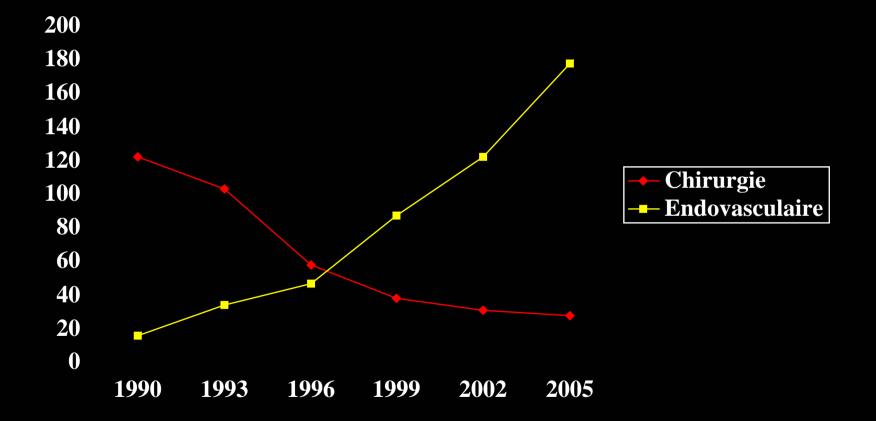
# Challenging cases in CLI

T . Reix CHU Amiens

# Surgical treatment of CLI



### Methods of treatment

- Chalenging extensive or multi-level often heavy calcified lesions
- Treatment from proximal to distal lesions
- Endovascular therapy
- Hybrid technics

# Equipment

- Operative room
- Carbon table and C arm
- Long, hydrophylic, brite tip sheaths
- 0,035''; 0,014'' guide wires; 180-260 cm
- Hydophylic 4F catheter vertebral and UF
- Micro-catheter
- Standard 5F and low-profile rapid exchange balloon
- Nitinol, balloon expandable and low profile stents

# Flexor<sup>®</sup> Shuttle

#### Features

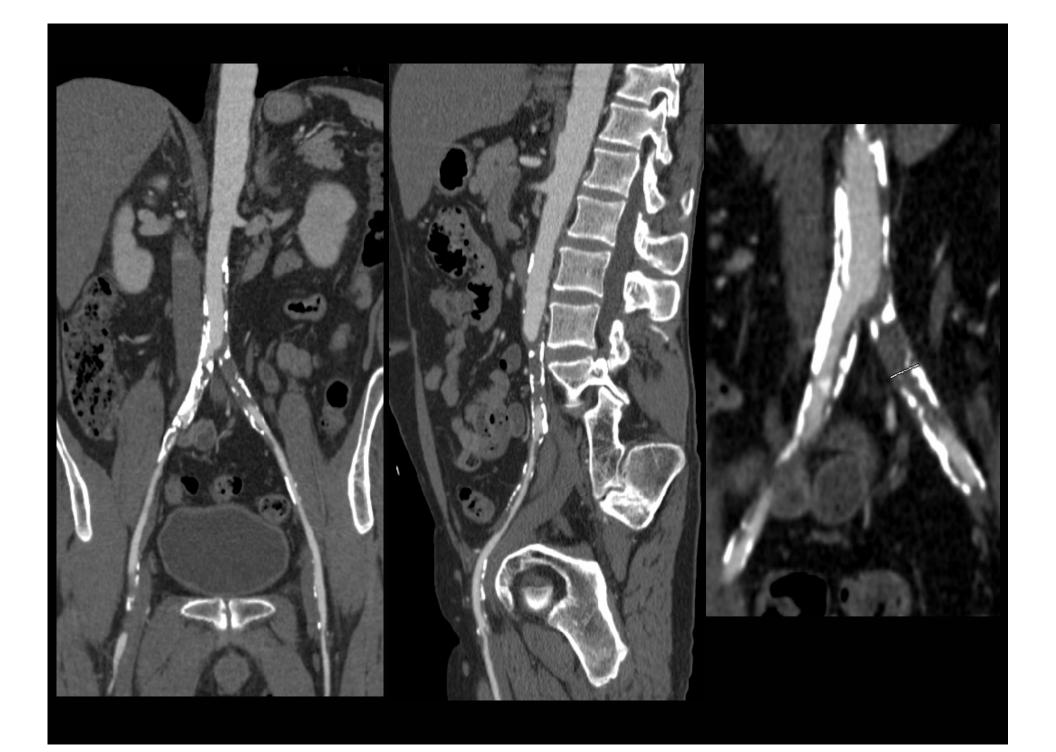
Kink resistance – Patented coil reinforced construction.
Low friction – PTFE coated lumen.
Great visibility – Radiopaque band within the sheath material.
Trackability – AQ<sup>®</sup> hydrophilic coating.





## Aorto-iliac revascularization

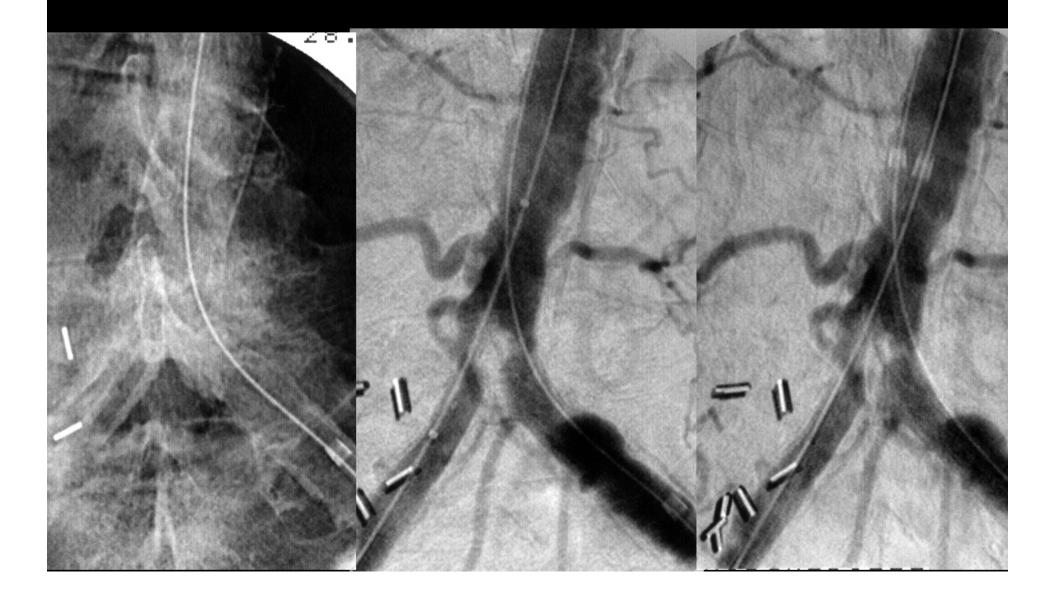
- Single retrograde approach
- Cross-over
- Bilateral approach
- 6F sheath
- 10F sheath for aortic stenting



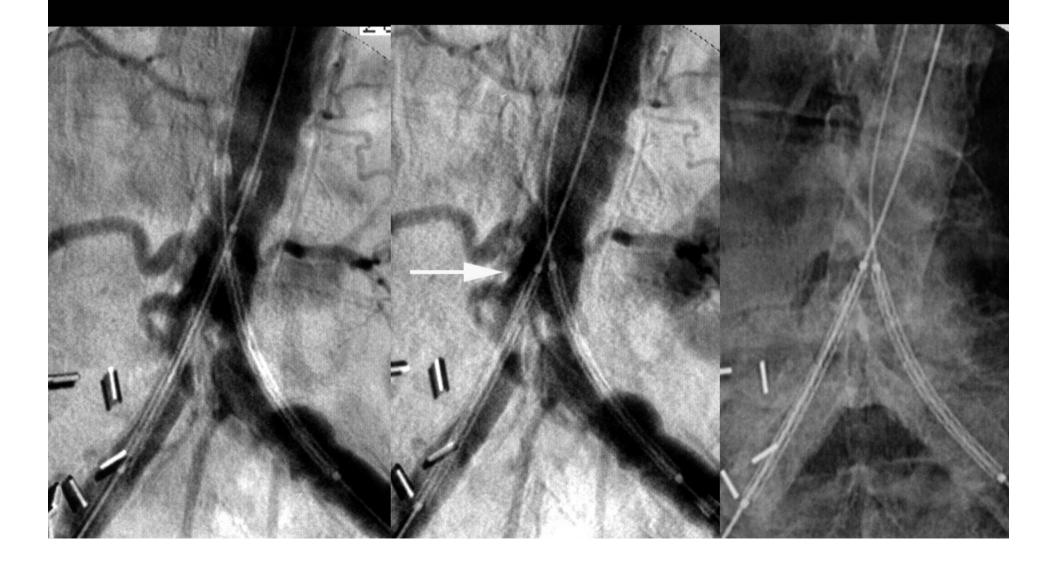
# Why long sheaths

- Best precision
- Manual contrast injection
- Balloon expandable stent protection

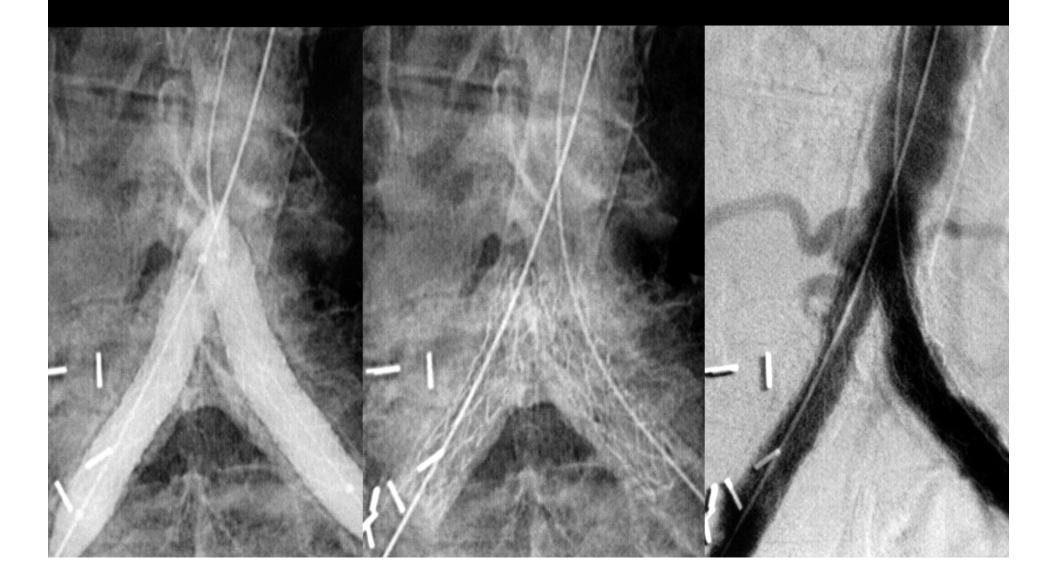
#### Franchissement de la sténose



#### Stenting protégé



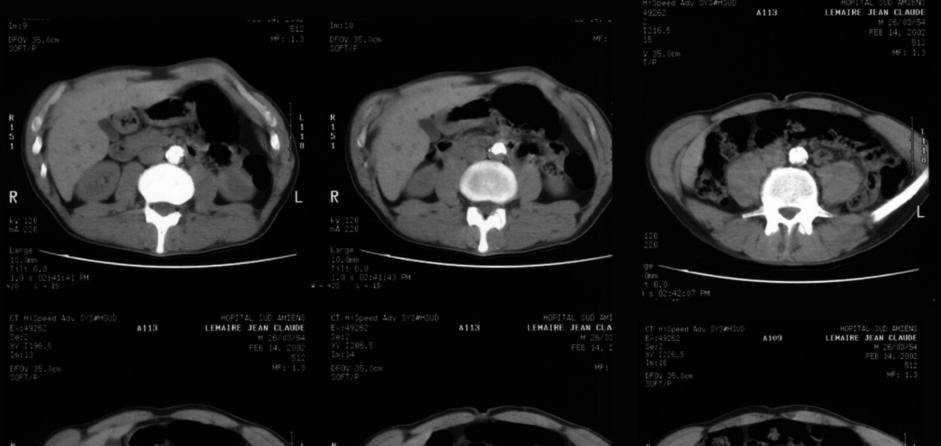
#### Dilatation et controle



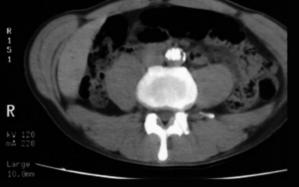
## **Eiffel Tower**

- Triple stenting --> anatomic reconstruction
- Aortic stenting first with a nitinol (Bard or Sinus)
- In stent progressive remodeling
- Iliac kissing-stent

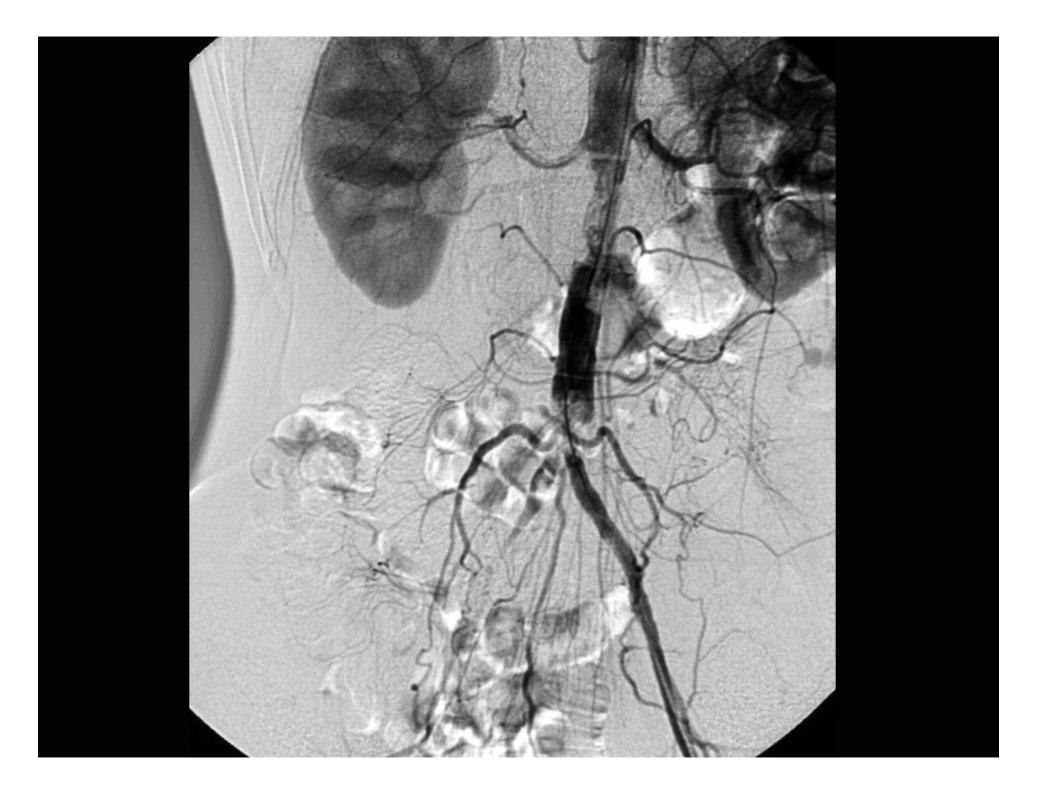
#### Scanner non injecté







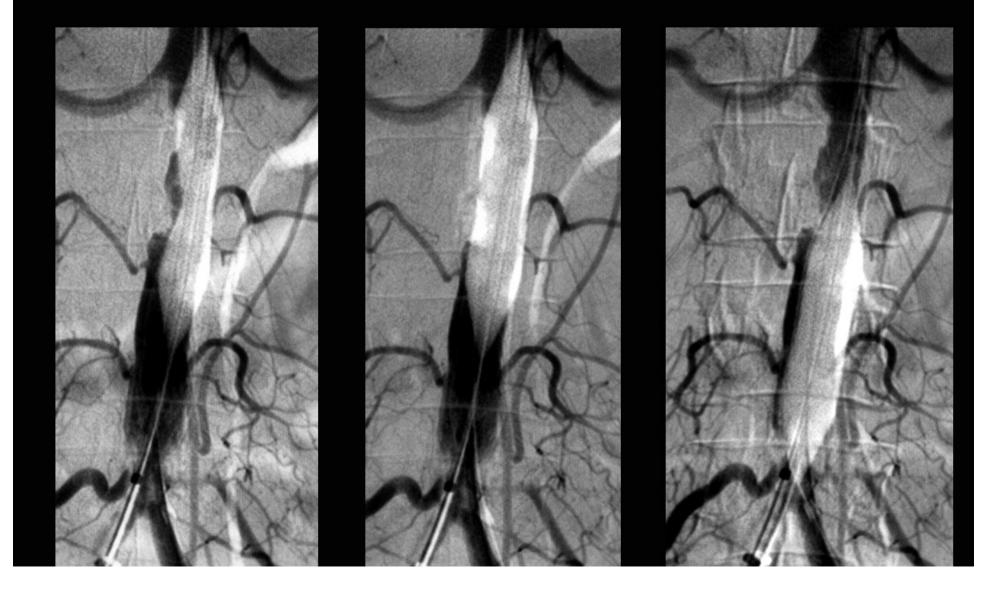




#### Mesure Pré-dilatation Stent 18mm x 10 cm

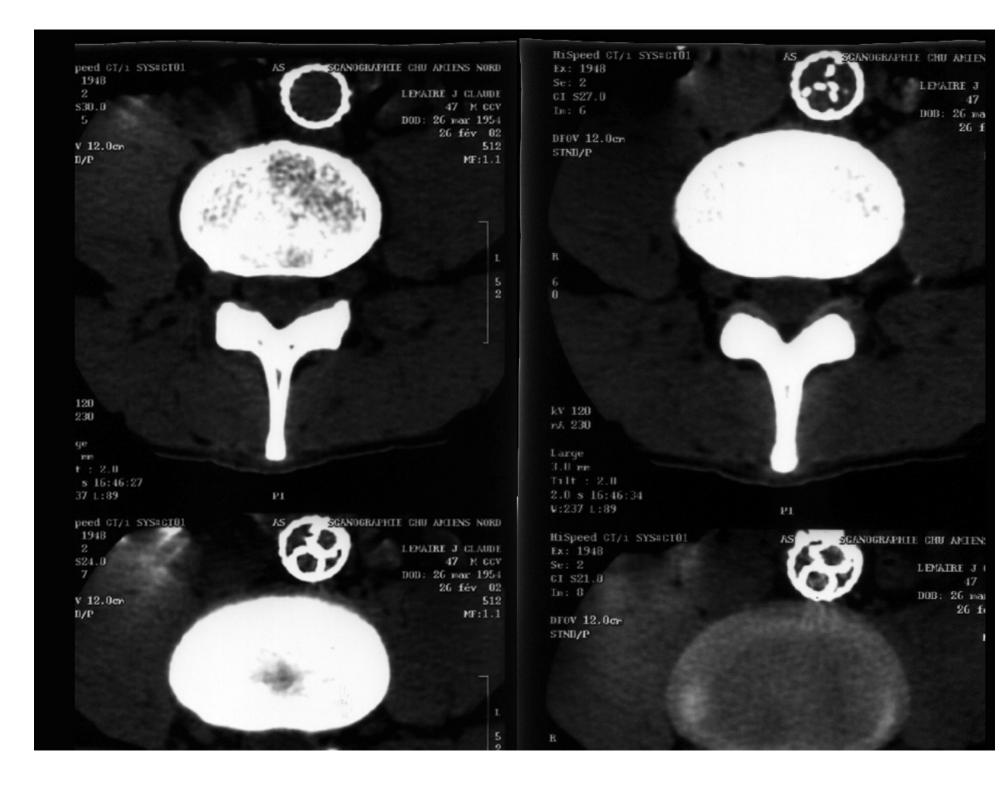


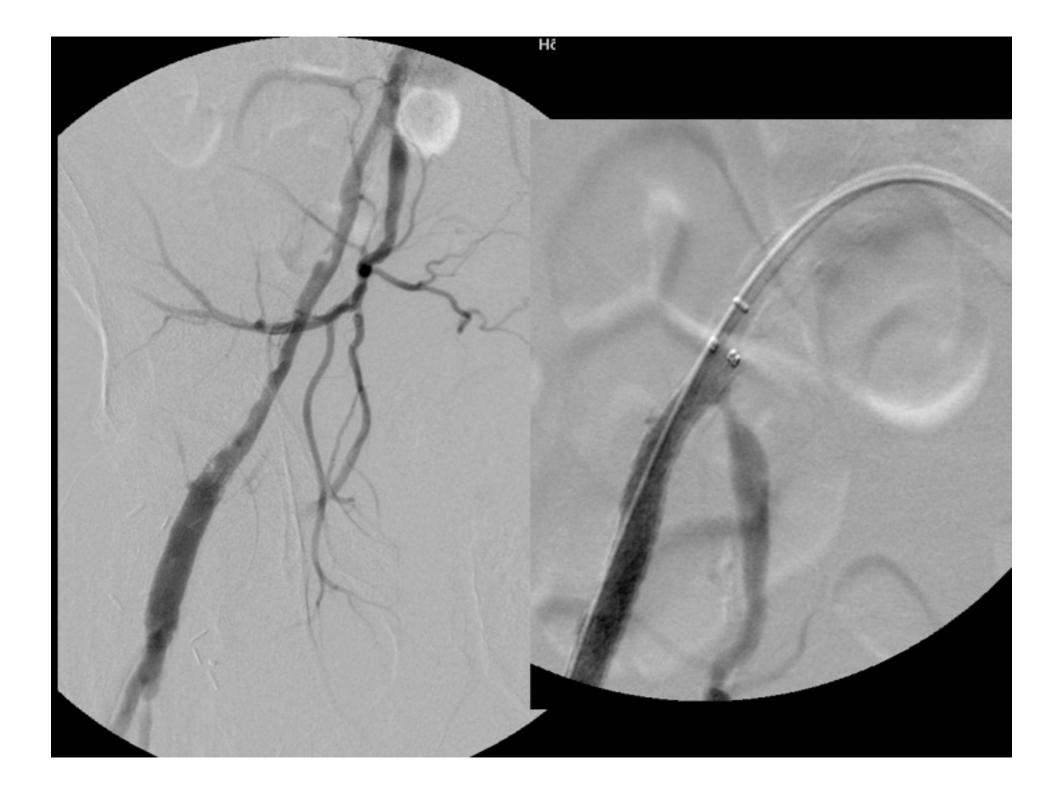
#### Remodelage intra stent (16mm x 4 cm)

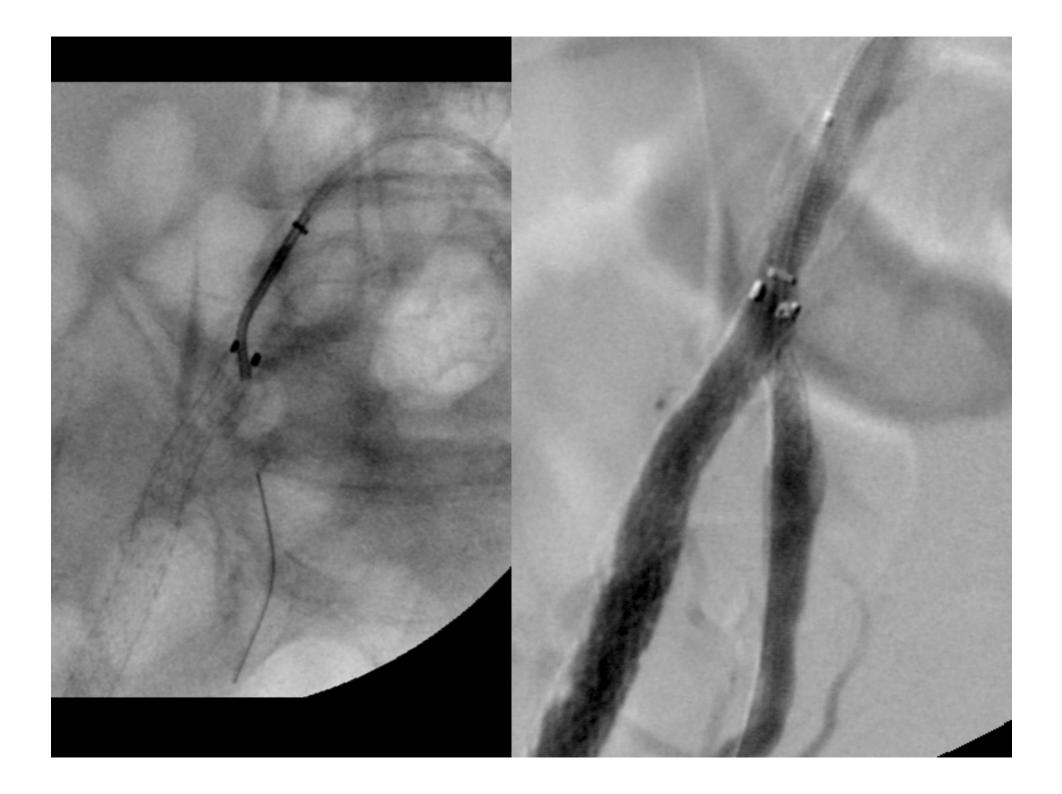


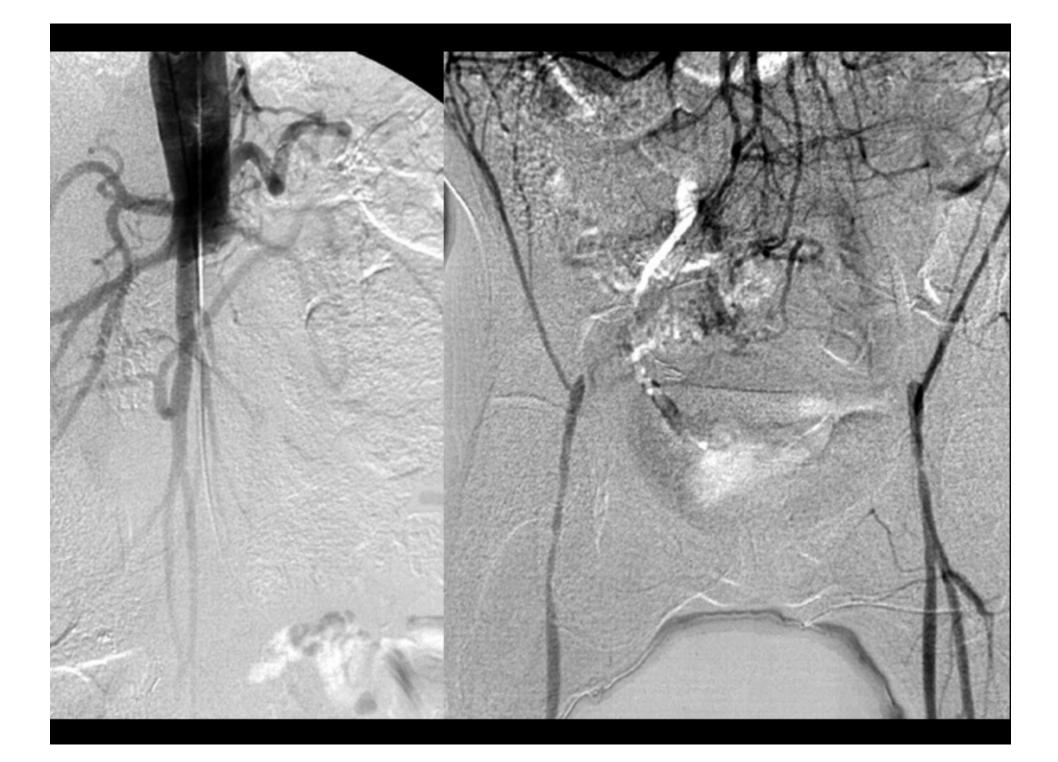
#### Kissing stent et controle

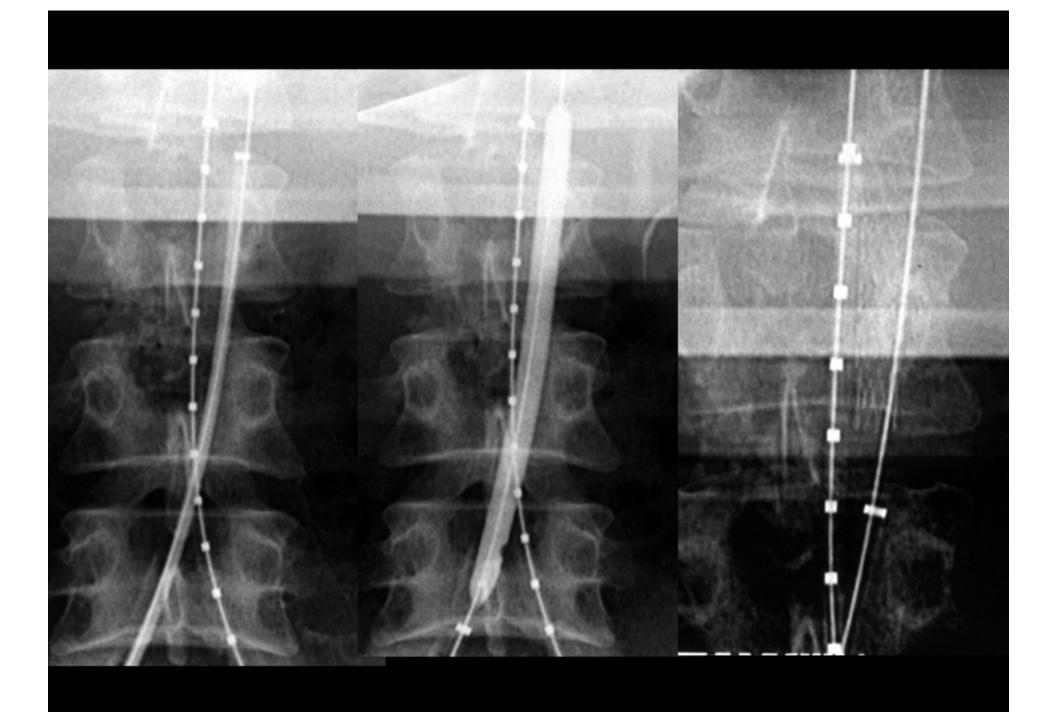


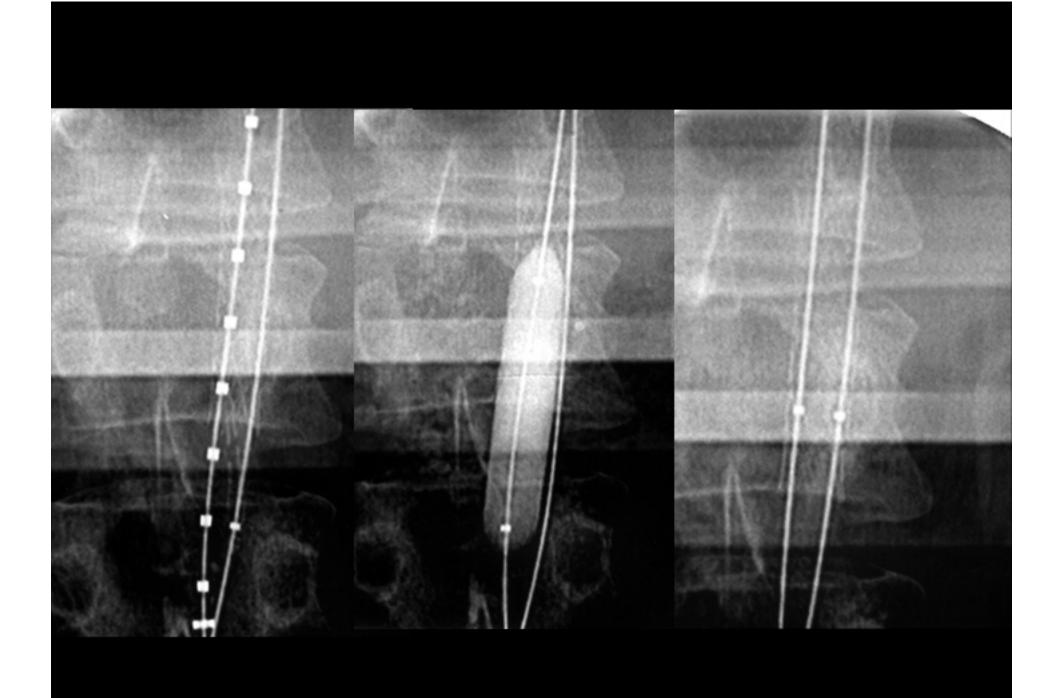




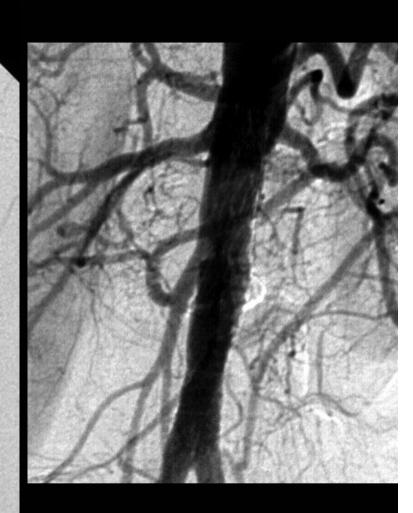










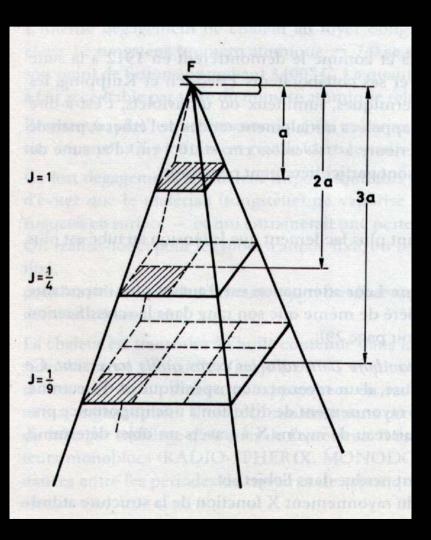


Patch veineux fémoral bilatéral

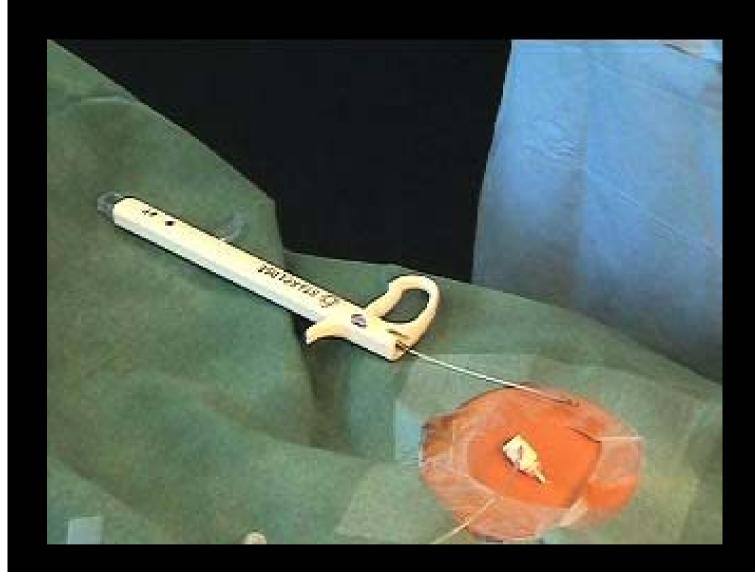
# Femoro-popliteal procedures

- Anterograde approach
- Cross-over +++
  - Easy punction
  - Good push with apropriate sheath ++
  - Best hand Xray protection
  - Easy use of closure system

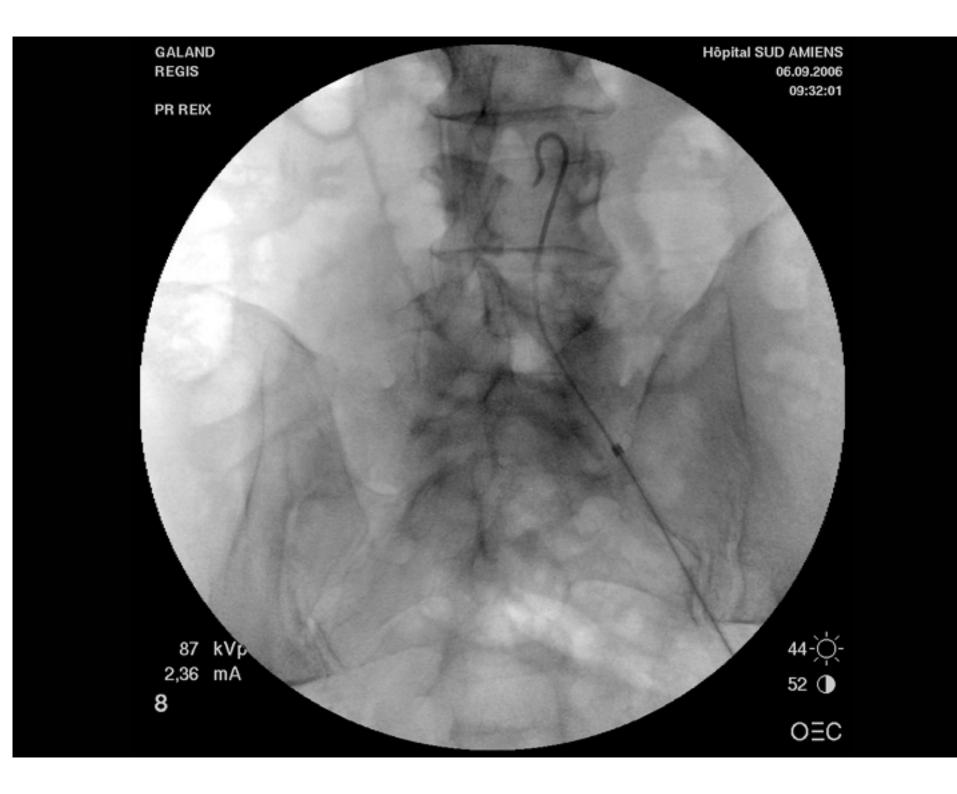
# DISTANCE

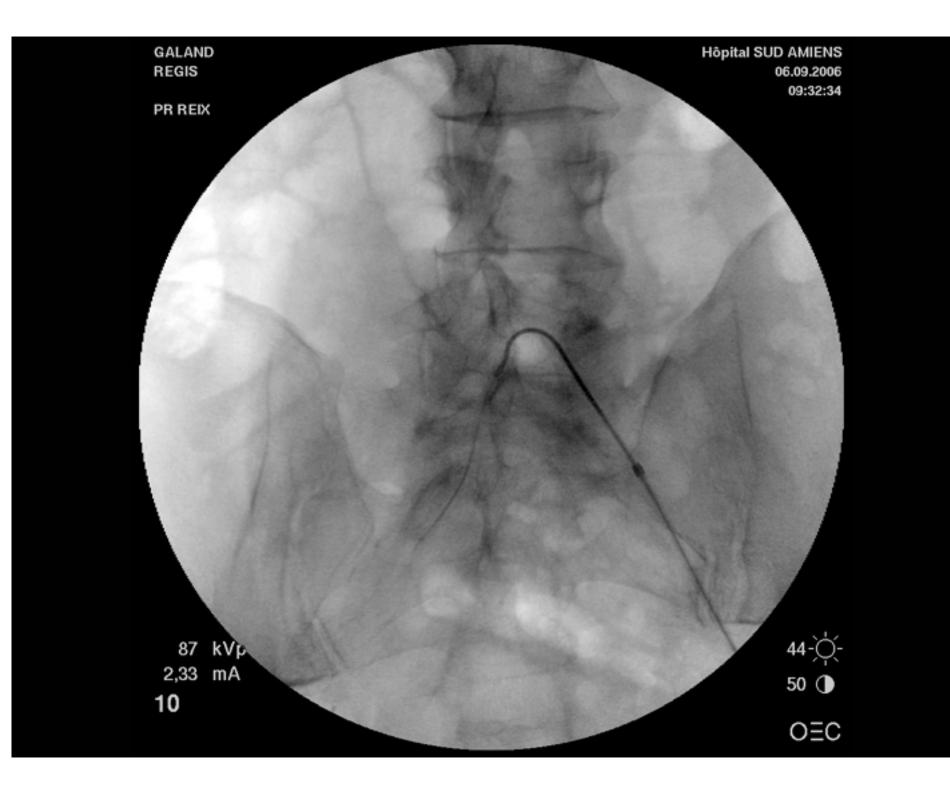


Distance X 2	$\rightarrow$	Dose / 4
Distance X 3	$\rightarrow$	Dose / 9

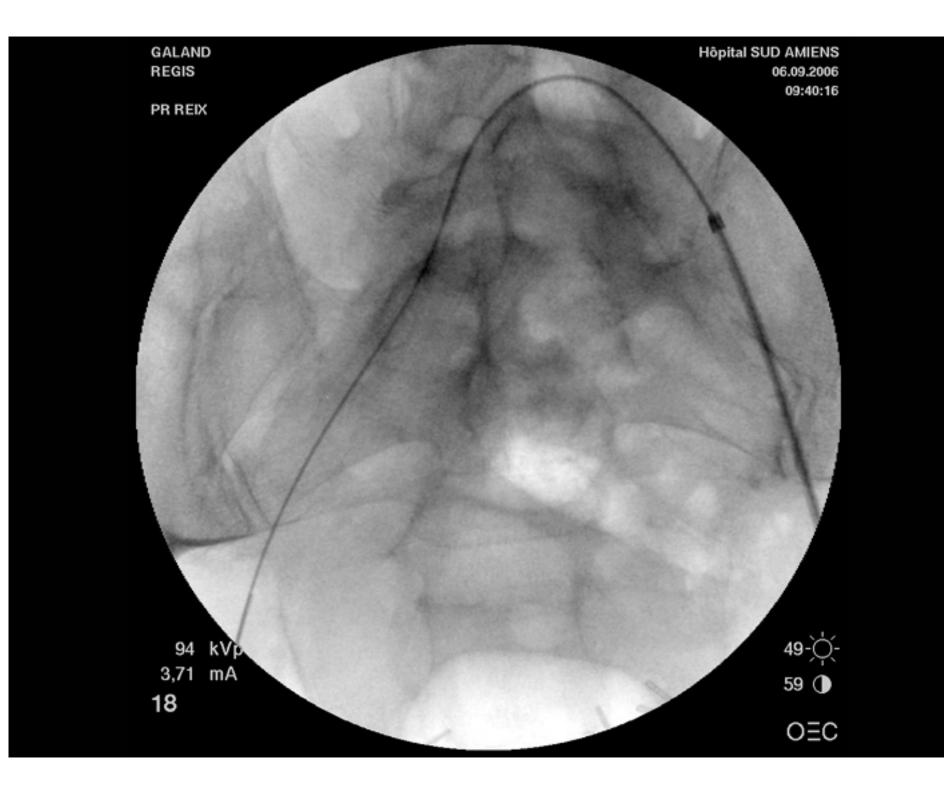


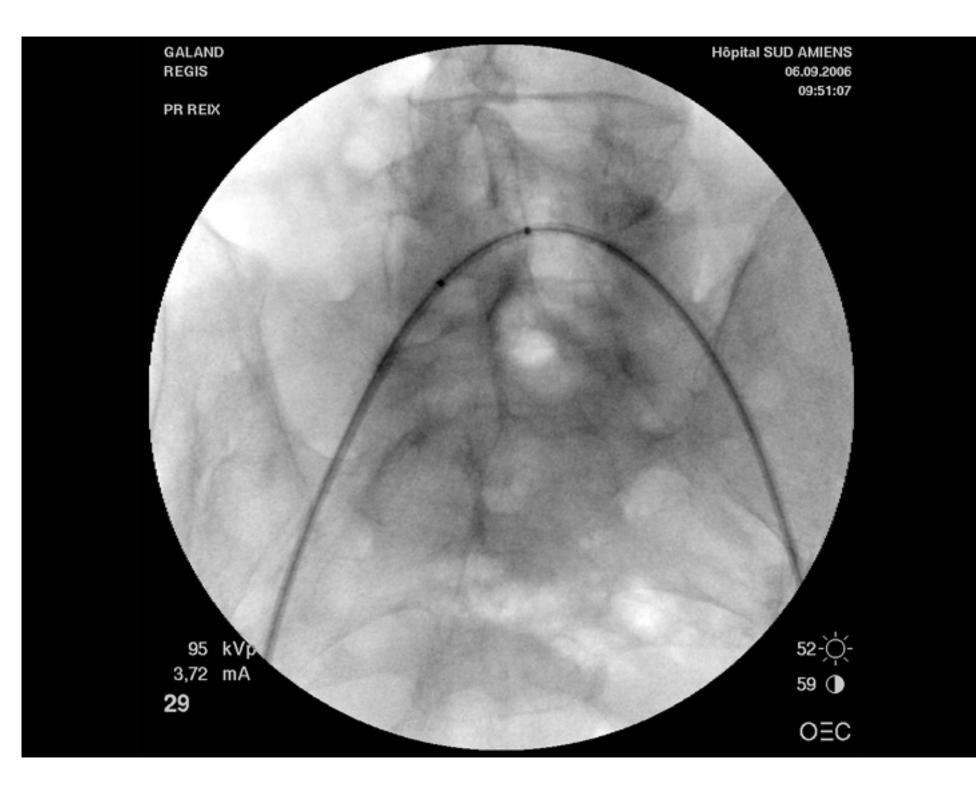
# **Cross-over catheterization**





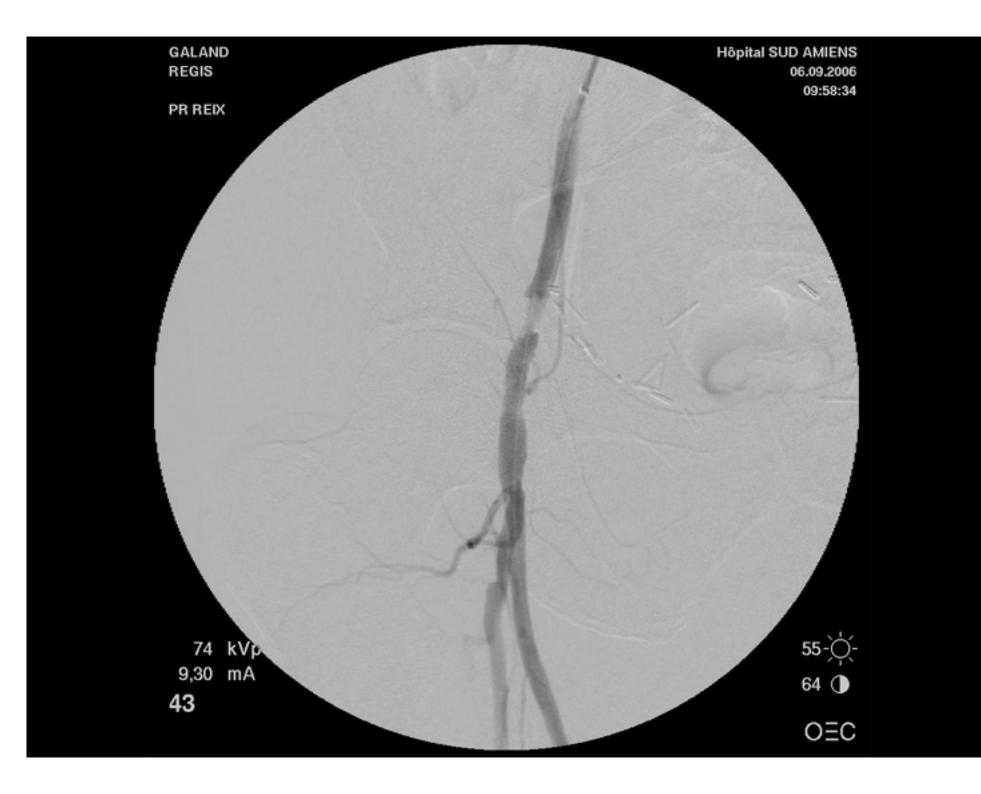










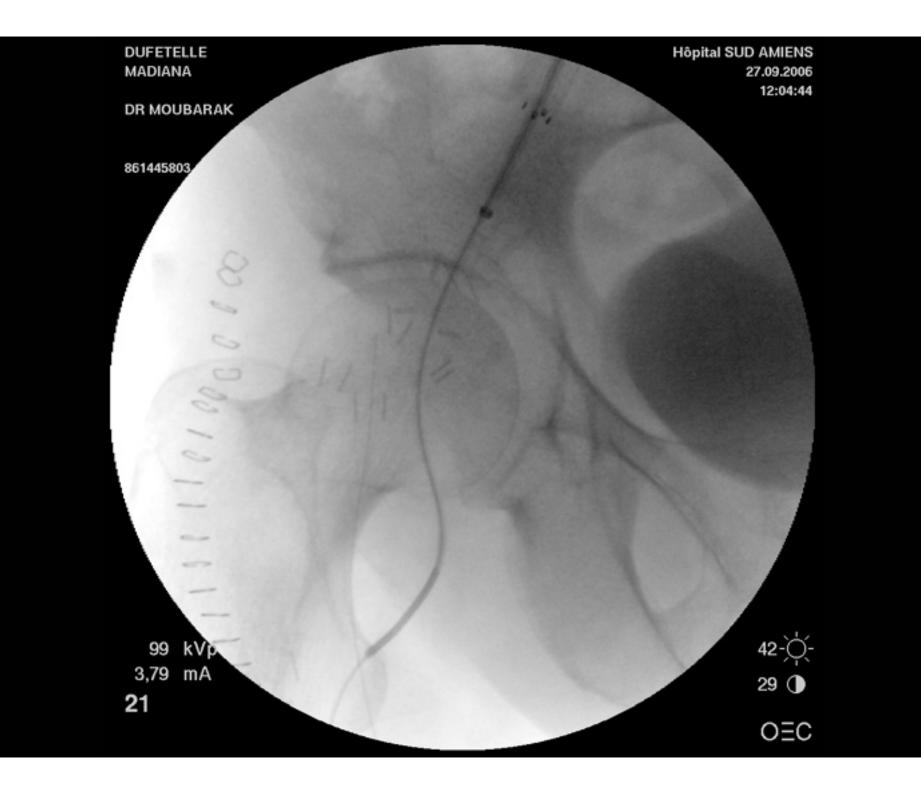




# Profunda artery angioplasty



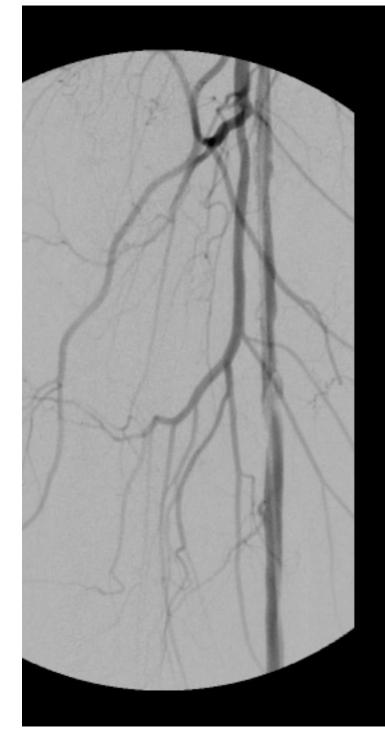






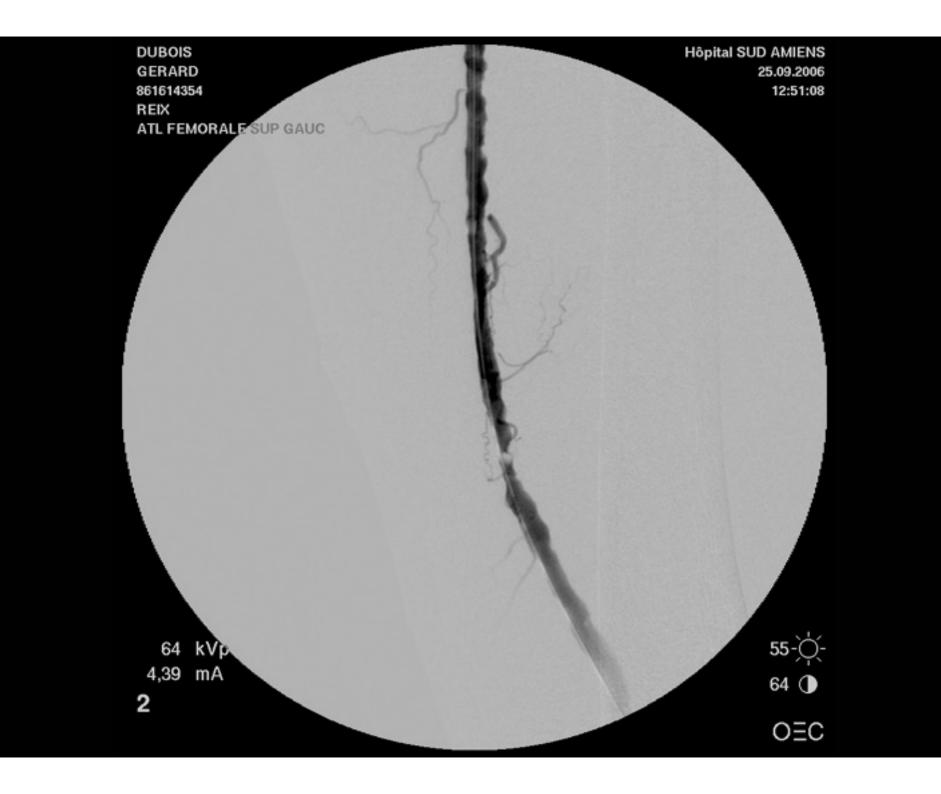
## SFA Stenting

Elective stenting Dynamic pictures Nitinol stent (rapid exchange Misago) Short balloon expandable stent for heavy calcified lesions

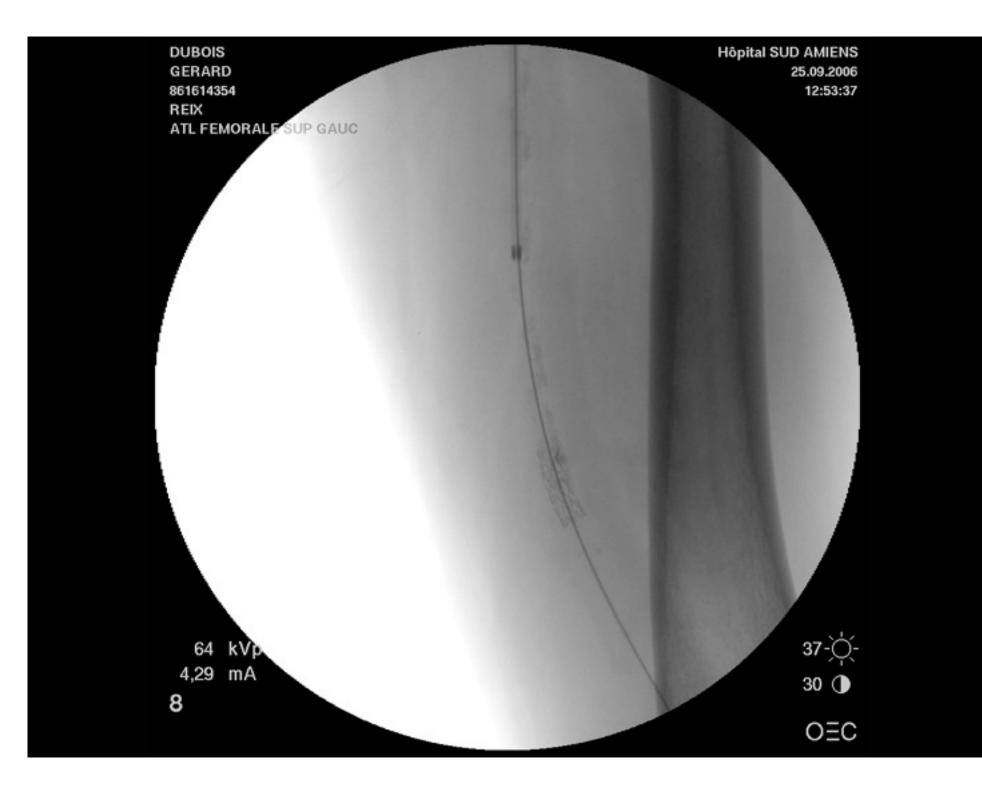


#### 6X60 mm Misago



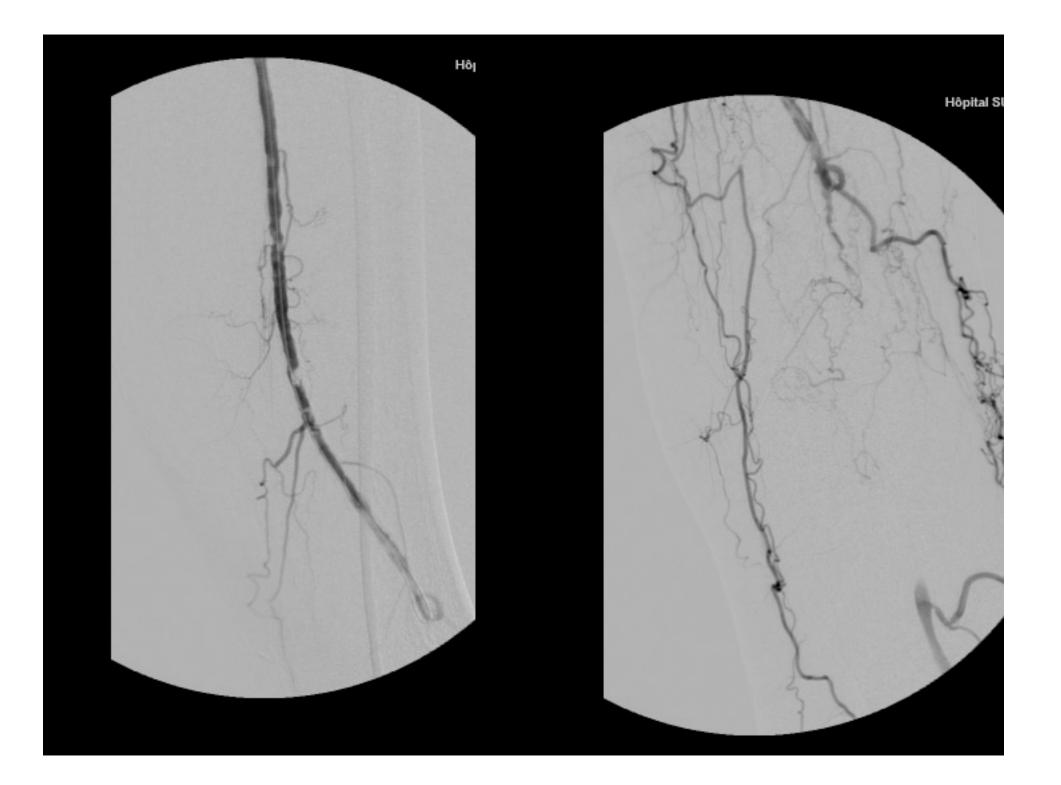






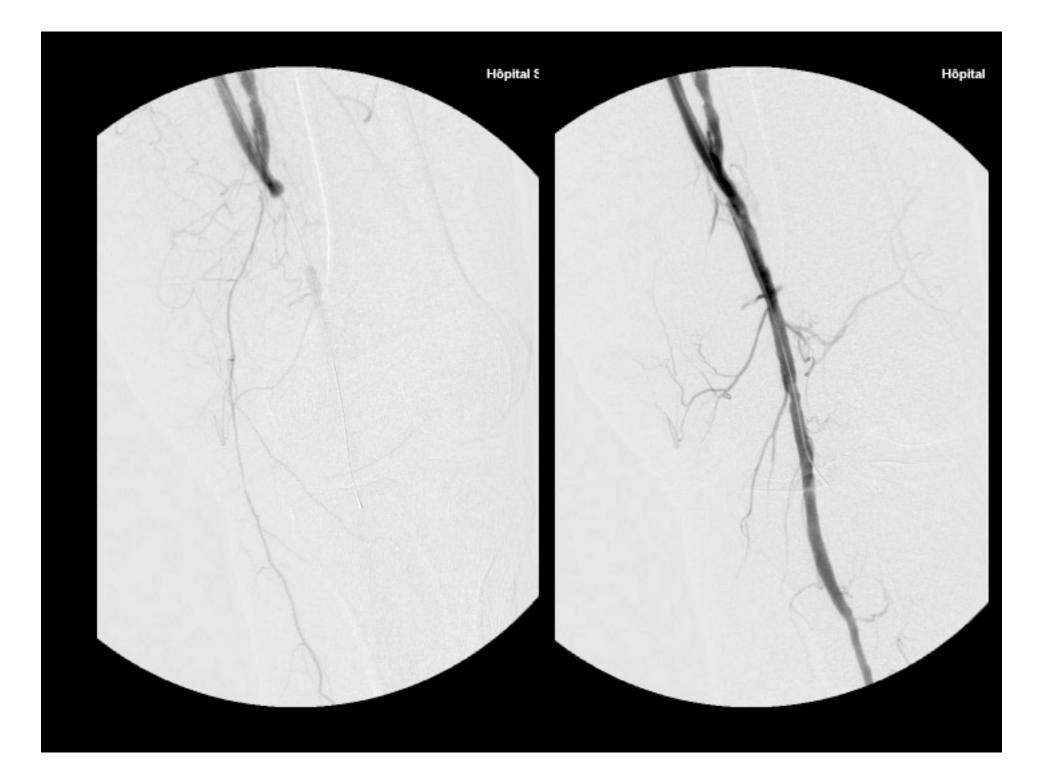
## Bolia

- 4F Terumo hydrophylic vertebral cath
- 5F balloon angioplasty
- 0,035 '' J wire





# Through FP bypass



# Infrapopliteal angioplasty

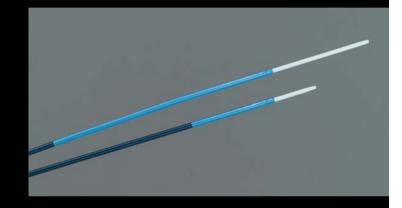
### **Infrapopliteal Sheaths**

#### 4.0F Flexor® Ansel

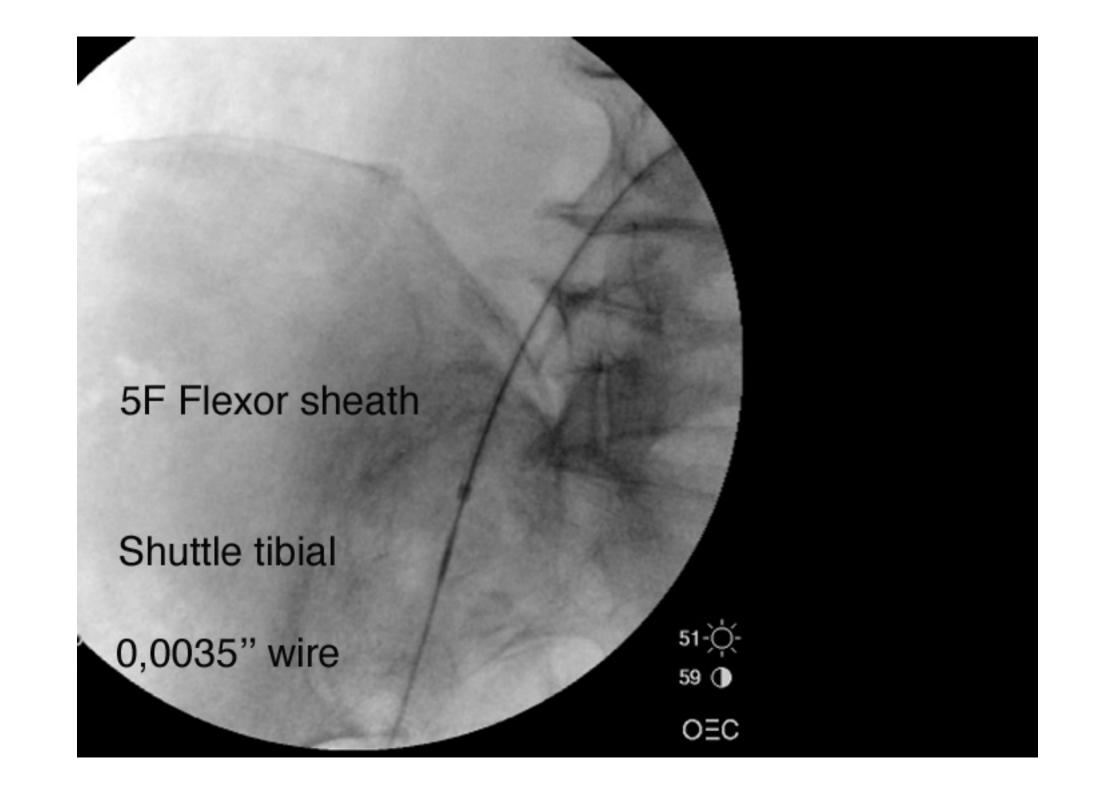
- Access infapopliteal vessels
- Lengths of 90cm and 110cm

#### 5.0F Flexor<sup>®</sup> Ansel

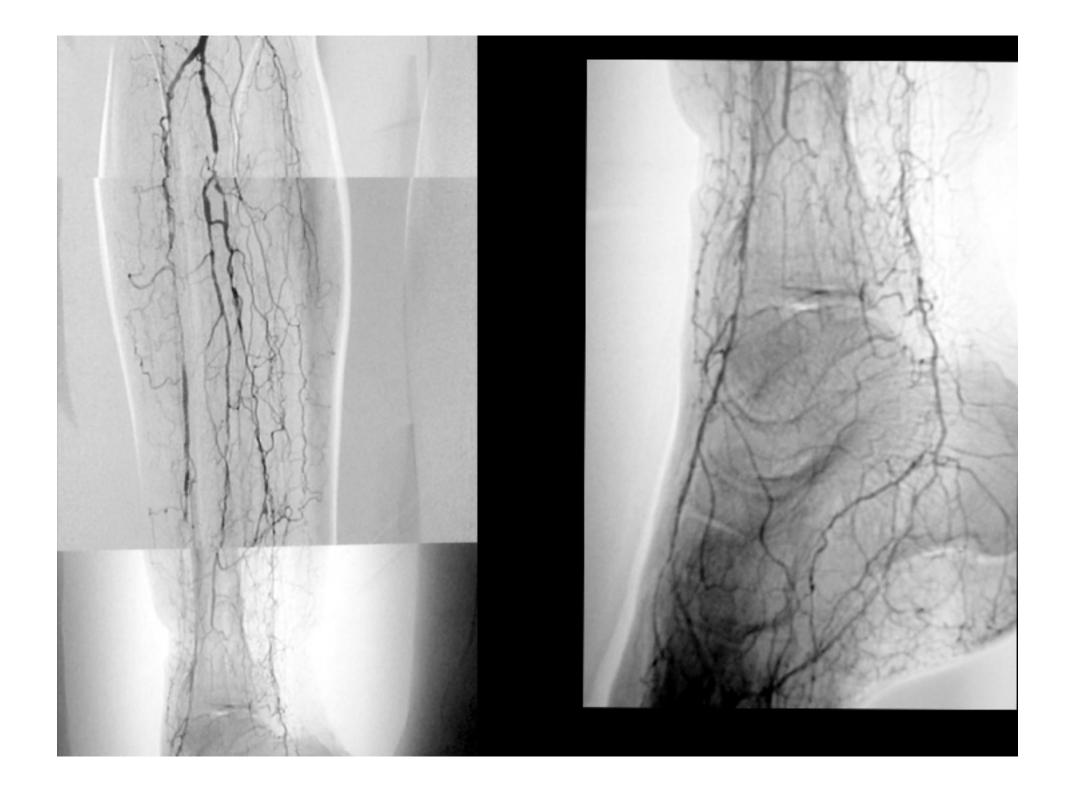
- Lengths of 90cm and 110cm
   Shuttle<sup>®</sup> Tibial
- Coaxial access system
- Combines Flexor sheath with selective catheter

















### Support Catheters

#### **CXI support catheter**

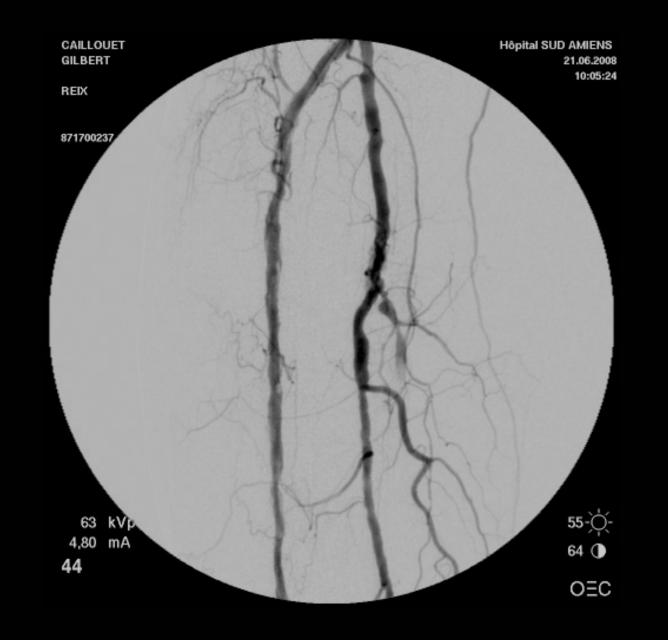
- 2.6F
- Used to support wires while crossing tight lesions and CTOs.
- 0.018" wire compatible
- 40cm Hydrophilic coating.
- Radiopaque markers.
- 1:1 torque control
- Angulated and straight version

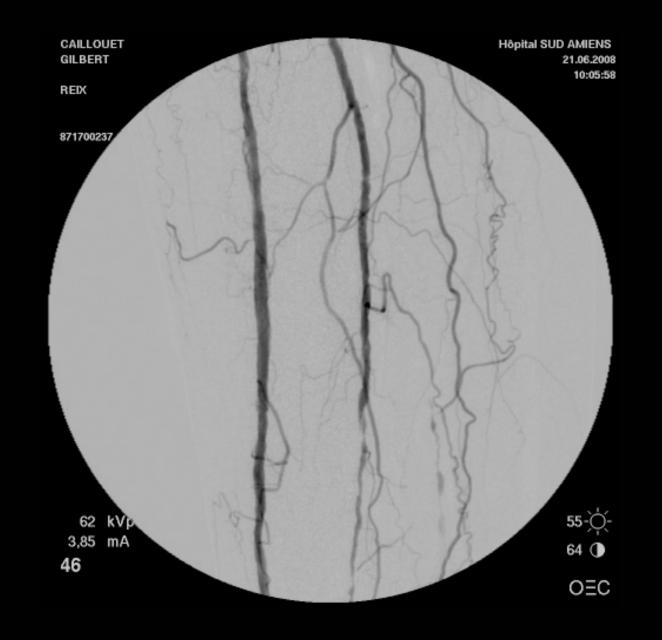


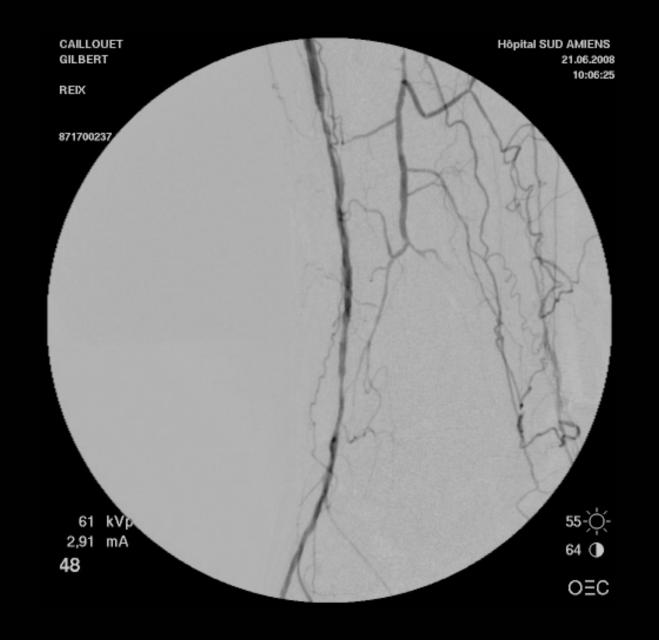










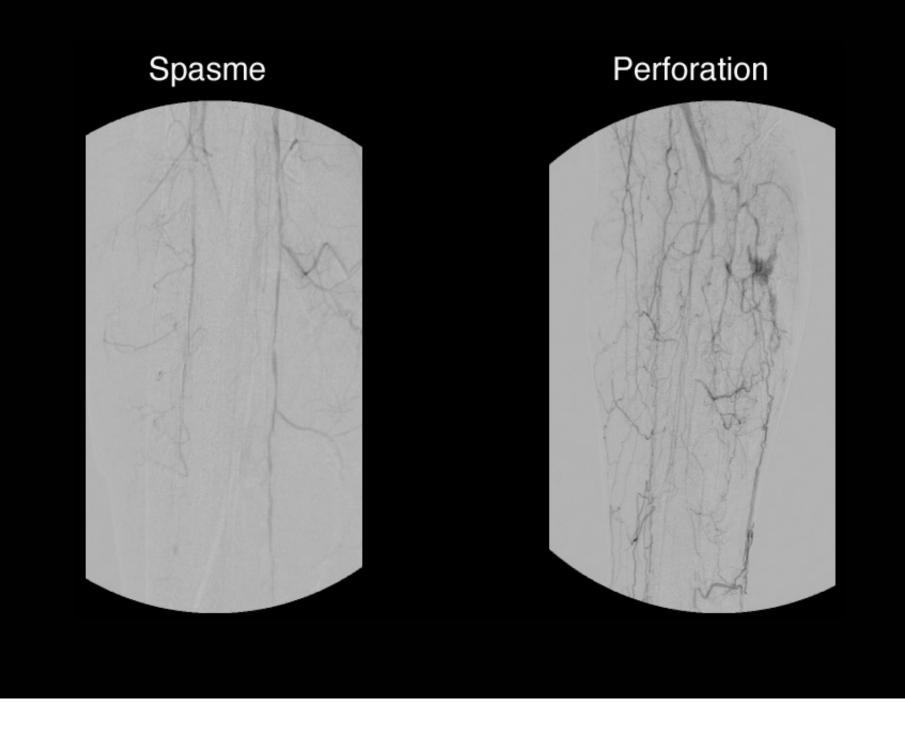








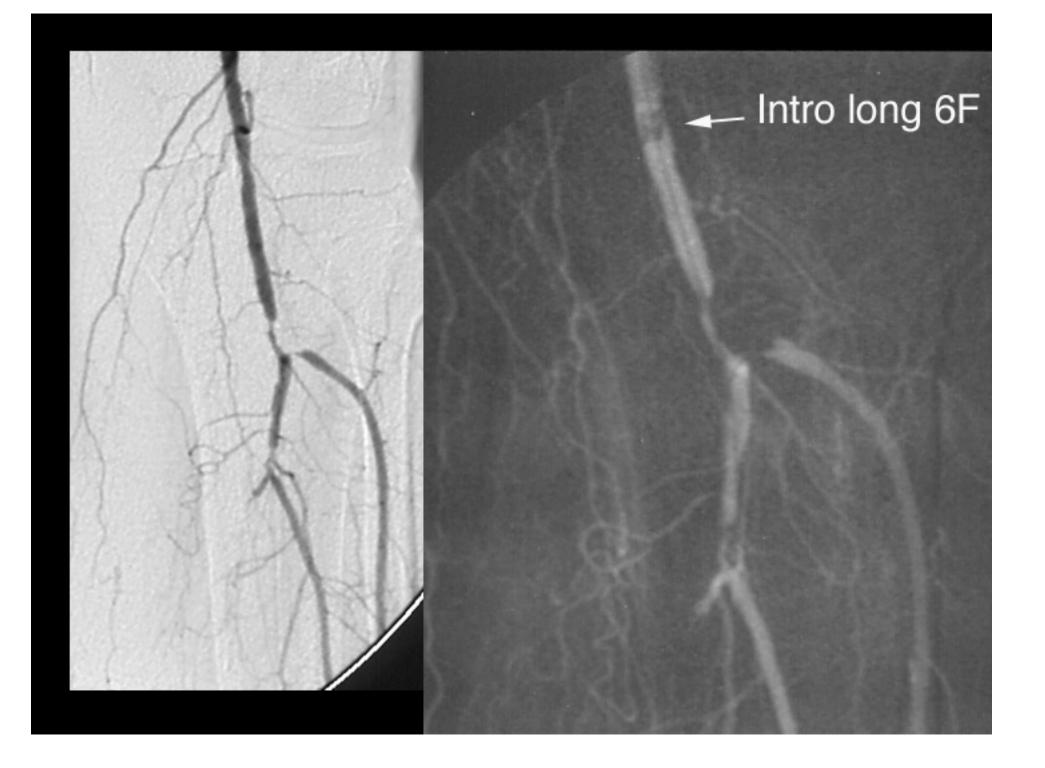
## Minor complications



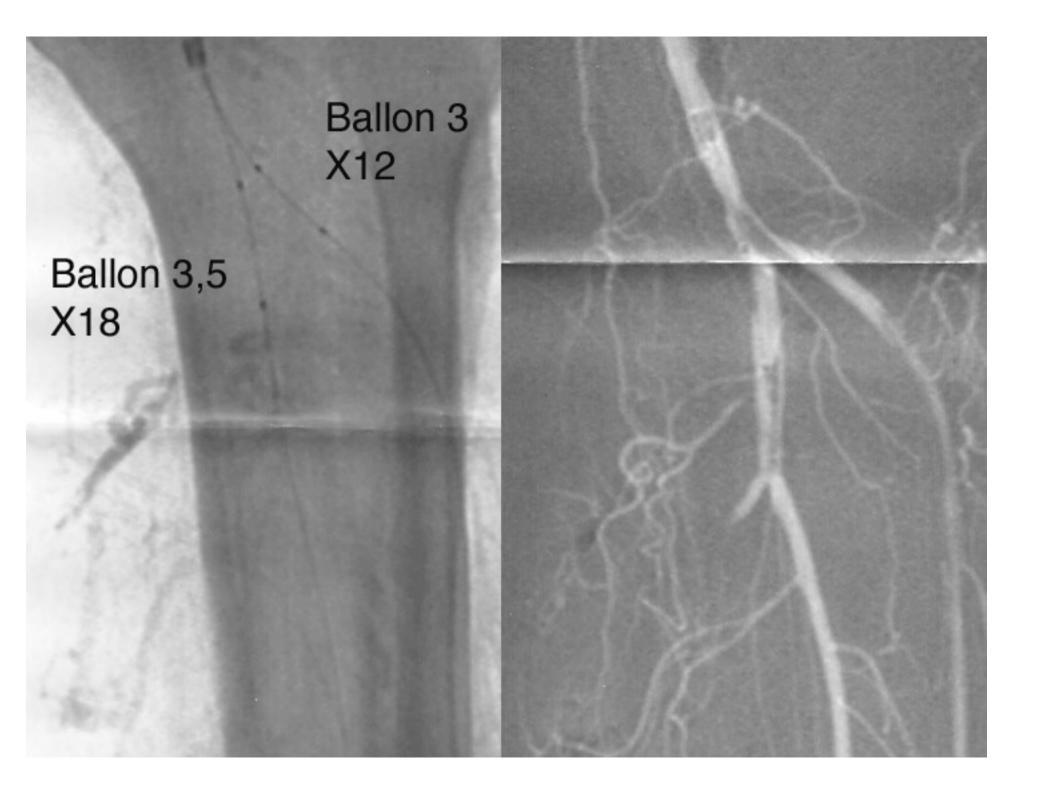
Special cases

## Ostial stenosis





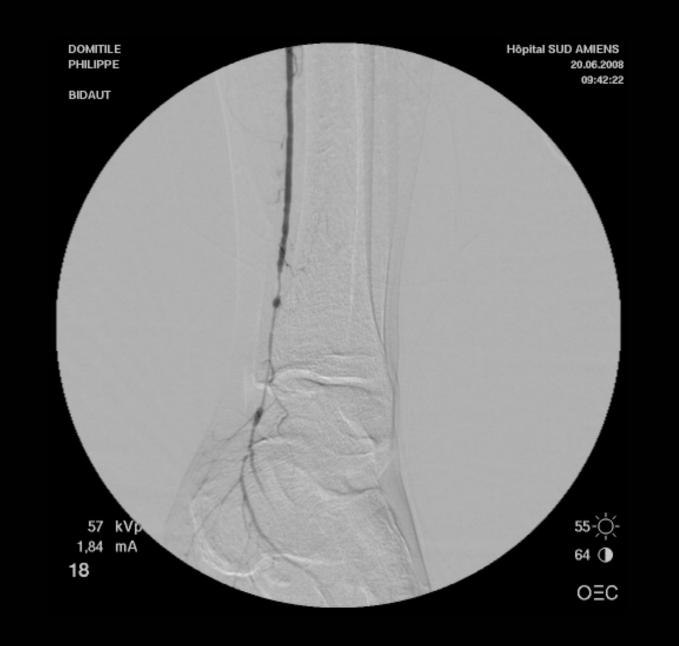




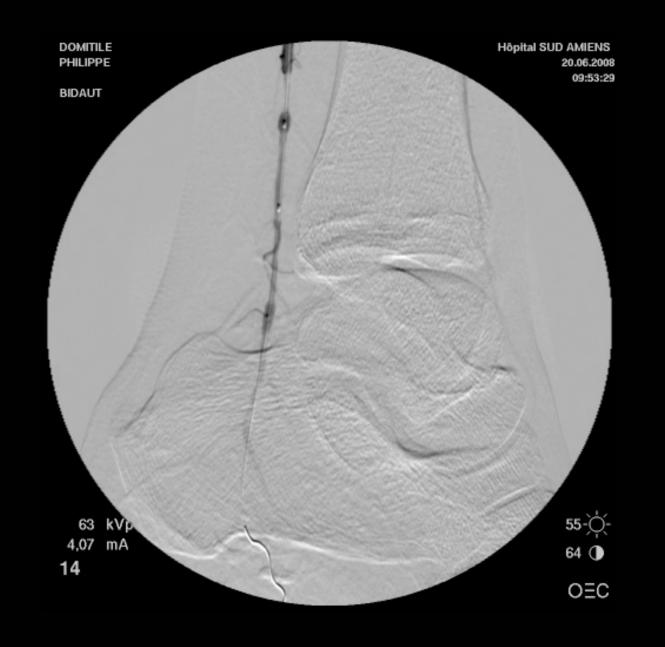
## Stent Imperia 3X12

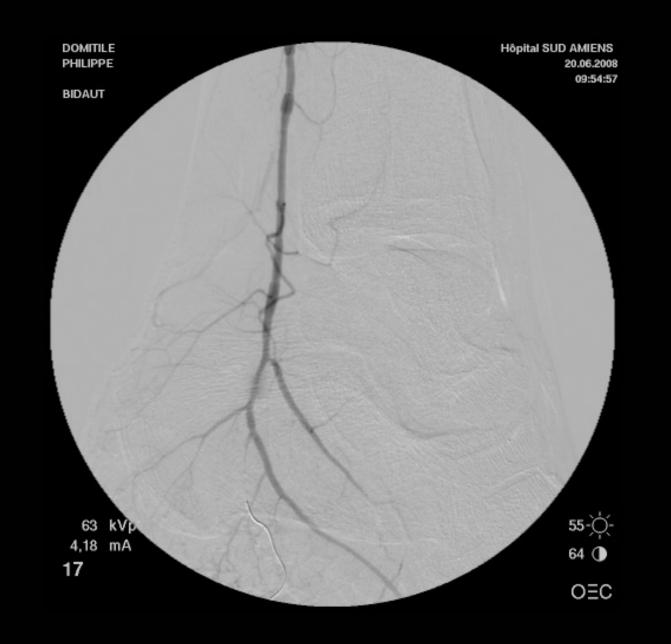
5

Distal angioplasty



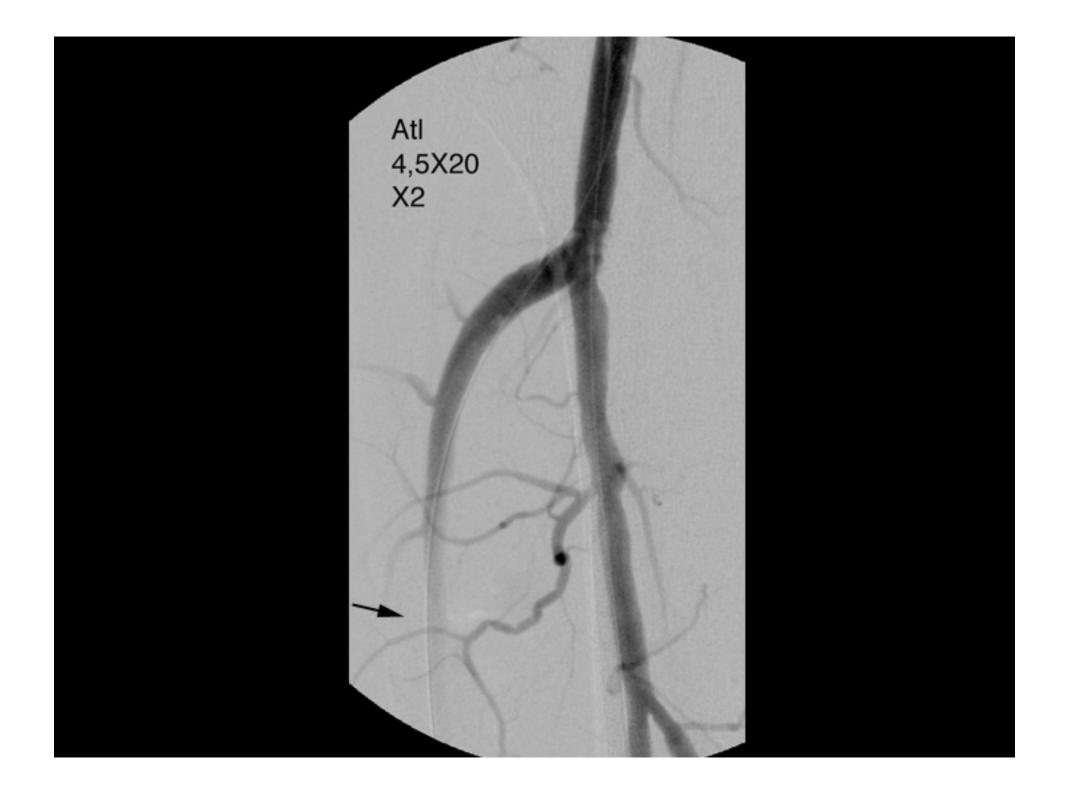


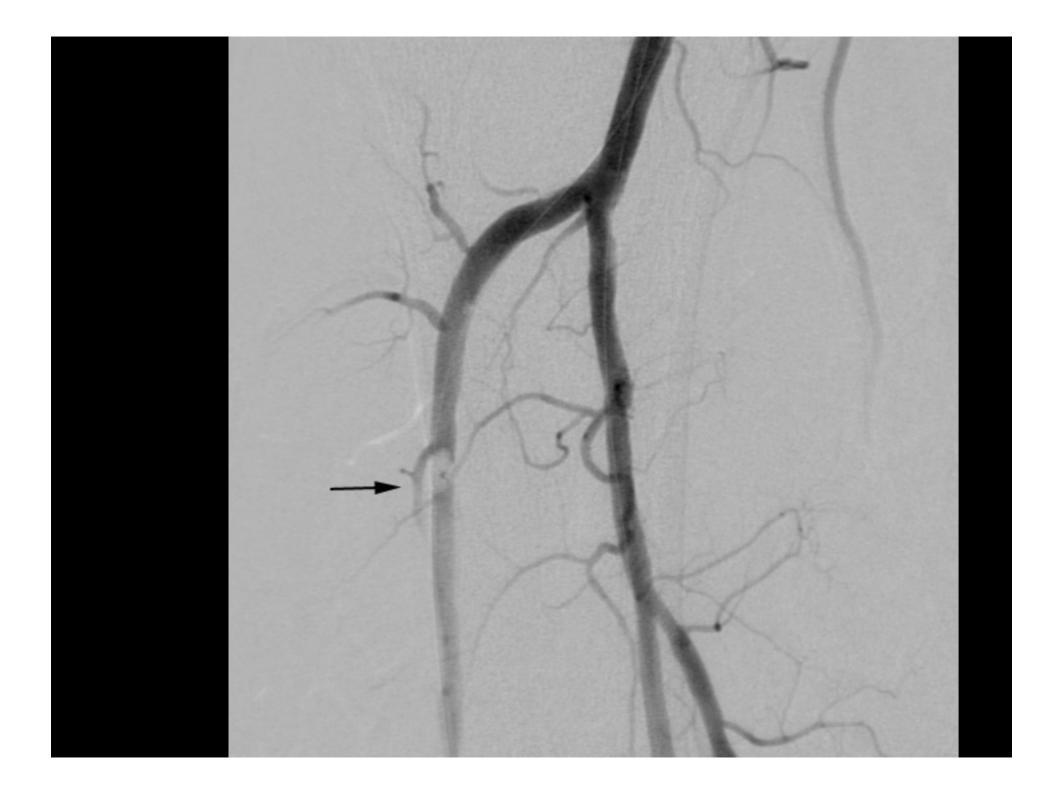






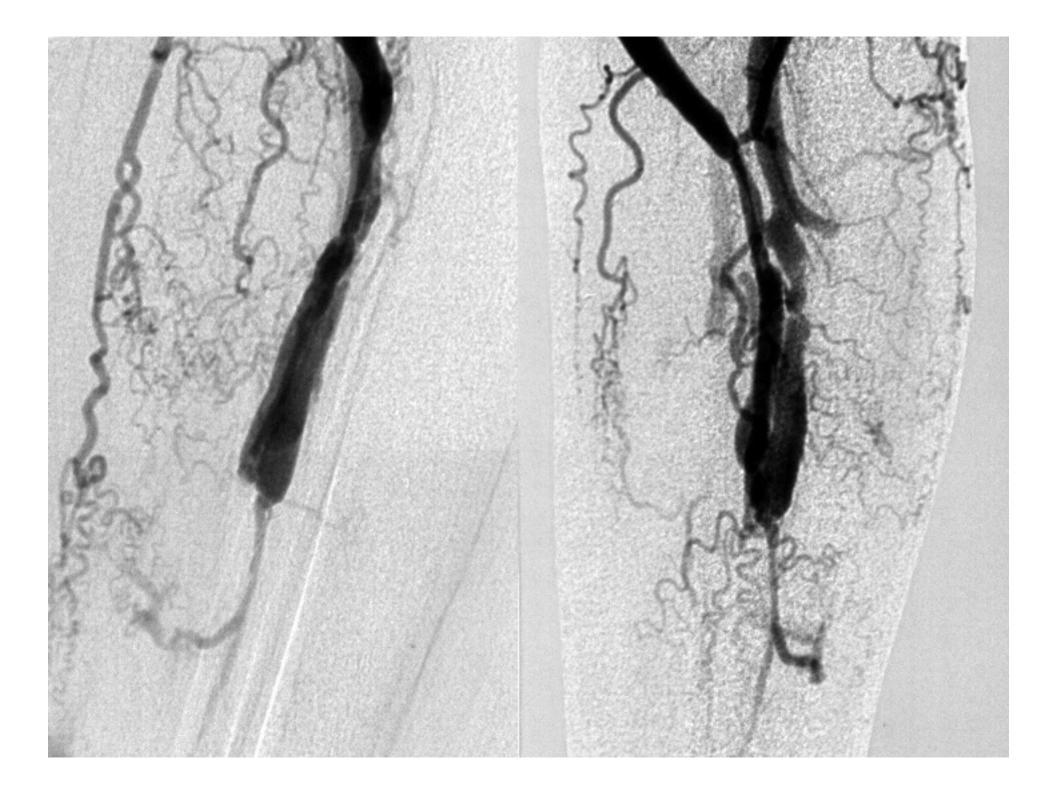


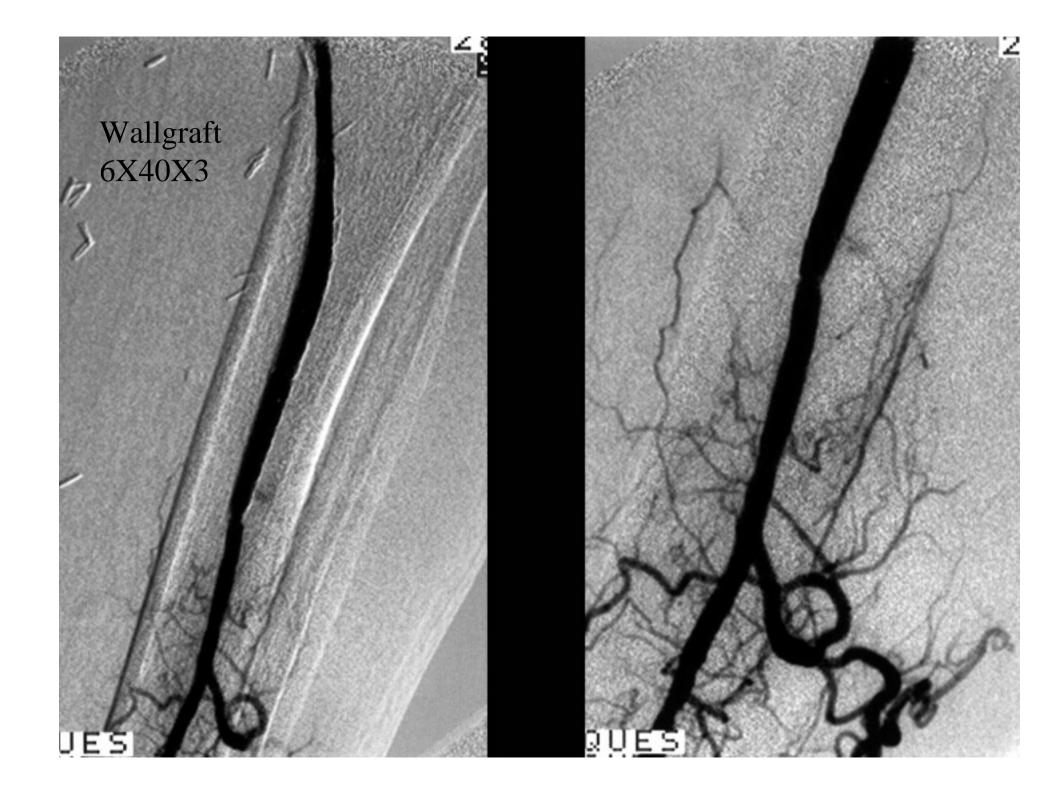


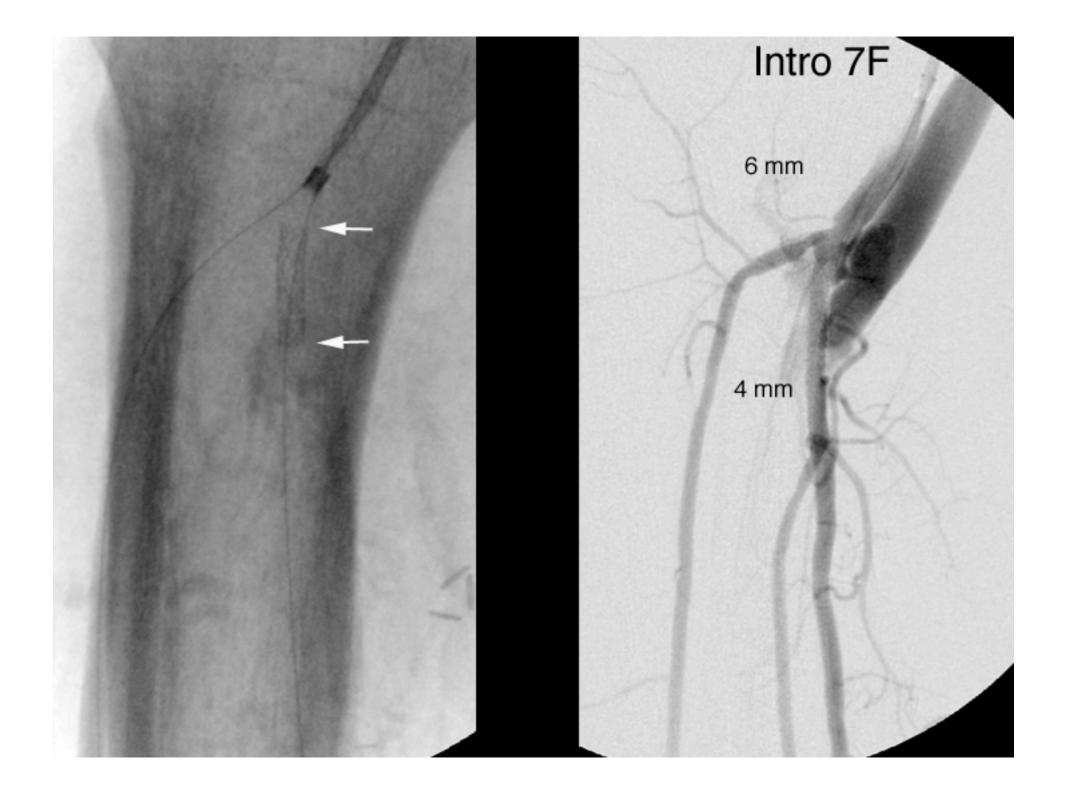


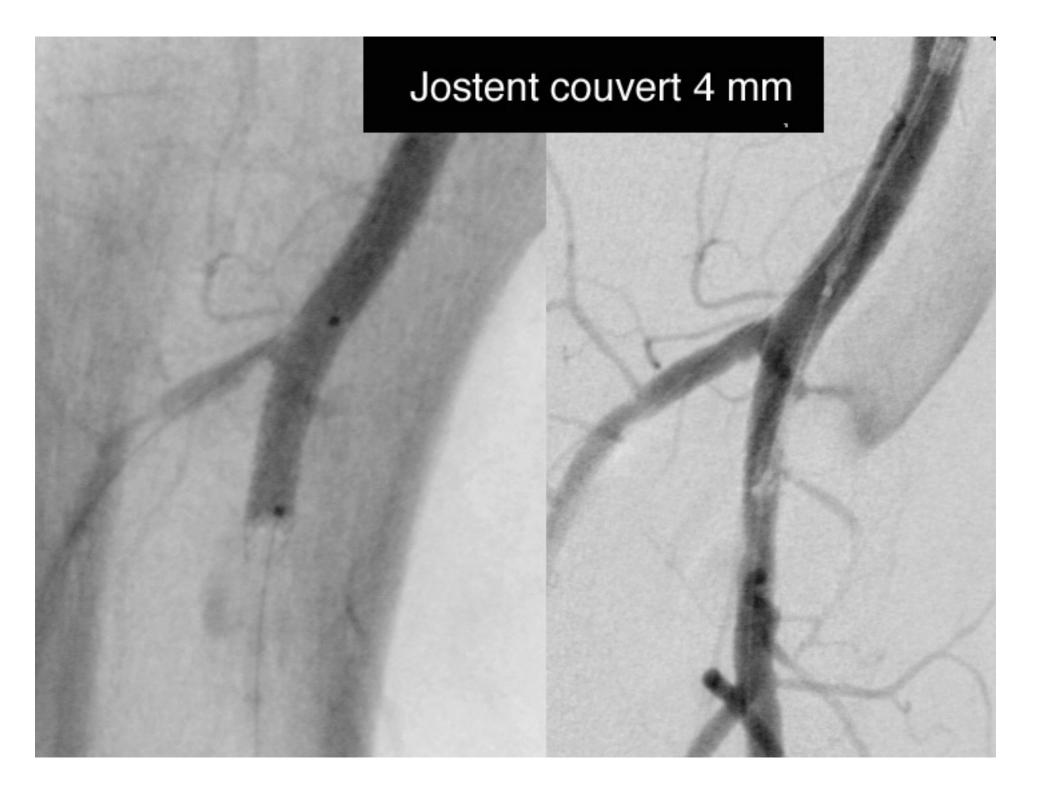
#### Stent Imperia 4X18

## CLI & AVF











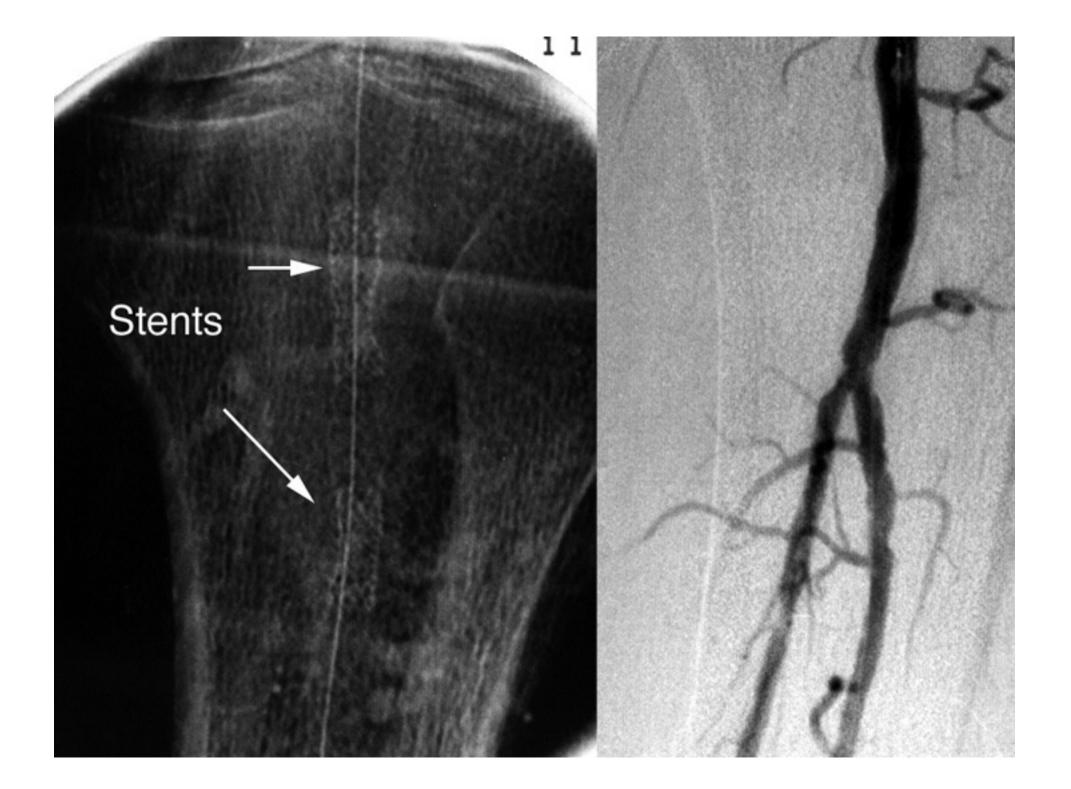
# Hybrid procedures



Greffe veineuse fémoro-poplité + ATL jambière per-op







#### Conclusion

- Angioplasty is more and more frequently used to treat CLI
- Due to progress of the devices
- More diabetics and elderly patients
- Shorter procedure time OR and decreased hospitalization
- Post-operative intensive surveillance because of high frequency of restenosis