What Is The Best Way To Deal Endovascularly With SFA Occlusions To Its Origin

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Factors Related to SFA Origin Treatment

• Access
  – Contralateral
  – Arm
  – Antegrade Femoral

• SFA origin
  – Small nubbin
  – Calcifications suggesting an origin
  – No apparent SFA origin

Disclosures

Research Support
Cook, Toad

Educational Support
Medtronic

Not So Hard…
Small residual CFA, contralateral access
Harder…

No stump of CFA, contralateral access
No stump of CFA, antegrade access
Antegrade Access

The Problem:
Bulky SFA Origin Disease
What about the Profunda?

Options for Preserving the Profunda

- Buddy wire
- Kissing balloons
- Kissing femoral stents
- Endarterectomy

DG - After

- Right leg perfusion initially improved
- After sheath removal, worsened
- Endarterectomy, deformed stent due to sheath removal
- Normal perfusion at one month

MC
Recurrent left calf claudication

6 months later:
- Left femoral endarterectomy with removal of upper stent and patch
- Repeat left SFA PTA and stent
- Right leg PTA and drug coated balloon

**MC**

- When all else fails, retrograde access may be possible...
  - Retrograde wire passage may traverse more easily
    - Avoids collaterals
  - But beware of bulky disease at the SFA origin....

**Conclusions**

- The SFA origin is technically challenging!
  - Options do exist:
    - Watch the Profunda
    - Distal access
    - May need CFA stent
    - May need femoral endarterectomy
  - Not for the faint of heart....