Novel Hybrid Technique For Treating Complex Disease Involving CFA, SFA And Tibial Disease: Distal Access, Retrograde Wire Passage To A Common Femoral Arteriotomy Facilitates Complex Prograde Endovascular Treatments

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Disclosures

- Cook Medical, Inc.
  – Consultant & Proctor
- CorMatrix Cardiovascular, Inc.
  – Scientific Advisory Board
  – Consultant
- Medtronic
  – Consultant and Proctor
- W.L. Gore and Associates, Inc.
  – Consultant

Common Femoral Atherosclerosis

Iliofemoral Endarterectomy

Antegrade SFA Treatment

- Open Surgical:
  – Endarterectomy Endpoint Management
  – Ischemic Time to the Leg
- Endovascular:
  – Antegrade Access Through Patch
  – Antegrade Crossing of End Point & Occlusion
  – Re-entry in SFA

The Solution....
Case Example

• 57 year old with lifestyle limiting claudication.
Open Surgical Technique

- Femoral Endarterectomy
  - Arteriotomy Extending into Profunda
  - Blunt Endarterectomy of the SFA
  - “Patch” Reconstruction
    • 5-0 Prolene with Rundown
  - Flow Restored to the Leg

Endovascular Technique

- Ultrasound guided access of Posterior Tibial
- Retrograde Crossing of SFA Occlusion
- Gain Control of Wire and Establish Through and Through Access
- Advance Sheath Antegrade over Wire
Advantages of Retrograde Access

- Maximizes usage of True Lumen in Distal SFA
- Occlusions often Easier to Cross Retrograde
- More Extensive SFA Endarterectomy
  - Without extension of incision
  - Better stent expansion in proximal landing zone
- Early Restoration of Flow without Antegrade Puncture of the Patch

Thank You