

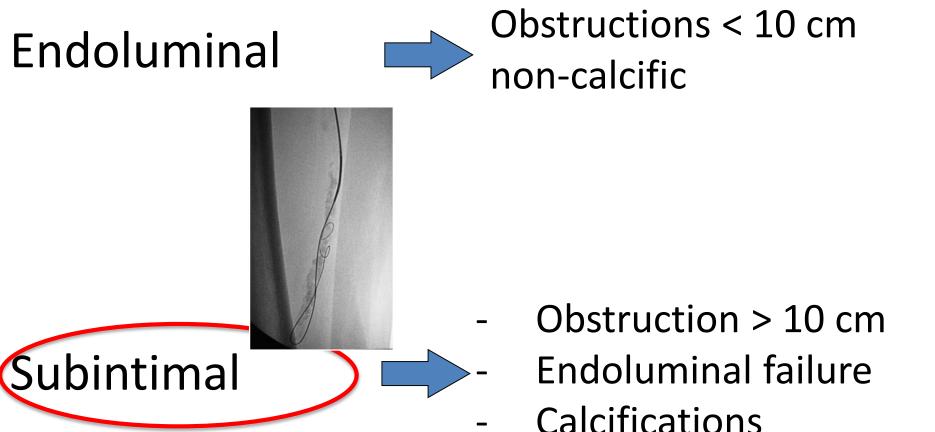
Long FP lesions with re-entery / retrograde approach

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FEMORO POPLITEAL ARTERY RECANALIZATION



SUBINTIMAL ANGIOPLASTY FEM - POP

UNFEASIBILITY RATE

1. YILMAZ S	12%
2. SMITH BM	18% CLI
3. OSTRI CH	11%
4. SPINOSA DJ	14%
5. TREIMAN GS	10%

^{1.} Yılmaz SJ, Vasc Interv Radiol 2003; 2. Smith BM, Ann R Coll Surg Engl. 2005 Sep; 3. Ostri CH, Ugeskr Laeger. 2006 Mar; 4. Spinosa DJ, Radiology 2004 Aug; ; 5. Treiman GS, J Vasc Surg. 2006 Mar

Failure causes of an antegrade recanalization are different in function of the site:

1.Proximal reasons

- a. Non detectable origin
- b. Occlusion origins with collaterals and no stump

2. Intermediate reasons

- a. Vessel Rupture
- b. No progression of the recanalization devices

3. Distal reasons

Impossible re-entery

1. Failure causes of an antegrade recanalization due to a proximal reason

a. Non detectable origin

In this situation we can only use the double approach technique

b. Occlusion origins with collaterals and no stump

In this situation we can only use the double approach technique



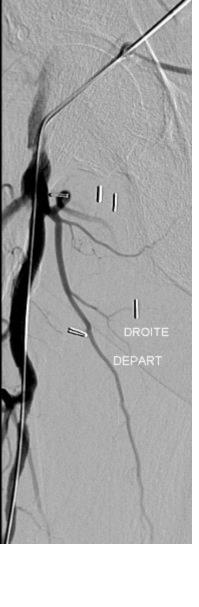
Double Approach

Primary success rate: 55/56 98,2 %





The double approach technique is safe and feasible with a very high success rate, if performed by trained operators.

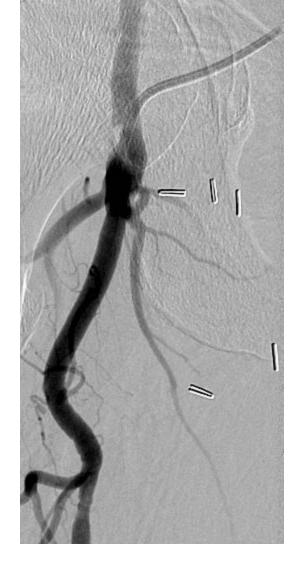




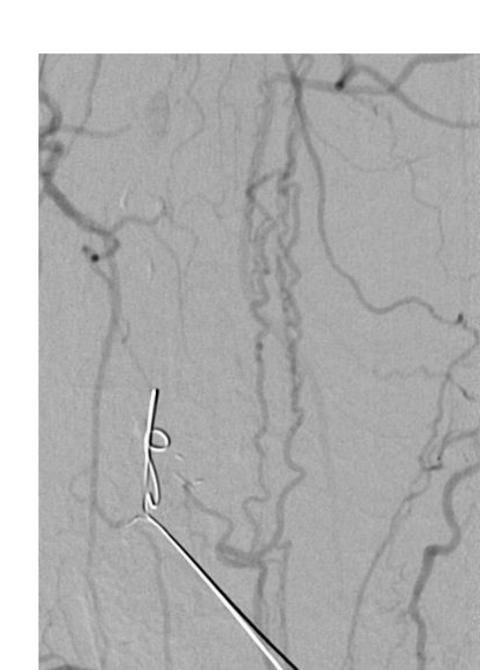




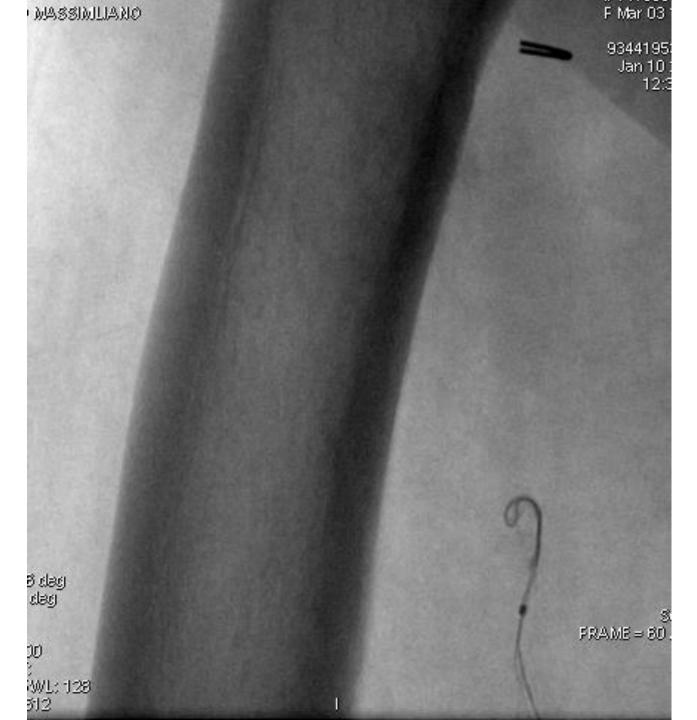


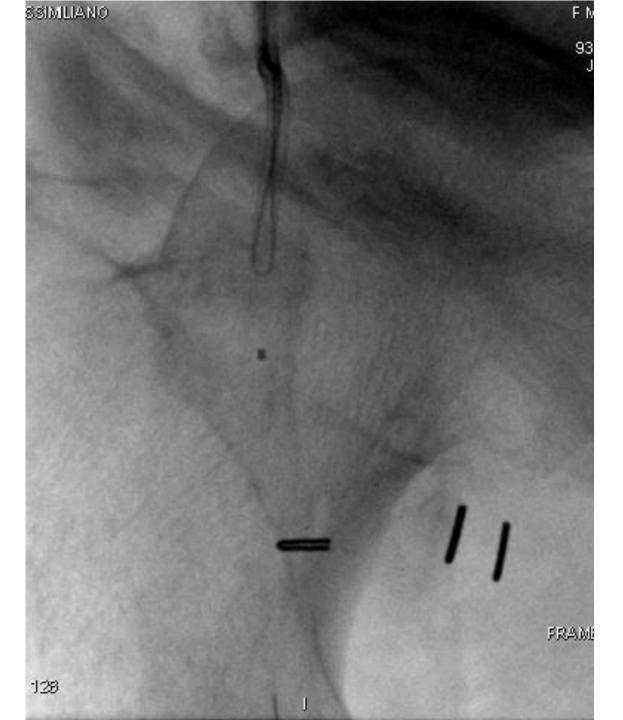






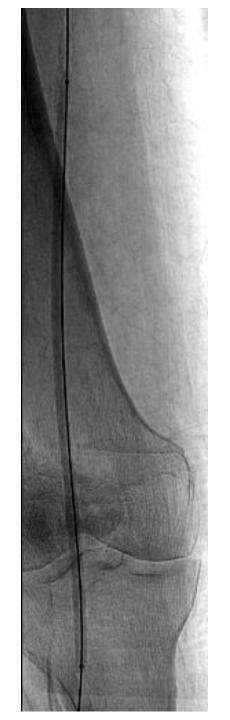




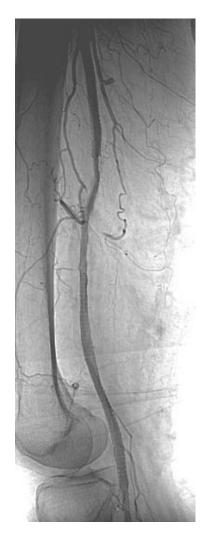
















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2. Intermediate reasons

- a. Vessel Rupture
- b. No progression of the recanalization devices

3. Distal reasons

Impossible re-entery

2. Failure causes of an antegrade recanalization: intermediate reason

a. Vessel Rupture

- First indication is -> perform a double approach
- Use **re-entery** catheters to perform an extra vascular road → cost +++ (covered stent + device)



2. Failure causes of an antegrade recanalization: intermediate reason

b. No progression of the recanalization devices

Need to have in the arsenal of materials recanalization catheters, high support balloons, very low profile devices (0,014 ")





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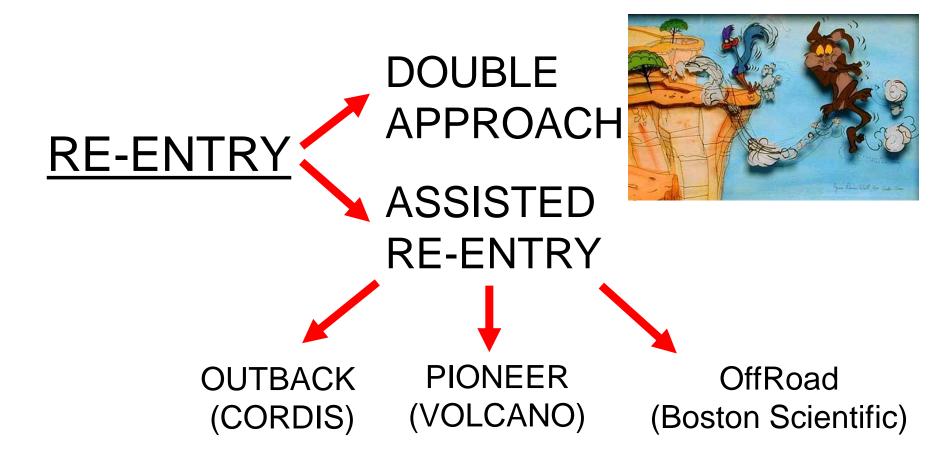
3. Distal reasons

<u>Impossible re-entery</u>

3. Failure causes of an antegrade recanalization: distal reason

Impossible re-entery

THE KEY POINT IS TO CROSS THE OCCLUSION



OUTBACK REENTERY SYSTEM

3 large mono center papers published

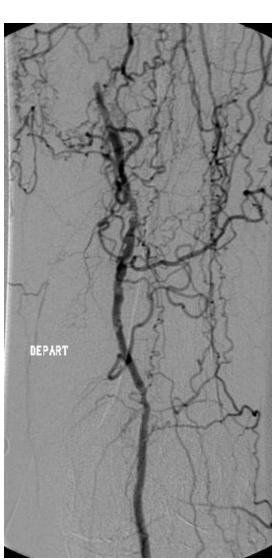
Technical Success

Study 1: 57/65 (88%) Study 2: 49/51 (96%)

Stydy 3: 108/119 (91,5%)

Is it suitable to use the device in an antegrade approach and pre dilate the subintimal space before introducing the OUTBACK catheter



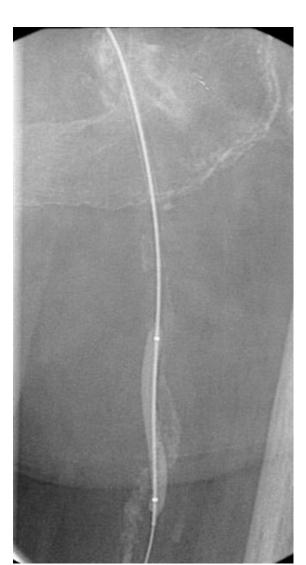


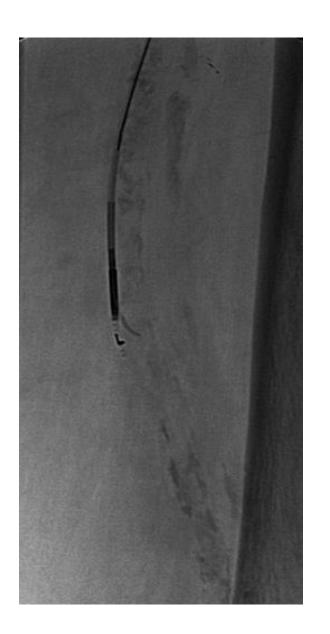


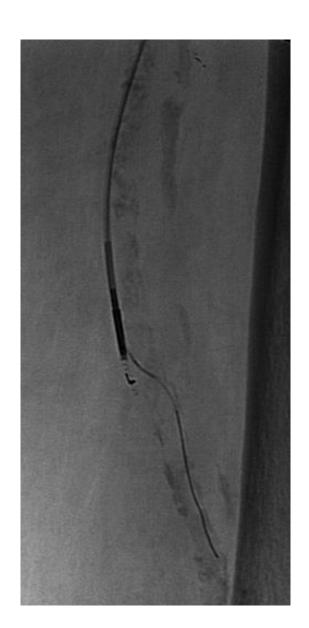






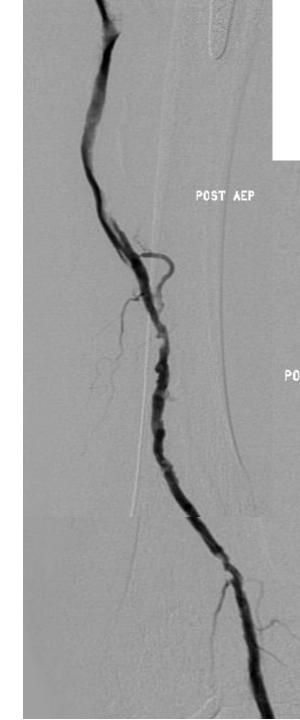




















PIONEER CATHETER

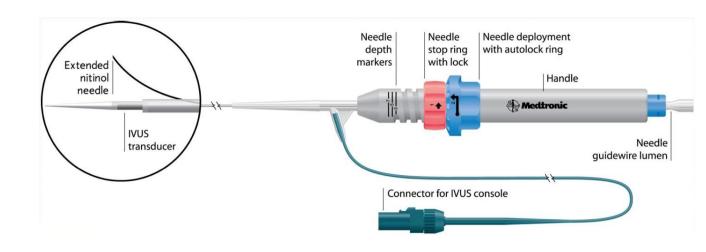
IVUS guided reentery device

21 G Needle

6 FR Compatible

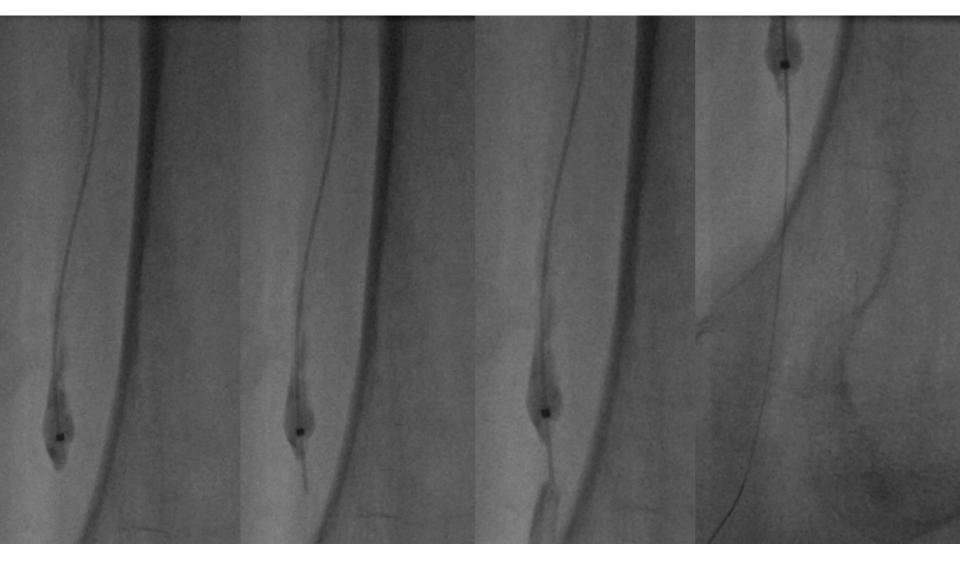






Off Road Re-entery Catheter System





M. Akesson; Vascular Centre Skane University Hospital, Malmo, Sweeden

Conclusions

- In long FP occlusions we need to manage the double approach technique to increase the technical success rate.
- In proximal and intermediate failure of antegrade approach we essentially use the double approach technique.
- In the distal failure of antegrade recanalization we can decide to use or a double approach or a re-entery device.
- The use of a re-entery device is expensive and not always faster, it can help operators that begin complex CTO recanalizations.