

Creatively Accessing the Arterial Circulation

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Presenter Disclosure Information

Name: Thomas McNamara, MD

Within the past 12 months, the presenter or their spouse/partner have had the financial interest/arrangement or affiliation with the organization listed below.

Company Name:

- Ekos
- Boston Scientific
- BioCardia
- Interrad

Relationship:

Consultant

Medical Advisory Board

Consultant

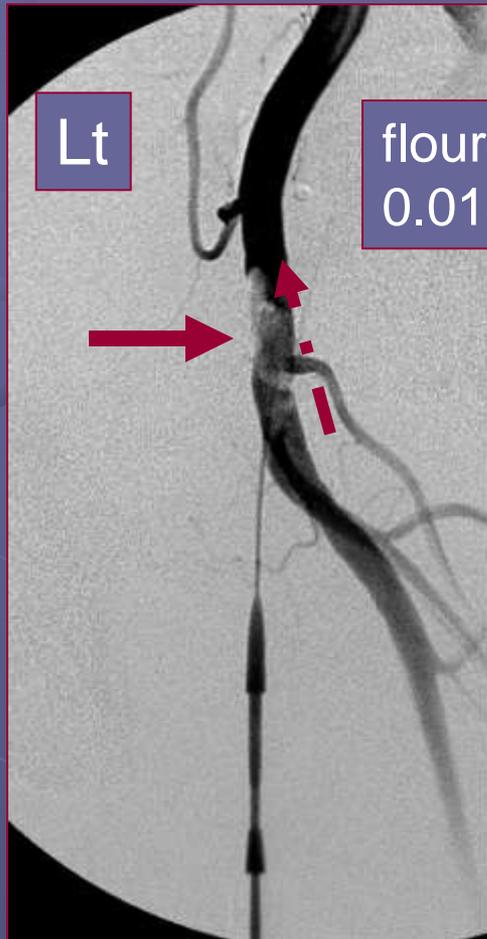
Consultant

History & Physical

- 78 y. o. vigorous male (bicyclist, surfer).
- No diabetes, hypertension, CAD.
- Former smoker (35 yrs ago).
- ½ block calf claudication & “whole leg tired”.
- Pulseless below groin, ABI = 0.4.
- Bilateral Femoral thrill & bruits.
- Comes from Hawaii seeking “Cryoplasty or Stent or Whatever” Refused surgery.

Problems: Access & Treatment

Large, Ca⁺⁺, C. F. A. Stenoses, Rt>Lt



flouro. → 21 g. needle just above Ca⁺
0.018 g.w. → 3 fr. Nephrostomy cath.

No room for 7-8 fr sheath
Clot during compression
“ “ “ Closure Device

Now What?
Brachial?
Endarterectomy?

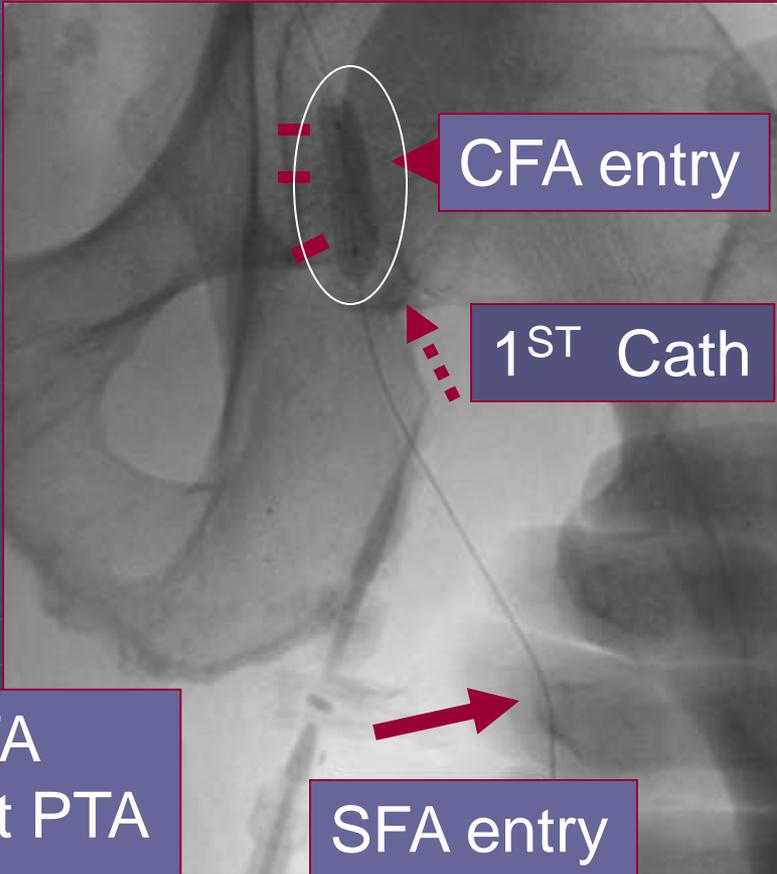


RAO: a bit better



But, big nl SFA

So, Micropuncture SFA
0.018 g.w., 3.8 fr shaft PTA
7 x 20 mm dilatation



CFA entry

1ST Cath

SFA entry
PTA cath

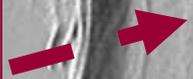
Inject via CFA cath.
Bigger, no dissection
rm for 6-8 fr sheath



Insert 6 fr sheath
Via CFA, good flow

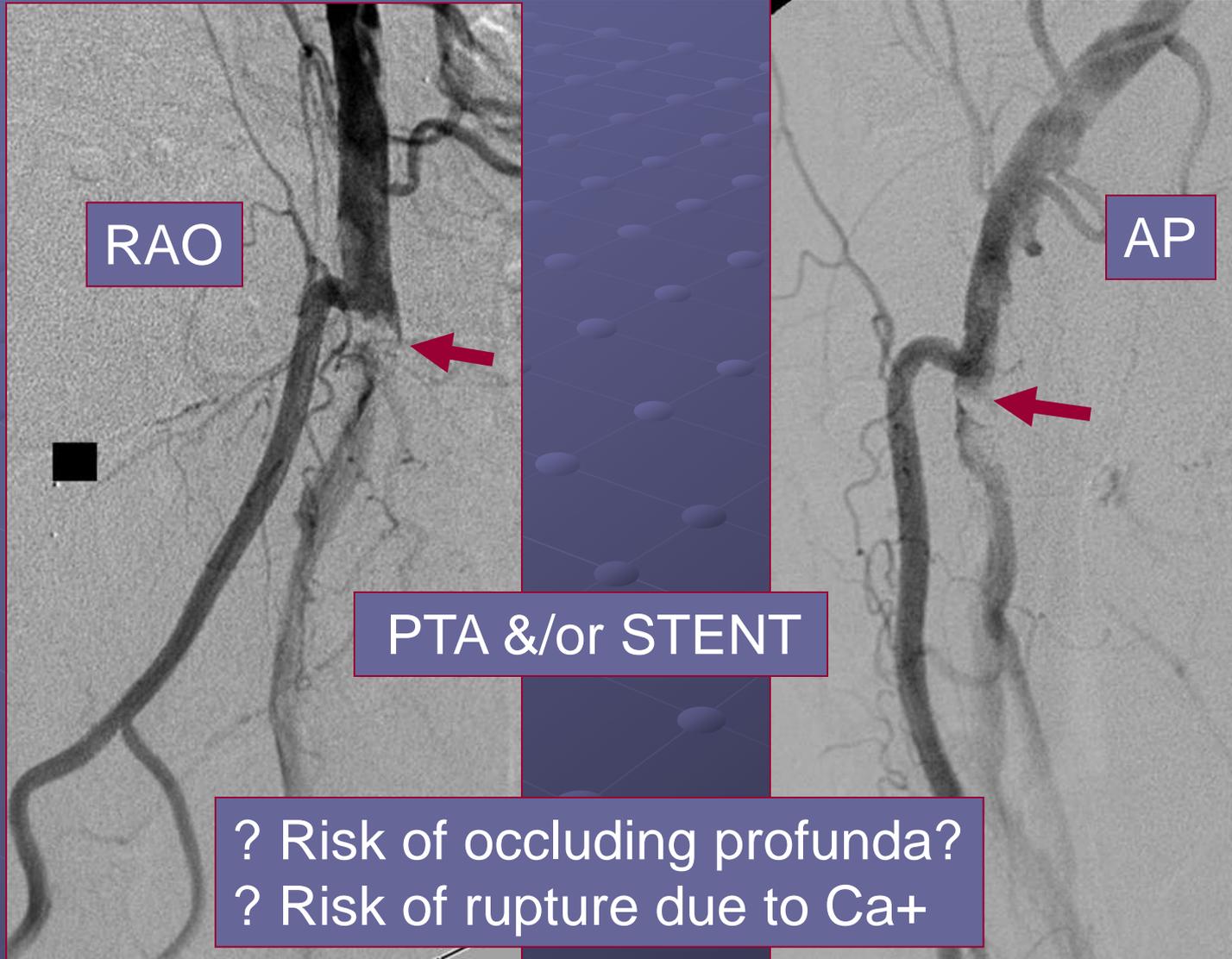


4 fr sheath
SFA

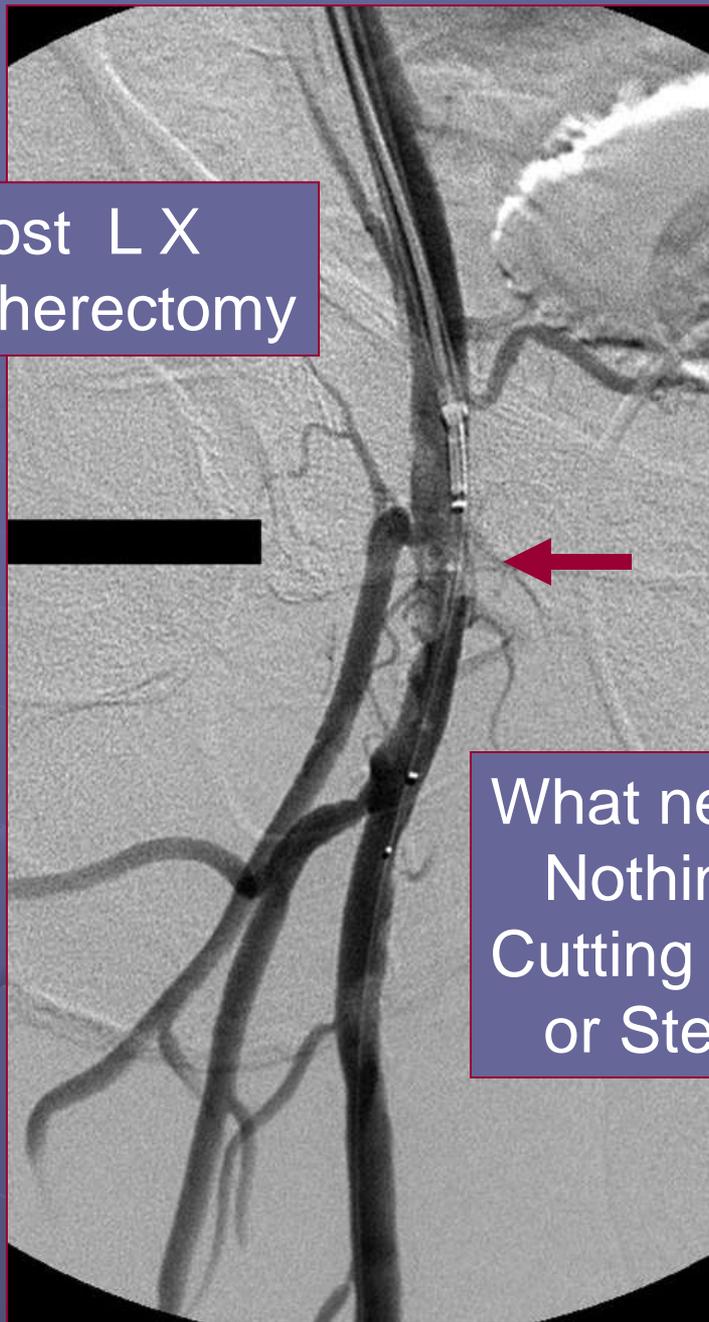


Rt. Common Femoral

>95% stenosis

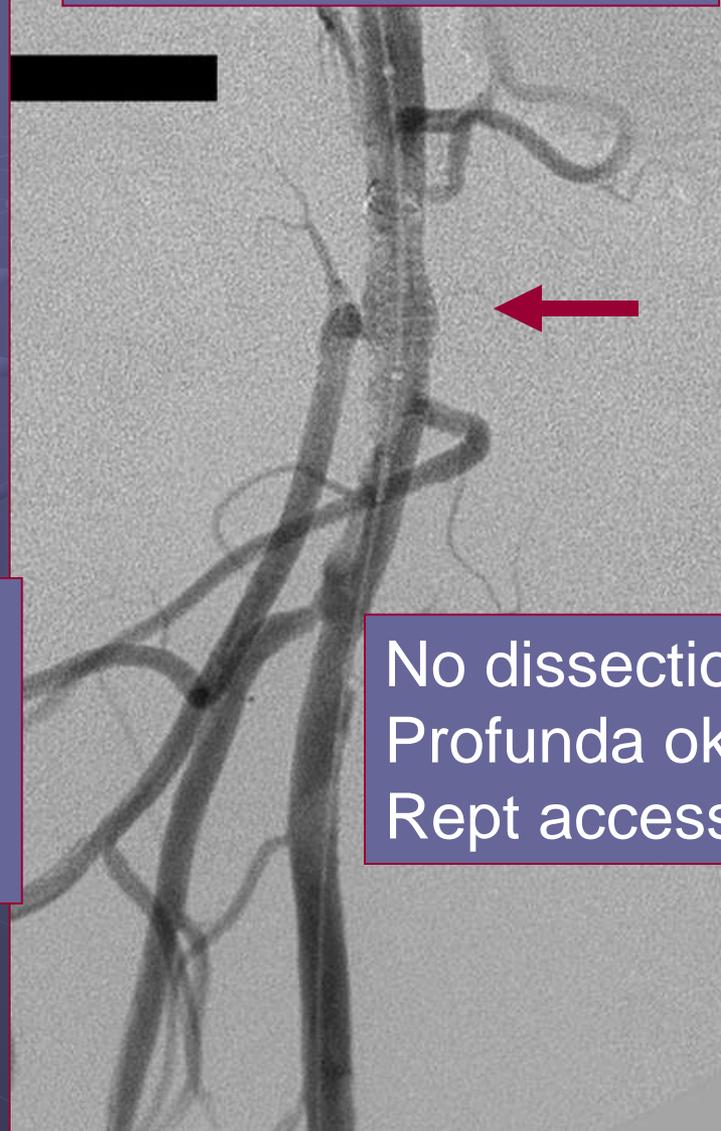


Post L X
atherectomy



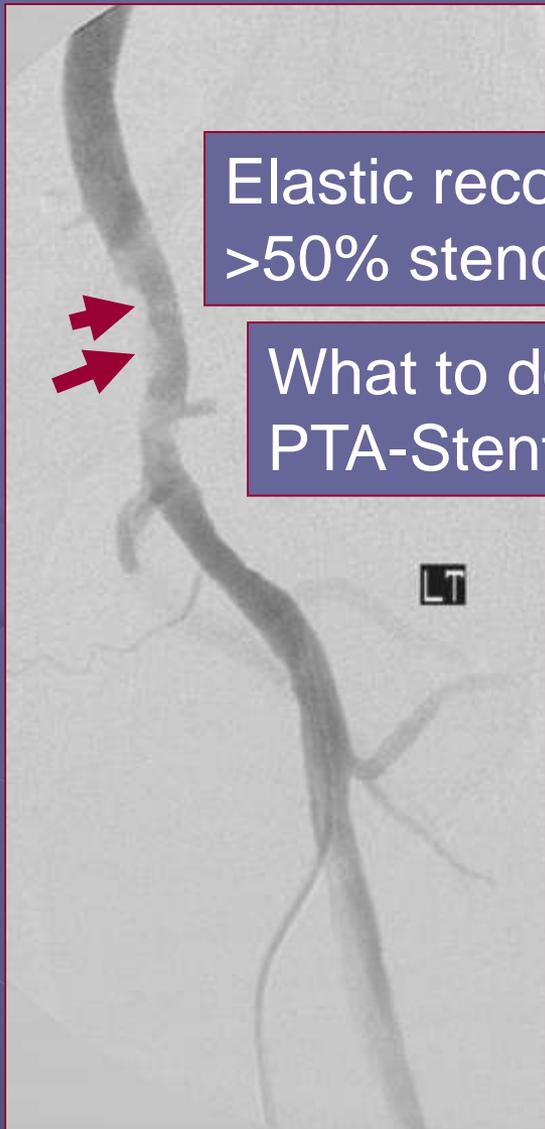
What next?
Nothing or
Cutting Balloon
or Stent

Post 6 x 40 IntraCoil,
& Conquest (25 atm)



No dissection,
Profunda ok
Rept access ok

Post AngioSeal/Removal
8 fr CFA sheath



Elastic recoil
>50% stenosis

What to do? Nothing vs
PTA-Stent-Atherectomy

Post repeat PTA
Via 4 fr SFA sheath

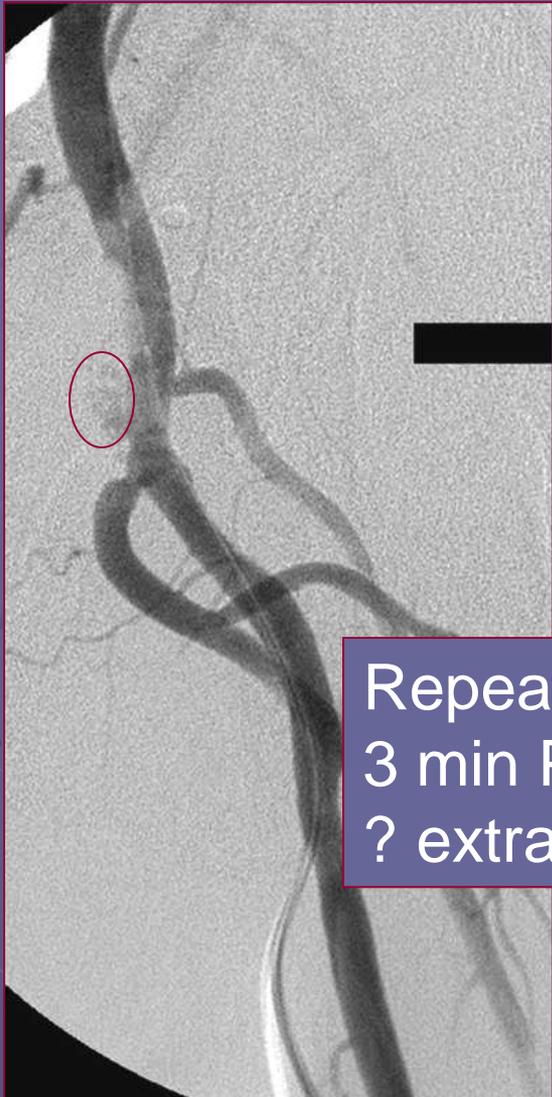


? Extrav ?

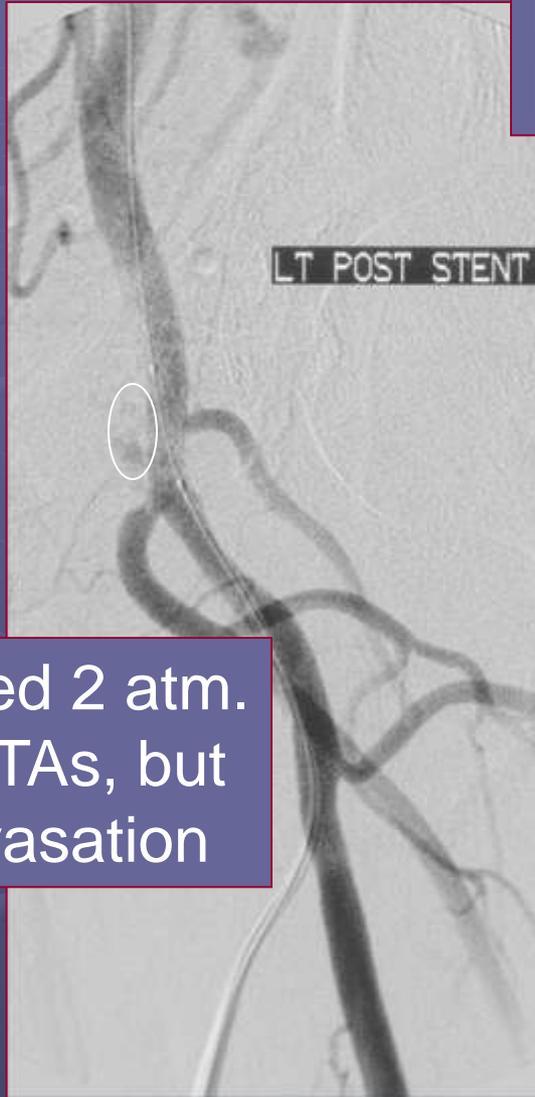
4 fr sheath

6 x 40 Abbott stent, <3.8 fr
Stenosis cleared, but ???

Hey, it washes away!
Not extrav. Just contrast
In interstices of coral-like
Plaque; still subadventitial



Repeated 2 atm.
3 min PTAs, but
? extravasation

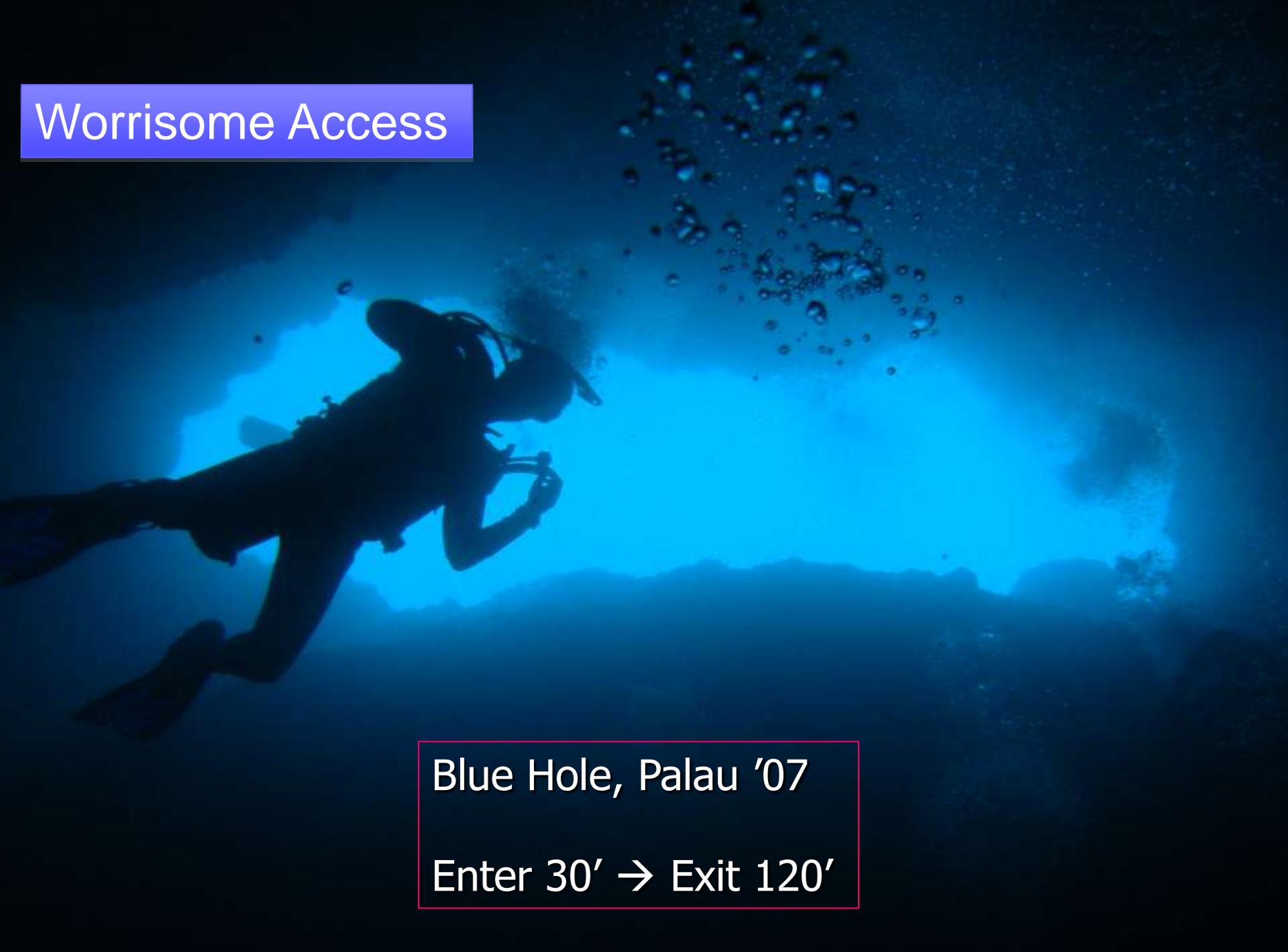


Sealed SFA
With Angioseal

Message

- More than one way to access
- Anticipate possible problems
- Modify approach
- Push the techniques, some
 - May not matter if others say No Way
- Plenty of views so as to have info/control
- Difficult access → good outcome
 - Can reaccess. Did @ 3.5 yr for Rt restenosis

Worrisome Access

A diver is shown in silhouette, swimming towards the right. The water is a deep, vibrant blue. Numerous bubbles are rising from the diver, creating a trail of white and light blue spheres. The background shows a dark, rocky underwater landscape.

Blue Hole, Palau '07

Enter 30' → Exit 120'