

SFA-CTO Treatment using the Rotarex-Atherectomy-System

Operators:

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Disclosure

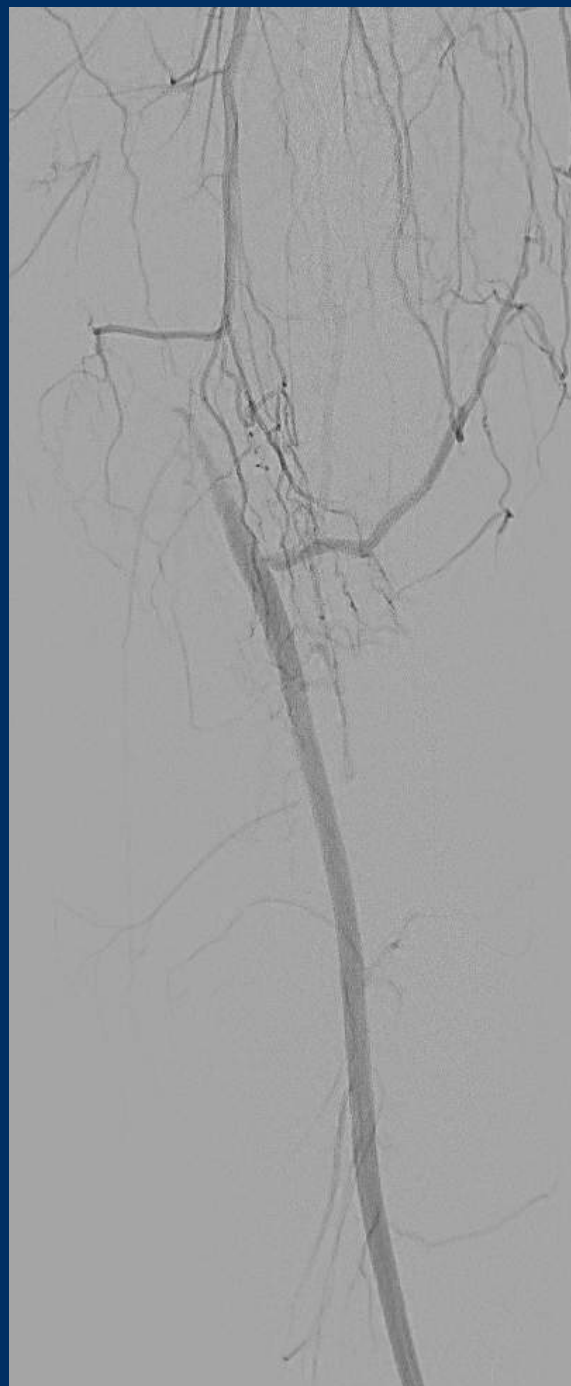
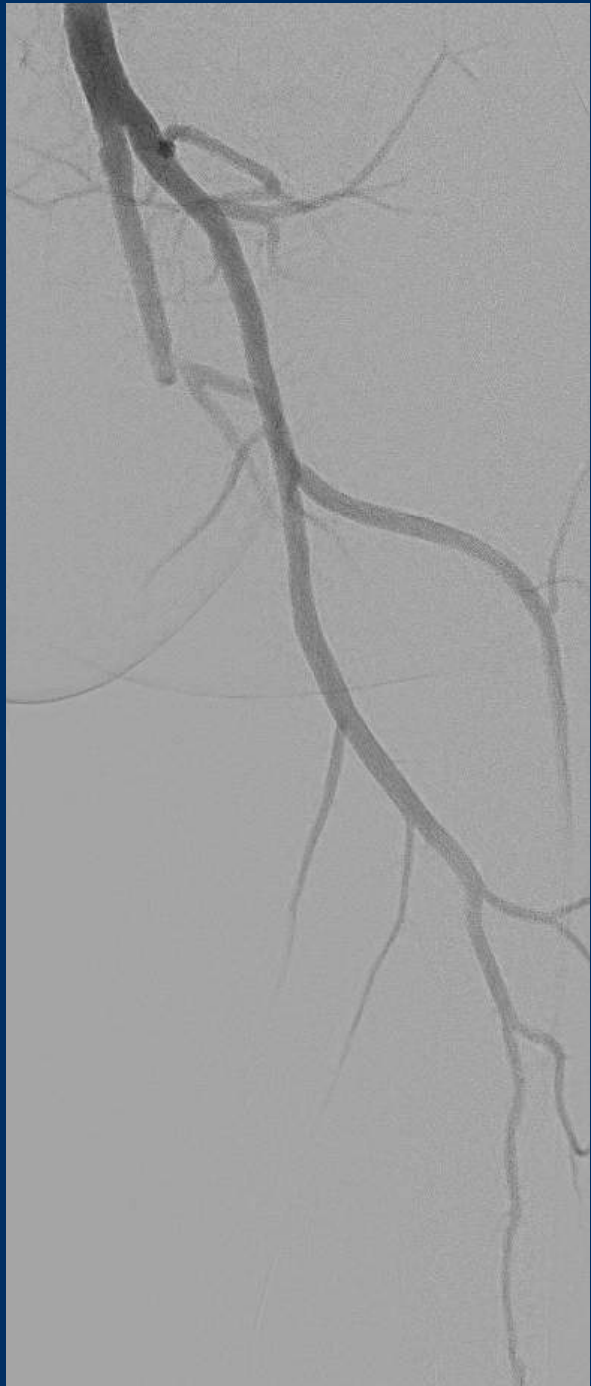
Speaker name: Andrej Schmidt

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I have the following potential conflicts of interest to report:

- Consulting: Abbott, Cook, Relow Medical, Upstream Peripheral
- Speaker honorarium: Abbott, Bard/BD, Cordis ,Cook, Penumbra

Claudication-Patient with SFA-CTO left

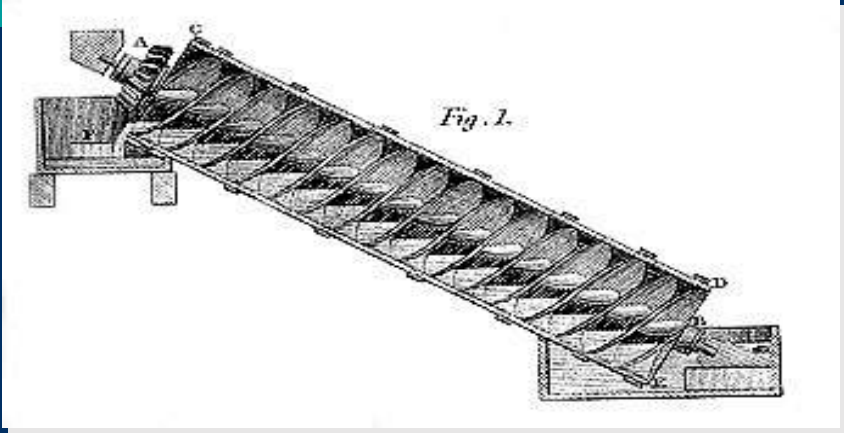
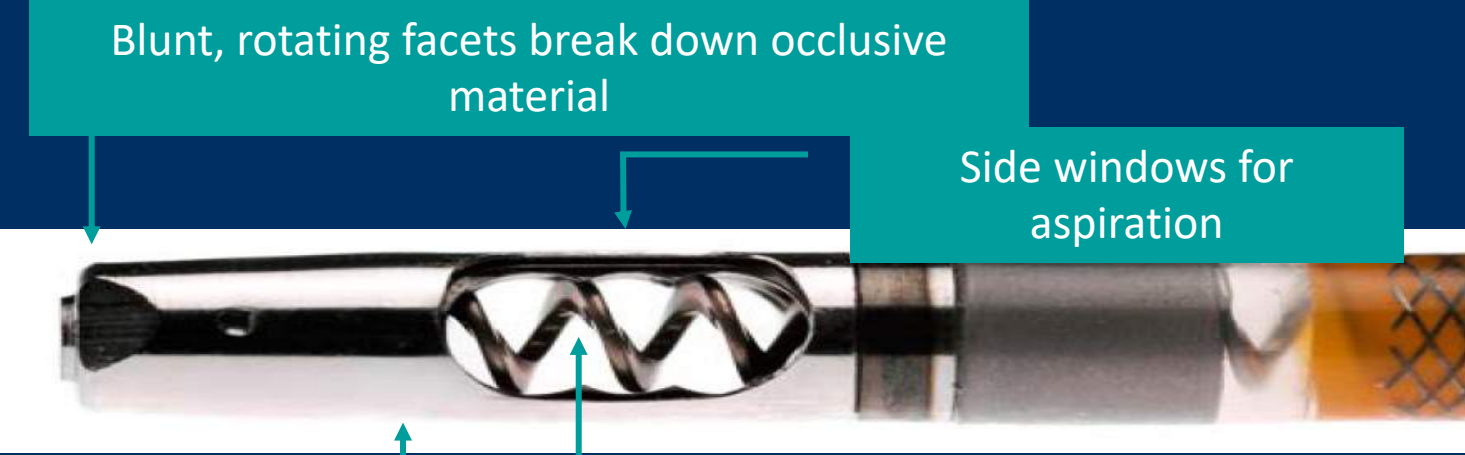
- 51 years, male patient
- Severe claudicatio intermittens, left calf-pain after 30 meters,
- ABI left 0.62, Rutherford class 3
- Duplex: long SFA-CTO left, moderately calcified
- Medical history: former drug-abuse, hepatitis C
- Nicotine abuse



Procedural Steps

- Cross-over approach 8Fr
- Attempt intraluminal guidewire-passage (0.018")
- Confirm by IVUS
- Rotarex-Artherectomy
- PTA with DCBs
- Stenting on indication

Rotarex Drive System & Catheters



Indications for use (USA)

Technical matrix

Intended for use as an *atherectomy* device and to break up and remove thrombus from upper and lower extremity peripheral arteries.

It is not intended for use in coronary, carotid, pulmonary, iliac or renal vasculature.

Rotarex®S	6F system	8F system
Vessel diameter	3-5 mm	5-8 mm
Catheter type	0.018"/OTW	0.018"/OTW
Usable length (cm)	110, 135	85, 110
Sheath compatibility	6F	8F
Max. rotation speed	60,000 rpm	40,000 rpm
Max. aspiration rate	45 ml/min	75 ml/min
External diameter	2 mm	2.7 mm