SESSION 22
Optimal Technique (PRESTO) For Deploying Supera Stents To Maximize Their Value And Give the Best Outcome

Dr. M. Manzi
Interventional Radiology Unit
Foot & Ankle Clinic
Policlinico Abano Terme
Regional Center of Reference for Diabetic Foot Treatment
Abano Terme (PD) ITALY

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DISCLOSURE:
Marco Manzi, MD

- Abbott Vascular: Consultant/Advisory Boarder
- BARD: Consultant
- Biirou: Consultant
- COOK: Consultant
- Boston Scientific: Proctor
- TEKUMO: Consultant

The PRESTO Technique

Precise REtrograde Supera STenting off the Ostium of the SFA for Complex Fem-Pop CTOs

Background: The SUPERSUB STUDY

About Our SuperSub Issues

- Create a "subintimal by-pass" from healthy to healthy in long Ca++ SFA-Pop lesions;
- Very frequent Ostial or Flush SFA lesions;
- Difficult to land with the proximal edge at ostium;
- Need to deploy a traditional nitinol stent at ostium;

One of the possible Solutions: the PRESTO Technique

- Retrograde and Reverse Supera Stent passage;
- Safe and Precise Stenting of the Ostium;

- Antegrade Ipsilateral 6F sheath;
- Retrograde Puncture 21G Prox AT/PS, 6F sheath;
- Deployment of the distal edge of Supera at SFA ostium;
- Deployment of the potential next Supera antegrade;
- Antegrade balloon haemostasis;
• When Ca++
• RX Guidance

• Longer 21 G Needle when big Calf/thick

Haemostasis

• Balloon
Haemostasis

Complex Case and PRESTO Technique

PA, male 74yo
DM, ESRD + Kidney Transplantation;
Bilateral forefoot 3°-4°-5° toes ulcers; Right iliac stent;

Aggressive Uncompliant PTA

Retrograde F3 Puncture 6F sheath

Complex Case and PRESTO Technique
Despite vessel preparation is crucial to achieve the best nominal deployment, ostium antegrade Supera deployment could be very difficult for skilled operators also. The Presto Technique could be considered for a safe and precise deployment.

Supera Stent showed very good Fractures and Patency rate.

Vessel Preparation is crucial to achieve the best nominal deployment.