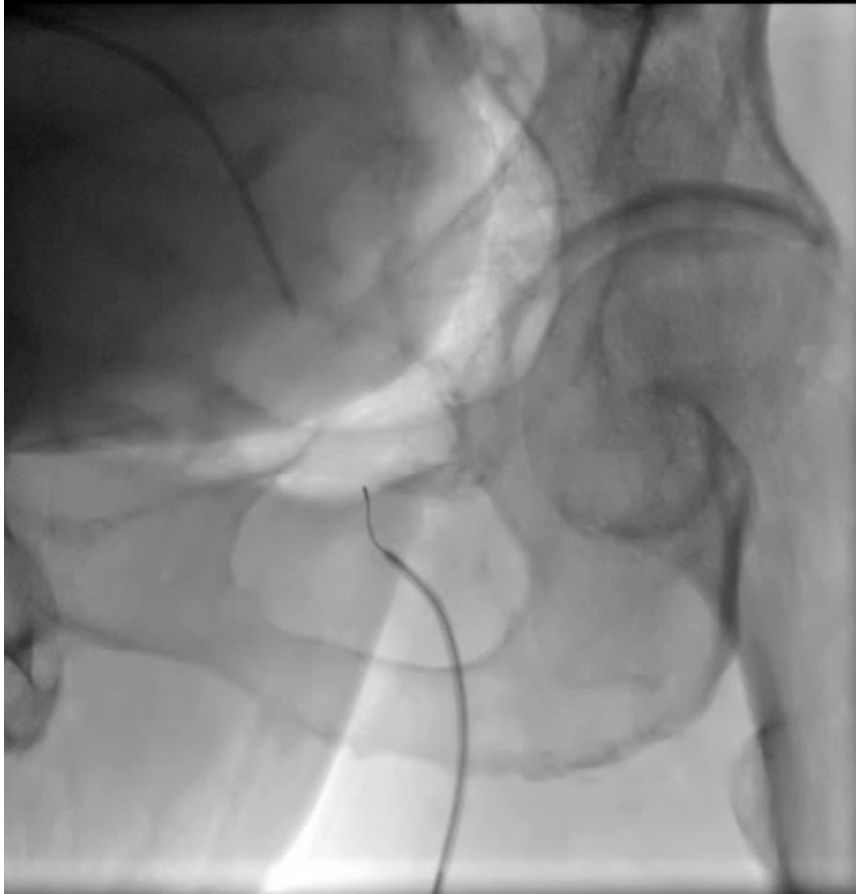


- Pt position: Prone
- Approach:
 - Rt. Popliteal 6Fr
 - Lt. Radial 6 Fr & 150cm MP through the graft

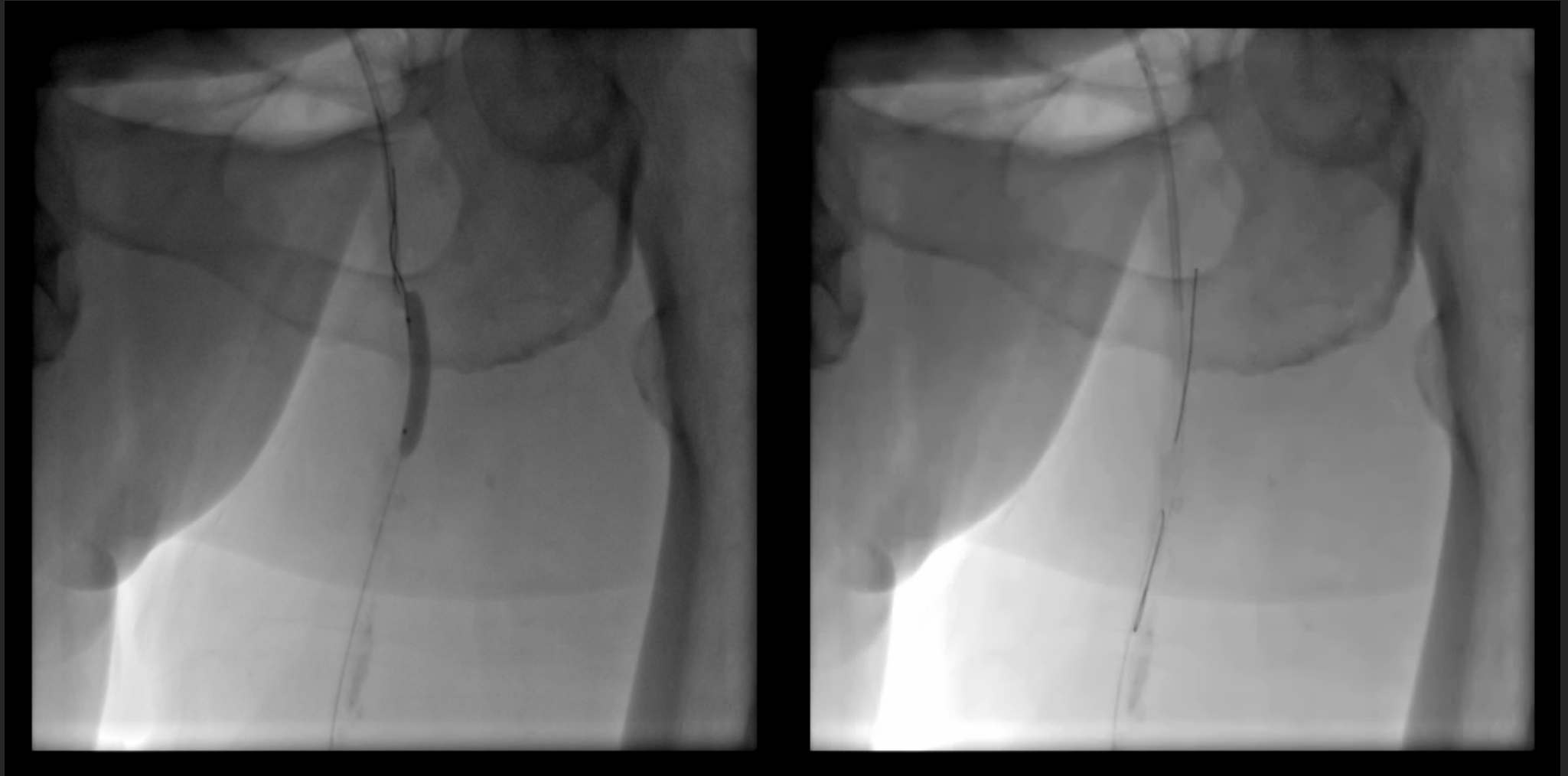
Retrograde
App.
Dr Lee



Antegrade
App.
Dr Kim, SH



1st: Antegrade & Retrograde Subintimal dissection
2nd: CART Technique



Wire cross and Post stent Angio.



Where there's a **Will** !
There is a **Way** !
“**Cross with Confidence**”



Thanks
for Your
Attention!