

### Missing data

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#### MISSING INFORMATION

- Regarding lesion location and length
- Regarding clinical presentation
- Regarding arterial access
- Regarding optimal sheath size

#### Missing information

Subclay

Brachio

Axillary

Deep br

Brachia

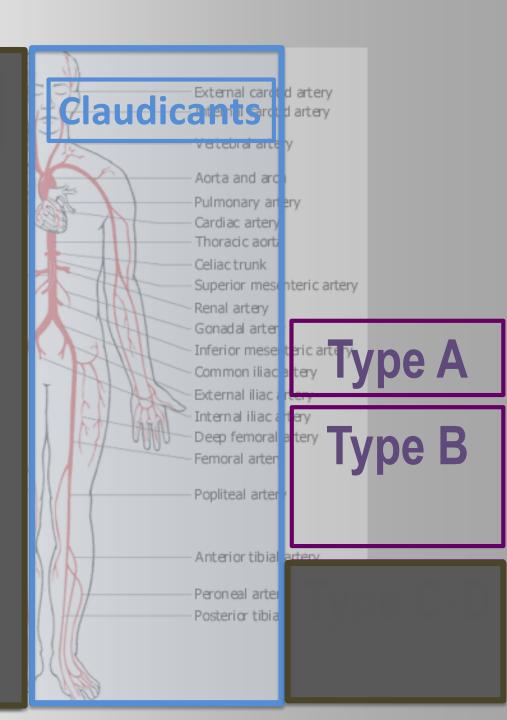
Aorta

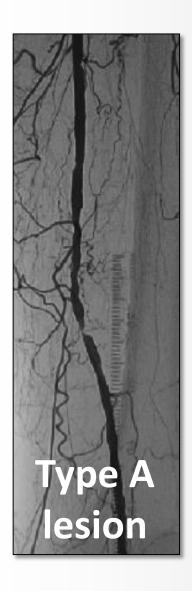
Radial

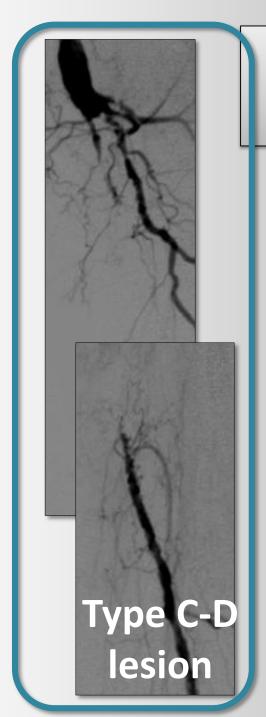
Interns

Ulnar Iliac

### Fem-pop

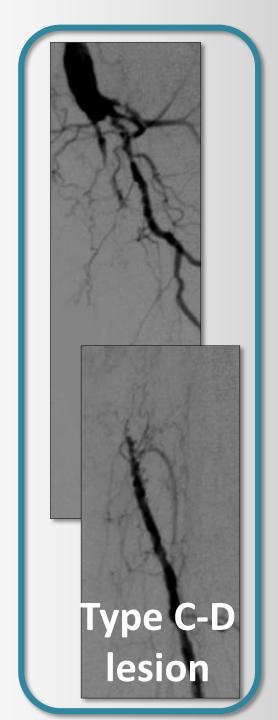






# Femoro-popliteal segment

- Success rate?
- Best approach? (Brachial? Radial? Antegrade Crossover?)
- Complications rates ?
- Fluoro time?
- Procedural time?
- Materials?



# Femoro-popliteal segment

How many PAD endovascular procedures are "ambulatory"?

Does patients and lesions selection impact the clinical outcomes?

Is there a learning curve to optimize the clinical outcome in ambulatory patients?

External carotid

NEXT GENERATION

Internal carotid

Multidisciplinary European Endovascular Therapy

Common carotid artery Vertebral artery Subdavian artery Aorta and arch Brachiocephalic trunk Pulmonary artery Axillary artery Cardiac artery Deep brachial artery Thoracic aorta Brachial artery -Celiac trunk Aorta Superior mesenteric artery Radial artery Renal artery Interosseous artery Ulnar artery Inferior mesenteric artery Femora Common iliac artery Deep palmar arch External iliac artery Superficial palmaretrograde Internal iliac artery Deep femoral artery (cross-over) Femoral artery Femoral Descending genicular artery Popliteal artery antegrade Anterior tibial artery Peroneal artery Posterior tibial artery

External carotid

Internal carotid

Multidisciplinary European Endovascular Therapy

Vertebral artery

Subclavian artery
Brachiocephalic trunk
Axillary artery
Deep brachial artery
Brachial artery
Aorta
Radial artery
Ulnar artery

Aorta and arch
Pulmonary artery
Cardiac artery
Thoracic aorta
Celiac trunk
Superior mesenteric artery
Renal artery
Radial tery
Inferior mesenteric artery

#### PRO:

Early mobilization

Availability of 150-180 cm long ballons/stents

Deep palmar arch

#### CON:

Long distance entry site-lesion

Decreased support

Limited devices length for atherectomy, DEB

No access to BTK



osterior auricular artery

Internal carotid artery

#### PRO:

Closure devices (according to IFU)
Possibility to employ all the devices

Brachial artery Celiac trunk Aorta Superior mesenteric artery Radial artery Renal artery Interosseous artery Gonadal artery Ulnar artery Inferior mesenteric artery Femora Common iliac artery Deep palmar arch External iliac artery Superficial palmaretrograde Internal iliac artery Deep femoral artery Femoral artery Descending genicular artery

#### CON:

Poor access to BTK

- Peroneal artery - Posterior tibial artery



osterior auricular artery –

nternal carotid arten

#### PRO:

Closure devices (off label use)

Possibility to perform most of the procedure with 4 Fr systems

Possibility to employ all the devices

Optimal access to all lower limb segments

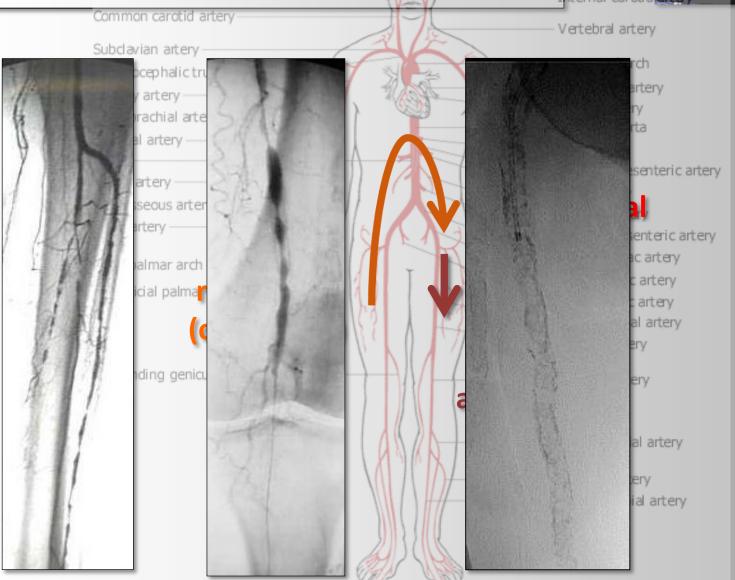
Deep palmar arch
Superficial palmar arch
Superficial palmar arch
Internal iliac artery
Deep femoral artery
Descending genicular artery

Descending genicular artery

#### CON:

No information regarding early mobilization No 4 Fr, 5 Fr dedicated closure devices







Clinical evaluation

Duplex scan
CT / MRI scan

Candidates to
Ambulatory
PAD
treatment

Fragile patiens

Severe comorbidities

CLI

Long/complex<br/>Type C-D lesions

Modarate/heavy Ca++

Hostile groin (BMI, previous intervenventions...



- What about complications ?
- Are we protected in case of litigations?
- Are there guidelines recommending ambulatory procedures?

#### Conclusions



Clinical reports are limited to small series in patients presenting with favorable lesions and stable clinical conditions (cluadicants)

There is a lack of information about feasibility and clinical outcomes in more complex settings (CLI, complex type C-D lesions, BTK)

Even in favorable lesions. there are no comparisons between different strategies:

- Brachial
- Femoral cross-over with closure devices
- Femoral antegrade with or without closure devices
   No guidelines recommendation about ambulatory PAD treatment