**Flush Occlusions Of The SFA Are Best Treated By Distal Access Together With Proximal Access: How To Do It**

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**Disclosures**
- Founder – Forge Medical
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**SFA Flush Occlusions: Advantages of Distal Access**
- Used when SFA origin cannot be selected
- Crossing device engages distal cap of CTO
  - transpedal/tibial
  - popliteal (‘frog leg’)
  - distal SFA access

**Flush occlusion with distal SFA reconstitution**

**Failed proximal crossing with multiple catheters/Crosser**

**PT access, retrograde passage of V18 wire**

Tactile loss of resistance signals re-entry into CFA
Confirm with angiography/ultrasound
Vessel preparation with PTA

Landing initial stent/stent-graft
- Roadmap/overlay in ipsilateral 30 degree oblique to delineate origin of profunda
- Then deploy stent
- Avoids jailing profunda

Completion Angiograms

Transpedal access but unable to re-enter CFA

Re-entry into CFA using Outback

Re-entry into CFA
Completion

Salvage of flush occluded SFA stents

Unable to cross proximally: SFA stent punctured and wire snared

Post pharmacomechanical thrombectomy, Viabahn endograft, peroneal recanalization

Summary: SFA Flush Occlusions
- Distal access valuable for SFA flush occlusions in native CTOs when proximal access fails
- Also useful for flush occlusions of thrombosed stents
- Transpedal access avoids need for repositioning