

Ihre Gesundheit
- unsere Aufgabe



Krankenhäuser Buchholz und Winsen

Krankenhaus Buchholz und Winsen
gemeinnützige GmbH

Akademische Lehrkrankenhäuser der Universität Hamburg



Google - Maps

SUPERA™ - Next Steps

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Conflict of interests

- none

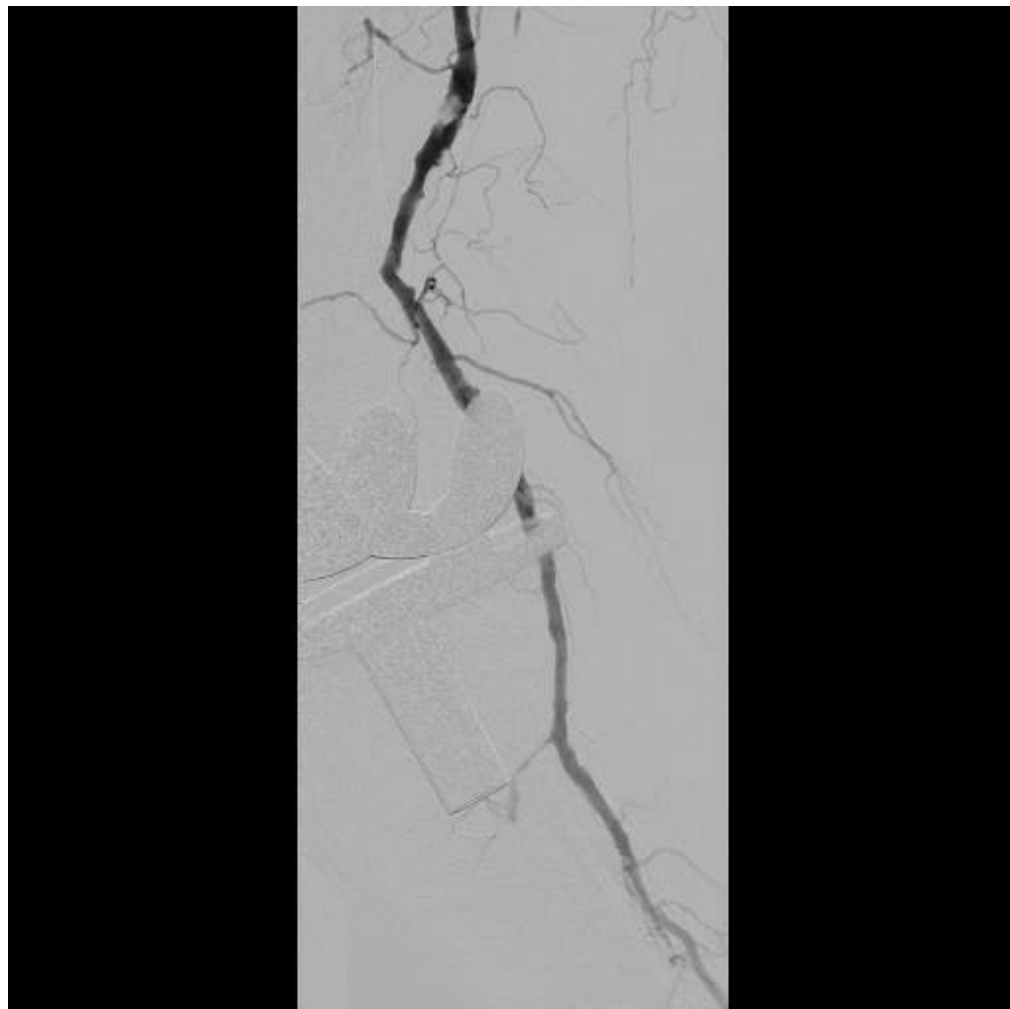
Problem „increasing complexity of lesions“

- Older, comorbid and frail patients
- Time-consuming and expensive procedures
- Wide range of techniques
- Risk of complications
- Paucity of evidence

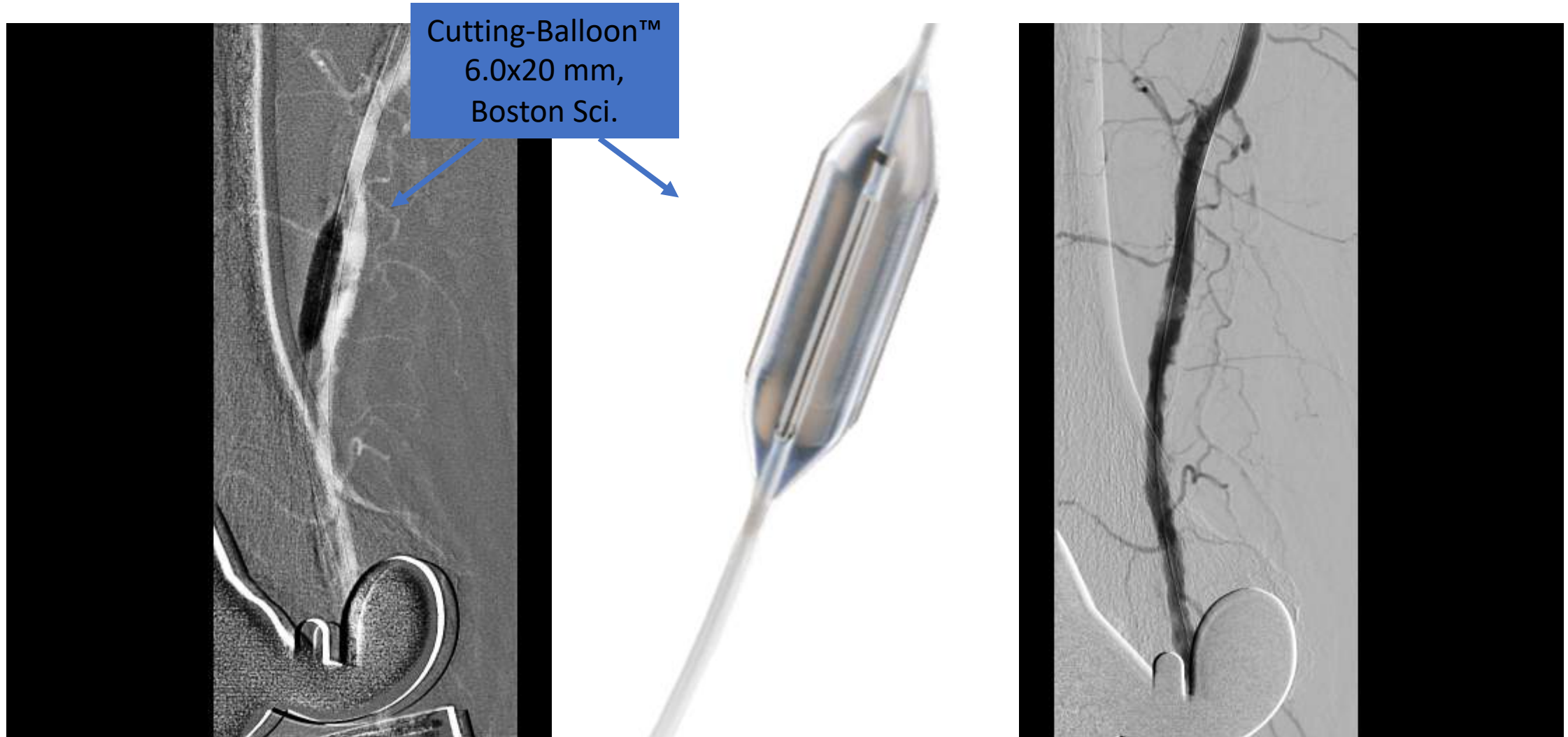
CASE #1

- 82 y old male with multiple previous interventions
- Rutherford 5 with ulceration of left forefoot
- Angio with **high grade stenosis of popliteal artery** and single vessel run-off

CASE #1 - Baseline



CASE #1 – Lesion Preparation

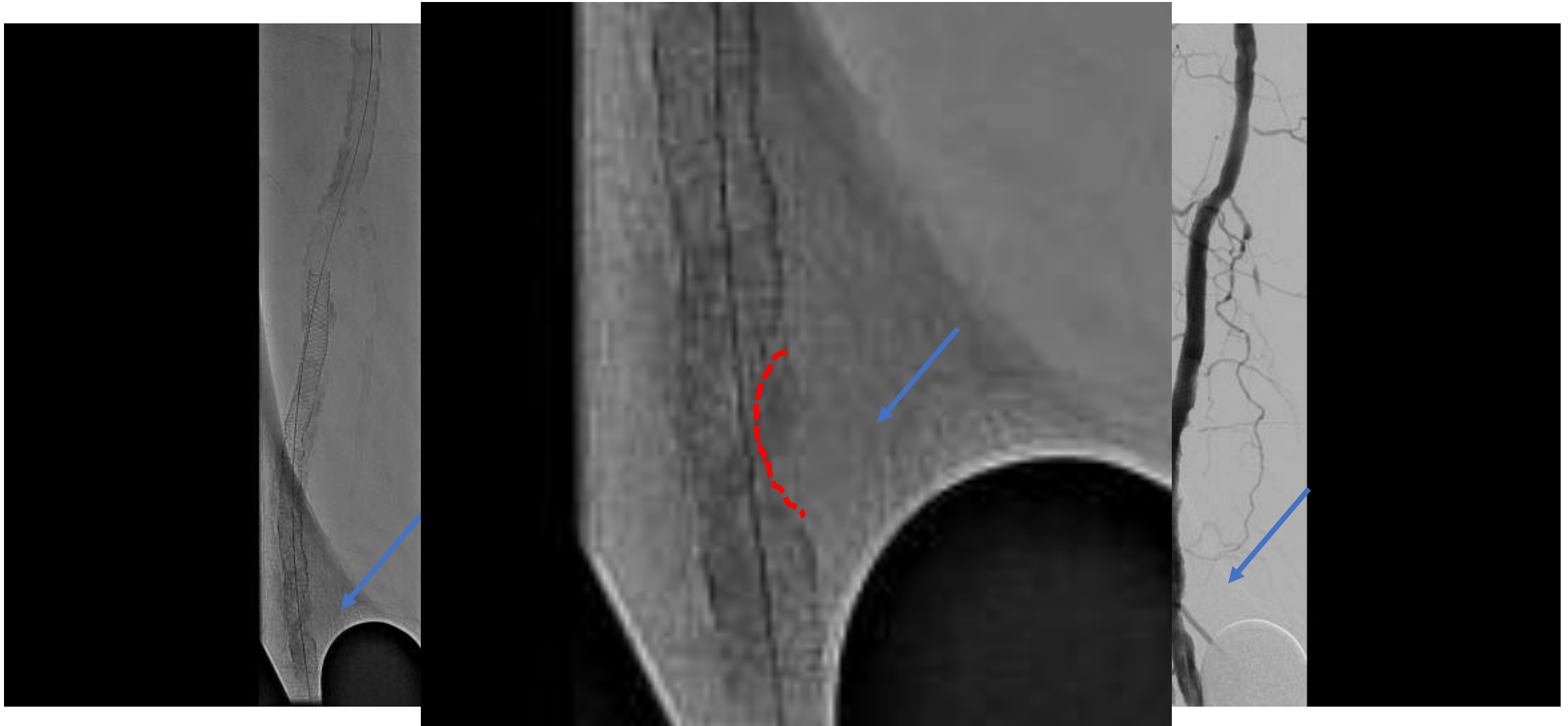


CASE #1 – SUPERA™ - Implantation

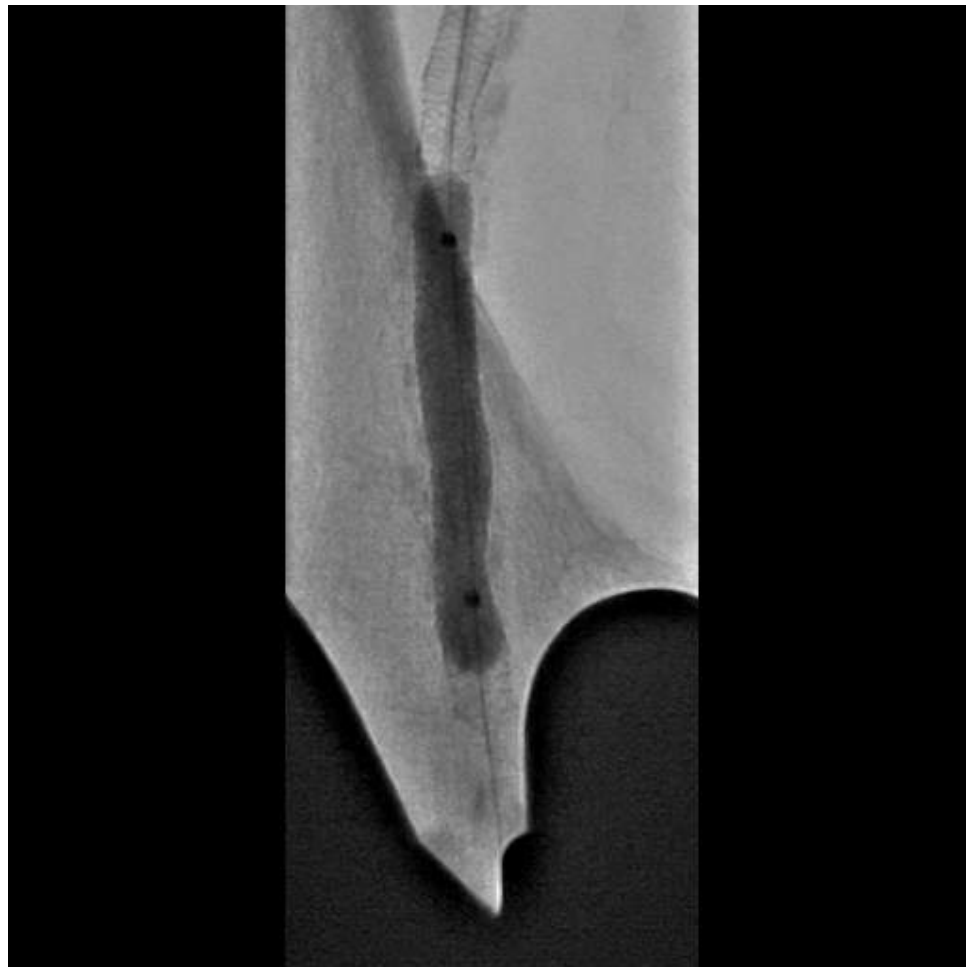


SUPERA 5.5x100 mm

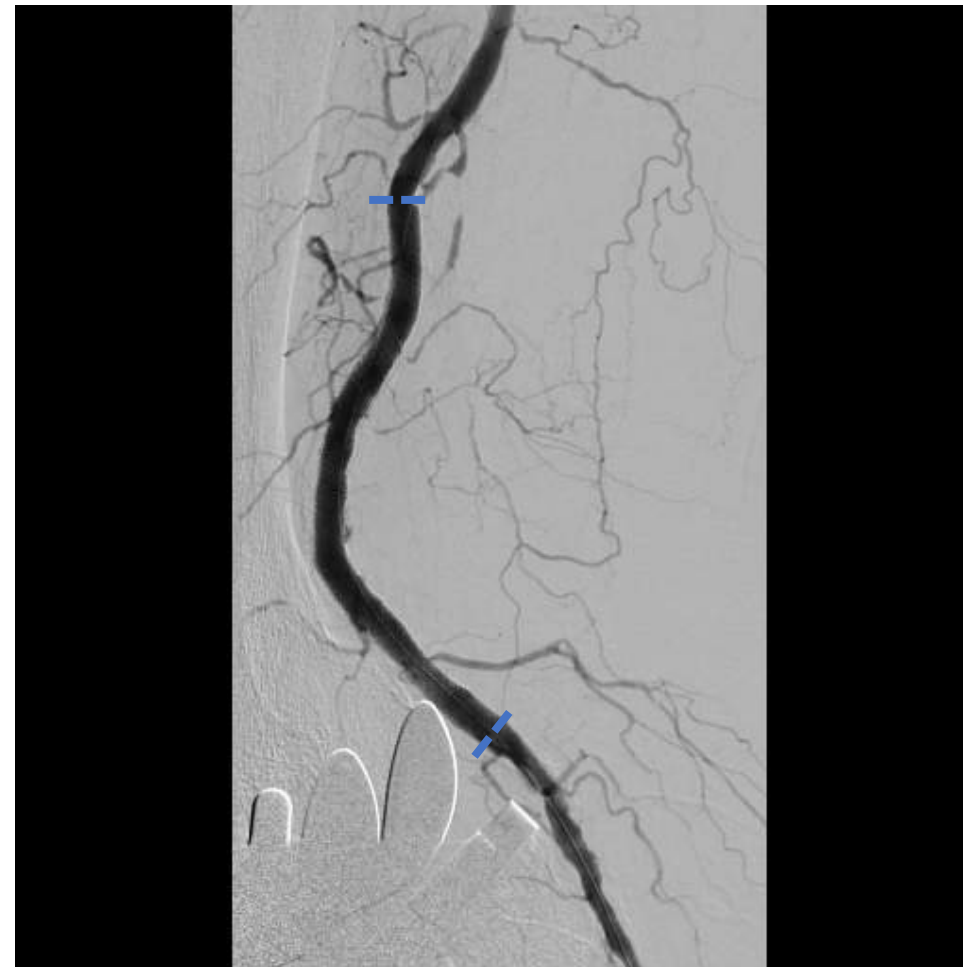
CASE #1 – Stent optimizing



CASE #1 - Result



6.0x40 mm Balloon

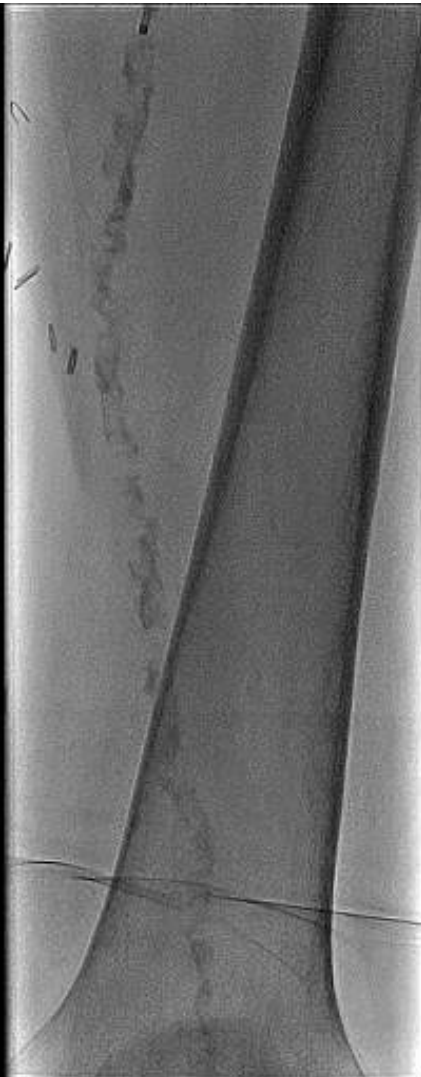


Final Result

CASE #2

- 84 y old co-morbid male
- Amputation of right calf 2 years ago
- Rutherford 5 (ulceration left forefoot)
- Multiple previous interventions incl. two fem.-pop.-bypass operations
- Angio with **long calcified SFA – PopA (P3) occlusion** with single-vessel run-off

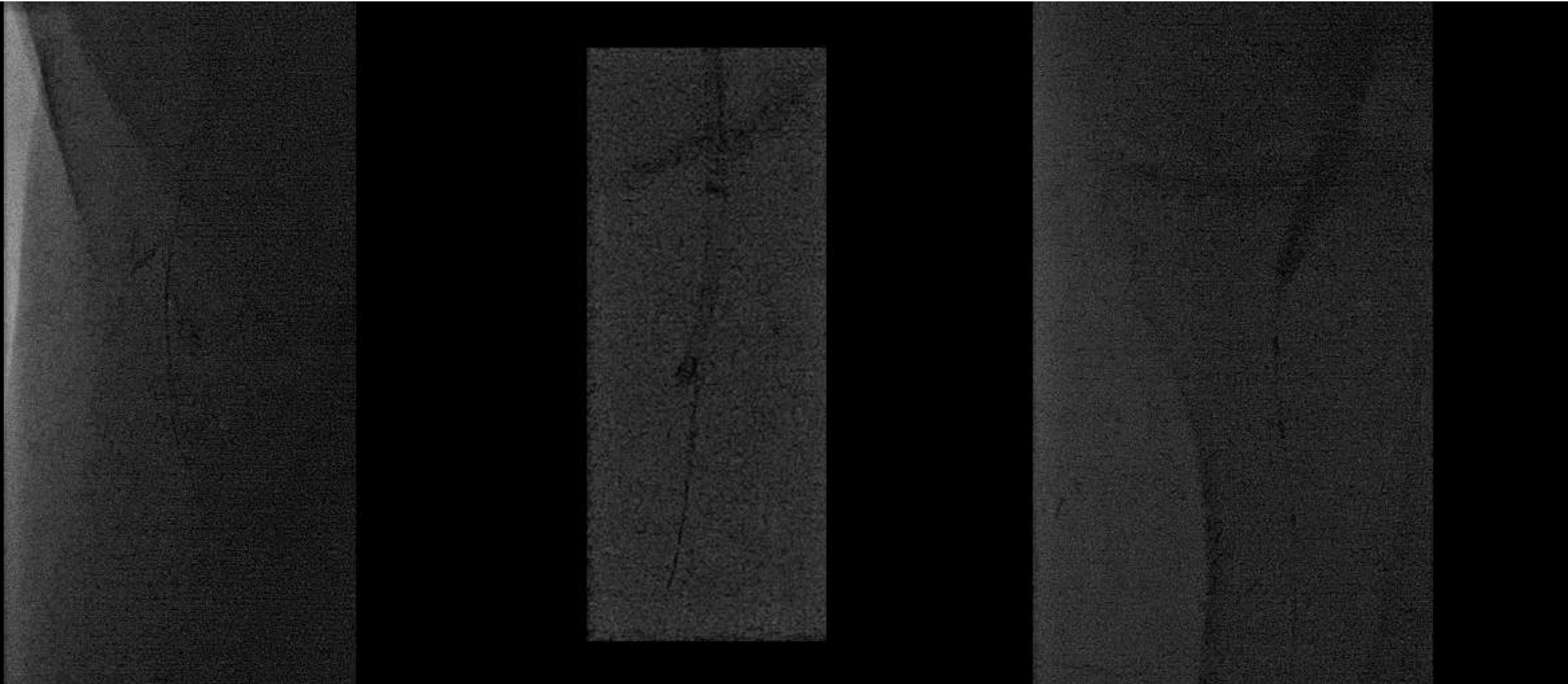
CASE #2 - Baseline



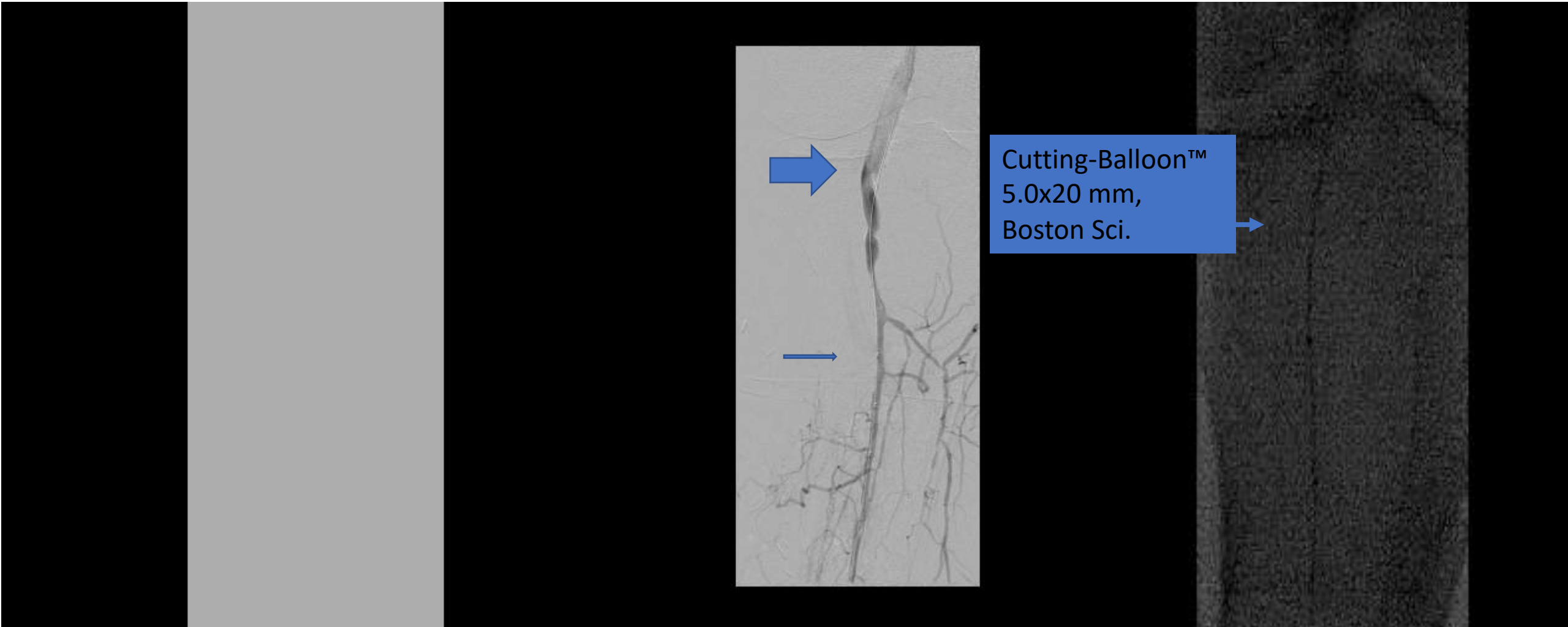
CASE #2 - Issues

- Useful access →
 - Crossing the lesion →
 - Stable and reliable wire position →
 - Optimal predilation / lesion preparation →
 - Dealing with small vessel diameters distal →
 - Ensuring long term patency →
- 6F antegrade sheath
 - Command 18 (Abbott) a / r
 - Retrograde transperoneal access (through-and-through)
 - 5.0x80 mm balloon (18 atm)
 - 5.0x20 Cutting Balloon (Boston Sci.)
 - Close follow-up

CASE #2 – crossing and preparation



CASE #2 – caliber discrepancies



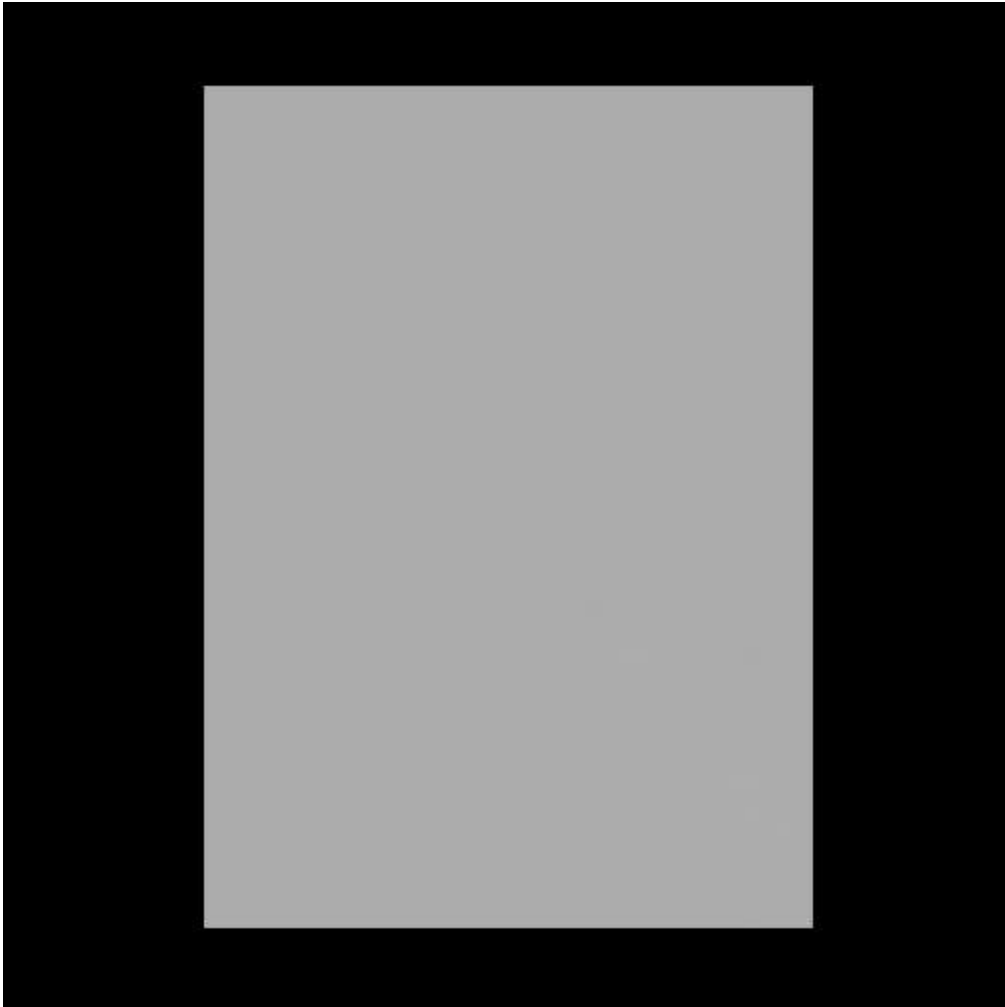
CASE #2



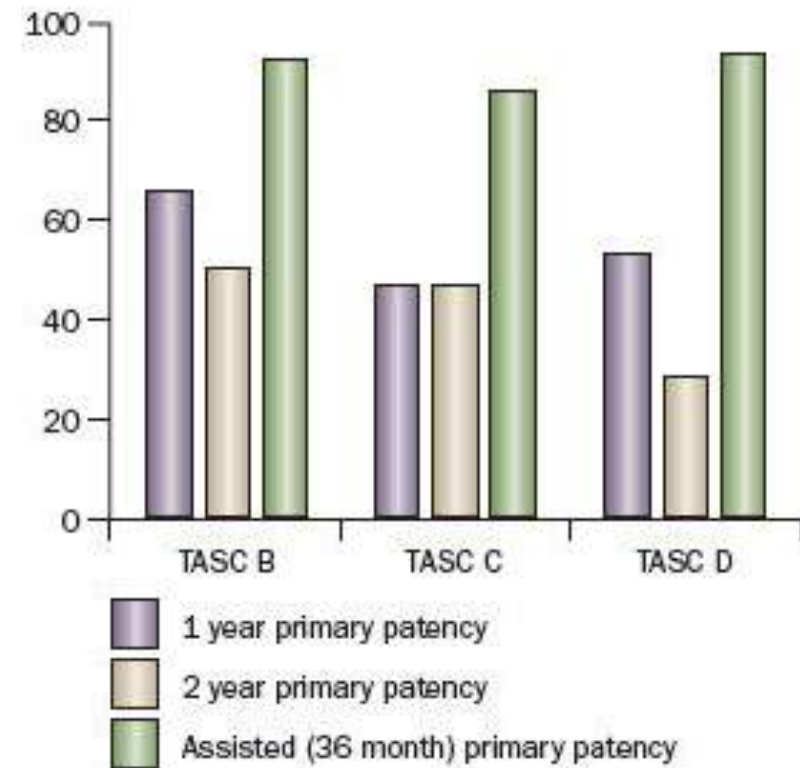
CASE #2 – Final Result (2 SUPERA 5,5x200)



CASE #2 – Quo vadis?

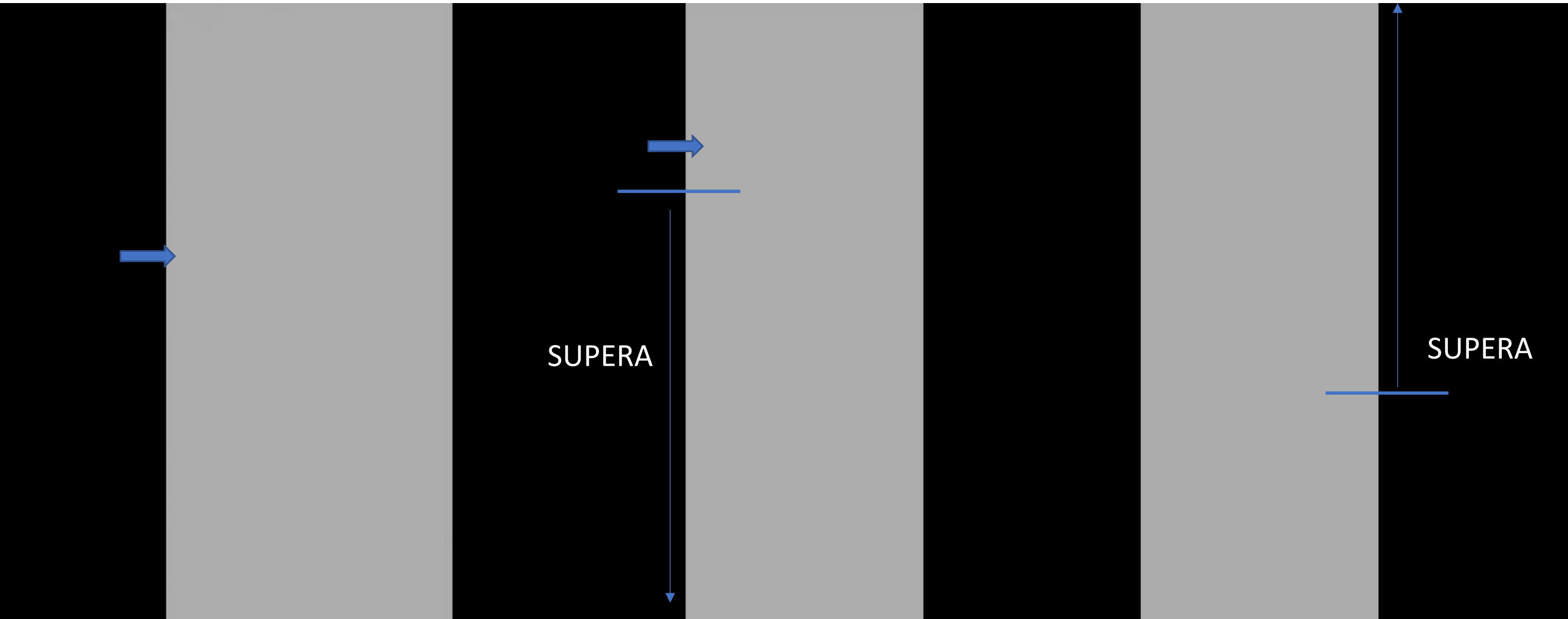


- Close follow-up mandatory

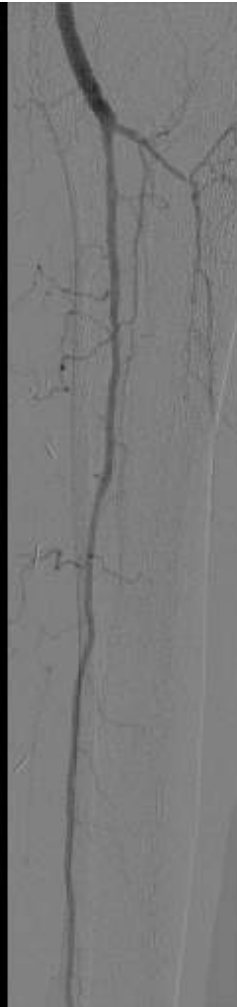


Baril, D. T. *et al.* Endovascular interventions for TASC II D femoropopliteal lesions. *J. Vasc. Surg.* 51, 1406-1412 (2010).

CASE #2 – 6 mo F/U



CASE #2 – 6 mo F/U

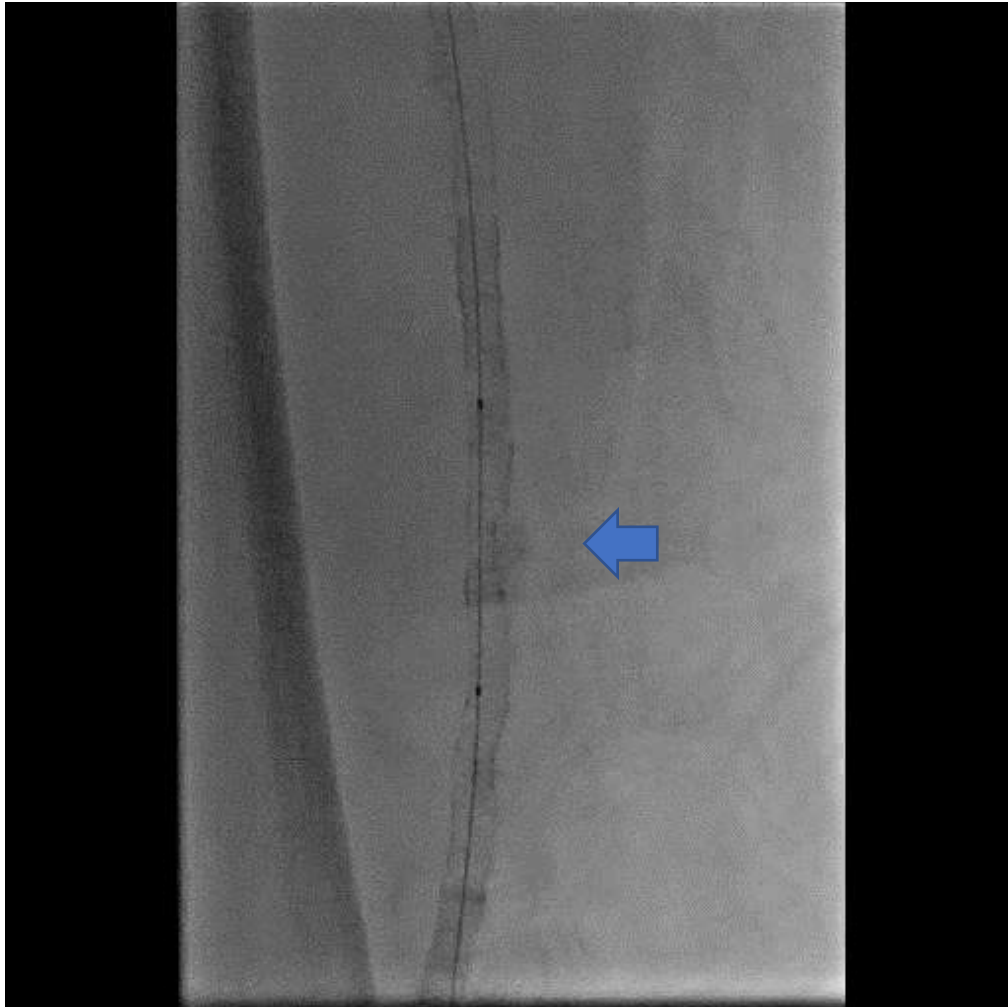


CASE #3

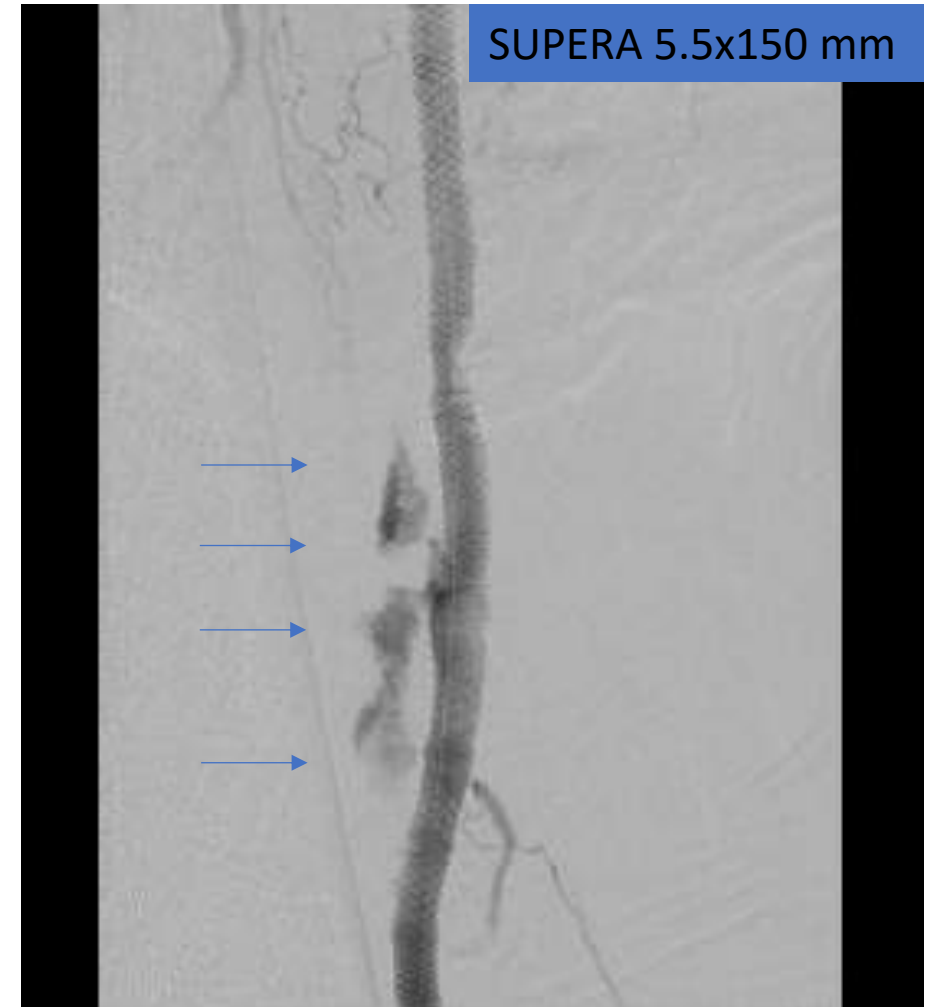
- 94 y old lady, Rutherford 6
- Angio with **long SFA occlusion**



CASE #3 – Postdilat. after stent implantation



6.0x40 mm Balloon, 24 atm



SUPERA 5.5x150 mm

CASE #3 – Primary Result



After 15 min of external
compression

CASE #3 – Follow-up

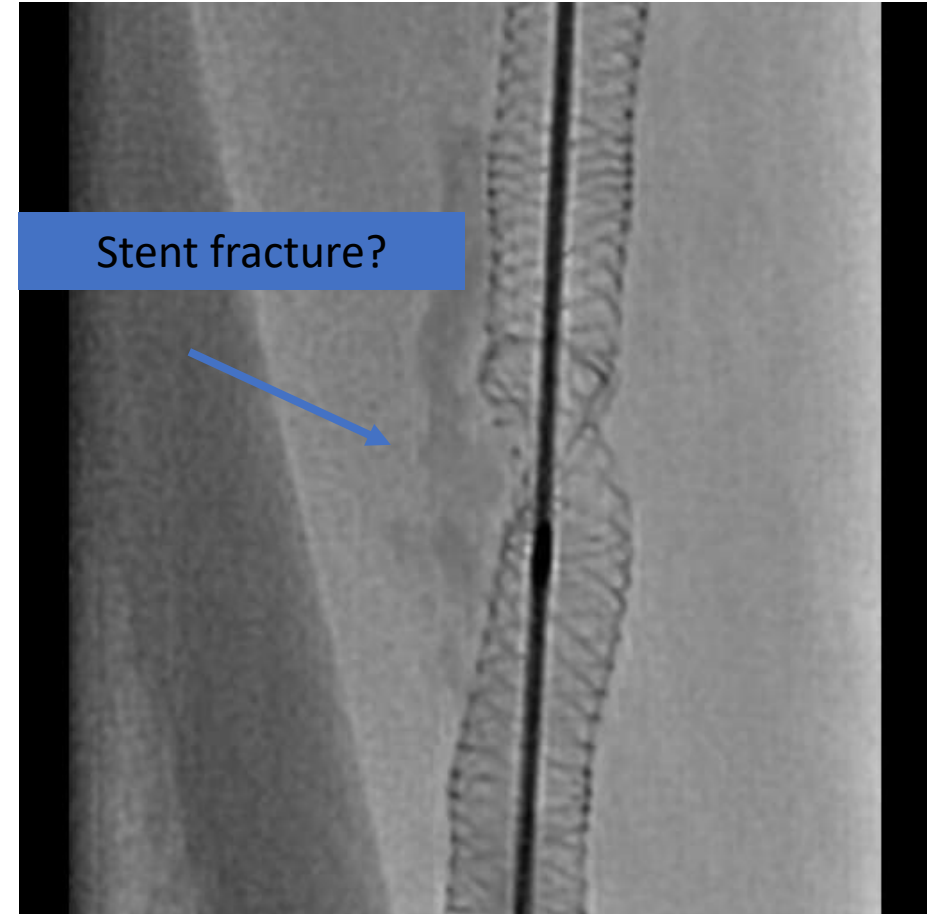
- Angiography 5 months later during an angioplasty of left leg



CASE #4

- 78 y old male (diabetes, chronic renal failure, CAD)
- Rutherford 3 – 4 on right leg
- Angio with in-stent-restenosis after previous SUPERA-stent implantation 8 months before

CASE #3 - Restenosis after 8 months



CASE#4 – Treatment alternatives

- Conservative management
- POBA / DEB only
- Nitinol or balloon expandable stent
- Covered Stent
- Lithotripsy
- Surgery
- ...



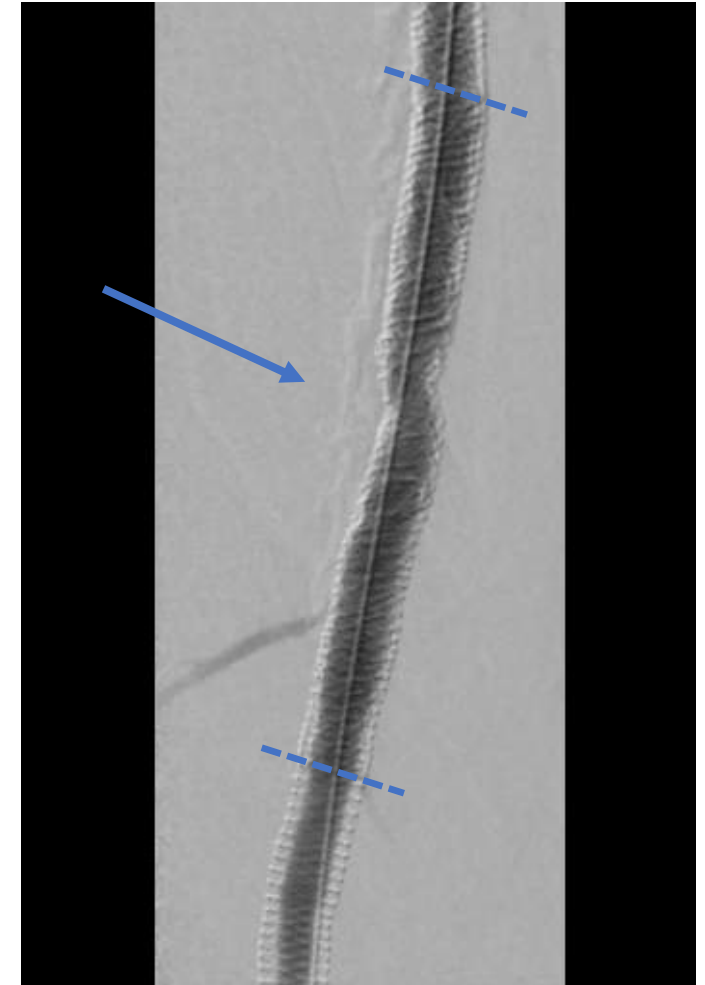
CASE #4 - Restenosis after 8 months



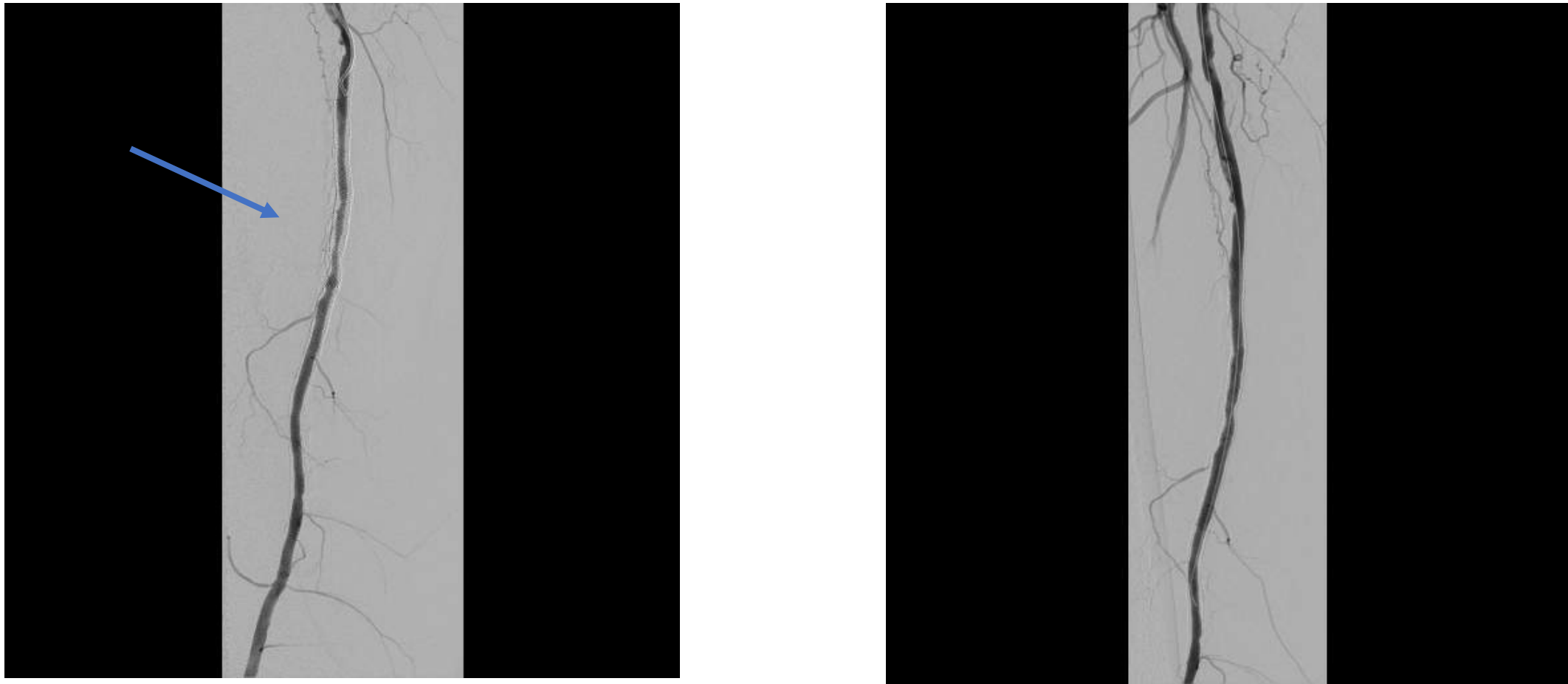
6.0x40 mm Balloon



SUPERA 5.5x60 mm



CASE #4 - Re-Restenosis after 9 months



Lutonix™ (BARD) 5.0x100 mm DEB mm

Summary

- Optimal lesion preparation is essential
- Particular in long lesions close follow-up is mandatory
- Complications and events need a tailored approach and sometimes individual solutions

Thank You!

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