

**Morning Roundtable Forum:
Meet the Experts over Breakfast**

**Customized Approach to Lesions:
Trans-collateral Approaches
and other novel methods**

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Wiring techniques for BTK-CTO

1. Antegrade wiring

Tactile sensation-guided wiring

Duplex echo-guided wiring

Knuckle wire technique

2. Bi-directional wiring with distal puncture

Dorsalis Pedis

distal ATA

distal PTA

distal PA

Digital arteries (Yubi-pan)

Plantar artery (Soko-pan)

3. Bi-directional wiring using collateral channel

Trans-collateral angioplasty (TCA)

Trans-pedal arch angioplasty (TPA)

Distal peroneal artery puncture



Control Angiography

Ipsi-lateral puncture
4.5F Parent-Plus
(Medikit)

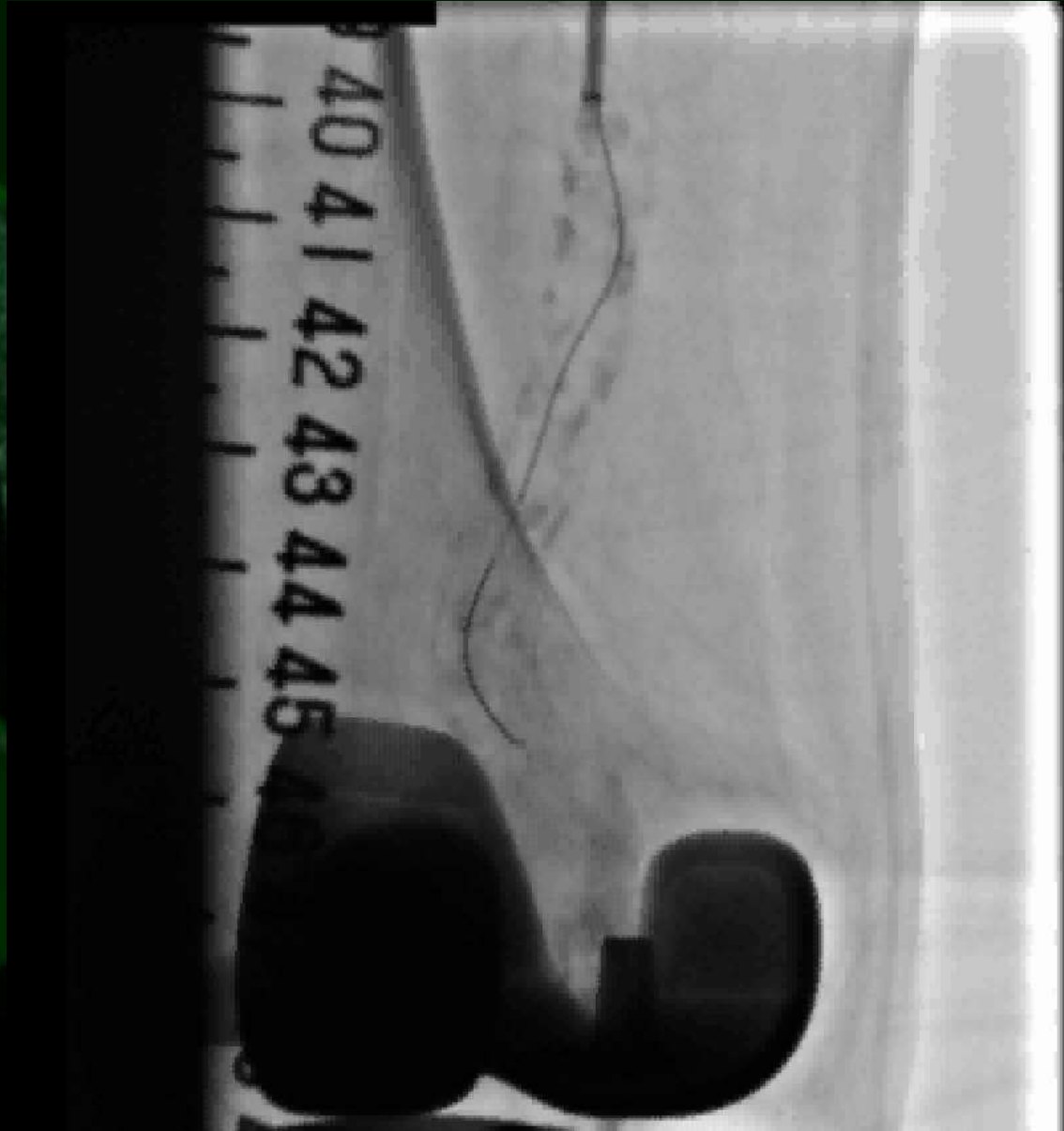
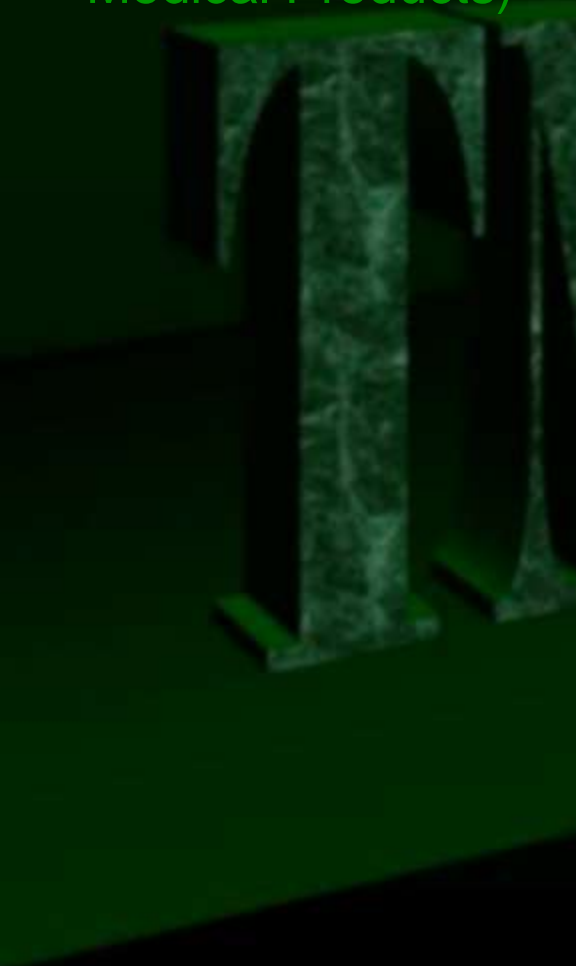


Control angiography (around knee joint)



Antegrade wiring to the POP lesion

Ruby hard (Kaneka)
Prominent (Tokai
Medical Products)



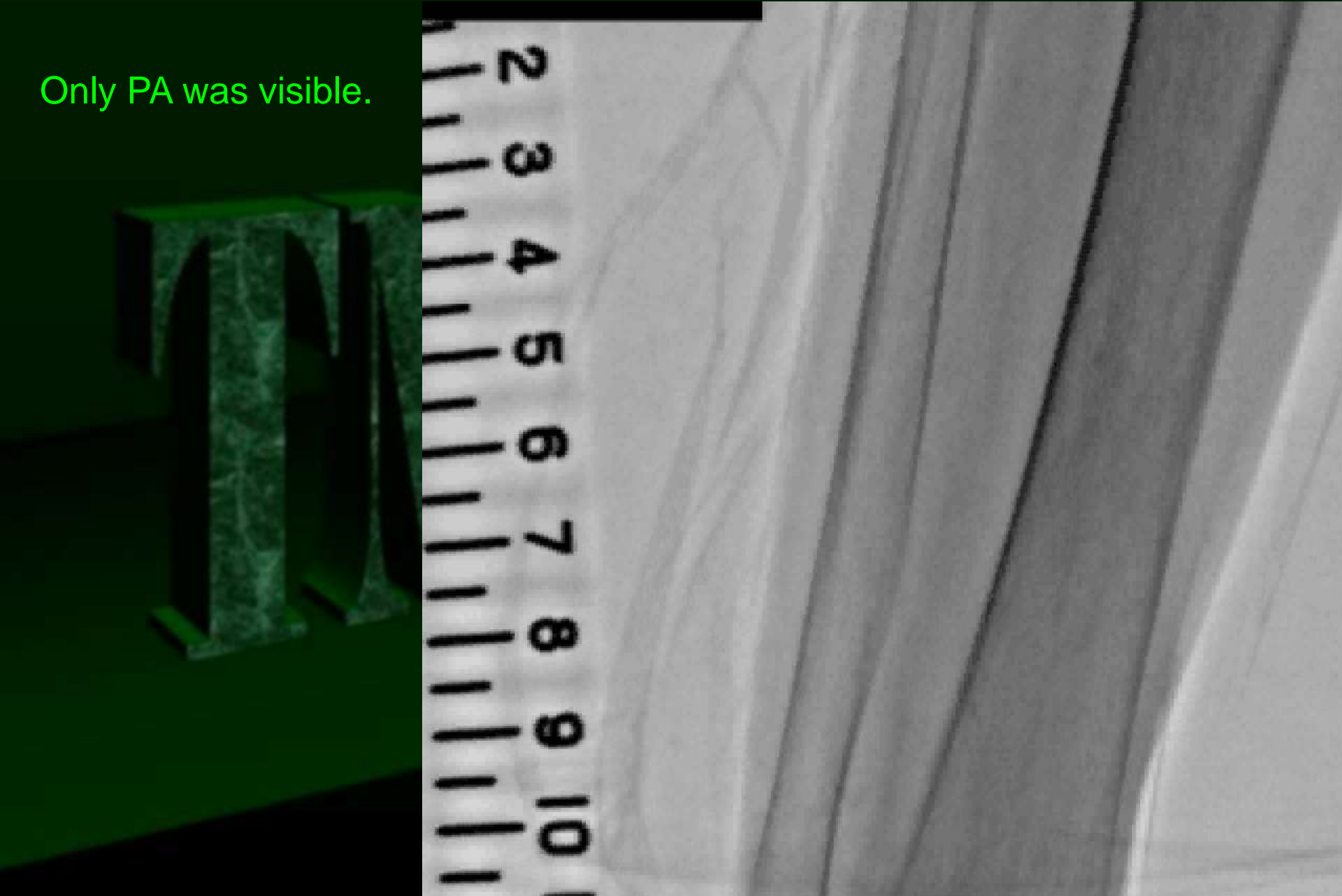
DSA of BTK area

PTA-PA bifurcation
was visible.



Angiography of distal BTK area

Only PA was visible.



Distal puncture

Distal PA was punctured using 20G puncture needle.



Retrograde wiring

Cruise was advanced.
Prominent was used
as a sheath.



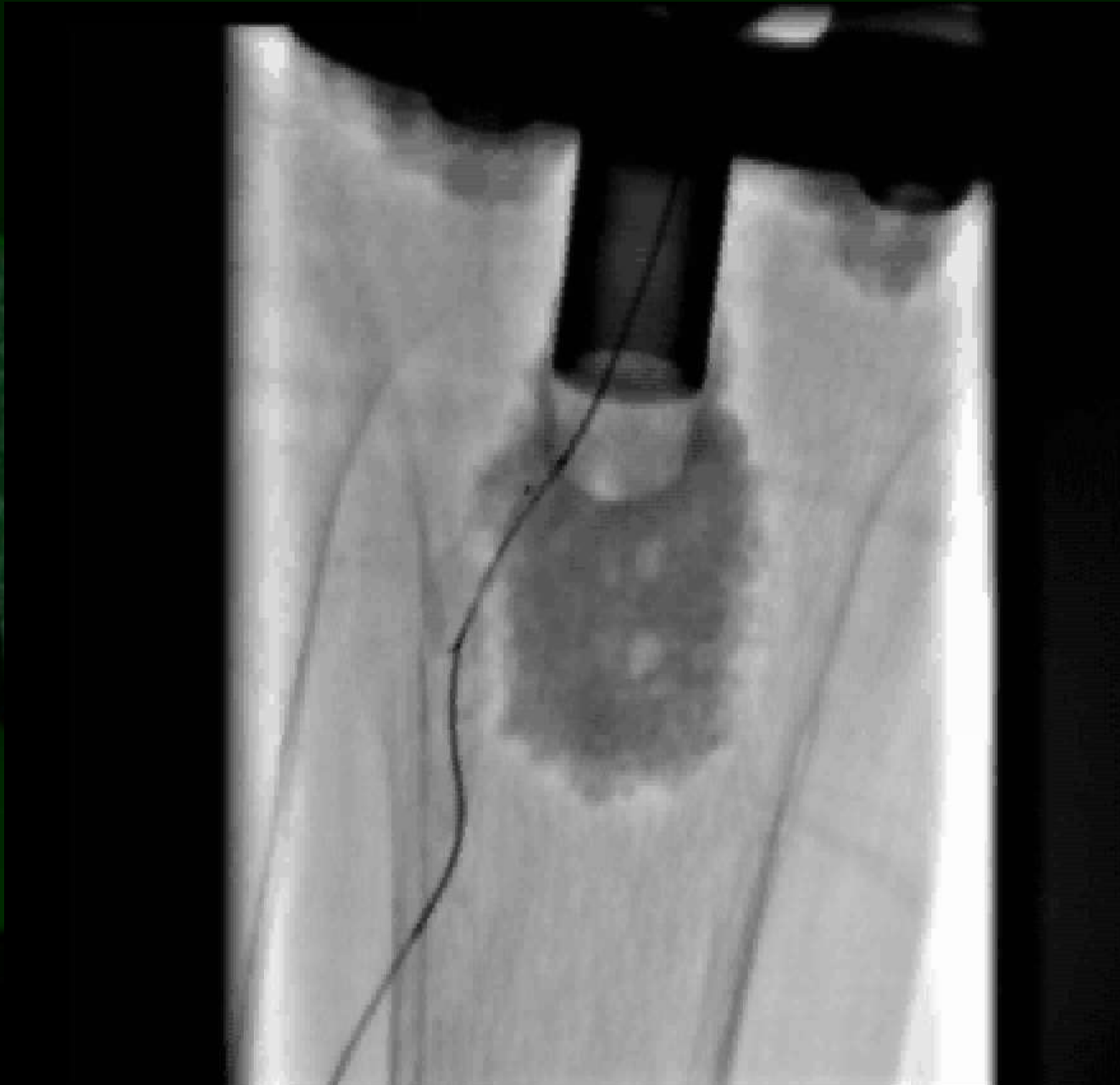
Bi-directional wiring

Retrograde wire
Advanced to the
bifurcation point.



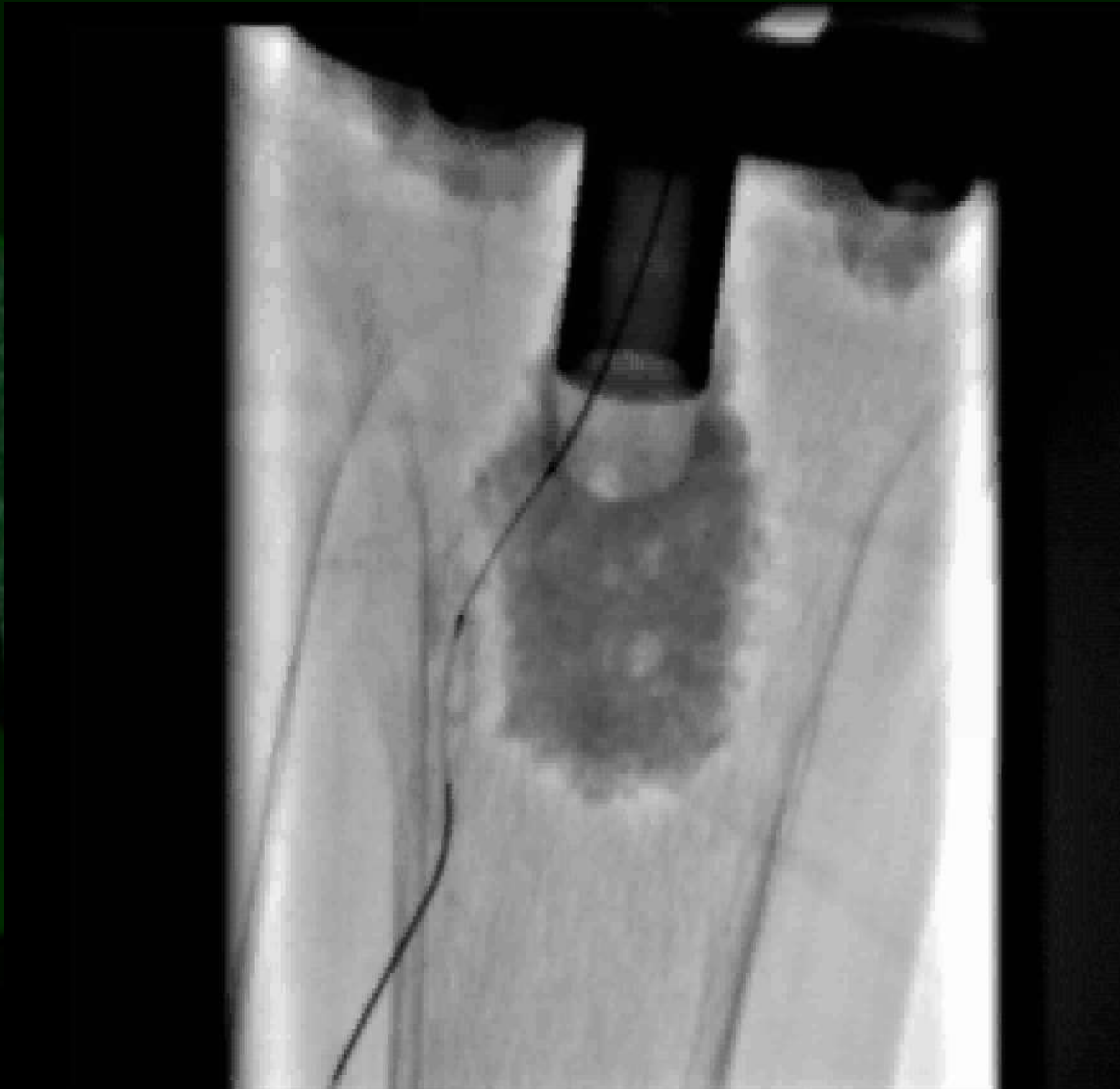
Bi-directional wiring

Two guidewire /
micro-catheter sets
were aligned coaxially.

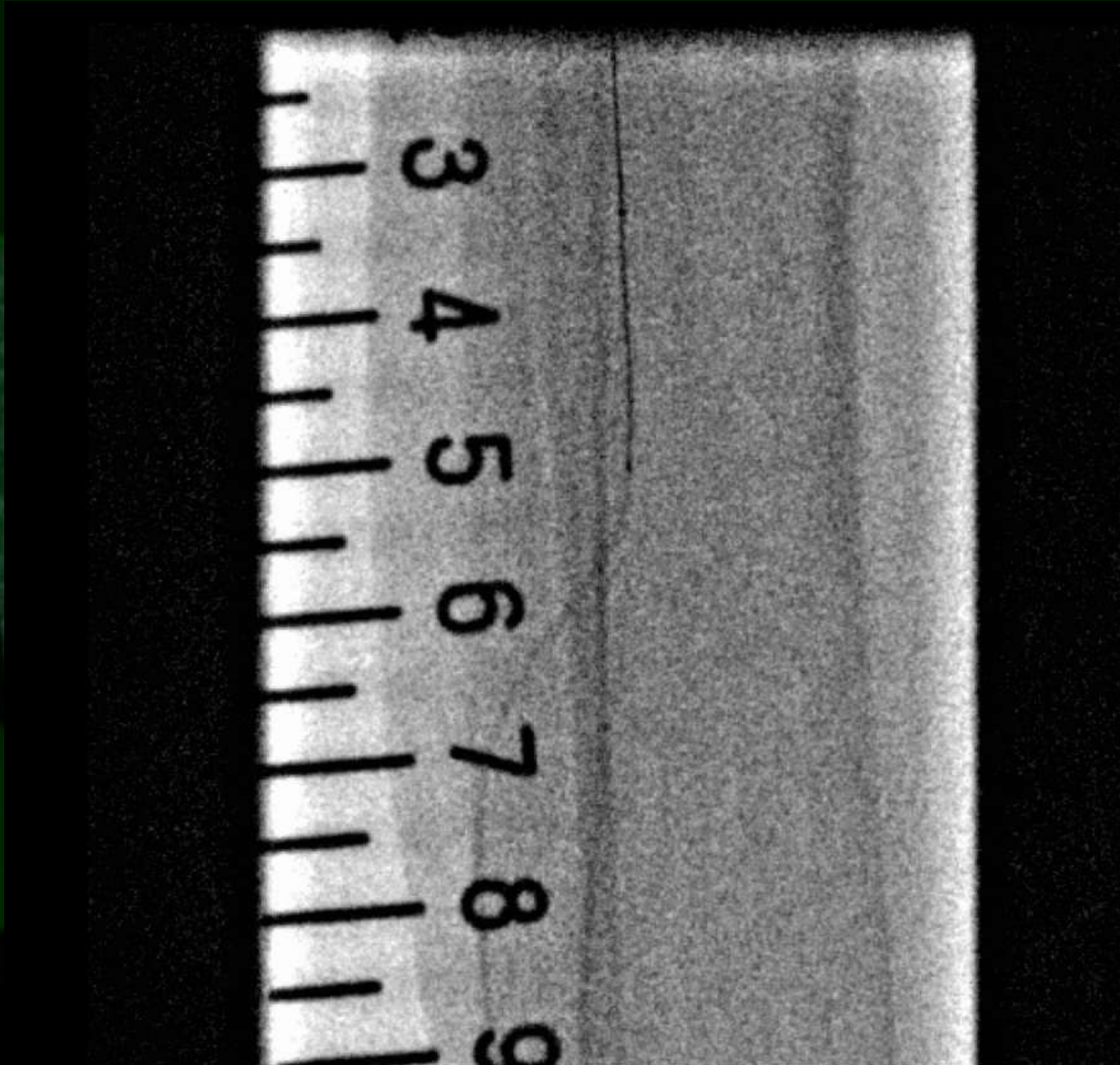


Wire Rendez-vous

Antegrade Ruby hard
advanced into the
retrograde Prominent.

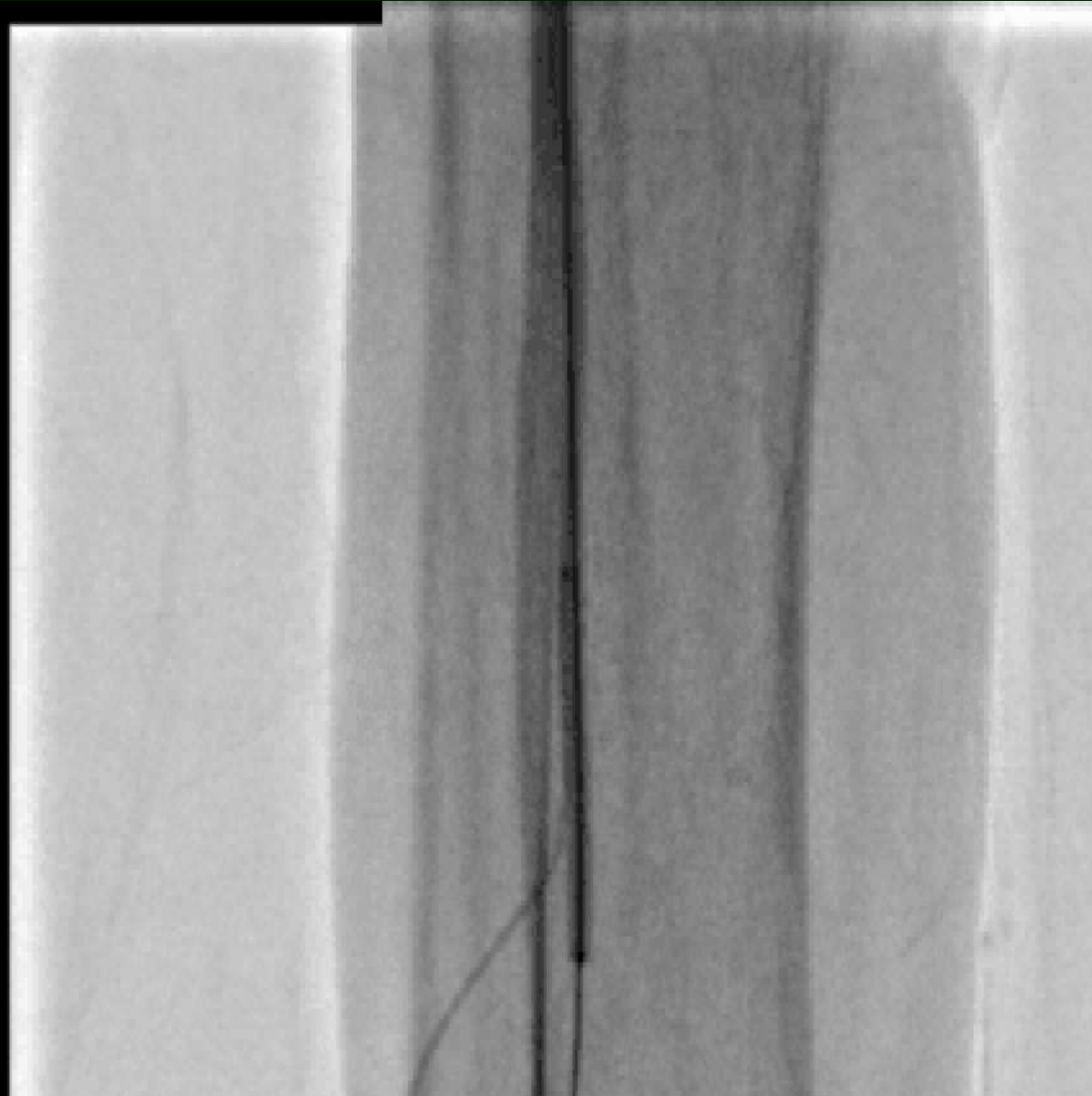


Antegrade wire was redirect to the distal PA



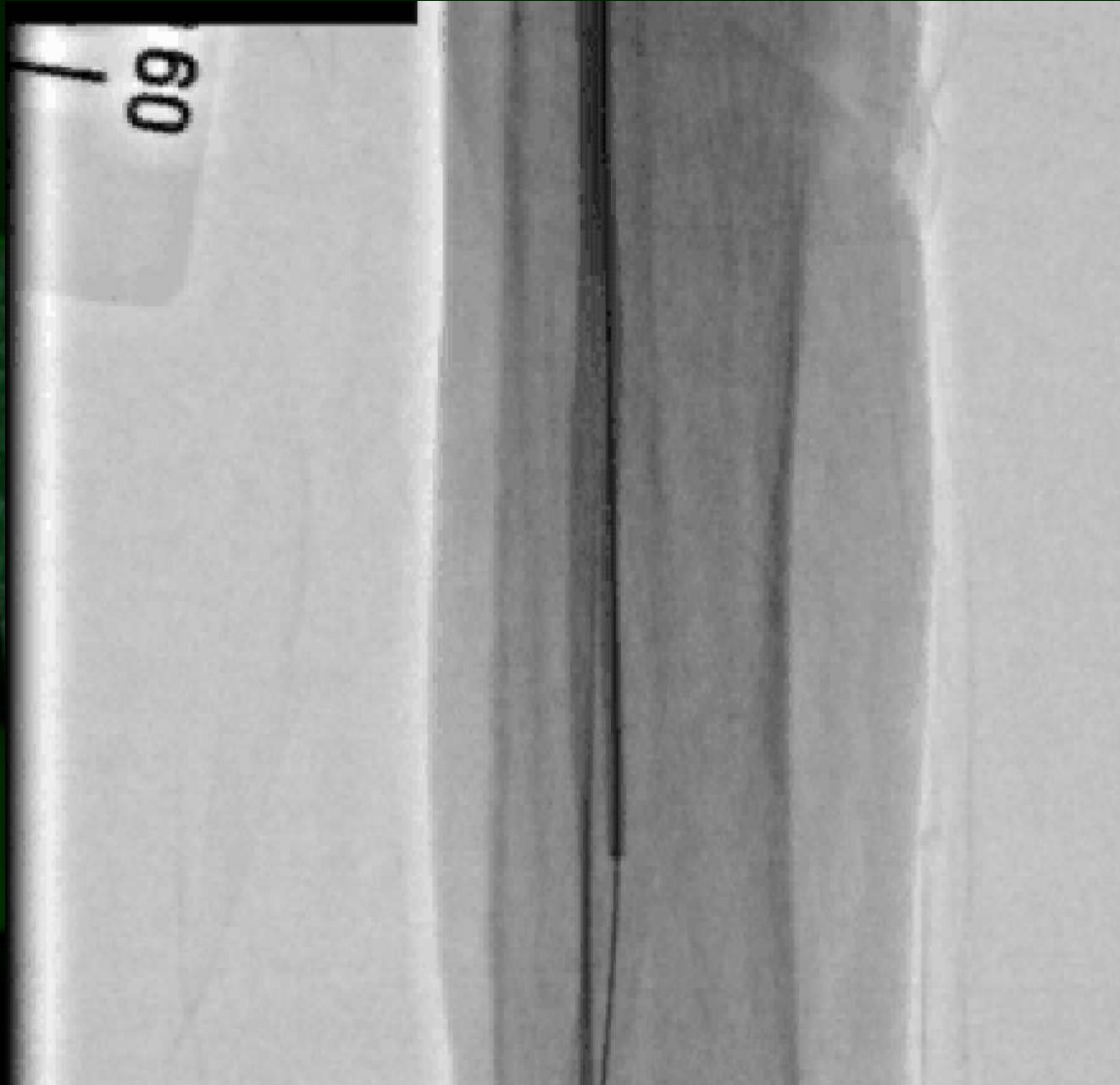
Balloon angioplasty for POP-PA lesion & hemostasis

Shiden 2.0x200mm

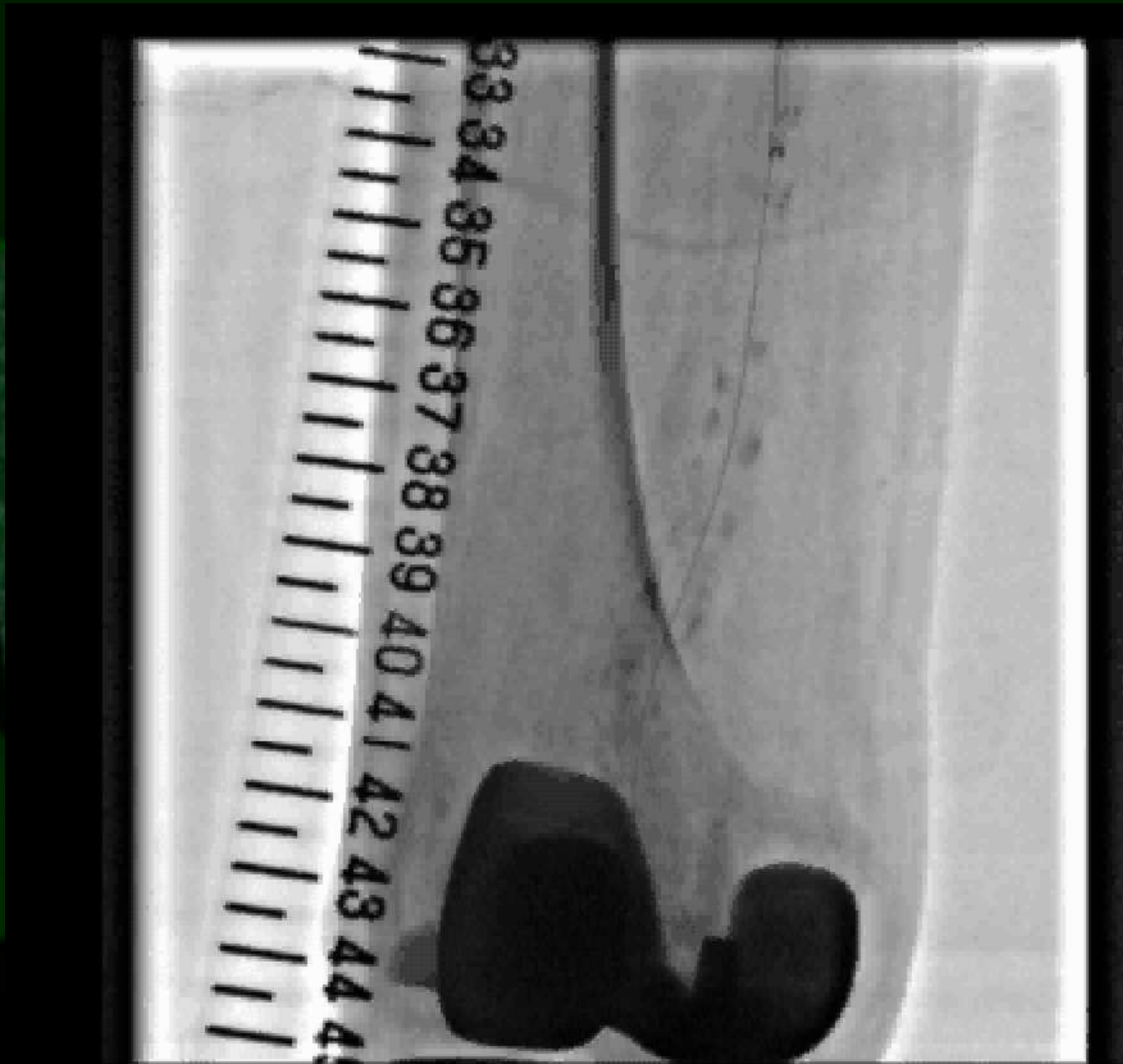


Balloon angioplasty

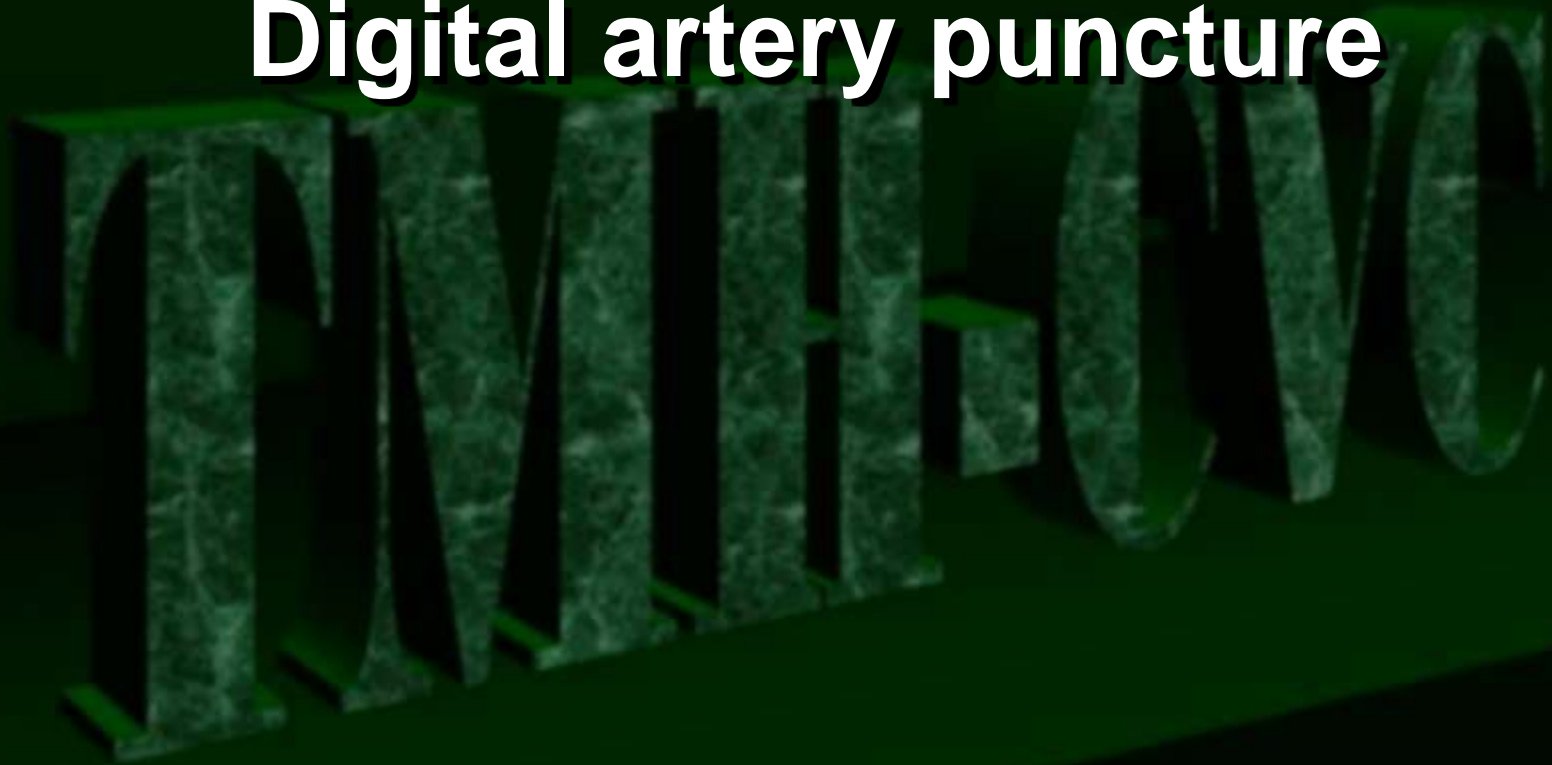
Shiden 2.0x200mm
(Kaneka)



Final angiography



Digital artery puncture



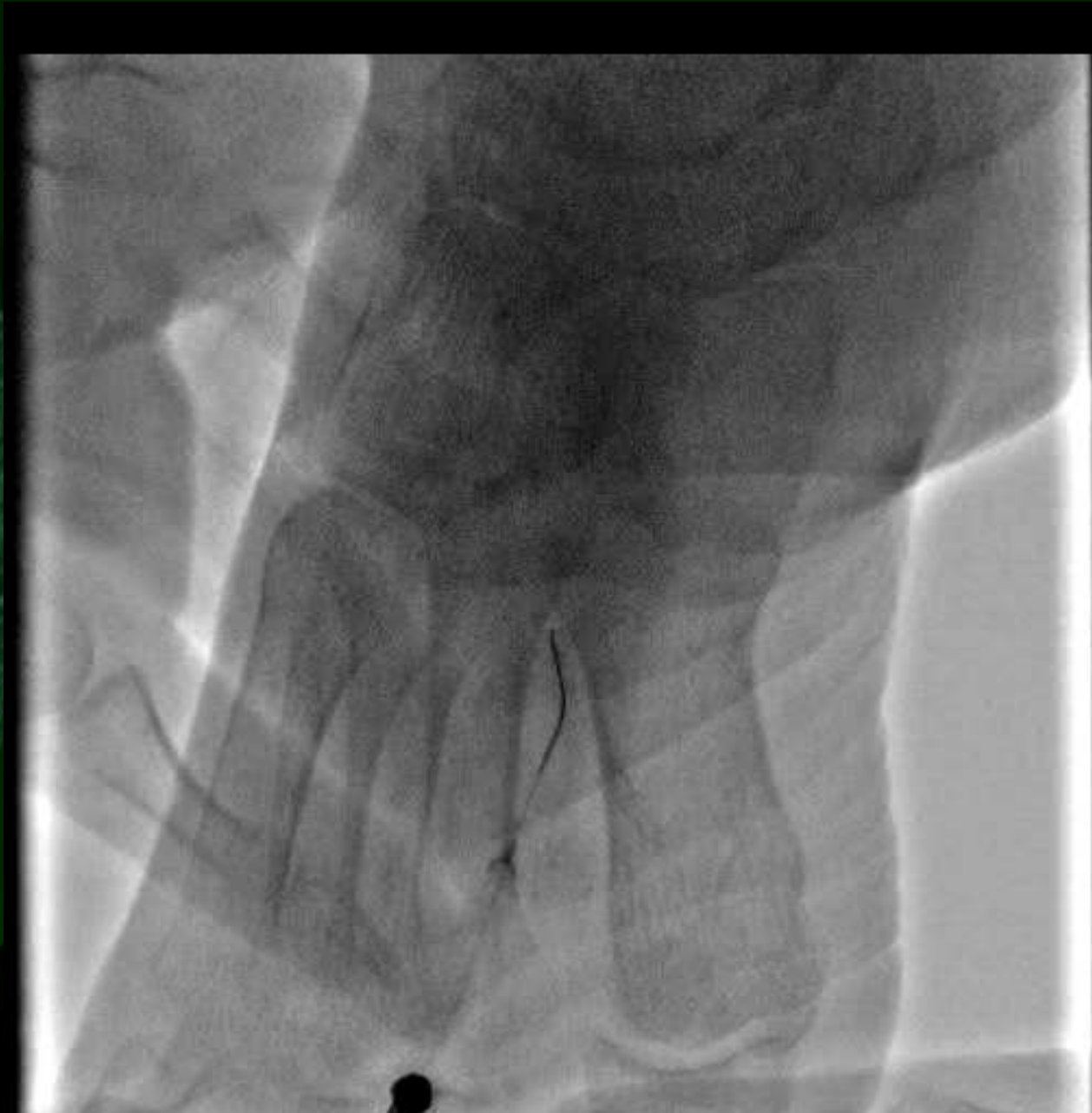
Control Angiography



Antegrade guidewire advanced into the sub-intimal space



Digital artery puncture and advance a retrograde guidewire



Wire Rendez-vous Method

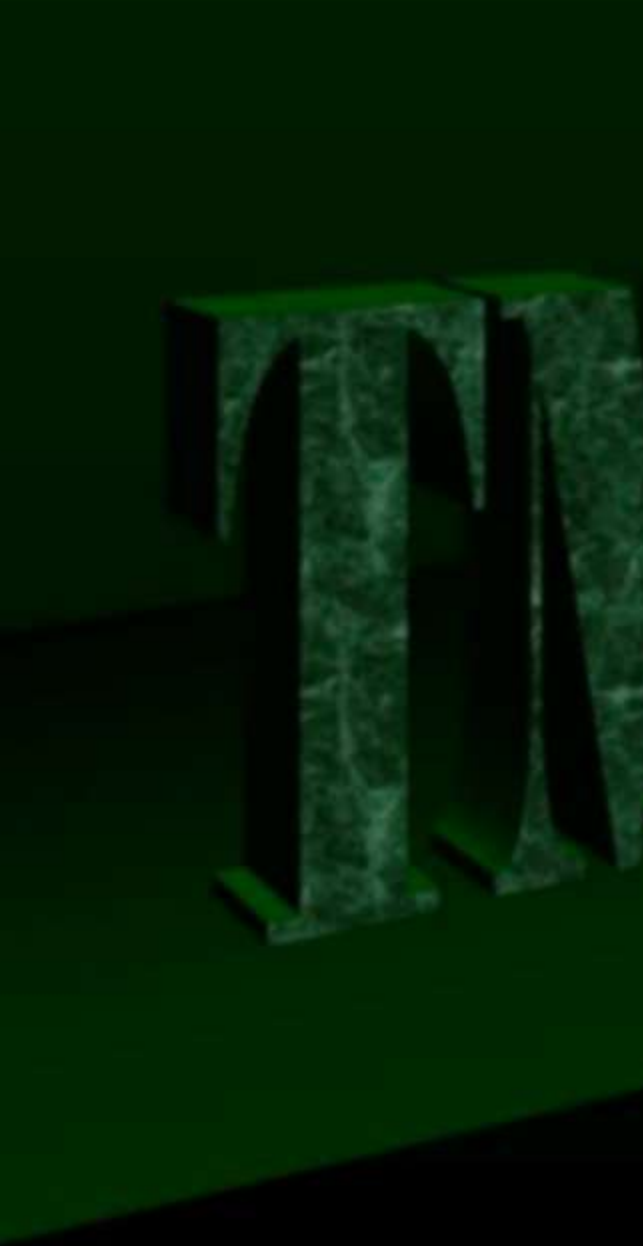


Balloon angioplasty of DP and ATA

Coyote 2.0x220mm
(Boston)



Final Angiography



Outcome of EVT for CLI patients in TMH-CVC

2010.1.1 ~ 2011.12.31

109 CLI cases

Male 73 / Female 36 / 75 ± 11 y

137 Limbs

Not bad at all !

Limb salvage rate = 96%

Amputation-free survival at 1 year = 83%

Cause of death at 1st year (19 case)

Cardiac event	4 cases
Infection	6 cases
MOF	5 cases
Cerebral infarction	2 cases
SMA obstruction	1 case
Sudden death	1 case

ReCANALISE-CLI



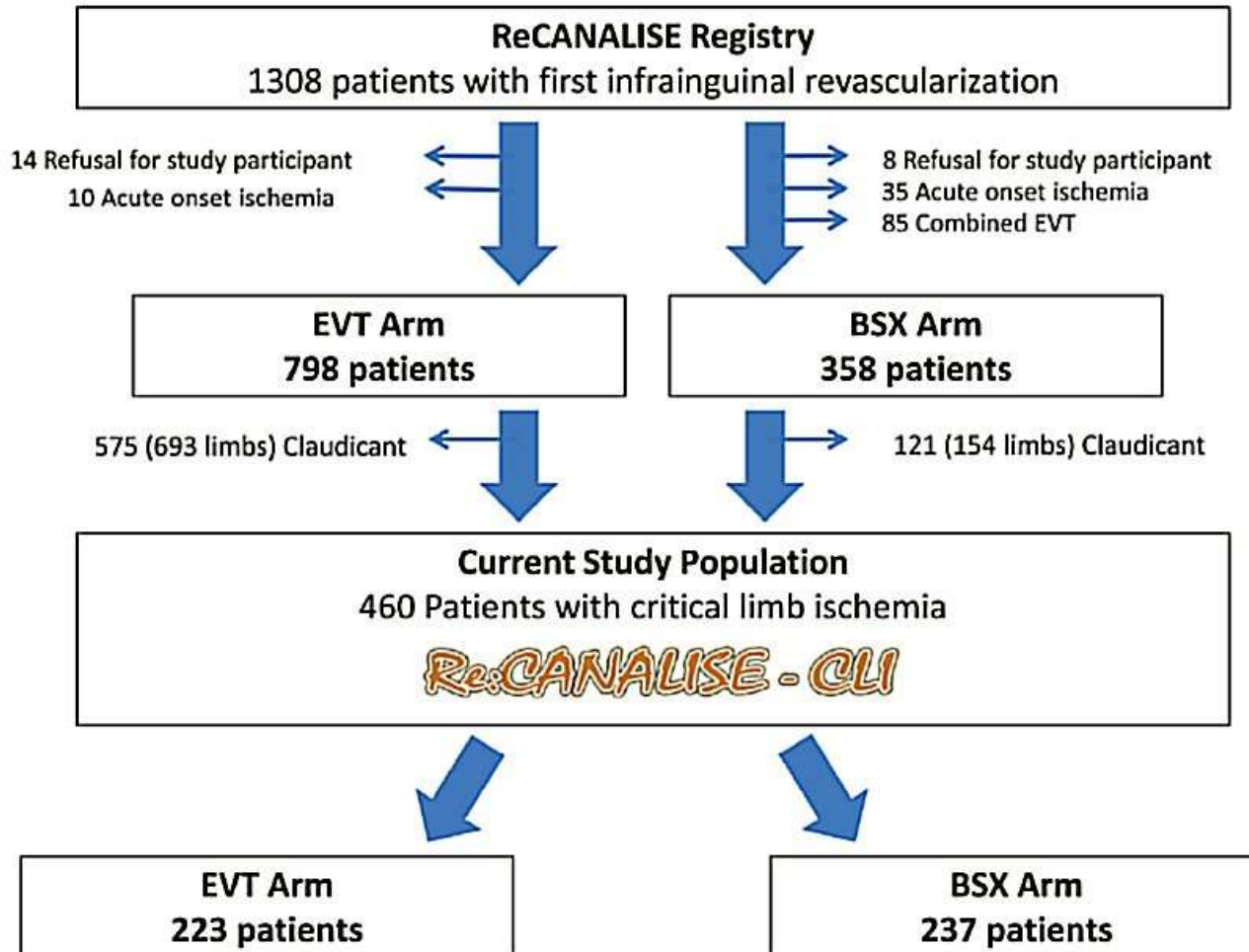
Circulation Journal
Official Journal of the Japanese Circulation Society
<http://www.j-circ.or.jp>

Comparison of Clinical Outcome After Bypass Surgery vs. Endovascular Therapy for Infrainguinal Artery Disease in Patients With Critical Limb Ischemia

Yoshimitsu Soga, MD; Shinsuke Mii, MD; Hideaki Aihara, MD; Jin Okazaki, MD;
Sosei Kuma, MD; Terutoshi Yamaoka, MD; Daisuke Kamoi, MD; Yoshiaki Shintani, MD;
Toshinobu Ishikawa, MD on behalf of ReCANALISE Investigators

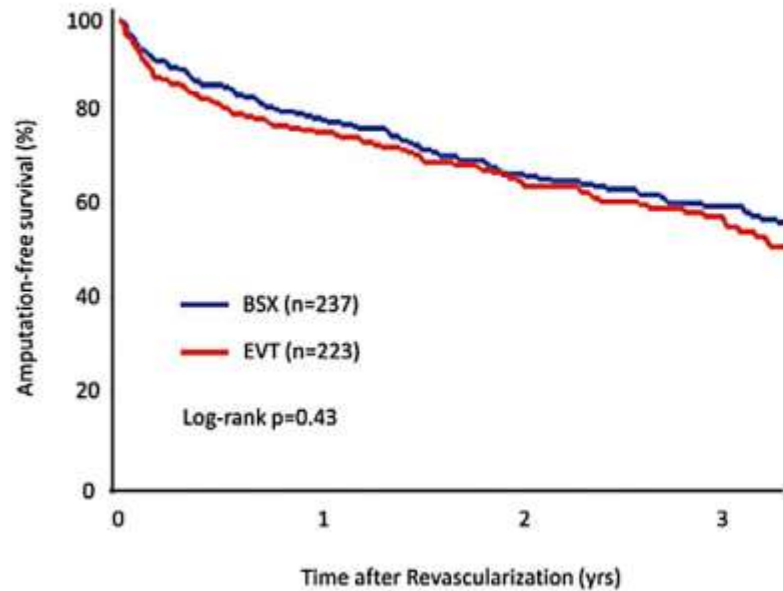
ReCANALISE-CLI

Participant Flow

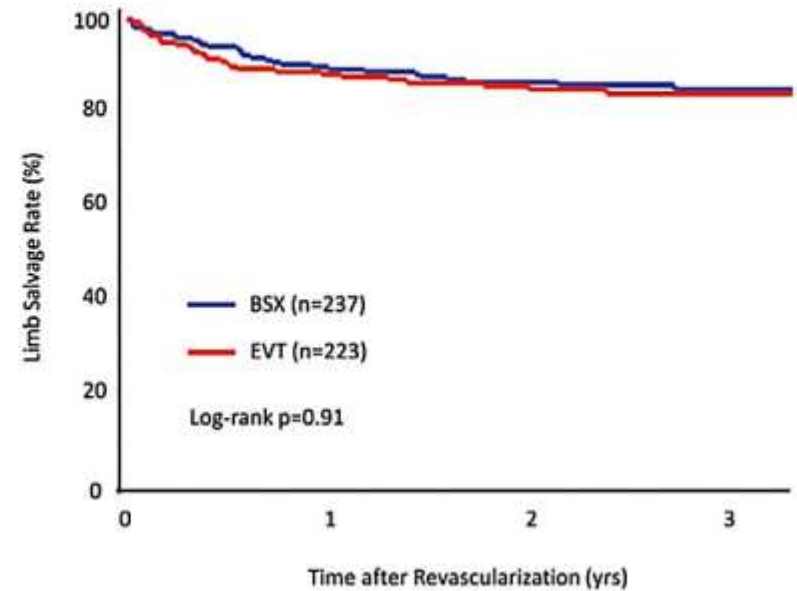


ReCANALISE-CLI

A Amputation-free survival

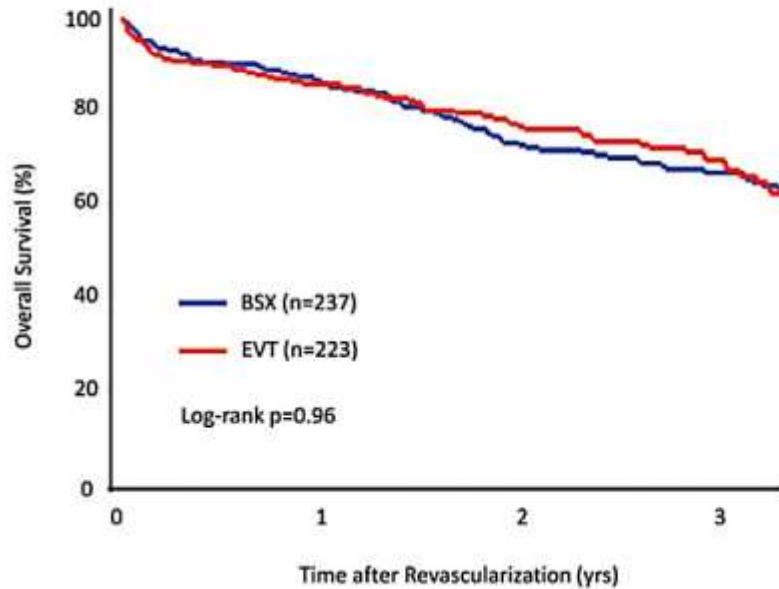


B Limb Salvage Rate

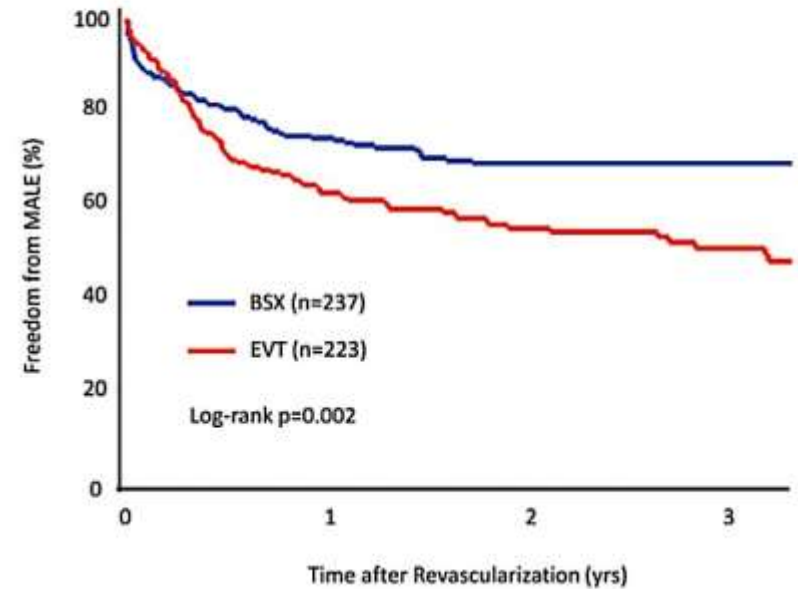


ReCANALISE-CLI

C Overall Survival



D Freedom from MALE



Take Home Message

Owing to the recent progress of device technology, endovascular therapy has shown acceptable limb salvage rate and amputation free survival in CLI patients compared with distal bypass surgery.

Up-coming drug eluting technology and several debulking devices might further improve the long-term outcome of EVT in the treatment of PAD.



Fighting for Limb salvage